Welcome letter from the Program Director

Welcome to the Doctor of Physical Therapy Program!

The next few years will be filled with personal, academic and professional growth that will lead you to an exciting career as a physical therapist. The faculty and I look forward to developing strong relationships with you to assist you through this growth experience. We invite you to work hard, study diligently, and strive for excellence in all that you do.

The Physical Therapy Program at Florida Gulf Coast University is founded on the philosophy of active participation and critical inquiry during the learning process. The faculty is available to assist, guide, and mentor you during the process of becoming a skilled and compassionate health care provider. You will develop lasting relationships with colleagues and friends that you meet during your studies. Enjoy the challenges together!

The unique qualities and knowledge that you bring to the program will help you make your mark on the program and the profession of physical therapy.

Eric Shamus, PhD, DPT, CSCS
Program Director & Professor
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INTRODUCTION

This guidebook will assist you in your studies by providing you with the policies and information you need to know as a student in the Department of Rehabilitation Sciences. The policies contained in this guidebook may be amended or appended during your time in the program. The department will provide written updates to any changes to department policy. (If there are changes in policies, they will be posted on the DPT Student Platform- Canvas course) This guidebook is not a substitute for the Florida Gulf Coast University Student Guidebook or University policies/procedures. It enhances and adds to those documents to provide specific information related to the Department of Rehabilitation Sciences and specifically, the Physical Therapy Program at Florida Gulf Coast University.

The information contained in this guidebook is not exhaustive; therefore, please do not hesitate to ask faculty and staff for clarification or expansion on any subjects.

Students are responsible for reading and referencing the information contained in this guidebook.

IMPORTANT CONTACT NUMBERS/E-MAIL ADDRESSES

http://www.fgcu.edu/mariebcollege/RS/faculty.asp

STUDENT MAIL BOXES

Physical Therapy Student Mailboxes are located near MAR 435 across from the stairwell.
MARIEB COLLEGE OF HEALTH & HUMAN SERVICES
MISSION STATEMENT

The Elaine Nicpon Marieb College of Health & Human Services provides students with health and human services professions education grounded in academic excellence, critical thinking, ethical practice, and interdisciplinary collaboration. The College facilitates active learning, emphasizes evidence-based practice, uses multiple delivery systems, develops interdisciplinary relationships, and cooperate with community partners to prepare competent and caring health and human service professionals who recognize, and demonstrate an understanding of the importance of diversity.

DEPARTMENT OF REHABILITATION SCIENCES
STATEMENT OF PURPOSE

The purpose of the Department of Rehabilitation Sciences of Florida Gulf Coast University is to prepare ethical, knowledgeable, skilled and compassionate entry-level practitioners who are effective decision-makers and who understand and value their roles in the changing health care environment and in society.

DEPARTMENT MISSION STATEMENT

The Mission of the Department of Rehabilitation Sciences is to promote expertise in human movement, exercise, and wellness across the lifespan. The faculty foster the development of self-directed, life-long learners through an applied scientific basis of practice, community involvement, an integrated curriculum, and interdisciplinary opportunities. The Department contributes to the advancement of the professions by demonstrating leadership and scholarship and promoting tolerance by valuing diversity.

DPT PROGRAM MISSION STATEMENT

The mission of the Doctor of Physical Therapy Program is to educate exceptional future physical therapists, promote student and faculty scholarship, and to actively engage in clinical practice and professional service. Graduates of the physical therapy program are mature, critical thinkers prepared for independent practice and leadership, and able to adapt to the changing health care environment. Faculty and students contribute to advancement of evidence-based practice and scholarship of teaching and learning. Excellence in clinical practice and professional service is embedded throughout the curriculum and community-based activities. The mission supports the mission and goals of the University, the Marieb College of Health & Human Services, and the Department of Rehabilitation Sciences.
PROGRAM PHILOSOPHY

The Physical Therapy faculty believe learning flourishes in an environment where inquiry is modeled and fostered. Faculty create an atmosphere conducive to the exchange of information, ideas and skills. Learning is fostered in an environment that embraces diversity, mutual respect, a sense of interdependence, integrity and academic freedom.

The establishment of lifelong learning requires active participation of both faculty and students where each value and respect the other’s unique and diverse learning styles and experiences. Learning is rigorous and rewarding, leaving no one unchanged by the shared experience. Early learning occurs best in context and in an environment that nurtures personal and professional growth. This provides the best foundation on which more complex learning experiences are built. The Physical Therapy program provides this necessary foundation through contextual learning experiences. The concurrent expectation is that the student generalizes learned material in new contexts within the community.

Graduates of the Physical Therapy program must be mature, critical thinkers prepared for collaborative practice and leadership in the profession. They must anticipate and respond appropriately to ongoing changes in the health care environment. Such necessary competence includes intellectual inquisitiveness, a commitment to lifelong learning, skills and resources to adapt to changes in physical therapy practice.

Graduates of the program reflect the diverse backgrounds, experiences and interests of the community that the University serves. Through active participation in inter-professional coursework and community experiences, graduates are skilled in effective communication, facilitating teamwork and model leadership within their work environments and in their communities. All graduates are exposed to experiences that cultivate cultural awareness and sensitivity to age, gender and cultural diversity. Skilled, knowledgeable, self-directed, adaptable, and compassionate graduates are prepared to meet the needs of patients, clients, the profession, and the community as autonomous practitioners.

The program prepares graduates to enter contemporary practice in the profession of physical therapy. Graduates become proficient in employing current sources of information as they relate to learning and evidence-based practice. The faculty facilitates the development of an entry-level physical therapist, who is able to adapt to change in a variety of practice settings and integrate evidence-based knowledge and skills into practice. Reflective of this, the academic program is designed to meet the diverse needs of the Doctor of Physical Therapy graduates of today and of the future.
PROGRAM OBJECTIVES

The objectives of the Program in Physical Therapy flow directly from the philosophy, purpose and mission and are congruent with the University’s Mission, Guiding Principles and Goals and Marieb College of Health & Human Services Mission and Goals.

We, as a Program faculty, strive to:

- prepare graduates for physical therapy practice in the 21st Century.
- maximize student learning styles and the unique interests, background and talents of each student.
- foster an environment that promotes creativity, scholarship, and respect for diversity and caring for one another.
- advance the discipline of physical therapy within the community and health care.
- meet the needs of the community through formal and informal educational offerings and community service.
- contribute to the transformation of physical therapist education

STUDENT LEARNING OUTCOMES/GOALS

Graduates of the Program in Physical Therapy:

1. **Model PROFESSIONAL BEHAVIORS that are consistent with professional excellence and the expectations of the profession and the consumer.**

Graduates:

- strive for and demonstrate professional excellence in all aspects of practice.
- develop creative solutions to problems, based on sound scientific knowledge and clinical decision making.
- assume responsibility for continued growth and commitment to the profession.
- exhibit an understanding and appreciation of diversity, showing compassion for all persons as globally minded clinicians.
- demonstrate a commitment to a client-centered philosophy of care.
- demonstrate confidence and pride in their roles as health care providers.
- respect the role of the Physical Therapist Assistant and other colleagues within health care.
- demonstrate leadership behaviors.
- accept the professional obligation to measure and evaluate effectiveness as part of their role.
- are proficient in using technology to independently seek and access information and resources.
• demonstrate professional and personal behaviors consistent with the American Physical Therapy Association Code of Ethics.
• employ initiative in seeking advanced training as part of becoming a lifelong learner.
• understand the role of aesthetic therapies in the holistic care of clients.
• exhibit each of the professional characteristics outlined in the Professional Behaviors Plan at a level expected of an entry-level graduate.

2. Practice utilizing PATIENT/CLIENT MANAGEMENT SKILLS consistent with contemporary practice.

Graduates:
• work efficiently and effectively with a volume of patients/clients appropriate to entry level.
• apply current research to practice.
• demonstrate entry-level competency and strive for mastery in clinical skills.
• utilize examination results to evaluate, formulate differential diagnoses, and complete the development of a plan of care.
• appropriately document all aspects of patient/client care.
• serve as case manager for patient/client-centered care.
• consistently motivate and encourage patients/clients.
• consistently utilize outcomes assessment measures to serve as a basis for improving care.
• Provide individualized care based on patient/client needs and circumstances.

3. Experience areas of PERSONAL GROWTH necessary for the transition into becoming a professional.

Graduates:
• are self-reflective, resourceful, and self-directed.
• exercise and value self-identification of unique strengths.
• are accepting, flexible, and tolerant.
• demonstrate sensitivity to others’ needs and in interactions with others.

4. Recognize the importance of and pursue COMMUNITY INVOLVEMENT as part of their professional responsibility and civic engagement.

Graduates:
• exhibit socially minded behaviors.
• initiate and carry out community-based learning and service projects.
• build linkages with their communities and accept and engage in service to the community as part of professional responsibility.
• participate in professional meetings.
5. Appropriately use and modify written, oral and non-verbal COMMUNICATION with clients, families and colleagues.

Graduates:
- communicate effectively through verbal, and non-verbal means and are willing to communicate with a variety of people in different situations.
- effectively communicate through written and electronic documentation.

6. Practice effectively and are able to respond to CHANGE within a dynamic health care environment.

Graduates:
- welcome and gain insight from ongoing internal and external review.
- recognize and create opportunities for growth and realistic change.
- serve as change agents within the community and the settings in which they practice.
PROGRAM ACCREDITATION

The Doctor of Physical Therapy Program at Florida Gulf Coast University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

CURRICULUM PHILOSOPHY

All students participate in a curriculum that focuses on the process of effective problem solving and scientific inquiry. Faculty provide scaffolding for higher learning, exposing students to the base of knowledge on which the profession is founded and facilitates student exploration of the validity of that knowledge base. Coursework requiring the student to use intellectual inquisitiveness builds a desire in each student for lifelong growth and learning. Psychomotor and decision-making skills are developed in the context of ethical, competent, compassionate and holistic client care. An integrated curriculum and community-based laboratories prepare students for autonomous practice. Students are encouraged to participate in a variety of service opportunities.

The Doctor of Physical Therapy curriculum is built upon several philosophical constructs: 1) promote consideration of a lifespan perspective, 2) a commitment to the progression from simple to complex concepts and content, 3) the use of active learning strategies, 4) a cultural diversity perspective, 5) ongoing assessment and facilitation of developing professional characteristics, and 6) contemporary evidence-based practice.

The first construct involves infusing a lifespan perspective into coursework offerings. Traditional stand-alone, topic-specific courses such as "Orthopedics" and "Pediatrics" are not utilized. Instead, coursework development has been approached from a lifespan perspective. For example, a course such as "Movement Science", includes foundational content relevant for physical therapists delivering services from infancy through geriatrics. This perspective is applied to cases within the PT Practice track where students explore premature infants up through the older adult. Students, therefore, gain a broad perspective of the breadth of PT patient populations.

The second construct relates to the importance of the evolution of student learning. Early in the curriculum, students employ more simple strategies to master foundational material and solve problems. As the student progresses through the curriculum, there is a concurrent evolution to mastery of more complex materials while employing higher-level critical thinking.

Inherent in the curricular model is a commitment to active learning with a de-emphasis on passive flow of information. A variety of active learning strategies...
are utilized including self-direction, cooperative learning, case-based method of instruction, problem-based learning, peer teaching, interactive computer-based learning, and applied learning.

Another philosophical underpinning of the curriculum is the importance of the promotion of diverse perspectives in student learning and health care delivery. Attention is given to the examination of issues that emerge relative to students and health care consumers’ varying cultural values, experiences, biases and beliefs. Through classroom and clinical learning experiences, students explore varying cultures and beliefs.

Attention is given to the importance of developing professional characteristics throughout the program. Coursework and clinical experiences include an expectation of development of behaviors deemed essential for practice as competent, professional and caring clinicians. These behaviors include such generic abilities as commitment to learning, interpersonal skills, communication skills, effective use of time and resources, use of constructive feedback, problem-solving, professionalism, responsibility, critical thinking, and stress management.

Last, the curriculum is consistently evaluated to ensure that it reflects contemporary, evidence-based practice. Outdated concepts are removed from the curricular content as appropriate, and new and commonly used concepts are brought into the learning experience, along with the available literature on the topic. Students’ ability to practice in today’s healthcare environment is facilitated through their participation in the PT Practice and Professional Development Seminar course tracks. Specialized evidence-based knowledge and skills are learned through student participation and exploration during the Independent Research or Independent Study requirement.

Graduates of the program understand the diverse backgrounds, experiences and interests of the community that the University serves. Through active participation in inter-professional coursework and community experiences, graduates are skilled in effective communication, facilitating teamwork and model leadership within their work environments and in their communities. All graduates are exposed to experiences that cultivate cultural awareness and sensitivity to age, gender and cultural diversity. Skilled, knowledgeable, self-directed, adaptable, and compassionate graduates are prepared to meet the needs of patients, clients, profession, and the community as collaborative practitioners.
PROGRAM OF STUDY POLICY

All students who enter the Physical Therapy Program are expected to follow the established program curriculum as at http://www.fgcu.edu/mariebcollege/RS/PTDPT/curriculum.asp. A student may modify the established Program of Study only with the prior written approval of his/her Program faculty advisor, Faculty Council, and the Program Director. Failure to gain approval for the modified Program of Study results in the student being immediately placed on academic probation (see Overall Progression Standards page 20). Students who wish to withdraw from Physical Therapy Program coursework must get program faculty advisor approval prior to withdrawing and must have an approved modified Program of Study within 30 days to ensure appropriate and timely progression through the Program. A second infraction of this policy will result in dismissal from the Program.

STUDENT ASSESSMENT

The Physical Therapy faculty assess students utilizing a broad scope of assessment methods. To comprehensively assess student performance, each student in the Physical Therapy Program is assessed on the following five areas:

1. Individual Course Assessment

Course faculty grade a student’s performance through a variety of measures outlined in the course syllabus. Students are expected to perform at or above the academic standards described in the progression and retention standards found in this guidebook (page 20).

2. Cumulative Portfolio

Each student is required to maintain and update a professional portfolio during his/her progression in the program. The portfolio is based on the student learning outcomes/goals and is reviewed by the student and the program faculty advisor each semester to assess and facilitate the development of this document. Portfolios are an evolving collection of items, reflective of a student’s experiences, and a demonstration of personal and professional growth. The goal is for a graduating student to have a comprehensive “picture” of his/her unique qualities, skills and accomplishments and to be able to use this portfolio when seeking professional employment. Assessment of the cumulative portfolio takes place in PHT7529, Professional Development Seminar VII and successful completion of the portfolio is a graduation requirement. The following table is the assessment tool utilized in assessing the cumulative portfolio:
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<td>6 Practice effectively and are able to respond to Change within a dynamic health care environment.</td>
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<td>8 Student personal goal</td>
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### 3. Psychomotor Skills

Students complete a self-assessment using the Psychomotor Skills Log prior to each clinical experience. The log is used for student reflection, communication with clinics, and curricular assessment. Further information on this document will be discussed as part of Clinical Education planning meetings.

### 4. Integrative Culminating Written Examination

Students participate in a comprehensive written examination as part of PHT 7390, PT Practice V. This exam utilizes the format of the national licensure examination (National Physical Therapy Examination) and serves as a self-assessment for the student. The student utilizes the results to develop a plan to prepare for the licensure examination in PDS VII.

### 5. NPTE Preparation Exams

Students participate in practice exams leading toward taking the NPTE during semester three through graduation. Through the use of practice exams, students have the opportunity to monitor their learning as well as evaluate their knowledge strengths and weaknesses. Refer to the Policy on Mandatory Preparation for the NPTE Exams found Appendix VII.
6. **Medical Spanish – Testing out of Course**

Students whose first language is Spanish (or those who consider themselves proficient in this language), may be eligible to test out of PDS V Medical Spanish for Physical Therapists. Testing out will consist of attaining a score of 90% or higher on an online assessment on the course content followed by an oral exam by the instructor consisting of an interview to assess conversational skills.

Students who successfully test out of Medical Spanish must register for a Special Topics Course that will consist of a list of assignments to assist with online management for PDS V.

**ESSENTIAL FUNCTIONS**

It is strongly recommended that all students meet the essential functions found in Appendix X.

Essential functions needed for successful Physical Therapy program at Florida Gulf Coast University. Students must be able to perform, with or without reasonable accommodations, each of these essential functions in order to fully participate in the program and successfully complete the requirements of the program in which they are enrolled. A student requesting accommodation in regard to carrying out any of these essential functions must realize that although he/she may meet program requirements to graduate, he/she may not meet some requirements of licensure and employment in the profession.

Florida Gulf Coast University, in accordance with the Americans with Disabilities Act and the university’s guiding principles, provides classroom and academic accommodation to students with documented disabilities. Students are responsible for providing documentation of disability to the Office of Adaptive Services. Whether or not a requested accommodation is reasonable will be determined on an individual basis in consultation with the Office of Adaptive Services. (See current FGCU Student Guidebook).
PROFESSIONAL BEHAVIORS POLICY

DEPARTMENT OF REHABILITATION SCIENCES
FLORIDA GULF COAST UNIVERSITY

The faculty of the Department of Rehabilitation Sciences believes that a set of appropriate professional behaviors is inherent across professions and is an important part of physical therapy practice. These behaviors are not specific to the field of physical therapy; however, they are essential for appropriate care of patients/clients and their families, interaction with colleagues, and success in the profession. The Florida Gulf Coast University Physical Therapy Faculty chose to integrate the development of these behaviors throughout the curriculum to ensure student success in peer, patient, colleague, and faculty interactions in classroom and practice settings. The faculty acknowledges its role in the development of these professional behaviors. The faculty selected the Professional Behaviors Assessment tool based on the document Professional Behaviors for the 21st Century, authored by May, Kontney, and Iglarsh (2010)

Basic Tenets and Expectations

(adapted from May, Straker, and Foord, 1997), Facilitating the Development of Professional Behaviors in Physical Therapy Education, Unpublished draft 9/97)

- The process of becoming socialized into a profession requires hard work and takes a long time: therefore, it must begin early.
- A repertoire of behaviors, in addition to a core of knowledge and skills, is important to be successful as a physical therapist.
- Professional behaviors are defined by the ability to generalize, integrate, apply, synthesize, and interact effectively.
- Behaviors can be influenced and modified by expectations, environment, and internal commitment.
- Behaviors can be objectified and assessed.
- Academic and clinical faculty recognize their responsibility to assess professional behaviors and are empowered to do so.
- Behavior is as important as knowledge and skill (A Normative Model of Physical Therapist Professional Education; Clinical Education Component)
- Clearly defining and sharing expectations is the responsibility of the profession throughout the educational and socialization process.
- The current scope of physical therapy practice necessitates that students develop essential professional behaviors which are infused into course and clinical work and reinforced throughout the program.
- These behaviors provide the foundation for lifelong learning and commitment to the profession through professional development.

Generic Abilities
The following abilities were identified and defined (May, Kontney, Iglarsh 2010)

**Critical Thinking**

The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information.

**Communication**

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

**Problem Solving**

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

**Interpersonal Skills**

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

**Responsibility**

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

**Professionalism**

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

**Use of Constructive Feedback**

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

**Effective Use of Time and Resources**

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

**Stress Management**

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

**Commitment to Learning**

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

Each of the Generic Abilities is further delineated in Behavioral Criteria, with the Criteria presented in FIVE levels: Emerging, Beginning, Intermediate, Entry-Level, and Post Entry Level. At each level, specific student evaluation criteria are identified. In the Florida Gulf Coast University Physical Therapy Curriculum, students are evaluated in every course utilizing the following progression standards:

- Students not yet at the Beginning Level are considered to be at the Emerging Level.
- Students must perform at Beginning Level in all criteria at the end of two semesters of study.
- Students must perform at the Intermediate Level in all criteria in order to participate in the first full-time clinical experience.
- Students must perform at Entry-Level in the academic setting before beginning the final clinical education experience. Students are considered to be prepared for full-time clinical practice by demonstrating these behaviors.

Expectations for Professional Behaviors

These abilities are introduced to the students during program orientation. They are further explored in Professional Development Seminar I - Exploration in Physical Therapy and are assessed in all physical therapy courses. Performing at the appropriate level is a required part of the overall program and a component of the course grade, if the instructor so chooses. Standardized evaluation forms are used for faculty evaluation of students and student self-evaluation. The forms identify strengths and areas needing further development. Faculty advisors consult with and counsel students as they progress in the Professional Behaviors Plan. Counseling with the faculty advisor will occur at least once each academic year (fall/spring semesters) and more frequently as needed, at the request of the advisor or student. It is the responsibility of the student to contact his/her advisor to request an advisement meeting during each academic year (fall/spring). Faculty who observe or are notified of concerns regarding a student’s professional behaviors will call a meeting with the student to discuss the concerns and to complete a Professional Behaviors Plan document. The faculty advisor and the student maintain records of the advisement. Any student who does not fulfill the requirements of the Professional Behaviors Plan is placed on professional behaviors probation by the Physical Therapy Faculty Council and must develop a Remediation Plan in consultation with the student’s faculty advisor and approved by the Department Chair. Failure to successfully complete the approved or agreed-upon Remediation Plan results in dismissal from the program.

Please refer to Appendix I for the Professional Behaviors Plan Assessment Form.
RETENTION AND PROGRESSION STANDARDS

Leave of Absence

A student must maintain continuous enrollment/matriculation in an approved academic Program of Study or receive written approval for a leave of absence from the Doctor of Physical Therapy Program Faculty Council in order to ensure consideration for readmission to the Program. A leave of absence is granted for no more than three consecutive semesters. If a student cannot resume coursework after three consecutive semesters, the student forfeits his or her place in the program and re-application is necessary. Failure to seek an approved leave of absence will result in dismissal from the program.

Students on Professional or Academic Probation are not eligible for a leave of absence. DPT Faculty council will consider, on a case-by-case basis requests involving extenuating circumstances such as personal health or family related issues.

Withdrawing from a Class

A student withdrawing from any class modifies the established Program of Study and must follow the procedure as outlined in the Program of Study Policy. A student who has a failing grade in the class from which he/she is withdrawing will be placed on academic probation (see Overall Progression Standards). A student who modifies his/her Program of Study does so with the realization that the Program has no obligation to offer courses out of sequence for the said student. Failure to follow the approved plan of study or an approved modified plan of study will result in dismissal from the program.

Overall Progression Standards

A student must meet all retention and progression standards. Program progression standards are listed below. Any student not meeting one or more of these standards is placed on academic probation. Probation occurs automatically, regardless of official notification. The standards are as follows:

1. The student must follow a Program of Study approved by the student’s program faculty advisor and the DPT Faculty Council. Failure to follow the approved Program of Study for one semester results in the student being placed on professional behaviors probation. Failure to follow the approved Program of Study for two semesters results in the student being dismissed from the Program.
2. A student must earn a “B” (“S”, if applicable) or better in all courses. Failure to achieve a sufficient grade in a required course or withdrawing from a class in which the student has a failing grade (C+ or below), results in the student being placed on academic probation.

- A student who does not successfully complete a course with a sufficient grade, must repeat the course the next time it is offered and achieve a sufficient grade. Dismissal occurs if the student earns an insufficient grade or withdraws from the course with a failing grade a second time in the same course. If a student repeats a course, prerequisite conditions for courses subsequent to the repeated course must be met. These conditions are outlined in each course syllabus.

- A student who earns two insufficient course grades throughout the curriculum will be dismissed from the program.

3. Professional Behaviors Probation is permitted a maximum of two occurrences during enrollment in the program. Exceeding the allowed maximum of two probations results in dismissal from the program.

4. A student on academic probation who is placed on professional behaviors probation will be dismissed should a second occurrence of professional behaviors probation be incurred.

5. The program faculty advisor and DPT Program Faculty Council must approve any changes in the Program of Study.

6. A student must maintain a cumulative Grade Point Average (GPA) of 3.0 for coursework taken in the Doctor of Physical Therapy Curriculum. Failure to maintain a cumulative Program GPA, as specified above, results in the student being placed on academic probation.

7. A student must perform at the appropriate level of Professional Behaviors Criteria as outlined in the Professional Behaviors Policy and Professional Behaviors Plan.

**Clinical Education**

Students must be in good standing in the Physical Therapy Program, including following the Professional Behaviors Plan, and have completed the appropriate prerequisite and concurrent courses and/or examinations prior to participating in the clinical education component of the curriculum. **Students who have not successfully submitted their first draft of the initial proposal for**
Independent Study or Independent Research will not be allowed to participate in the full-time clinical education component of the curriculum.

At the end of a clinical experience, on a case-by-case basis, a student may be given the option of extending the duration of a clinical experience in order to reach the appropriate level of clinical performance.

Student requests are considered in assigning clinic experiences, but the Director of Clinical Education has the final responsibility for making clinic assignments. Students are not guaranteed placement in their top choices and may be assigned to clinics outside the geographical areas in which they live. Students are responsible for transportation and housing expenses during clinical experiences. Please note that due to availability of certain types of clinical settings, students should anticipate at least one clinic assignment outside the Southwest Florida area.

Students are required to have all required background checks, immunizations, First Aid, CPR, current liability insurance, and current health insurance prior to entering any clinical experience. These requirements remain in effect during all clinical education experiences. Failure to meet all of the above requirements may necessitate the student immediately being removed from the clinical education site. For additional information on the requirements, please refer to Appendix IV of this guidebook.

**Graduation Requirements**

1. Successfully complete a cumulative personal/professional portfolio.
2. Complete all required coursework with minimum cumulative GPA of 3.0 and a “B” or better in each course. This includes satisfying requirements for Independent Study V (PHT 7910) or Independent Research V (PHT 7975).
3. Successfully complete Clinical Education V.
4. Perform at ENTRY LEVEL in all Behavioral Criteria of the Professional Behaviors Plan.
6. Apply for graduation per university guidelines and timeline.
7. Meet all Florida Gulf Coast University Graduate Student requirements for graduation.

**ACADEMIC ADVISEMENT**

Each student admitted to the FGCU Physical Therapy Program is appointed a faculty advisor to serve as the student’s advisor. These appointments are for the duration of the student’s tenure in the program and are assigned by the Program Director. The purpose of the student advisee/faculty advisor relationship is to foster the student’s professional growth and development in the Physical
Therapy Program. Student advisees and faculty advisors are encouraged to meet at both the beginning and end of each semester to assist with planning, registration and development needs of students in the program. Any request for change in the student advisee/faculty advisor relationship is made through the Program Director. The student or advisor may submit a formal written request to the Program Director for consideration for change. Changes in the student advisee/faculty advisor assignment should be carefully considered before requested.

Academic advising is an integral part of the college learning experience. Advising is a developmental process that reinforces student growth and development through clarification of life, educational and career goals. The following goals for academic advising practices within the Marieb College of Health & Human Services are adopted from the National Academic Advising Association (NACADA) document on advising goals:

- Provide general information regarding University policies, procedures, and campus resources
- Assist students in establishing and completing educational and career goals

**Advisor Responsibilities**

Upon admission and acceptance into an academic program in the Marieb College of Health & Human Services, students are assigned a faculty advisor from their academic department. Faculty advisor responsibilities include:

- Interact with openness in communication, confidence and trust
- Assist students in establishing realistic educational and career goals
- Consult with students in program course planning
- Refer students to other campus resources as needs are identified
- Review the University policies and procedures
- Assist students in identifying career opportunities

**Advisee Responsibilities**

An important factor for successful progression is for students to seek advisement within their academic department. Advisee responsibilities include:

- Initiate advisement process by contacting your faculty advisor to schedule an appointment when required or when in need of assistance. If you cannot attend the scheduled meeting, as a courtesy, notify your advisor in advance.
- Prepare for the advising session and bring all necessary materials to the meeting
- Familiarize yourself with and understand the requirements of the program
- Become knowledgeable and understand University policies and procedures
- Understand and know your abilities, interests, and values as they relate to your educational and career goals
• Be flexible in accommodating time for advisement
• Adhere to policies and procedures within the College and the academic program standards
• Follow through on the recommendations made by your faculty advisor during your advising session

Students must meet with their program faculty advisor at least once per semester; however, more frequent meetings are encouraged to maximize the benefits that the faculty can provide. Students who do not meet with their program advisors each semester are responsible for any missed information and guidance. The program faculty advisor will monitor the student’s progress toward degree completion including overseeing the student's progress in his/her Program of Study and support the student’s efforts toward completion of all graduation requirements. Students are ultimately responsible for meeting these graduation requirements.

APPEALS/GRIEVANCE POLICY AND PROCEDURES

Grade Appeals Process
The Physical Therapy Program follows the University’s Student Grade Appeals policy found in the FGCU Division of Student Services Student Guidebook.

Program Dismissal Appeals Process
The student appeals, in writing, to the DPT Program Faculty Council for reconsideration of program dismissal by a deadline date specified in the student’s dismissal letter. The student is given a deadline date of twenty-one days from the date of the dismissal letter to appeal the decision. Failure to follow this timeline forfeits the student’s right to appeal.

The student is required to include the following items in the appeal request:
• Reason(s) for the appeal
• Justification for reconsideration
• Supporting documentation

Upon receipt of the appeal, the following steps are taken:

1. The student's transcript, portfolio, and appeal material are reviewed by the DPT Program Faculty Council within twenty-one days of receipt of the appeal.

2. The Council then provides a recommendation to the Department Chair. The Department Chair reviews the recommendation and makes a decision on the appeal within 5 working days of the DPT Program Faculty Council meeting.

3. The Department Chair sends a certified, restricted-delivery letter informing the student of the decision.
If the student is not satisfied with the outcome of the decision of the Department Chair, the student may appeal to the Marieb College of Health & Human Services Appeals Committee following established University guidelines. Students are also referred to the following university policy for information regarding the right to grieve decisions related to access to courses and credit granted toward degree through the Student Ombudsman.

Policy 1.010 – Student Course and Credits Grievance Policy
http://www.fgcu.edu/generalcounsel/files/policies/31872_2.pdf

Student Grievance Procedure

Student Grievances are addressed in accordance with the University Guidelines available in the University Student Guidebook. Please visit link for guidelines. http://studentservices.fgcu.edu/StudentConduct/grievance.html

GRADING PHILOSOPHY AND POLICY

Philosophy

The Department of Rehabilitation Sciences grading philosophy is consistent with and builds upon the Department’s mission, goals, and student learning outcomes. Assessment of student performance is frequent and ongoing, employing multiple and varied methods of assessment. Employing multiple methods of assessment allows students to demonstrate knowledge and competency in a variety of ways. Lab examinations and skill competency assessments are considered satisfactory at the specific mastery level (refer to individual course syllabi). Full-time Clinical Internships are graded on a Satisfactory/Unsatisfactory basis. The Professional Behaviors Plan clearly delineates expectations for professional behaviors and attitudes and is included in assessment of student performance in all coursework and clinical experiences.

Additional Policies

- Students are advised to refer to specific course syllabi for course requirements and grading policies.
- Since the content of the PTP courses and the accompanying lab courses are intricately linked, students will earn the same grade for the PTP didactic and laboratory course occurring in the same semester.
- Students are responsible for requesting, in writing, an incomplete (I) two weeks prior to the end of the semester in which the course is taken. Requests must be submitted to the course faculty, who act on the request within 72 hours of receipt. The maximum amount of time to complete coursework to remove a grade of I is one year from the end date of the semester for which the grade was assigned or graduation, whichever comes first. However, an instructor may restrict the amount of time given to the student to complete the coursework.
Failure to complete the coursework within the specified period of time will result in a grade of “F” or “U”. A student requesting an incomplete must be passing the course at the time of the request.

- Students are expected to complete all course evaluations/surveys before the completion of the course.
- If no grading policy is listed on an individual course syllabus, the grading scale reverts back to the University grading system.
- Students are advised to refer to the Retention and Progression Standards section of this guidebook for additional information regarding academic standards and policies.

**GRADING SCALE:**

The following grading scale will be used unless otherwise specified in the course syllabus:

- **A** = 90-100%
- **B+** = 87-89%
- **B** = 80-86%
- **C+** = 77-79%
- **C** = 70-76%
- **D+** = 67-69%
- **D** = 60-66%
- **E** = below 60%

**ACADEMIC INTEGRITY**

Students at Florida Gulf Coast University have the responsibility to practice academic honesty. To engage in activities such as cheating, plagiarism, submitting other person’s work, sharing any test information, having access to other student’s tests, falsifying information, and knowingly furnishing false research data will result in automatic course failure and academic probation. Additionally, it will subject a student to penalties as outlined in the University Code of Conduct (https://www.fgcu.edu/studentlife/studentconduct/) and could result in dismissal from the Physical Therapy Program and University. Students who are in unauthorized areas during or after hours will also be subject to penalties as outlined in the University Code of Conduct (https://www.fgcu.edu/studentlife/studentconduct/) and could result in dismissal from the Physical Therapy Program and University. Faculty reserve the right to use anti-plagiarism software to analyze papers and other written works. For clarification of what constitutes academic dishonesty, see the University Student Guidebook.
STUDENT CONDUCT

As part of Program accreditation, it is expected that faculty and students are responsible for preserving the privacy, dignity and safety of all people, including patients/clients, patients’/clients’ families or caregivers, students, faculty, and support staff who are involved in the classroom, laboratory, clinical, research, and administrative activities of the program. In an effort to preserve the safety of physical therapy/other University students and the community-at-large, as well as adhere to the Florida Physical Therapy Practice Act and the APTA Code of Ethics, students are not permitted to independently render therapeutic intervention for any diagnosed or undiagnosed pathological condition or dysfunction. Therapeutic intervention is acceptable only in learning situations such as the laboratory classroom setting or clinic setting, where the appropriate supervision is provided. Independent laboratory practice is designed for the practicing of psychomotor skills and reinforcement of didactic material using only enrolled Physical Therapy Students as subjects. Persons who are not enrolled in the Physical Therapy Program are not allowed in the laboratory during independent laboratory practice. Independent laboratory practice is not designed as a venue to render treatment for pathological conditions. Doing so is in direct violation of expected student conduct and will result in probationary status and possible dismissal from the program. Students should also refer to individual course syllabi and Professional Behaviors Plan for additional expectations.

SOCIAL MEDIA POLICY

The Doctor of Physical Therapy Program has adopted the guidelines for students utilizing social media as set forth by the APTA in the link (http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/StandrdsConductSocialMedia.pdf). These guidelines refer not only to your social media activities related to formal academic functions, but also as an individual when interacting with other students, faculty, staff, and others connected to the program and university. Any social media postings that can be considered discriminatory, harassment, or sexual misconduct will be reported to the OIEC office per university policy 1.006 and may be grounds for professional behaviors probation or dismissal from the program. This may include:

- Use or display of offensive language.
- Photographs, videos, or language that can be interpreted as disrespectful to individuals or groups based upon their age, gender, race, ethnicity, or sexual orientation.
- Photographs, videos, or language that can be reasonably interpreted as participating in or condoning the irresponsible use of alcohol, substance abuse, violence, or sexual promiscuity.
• Posting of potentially inflammatory or unflattering material on a group or another individual’s social media page (i.e., Twitter post, “wall” of another’s Facebook page)

Any student who is aware of inappropriate social media conduct by other students is required to immediately report this to the Program Director.

MEDIA RECORDING PERMISSION REQUIREMENT

Students must have a faculty member’s permission to audiotape, videotape, photograph, or otherwise record any portion of a class, lab, or clinical education experience. Classes and laboratory experiences may include material that is restricted in its use to those specific educational settings and conditions. There may also be intellectual property or copyright issues with faculty-developed materials. In addition, visitors and patients may participate in our classes and labs who have not given their consent for taping, recording, or sharing of taped segments. It is a program requirement that such permission will be given by the faculty member before any recording occurs. Once such a recording has been permitted by the faculty member, it is intended solely for that specific educational purpose. Unless you have secured additional permission, sharing the recordings outside of the classroom or posting these recordings on internet sites is not permitted. Media recording in the Gross Anatomy Lab is prohibited in all circumstances. Failure to comply with these expectations will be considered a violation of professional behaviors expectations, and may result in a formal, remedial Professional Behaviors Plan or other significant consequences.

STUDENT EMPLOYMENT

The faculty acknowledge that living expenses and costs associated with graduate school are considerable. However, the Physical Therapy Program is a rigorous program of full-time study. Although we try to take advantage of self-directed learning and distributive learning technology, your time commitment to class, laboratory, discussion, clinical demonstration, and clinical internships are significant. Additionally, because of the academic rigor of a physical therapy program, your time commitment to out-of-class study time is also significant. Therefore, the faculty strongly recommend:

1) that you carefully weigh your options of personal savings, scholarships and loans as a source of financial support,
2) that you try to minimize the number of employment hours that you commit yourself to, and the faculty recommend no more than 10-15 hours,
3) if you work, seek employment that minimizes weekday commitments and has a lot of flexibility in the schedule,
4) if you work during the week, carefully look at the scheduled class, laboratory, discussion, clinical demonstration, and clinical internship commitments, and not schedule work close to those times. Be flexible in case the program’s schedule has to be changed,
5) that you keep in mind that during three semesters you will be in a clinical internship that requires attendance full-time (usually 8:00-5:00 M-F, but may require weekend and/or evening hours), and,

6) that you realize that attendance is required in class, laboratory, discussion, clinical demonstration, and clinical internship sessions, all of which have to be a priority over a possible work schedule.

**ATTENDANCE, STUDENT ILLNESS AND ABSENCE**

Responsibility and accountability for meeting course obligations is a fundamental component of professionalism. Students are required to adhere to the following:

- **Timeliness:** Students must arrive in a timely fashion and be prepared to engage in planned education activities for all scheduled courses and course activities as noted on course syllabi or as informed by course faculty. Timeliness is a core element of professional behavior, and it is expected that students arrive to all educational activities (including clinical education and mentoring activities) sufficiently early so that unpacking computers, books, etc., changing into appropriate dress, and setting up for the learning activity does not interfere with the timely start of that activity. Students who do not display timeliness will be placed on professional behaviors probation. Repeated occurrences will lead to dismissal from the program.

- **Excused absences** include only those absences resulting from student illness or accident, or illness or death of an immediate family member. Absences for any other reasons are considered unexcused and may impact the student’s course grades and/or lead to professional behaviors probation. Students are required to notify course faculty and their academic advisor of the need for an excused absence **PRIOR** to the class or clinical experience. This notification can be given by e-mail or voicemail.

- Students must refer to individual course syllabi for specific requirements or policies related to illness or absence.

- Students determine if their illness adversely impacts upon clients or their own well-being and consult with course faculty **prior to** classroom or practice experience absence. Course faculty or clinical supervisor may ask a student to leave a classroom or practice setting if the student’s illness adversely impacts the well-being of students, patients or clients.

- When a pattern of absences is noted by faculty, students are required to consult with course faculty and/or their program faculty advisor for counseling. A pattern of absences may result in a student being placed on professional behaviors probation or dismissed from the physical therapy program, due to failure to meet professional behaviors criteria.
• Students retain accountability for meeting course requirements.

• Students are cautioned that excessive absences lead to unsuccessful completion of course requirements and may result in dismissal from the program.

• Final exams are often scheduled outside normal semester dates. Any absence from scheduled exams or final exams must be pre-approved by course faculty. If approval is not obtained a student may be dismissed from the Physical Therapy program for failure to meet professional behaviors criteria.

• Travel scheduled between semester breaks must be scheduled to take place after final exams are completed. Failure to comply with this guideline may result in dismissal from the Physical Therapy program.

• Arrangements made for travel during scheduled final exams, without written faculty approval, will have to be rescheduled. Any financial impact resulting from re-scheduling, will be the sole responsibility of the student.

**DRUG/ALCOHOL POLICY**

No student is to report to class or any university activity while under the influence of illegal drugs or alcohol. Violation of these policies by a student will be reason for evaluation/treatment for drug/alcohol use disorder and/or for disciplinary action up to and including expulsion, and/or referral for prosecution consistent with local, state, and federal law. Refer to the FGCU Student Code of Conduct found in the FGCU Student Guidebook for university policies.

Students are responsible for reviewing and complying with the individual drug/alcohol policies of the affiliate site to which they are assigned.

**SERVICE LEARNING COMMITMENT**

Service to the community-at-large is an important and desirous behavior of a professional. As students prepare academically for their professional careers, the faculty of the Department of Rehabilitation Sciences encourage each student to choose a service interest and begin practicing this most benevolent behavior while in the process of acquiring knowledge and skills in this program. Assistance in choosing a service benefactor is available on the Eagles Connect website.

**PROFESSIONAL CODE OF ETHICS**
As part of their participation in a professional program, students are expected to follow the American Physical Therapy Association (APTA) Code of Ethics for the Physical Therapist. The Code of Ethics provides guidelines by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code applies to all physical therapists. The Code is subject to changes as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. The Code of Ethics is subject to monitoring and timely revision by the Ethics and Judicial Committee of the Association.

Please refer to Appendix III for the current copy of this document.

**COURSE SCHEDULING**

The Department of Rehabilitation Sciences follows the College policy which states “the Marieb College of Health & Human Services reserves the right to cancel, postpone, or reschedule any course, course section, practice or internship experience.”

Many of the courses within the physical therapy curriculum require cooperative group work and synchronous laboratory/field practice experiences. Students who choose to work while attending graduate school must have the ability to make changes in their work schedule, as class and group sessions may not adhere to a consistent schedule from week to week based on case, program and lab/field experiences scheduling needs. Students must commit to full-time clinical internships and residency during certain portions of the program. Refer to the Department of Rehabilitation Sciences Clinical Education Handbook for further details about clinical education.

**MEDICAL TERMINOLOGY REQUIREMENT**

The faculty of the Department of Rehabilitation Sciences expect all students to demonstrate the ability to understand and use medical terminology throughout the curriculum. Students must gain competency in medical terminology through the use of self-paced workbooks or other media. This requirement must be met during the first semester of the program, during Professional Development Seminar I. Failure to meet this requirement will result in a failing grade and placement on academic probation at which time, all conditions of academic probation apply.

**INDEPENDENT STUDY/INDEPENDENT RESEARCH**

Independent inquiry is a critical component of the education of health professionals and a unique aspect of graduate education. The Physical Therapy
Program requires that every student have the experience of designing, implementing, and evaluating an independent inquiry project. This provides the opportunity for the student to explore a distinct and focused learning experience to enhance practice application.

Please refer to Appendix II for the complete Independent Study/Independent Research Guidelines.

**WRITING STYLE GUIDELINES**

Writing style that you should use while in the DPT program is based on the American Medical Association (AMA) guideline (see citations below). Individual course faculty determine writing style guidelines for course assignments. Please refer to each course syllabus for further information.


**IMMUNIZATION/CERTIFICATION REQUIREMENTS**

Students are required to maintain up-to-date immunizations and submit all required documentation into their CastleBranch “Compliance Tracker.” All immunizations must be submitted prior to October 1 of the year students enter the program. Immunization records must be kept current. Current/updated immunizations must be on record in the CastleBranch “Compliance Tracker” for a student to participate in any Physical Therapy Practice courses and/or Clinical Experience Courses. A copy of the Department of Rehabilitation Sciences immunization requirements and timeline is located in Appendix IV.

Failure to maintain current immunizations and certifications while in the Program, including providing documentation to the CastleBranch “Compliance Tracker”, will result in being placed on professional behaviors probation without formal notice.

**HEALTH INSURANCE**

Students enrolled in The Doctor of Physical Therapy Program are required to have continuous Health Insurance coverage while enrolled in the DPT Program. Proof of Health Insurance coverage must be submitted to CastleBranch “Compliance Tracker”. Many of our clinical sites require that students carry their own health insurance and our contract with many clinical sites notes that students placed in that facility must have Health Insurance Coverage.

The cost of emergency and medical care or health insurance is always the responsibility of the student (or the student’s insurance provider). Failure to
provide proof of Health Insurance coverage will result in a student being placed on Professional Behaviors Probation and students will not be allowed to begin their clinical internships.

Information regarding the FGCU Student Health Insurance is available at http://www.fgcu.edu/studenthealth/insurance-and-billing.html

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LIABILITY INSURANCE INFORMATION

The Department of Rehabilitation Sciences has contracted through Healthcare Providers Service Organization (HPSO) for liability insurance. The blanket rate is about half the cost of the individual rates. Actual cost to each student is based on the number of students entering the Department of Rehabilitation Sciences program. Coverage must be purchased by August 31st of each calendar year. The liability insurance coverage is purchased by each student, through the department storefront. A link is provided below and on the main department webpage.

https://secure.touchnet.com/C20748_ustores/web/store_main.jsp?STOREID=30&SINGLESTORE=true

Professional liability insurance must be maintained until graduation. Failure to comply with liability insurance requirements will result in professional behaviors probation. Students are NOT permitted to participate in a class/lab/clinical internship(s) without current liability coverage through the Department’s blanket policy. Failure to comply will result in students being administratively dropped from a course.

Students who are also licensed healthcare professionals that require liability insurance coverage should contact the department secretary for additional information on coverage.

A student should communicate to the Director of Clinical Education, program director and course faculty, any incident or situation in which a student is involved in that potentially holds the student or university liable or at risk.

HEALTHCARE PROVIDER AED, CPR AND FIRST AID

Students are required to complete AED, CPR and First Aid certification courses through the American Heart Association (AHA) or the American Red Cross for adult and child prior to participation in any practice courses or clinical practice courses. Copies of signed proof of instruction in AED, CPR and First Aid must be provided to the CastleBranch “Compliance Tracker” prior to October 1 of the year students enter the program. Certifications must stay current in all areas while students are enrolled in the Doctor of Physical Therapy Program. Failure to comply with AED, CPR and First Aid requirements will result in being placed
on professional behaviors probation and will lead to dismissal from the Physical Therapy program.

The Department provides an opportunity for students to participate in CPR/AED and First Aid courses on campus. Please contact your DCE for dates and times these courses will be offered. These courses are scheduled around your academic course schedule and are offered at a substantial discount from outside providers.

Please note: Online CPR classes are not acceptable. Online First Aid courses will be accepted if offered by the providers list above.

**CRIMINAL BACKGROUND CHECKS PROCESSES AND PROCEDURES**

All Students admitted to the Doctor of Physical Therapy Program are required to undergo a Level 2 criminal background and a Level 2 (National- FBI) criminal background check administered through CastleBranch. Background checks completed prior to admission, and fingerprinting completed by October 1, are completed at the students’ expense.

*Rationale:* Health professions students and health professionals often treat patients who are considered to be vulnerable. In order to protect these vulnerable patients, criminal background checks are being required by the University as well as many health care institutions. It is important for students to realize that a criminal record may prohibit them from sitting for the licensure exam if they have certain misdemeanors and felonies on their records. In addition, if it is likely that a student may pose a threat to the welfare of program faculty, staff, students, or patients, the student may be denied continuance in the program. Students who refuse to submit to a background check or do not pass the background check review may be dismissed from the program. Additionally, certain clinical sites may require additional specific background reviews and/or drug screens prior to the student commencing a clinical education experience.

FGCU has an agreement with CastleBranch (http://www.castlebranch.com) to perform all students’ criminal background checks and fingerprinting. This company’s background check and fingerprinting check will consist of the following components:

- Florida Statewide Criminal Records (FDLE)
- Social Security Verification
- Residency History
- Nationwide Sexual Offender & Predator Registry
- Unlimited Out of State County Criminal Records (Includes Maiden and Alias names)
- Nationwide Healthcare fraud and Abuse Scan
- Medicare & Medicaid Sanctioned, Excluded individuals
- Office of Research Integrity (ORI)
- Office of Regulatory Affairs (ORA)
- State Exclusion List
- FDA debarment Check
- Office of Inspector General (OIG)-List of Excluded Individuals/Entities
- General Services Administration (GSA) – Excluded Parties List
- U.S. Patriot Act
- Terrorism Sanction Regulations
- Office of Foreign Assets Control (OFAC)
- List of Specially Designated Nationals (SDN)
- U.S. Treasury
- Department of State Trade Control (DTC) Debarred Parties

Rights: Students have the right to review the information reported by CastleBranch for accuracy and completeness and to request that the agency verify that the background information provided is accurate. Prior to making a final determination that will adversely affect the student, CastleBranch will provide the student with access to the background check report and inform the students of his/her rights via email. Students are responsible for providing accurate contact information to CastleBranch. Students are responsible for the consequences of CastleBranch being unable to contact the student.

Process:
1. This guidebook serves as the student notification of the requirement for criminal background review.

2. The student reviews the criminal background review process and procedures and signs the signature page at the end of this document, acknowledging his/her responsibility for the release of the criminal background review results to affiliated clinical sites.

3. Students must submit to the required fingerprinting checks by October 1 of the first fall semester. Failure to undergo the fingerprinting checks by October 1st may result in administrative withdrawal from all courses in the program of study and in being placed on Professional Behavior Probation. Withdrawal from the program courses could seriously jeopardize the student’s ability to complete the program requirements and graduate on schedule.

4. The CastleBranch procedure is as follows:
   a) Student visits https://www.castlebranch.com/ and clicks on “Place Order”
   b) Student will enter the package code FL22fp for FDLE Fingerprinting (also provided at orientation)
c) Student will provide the necessary information (i.e. name, date of birth, etc.) to complete the background check and to set up their profile.
d) Student will indicate any additional names or addresses used in the past 7 years.
e) Student will select a method of payment. The cost of the criminal background and fingerprinting package is approximately $110 (FL22) or the individual background check $60.75 (fl22bg) and individual fingerprint $49.25 (FL22fp).
f) Sign CB release form(s).
g) Students will receive a confirmation email with your password to review results, available within 2 to 3 days.
h) To allow others to review your background check, direct them to the CB site. They will need to enter your password in the “view background check” field and provide the last 4 digits of your SSN.
i) For a copy of your FDLE Fingerprinting report, contact the DCE.
j) You may obtain a free copy of A Summary of Your Rights under the Fair Credit Reporting Act by visiting https://www.consumer.ftc.gov/articles/pdf-0096-fair-credit-reporting-act.pdf

5. Certain findings in a background check could preclude participation in clinical education at certain affiliated clinical sites, and may also preclude the acceptance of the individual as a candidate for licensure as a physical therapist in any state. If it is likely that a student may pose a threat to the welfare of program faculty, staff, students, or patients, the student may be denied continuance in the program.

6. The student will be meet with the Director of Clinical Education (DCE) and Program Director and/or Department Chair to discuss the findings and consequences.

In reviewing background check reports, the following factors may be considered:
• the nature and seriousness of the offense or event,
• the circumstances surrounding the offense or event,
• the relationship between the offense or event and the duties to be performed as part of the educational process,
• the age of the person when the offense or event occurred,
• whether the offense or event was an isolated or repeated occurrence,
• the length of time since the offense or event,
• past employment and history of academic or disciplinary misconduct,
• evidence of successful rehabilitation, and
• the accuracy of the information provided by the student.

The safety of program faculty, staff, students, and patients and the educational interests of the student are considered. In reviewing
background check reports and supplementary materials, advice may be obtained from university council, university police, and other appropriate advisors.

7. If the report contains negative findings and the authorized program individual(s) determine that the student is denied continuance in the program, the student will be notified in writing by the Program Director and/or the Department Chair. Any financial losses incurred due to negative criminal background findings resulting in dismissal from the program and university are the responsibility of the student.

8. If dismissal from the program is warranted, a student may appeal that decision in accordance with the university’s grievance procedure for academic matters found within the Student Guidebook at studentservices.fgcu.edu/judicialaffairs/new.html. If the student appeal is granted, the student must be aware that successful completion of the program cannot be guaranteed due to the potential lack of available clinical sites, based on the negative criminal background findings. Furthermore, the negative findings may limit the acceptance of the individual as a candidate for licensure as a physical therapist in any state. It is the responsibility of the student to contact the appropriate state licensing board.

9. Once the initial background check is completed, additional background checks will only be performed when the student self-reports a violation or when the clinical affiliated site requires a more recent or more extensive background check. Further background checks are also at the expense of the student. Each student must report within seven calendar days to the program director, DCE, and the Department Chair, any arrests and/or criminal charges or convictions filed subsequent to the completion to the most recent criminal background review. The process delineated in #5 above will be initiated.

10. Failure to report arrests and/or criminal charges or convictions in the required timeframe or falsification of information in self-reporting, including omission of relevant information may result in immediate dismissal from the program.

11. If dismissal from the program is warranted, the student may appeal that decision as detailed in #8.
DRESS CODE POLICY

1. Throughout the physical therapy program, the development of professional behaviors is emphasized. This includes professional appearance. Because guests (lecturers, patients/clients, family members, prospective students, and more) frequently visit our department and program at a variety of times, it is necessary to project a professional image.

2. Throughout the program, students are expected to present themselves in a professional manner. Students are expected to begin accruing their professional wardrobe early in the program.

All students are expected to present themselves in well-groomed, professional attire and manner. This not only includes wearing the attire listed in the following policy, but keeping clothes in good condition (unwrinkled, not overly worn/faded). Presenting a clean, crisp appearance at all times promotes an appearance of credibility, responsibility, and authority, consistent with a doctoring profession.

Faculty will counsel students regarding their professional attire and manner when necessary. Failure to comply with expected practice attire will result in probationary status and may lead to dismissal from the Physical Therapy program due to violation of professional behavior criteria. A student who does not adhere to the dress code may be asked to leave the learning event (classroom, lab, clinic) by the clinical or academic faculty member. It is up to the course faculty team (DCE or course faculty) to decide if a student is to be dismissed from a course for repeated non-adherence to this program policy. Student should refer to individual course syllabus for required attire for presentations, laboratory, and practice settings.

3. Even though professional attire can vary significantly, the department views the following as a minimum standard for professional attire in courses/classes, lab sessions, and while during clinical experiences:

   A. Classroom (all Lectures and Facilitation Sessions), Community-Based Lab/Experiences, Special Events, and Guest Speaker activities:
      - Polo Shirts embroidered with the program logo purchased through the department web store.
      - Long sleeve dress shirts embroidered with the program logo in white or FGCU blue or green.
      - Solid colored non-wrinkle dress khaki pants in beige or black (no cargo pants, capris, jeans, or shorts).
      - Clothing should be ironed and shirts properly tucked to present a professional image.
      - Closed toe dress shoes that enclose the heel, heels less than 1 ½ inch height (no canvas shoes, no sneakers)
- FGCU Name tag.
- No sweatshirts/sweaters are to be worn over the practice attire except with permission of the faculty.
- Hats/caps: hats or caps are not to be worn during academic activities sessions, and while on clinical experiences.
- Jewelry limited to items that will not cause injury to self or others: Long, dangling earrings or large hoop earrings are not allowed.
- Skin exposure: In all cases and at all times, except during lab sessions, students must be able to sit/stand, reach overhead, squat, and reach to the floor or toward the feet without exposing skin at the belly, back, buttocks, or bust (the 4 Bs).
- Scents: Avoid use of cologne, scented lotions, or other scented products as patients/clients, peers, or others may have sensitivity and/or allergies.
- Students with tattoos on their arms are should wear long sleeve dress shirts as described above.
- A well-groomed personal appearance should be maintained at all times.
- Artificial fingernails are not approved.
- Certain activities may require business attire: Dress/long skirt for women, suite/sport coat and shirt/tie for men. Students will be notified in advance of this requirement.

**B. Laboratory Sessions**

1. **Anatomy Lab sessions**
   a) Disposable or white lab coats
   b) Non-canvas, closed toed shoes

2. **Lab Sessions**
   a) Gym-style shorts and FGCU Logo t-shirts (provided to students at beginning of their program)
   b) Sweats/long practice wear can be worn over shorts/t-shirts for comfort
   c) Sports Bra (or bikini top for upper back/neck/shoulder labs) (Women)
   d) Sneakers
   e) Jewelry limited to items that will not cause injury to self or others.
   f) No body piercings except for the ear (limited to two per ear).
   g) Nails must be kept short
   h) One Piece bathing suits (women) and athletic style swim shorts (men) are required for on and off campus aquatic laboratory activities
3. **Exam Sessions**
   a) **Movement Science Palpation Exams**
      Lab attire must be worn to all lab practical exams or the student will not be permitted to participate in the examination.

   b) **PT Practice Exams**
      Professional attire must be worn to all PT Practice Exams or the student will not be permitted to participate in the examination – See “Community-Based Labs/Experiences for details on professional attire.

C. **Clinical Education Experiences:**

Attire is determined by the community facility policy and clinical instructor/community supervisor. Student attire must be consistent with the physical therapists at the clinical facility. Students are responsible for requesting the dress code policy from a clinical site prior to the first day of clinic. A well-groomed personal appearance should be maintained at all times. At minimum, clinical education experiences require the following professional attire:

1. Adornments - these should not interfere with patient care. Please be sure to wear modest jewelry. Long and/or dangling earrings, rings with large stones, and belts with large or loose buckles should be avoided.

2. Fingernails - fingernails should be trimmed so that the leading edge of the nail does not extend beyond the finger pad when looking from the palmar surface. Nails should be trimmed and filed so that they are not sharp. Artificial fingernails are not acceptable.

3. Hairstyle - it is important that hairstyles, including facial hair, not interfere with efficiency and a neat appearance. Hair should be pulled back if it will potentially dangle when leaning over. Use good judgment and remember that you are a representative of yourself, a respected profession, and the College.

4. Nametag - FGCU nametag must be worn at all times (unless the clinical facility supplies the students with their required picture ID, which students must wear at all times while in that clinic

5. Students should wear a watch with second hand.

6. Professional image - Clothing should be clinical/professional in appearance. Clothing should be ironed and shirts properly tucked to present a professional image. Specific dress requirements for clinical experiences (on- and off-campus) include at minimum:
   - No blue jeans or other colored jeans.
   - No torn or tattered clothes.
   - No open toe shoes. Shoes must be flat and closed-toed.
     Tennis shoes are appropriate as long as they are in good condition.
Socks must be worn at all times; no bare feet are allowed even if wearing clogs or sandals.
No sweatshirts, sweat pants, or wind suits.
No tee shirts.
Dress should be casual professional attire that signals a respected profession. Chinos and Dockers are examples of appropriate slacks. Polo shirts or button-down shirts are examples of appropriate shirts.
Lab coats may be required at area clinic or facilities; please check with the course faculty or appropriate form to determine the need for a lab coat.
No "statement" clothing.
Students must abide by clinic or facility policy regarding exposure of body art.
All shirts must be of appropriate size (loose fit) and length: students must be able to sit/stand, reach overhead, squat, and reach to the floor or toward the feet without exposing skin at the belly, back, buttocks, or bust (the 4 Bs).

Failure to comply with expected practice attire will result in probationary status and may lead to dismissal from the Physical Therapy program due to violation of professional behavior criteria.

**Suggested suppliers for Dress Shirts:**
- The Name Game, 9280 College Parkway, Fort Myers, (239) 489-2880 – Embroidery Only (bring your own shirt). Logo on File

Polo Shirts must be purchased through the Department store front at [https://secure.touchnet.com/C20748_ustores/web/store_main.jsp?STOREID=30&SINGLESTORE=true](https://secure.touchnet.com/C20748_ustores/web/store_main.jsp?STOREID=30&SINGLESTORE=true)

**REQUIRED EQUIPMENT**

1. PT Evaluation Kit (further details provided in Intro to PT Practice)
2. Watch - digital or watch with second hand
3. Black ink pen
4. Laboratory Coat (provided in Anatomy Lab)
5. Additional equipment as required by course faculty

Failure to comply with required equipment guidelines may result in dismissal from the Physical Therapy program.
LAB POLICIES

Lab Policy & Biosafety manuals are reviewed and discussed in Movement Science Foundations I (PHT5109C). The Practice Center Policies are discussed on the first day of class in Physical Therapy Practice I. A copy of these documents are located in Appendix V and Appendix VI. These policies are designed to allow safe utilization of the laboratories and Practice Center. Students are expected to adhere to the policies at all times in order to minimize the risk of injury to self and others. However, realizing that accidents may occur regardless of precautionary measures, any injury that takes place during a laboratory exercise must be reported to the instructor in charge and reported utilizing the Environmental Health and Safety Accident Reporting Form (http://www.fgcu.edu/EHS/Files/Nonemployeeincidentrpt2014.pdf) This form is should be completed by the faculty member in charge of the laboratory in which the injury occurs. Laboratory procedures must be followed and 911 called for any injury that is potentially serious.

TRANSPORTATION/FIELD EXPERIENCES

It is the responsibility of the student to provide his/her own transportation to and from community practice labs, clinical internship sites, or other field-based experiences. Costs that the student may incur during field experiences are the responsibility of the student.

CLINICAL EDUCATION INTERNSHIPS

Each student is provided access to the Physical Therapy Clinical Education files on the PT Master Clinic Canvas webpage prior to the first clinical experience as well as access to the Acadaware.com clinical database. Clinical affiliates are also provided access to the link on the FGCU Physical Therapy Program website to review clinical education related information. Other information is available throughout the program. Students who have questions regarding Clinical Education may contact the Director of Clinical Education (DCE).

LICENSURE EXAMINATION

Once a student satisfies all graduation requirements and is granted a diploma, he/she must pass the National Physical Therapist Examination (NPTE) to become a licensed physical therapist. General information regarding licensure is provided during the program. Since state licensure requirements vary from state to state, it is the responsibility of the student to contact a particular state’s professional licensure department to obtain complete information regarding the licensure examination and additional requirements for licensure in that state. Licensure and regulation boards can be contacted for additional information.
The Dept of Health/Medical Quality Assurance – State licensure for Florida.
http://www.doh.state.fl.us/mqa/

The Federation of State Boards of Physical Therapy – Administers the National Board Exam.  www.fsbpt.org
  - Test content outline – http://www.fsbpt.org/exams/content.asp

STUDENT SERVICES

There are a variety of student services available through the university’s Division of Student Affairs. Refer to the FGCU Student Guidebook for information about these services.

The department will also maintain files regarding scholarship and employment opportunities directly related to physical therapy. These files can be obtained by contacting the department.

ACCESS TO TECHNOLOGY

Students in the Doctor of Physical Therapy Program are required to have laptop computers. Laptops are a valuable resource for students in all aspects of their educational experience in the Physical Therapy Program. The FGCU bookstore has many laptop computers available for purchase. Available financial aid can be utilized for the purchase of laptop computers through the FGCU Bookstore. Students may choose to purchase laptop computers through any vendor desired after disbursement of financial aid. A Window’s based PC is recommended, due to some compatibility issues with MAC and certain classroom management tools and files used at FGCU.

Laptop Computer Requirements:
  - Microsoft Office (Latest Version)
  - Wireless (WIFI) connectivity
  - Firefox, Chrome, or Internet Explorer (Latest version)

Students must have access to the following technologies:
  - Telephone
  - Internet accessibility
  - e-mail account (Eagle Mail account)

Academic and Event Technology Services or the FGCU Help Desk can provide advice regarding appropriate equipment purchases. Please contact the Help Desk at 239-590-1188 or visit the Academic and Event Technology Services web site at http://itech.fgcu.edu
Failure to comply with technology requirements and guidelines may result in dismissal from the Physical Therapy program.

**STATEMENT ON DIVERSITY**

Florida Gulf Coast University is committed to building and maintaining a diverse, accessible, civil, and supportive learning community. It fosters respect and understanding among all cultures and all individuals who work, study, live, and teach within this community. Bigotry, expressions of hatred or prejudice, behaviors that infringe upon the freedom and respect that every individual deserves, and harassment of any kind transgress the university’s vision, mission and guiding principles. Just as learning benefits from the interplay of teaching and scholarship in a variety of disciplines, so does the university community learn and profit from diverse cultures and perspectives. Florida Gulf Coast University will continue to pursue its aspirations by fostering a welcoming environment through diversity and inclusion.

Please refer to: FGCU-PR1.003 (Non-Discrimination, Anti-Harassment and Sexual Misconduct Regulation)

**STUDENTS WITH DISABILITIES**

The faculty of the Department of Rehabilitation Sciences Program are committed to making reasonable accommodations for students with disabilities. Faculty and students can seek support through the University Office of Adaptive Services that offers multiple services including the Adaptive Learning Lab. Additional information can be found on the Adaptive Services website at http://studentservices.fgcu.edu/Adaptive/index.html.

**THE UNIVERSITY POLICY ON ACCOMMODATION FOR PERSONS WITH A DISABILITY**

Florida Gulf Coast University (“FGCU” or the “University”) is committed to equal opportunity and access for persons with disabilities. The University will comply with all provisions of state and federal laws in this regard and will provide, upon request, reasonable accommodations to qualified persons with a disability. This includes complying with the American with Disabilities Act Amendments Act of 2008 (“ADA”), Section 504 of the Rehabilitation Act of 1973 (“Section 504”) and the Fair Housing Act, all of which protect qualified individuals with a disability from discrimination on the basis of disability and in some circumstances require the granting of reason accommodations. (Policy#: 1.008, Approved: 10/22/2013)
HUMAN IMMUNODEFICIENCY VIRUS POLICY

The Department of Rehabilitation Sciences adheres to the State University System AIDS policy, which includes:

No student will be required to cease attending the university solely on the basis of a diagnosis of infection. Such decisions will be made only after reasonable accommodations have been made and an examination of the facts demonstrate that the student can no longer perform as required, or that the student presents a health risk to himself/herself or the university community. Students are referred to the State University System AIDS Policy for guidelines on Students of the Health Occupations Doing Health Care Work (SUS AIDS Policy, 1988, p. 11-14)

STUDENT/PROFESSIONAL ORGANIZATIONS

As part of Professional Development course series, students are required to be members of and be involved in the student organization and the American Physical Therapy Association during their time in the physical therapy program. Involvement in these organizations helps to develop qualities and skills that coursework alone cannot. Faculty distribute information that is received by the department related to the APTA, Florida Physical Therapy Association (FPTA) and the Southwest District of the FPTA. Required attendance at professional meetings may be part of a course grade – refer to course syllabi for further details.

Each class of students has the opportunity to elect members to the Physical Therapy Student Organization. Information regarding formal university student organizations is available through the University Division of Student Affairs, Office of Student Activities.

APTA Web site: www.apta.org
FPTA Web site: www.fpta.org
FLORIDA GULF COAST UNIVERSITY
PHOTO-MEDIA RELEASE FORM

Date: ______________________

Person: ________________________________
(Please print name)

Parent or guardian (if person is a minor):
______________________________________
(Please print name)

I hereby consent to the taking, publication and/or broadcast of photographs, videotapes and audiotapes being taken at or for Florida Gulf Coast University with full knowledge that these productions may appear on television, radio, or in print. I hereby waive all rights to claims for payment or royalties in connection with the use, publication, or exhibition of the above-mentioned photos or tapes.

I hereby authorize the release of information concerning the classes or programs that bring me to Florida Gulf Coast University.

I release Florida Gulf Coast University, its staff and faculty from any responsibility or recourse in the taking of photographs, videotapes or audiotapes.

______________________________
(Signature)

If a minor or unable to sign:

____________________________________

______________________________
(Signature) (Relationship)
I hereby acknowledge the review of the Doctor of Physical Therapy Student Guidebook, including all appendices, and understand that it is my responsibility to be aware of the contents of these documents:

I hereby authorize the results of the criminal background check and immunization records to be released to appropriate university officials and affiliated clinical sites.

I understand and acknowledge that the policies contained in this guidebook may be amended or appended during my time in the program.

I understand that if I have any questions related to information contained in these documents, it is my responsibility to seek clarification from my program faculty advisor.

__________________________          __________________________
Student Name (printed)                  Student Signature

__________________________
Date

A copy of this signed form must be placed in the student’s department advising file.
This Professional Behaviors Assessment tool is based on the document Professional Behaviors for the 21st Century, authored by May, Kontney, and Iglarsh (2010). The purpose of this document is to provide for a tool to assess Professional Behaviors deemed necessary for success in physical therapist practice. These professional behaviors are defined and broken down into developmental levels, with example behaviors for each level. The levels are defined as follows:

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

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

**Entry Level** – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

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

Students not yet performing at the beginning level are considered to be at the Emerging level. Students must perform at the Beginning Level in all criteria at the end of the second semester in the program. Students must perform at the Intermediate Level in all criteria in order to participate in the first full time clinical experience. Students must perform at Entry Level in the academic setting before entering Clinical Education IV and V.
<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Beginning Level Behavioral Criteria</th>
<th>Intermediate Level Behavioral Criteria</th>
<th>Entry Level Behavioral Criteria</th>
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<tbody>
<tr>
<td><strong>1. Critical Thinking -</strong>  The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</td>
<td>❖ Raises relevant questions ❖ Considers all available information ❖ Articulates ideas ❖ Understands the scientific method ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) ❖ Recognizes holes in knowledge base ❖ Demonstrates acceptance of limited knowledge and experience</td>
<td>❖ Feels challenged to examine ideas ❖ Critically analyzes the literature and applies it to patient management ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas ❖ Seeks alternative ideas ❖ Formulates alternative hypotheses ❖ Critiques hypotheses and ideas at a level consistent with knowledge base ❖ Acknowledges presence of contradictions</td>
<td>❖ Distinguishes relevant from irrelevant patient data ❖ Readily formulates and critiques alternative hypotheses and ideas ❖ Infers applicability of information across populations ❖ Exhibits openness to contradictory ideas ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently ❖ Justifies solutions selected</td>
<td>❖ Develops new knowledge through research, professional writing and/or professional presentations ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process ❖ Weighs information value based on source and level of evidence ❖ Identifies complex patterns of associations ❖ Distinguishes when to think intuitively vs. analytically ❖ Recognizes own biases and suspends judgmental thinking ❖ Challenges others to think critically</td>
</tr>
</tbody>
</table>

**Student Level (circle appropriate level)**

Emerging  Beginning  Intermediate  Entry-Level  Post Entry-Level

**Comments**
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>2. Communication</strong> - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</td>
<td>❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting ❖ Recognizes impact of non-verbal communication in self and others ❖ Recognizes the verbal and non-verbal characteristics that portray confidence ❖ Utilizes electronic communication appropriately</td>
<td>❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences ❖ Restates, reflects and clarifies message(s) ❖ Communicates collaboratively with both individuals and groups ❖ Collects necessary information from all pertinent individuals in the patient/client management process ❖ Provides effective education (verbal, non-verbal, written and electronic)</td>
<td>❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing ❖ Maintains open and constructive communication ❖ Utilizes communication technology effectively and efficiently</td>
<td>❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning ❖ Effectively delivers messages capable of influencing patients, the community and society ❖ Provides education locally, regionally and/or nationally ❖ Mediates conflict</td>
</tr>
</tbody>
</table>

**Student Level (circle appropriate level)**

- Emerging
- Beginning
- Intermediate
- Entry-Level
- Post Entry-Level

**Comments**
### Generic Ability

**3. Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Recognizes problems</td>
<td>Prioritizes problems</td>
<td>Independently locates, prioritizes and uses resources to solve problems</td>
<td>Weighs advantages and disadvantages of a solution to a problem</td>
<td>Participates in outcome studies</td>
</tr>
<tr>
<td>States problems clearly</td>
<td>Identifies contributors to problems</td>
<td>Accepts responsibility for implementing solutions</td>
<td>Participates in formal quality assessment in work environment</td>
<td>Seeks solutions to community health-related problems</td>
</tr>
<tr>
<td>Describes known solutions to problems</td>
<td>Consults with others to clarify problems</td>
<td>Implements solutions</td>
<td>Considers second and third order effects of solutions chosen</td>
<td></td>
</tr>
<tr>
<td>Identifies resources needed to develop solutions</td>
<td>Appropriately seeks input or guidance</td>
<td>Reassesses solutions</td>
<td>Evaluates generalizability of current evidence to a particular problem</td>
<td></td>
</tr>
<tr>
<td>Uses technology to search for and locate resources</td>
<td>Prioritizes resources (analysis and critique of resources)</td>
<td>Evaluates outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies possible solutions and probable outcomes</td>
<td>Considers consequences of possible solutions</td>
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</tbody>
</table>

**Student Level (circle appropriate level)**

- Emerging
- Beginning
- Intermediate
- Entry-Level
- Post Entry-Level

**Comments**
### Generic Ability

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

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| ✤ Maintains professional demeanor in all interactions
  ✤ Demonstrates interest in patients as individuals
  ✤ Communicates with others in a respectful and confident manner
  ✤ Respects differences in personality, lifestyle and learning styles during interactions with all persons
  ✤ Maintains confidentiality in all interactions
  ✤ Recognizes the emotions and bias that one brings to all professional interactions
| ✤ Recognizes the non-verbal communication and emotions that others bring to professional interactions
  ✤ Establishes trust
  ✤ Seeks to gain input from others
  ✤ Respects role of others
  ✤ Accommodates differences in learning styles as appropriate
| ✤ Demonstrates active listening skills and reflects back to original concern to determine course of action
  ✤ Responds effectively to unexpected situations
  ✤ Demonstrates ability to build partnerships
  ✤ Applies conflict management strategies when dealing with challenging interactions
  ✤ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them
| ✤ Establishes mentor relationships
  ✤ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction |

<table>
<thead>
<tr>
<th>Student Level (circle appropriate level)</th>
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<tbody>
<tr>
<td>Emerging</td>
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<td>Beginning</td>
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<td>Entry-Level</td>
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<tr>
<td>Post Entry-Level</td>
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</table>
5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

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</tr>
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<tr>
<td></td>
<td>✔ Demonstrates punctuality</td>
<td>✔ Displays awareness of and sensitivity to diverse populations</td>
<td>✔ Educates patients as consumers of health care services</td>
<td>✔ Recognizes role as a leader</td>
</tr>
<tr>
<td></td>
<td>✔ Provides a safe and secure environment for patients</td>
<td>✔ Completes projects without prompting</td>
<td>✔ Encourages patient accountability</td>
<td>✔ Encourages and displays leadership</td>
</tr>
<tr>
<td></td>
<td>✔ Assumes responsibility for actions</td>
<td>✔ Delegates tasks as needed</td>
<td>✔ Directs patients to other health care professionals as needed</td>
<td>✔ Facilitates program development and modification</td>
</tr>
<tr>
<td></td>
<td>✔ Follows through on commitments</td>
<td>✔ Collaborates with team members, patients and families</td>
<td>✔ Acts as a patient advocate</td>
<td>✔ Promotes clinical training for students and coworkers</td>
</tr>
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<td></td>
<td>✔ Articulates limitations and readiness to learn</td>
<td>✔ Provides evidence-based patient care</td>
<td>✔ Promotes evidence-based practice in health care settings</td>
<td>✔ Monitors and adapts to changes in the health care system</td>
</tr>
<tr>
<td></td>
<td>✔ Abides by all policies of academic program and clinical facility</td>
<td></td>
<td>✔ Accepts responsibility for implementing solutions</td>
<td>✔ Promotes service to the community</td>
</tr>
</tbody>
</table>

**Student Level (circle appropriate level)**
- Emerging
- Beginning
- Intermediate
- Entry-Level
- Post Entry-Level

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

- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers
- Identifies positive professional role models within the academic and clinical settings
- Acts on moral commitment during all academic and clinical activities
- Identifies when the input of classmates, co-workers and other healthcare professionals result in optimal outcome and acts accordingly to attain such input and share decision making
- Discusses societal expectations of the profession
- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of physical therapy within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups
- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

<table>
<thead>
<tr>
<th>Generic Ability</th>
<th>Beginning Level Behavioral Criteria</th>
<th>Intermediate Level Behavioral Criteria</th>
<th>Entry Level Behavioral Criteria</th>
<th>Post Entry Level Behavioral Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Professionalism</td>
<td>✷ Abides by all aspects of the academic program honor code and the APTA Code of Ethics</td>
<td>✷ Identifies positive professional role models within the academic and clinical settings</td>
<td>✷ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</td>
<td>✷ Actively promotes and advocates for the profession</td>
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<tr>
<td></td>
<td>✷ Demonstrates awareness of state licensure regulations</td>
<td>✷ Acts on moral commitment during all academic and clinical activities</td>
<td>✷ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity</td>
<td>✷ Pursues leadership roles</td>
</tr>
<tr>
<td></td>
<td>✷ Projects professional image</td>
<td>✷ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making</td>
<td>✷ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</td>
<td>✷ Supports research</td>
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<tr>
<td></td>
<td>✷ Attends professional meetings</td>
<td>✷ Discusses societal expectations of the profession</td>
<td>✷ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</td>
<td>✷ Participates in program development</td>
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<td></td>
<td>✷ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</td>
<td></td>
<td>✷ Discusses role of physical therapy within the healthcare system and in population health</td>
<td>✷ Participates in education of the community</td>
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<td></td>
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<td>✷ Demonstrates leadership in collaboration with both individuals and groups</td>
<td>✷ Demonstrates the ability to practice effectively in multiple settings</td>
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Student Level (circle appropriate level)

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<tr>
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<tbody>
<tr>
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<td>Post Entry-Level</td>
<td>Comments</td>
</tr>
</tbody>
</table>
### Generic Ability

#### 7. Use of Constructive Feedback
- The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

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<tr>
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</tr>
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<tbody>
<tr>
<td></td>
<td>❖ Demonstrates active listening skills</td>
<td>❖ Critiques own performance accurately</td>
<td>❖ Independently engages in a continual process of self evaluation of skills, knowledge and abilities</td>
<td>❖ Engages in non-judgmental, constructive problem-solving discussions</td>
</tr>
<tr>
<td></td>
<td>❖ Assesses own performance</td>
<td>❖ Responds effectively to constructive feedback</td>
<td>❖ Seeks feedback from patients/clients and peers/mentors</td>
<td>❖ Acts as conduit for feedback between multiple sources</td>
</tr>
<tr>
<td></td>
<td>❖ Actively seeks feedback from appropriate sources</td>
<td>❖ Utilizes feedback when establishing professional and patient related goals</td>
<td>❖ Readsily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</td>
<td>❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</td>
</tr>
<tr>
<td></td>
<td>❖ Demonstrates receptive behavior and positive attitude toward feedback</td>
<td>❖ Develops and implements a plan of action in response to feedback</td>
<td>❖ Uses multiple approaches when responding to feedback</td>
<td>❖ Utilizes feedback when analyzing and updating professional goals</td>
</tr>
<tr>
<td></td>
<td>❖ Incorporates specific feedback into behaviors</td>
<td>❖ Provides constructive and timely feedback</td>
<td>❖ Reconciles differences with sensitivity</td>
<td>❖ Modifies feedback given to patients/clients according to their learning styles</td>
</tr>
<tr>
<td></td>
<td>❖ Maintains two-way communication without defensiveness</td>
<td></td>
<td>❖ Utilizes feedback when analyzing and updating professional goals</td>
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</tr>
</tbody>
</table>

#### Student Level (circle appropriate level)

- Emerging
- Beginning
- Intermediate
- Entry-Level
- Post Entry-Level

### Comments
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</tr>
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<tr>
<td><strong>8. Effective Use of Time and Resources</strong> – The ability to manage time and resources effectively to obtain the maximum possible benefit.</td>
<td>✗ Comes prepared for the day’s activities/responsibilities ✗ Identifies resource limitations (i.e. information, time, experience) ✗ Determines when and how much help/assistance is needed ✗ Accesses current evidence in a timely manner ✗ Verbalizes productivity standards and identifies barriers to meeting productivity standards ✗ Self-identifies and initiates learning opportunities during unscheduled time</td>
<td>✗ Utilizes effective methods of searching for evidence for practice decisions ✗ Recognizes own resource contributions ✗ Shares knowledge and collaborates with staff to utilize best current evidence ✗ Discusses and implements strategies for meeting productivity standards ✗ Identifies need for and seeks referrals to other disciplines</td>
<td>✗ Uses current best evidence ✗ Collaborates with members of the team to maximize the impact of treatment available ✗ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations ✗ Gathers data and effectively interprets and assimilates the data to determine plan of care ✗ Utilizes community resources in discharge planning ✗ Adjusts plans, schedule etc. as patient needs and circumstances dictate ✗ Meets productivity standards of facility while providing quality care and completing non-productive work activities</td>
<td>✗ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc) ✗ Applies best evidence considering available resources and constraints ✗ Organizes and prioritizes effectively ✗ Prioritizes multiple demands and situations that arise on a given day ✗ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care</td>
</tr>
</tbody>
</table>

**Student Level (circle appropriate level)**

**Emerging**  **Beginning**  **Intermediate**

**Entry-Level**  **Post Entry-Level**

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

<table>
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<tbody>
<tr>
<td></td>
<td>Recognizes own stressors</td>
<td>Actively employs stress management techniques</td>
<td>Demonstrates appropriate affective responses in all situations</td>
<td>Recognizes when problems are unsolvable</td>
</tr>
<tr>
<td></td>
<td>Recognizes distress or problems in others</td>
<td>Reconciles inconsistencies in the educational process</td>
<td>Responds calmly to urgent situations with reflection and debriefing as needed</td>
<td>Assists others in recognizing and managing stressors</td>
</tr>
<tr>
<td></td>
<td>Seeks assistance as needed</td>
<td>Maintains balance between professional and personal life</td>
<td>Prioritizes multiple commitments</td>
<td>Demonstrates preventative approach to stress management</td>
</tr>
<tr>
<td></td>
<td>Maintains professional demeanor in all situations</td>
<td>Accepts constructive feedback and clarifies expectations</td>
<td>Reconciles inconsistencies within professional, personal and work/life environments</td>
<td>Establishes support networks for self and others</td>
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<td></td>
<td>Establishes outlets to cope with stressors</td>
<td>Demonstrates ability to defuse potential stressors with self and others</td>
<td>Offers solutions to the reduction of stress</td>
<td>Models work/life balance through health/wellness behaviors in professional and personal life</td>
</tr>
</tbody>
</table>

Student Level (circle appropriate level)

Emerging    Beginning    Intermediate

Entry-Level    Post Entry-Level

Comments
### Generic Ability

10. **Commitment to Learning** – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

<table>
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<tbody>
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<td>Post Entry-Level</td>
</tr>
</tbody>
</table>

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

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

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

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

Faculty approved 2019
Florida Gulf Coast University  
Department of Physical Therapy and Human Performance  
Physical Therapy Program

Independent Study/Independent Research Guidelines

I. Purpose:
Independent inquiry is a critical component of the education of health professionals and a unique aspect of graduate education. The Physical Therapy Program requires that every student have the experience of designing, implementing, and evaluating an independent scholarly inquiry project. This provides the opportunity for the student to explore a distinct and focused learning experience to enhance practice.

II. Inquiry Options:
Students identify an initial area of interest from a list of faculty interests/active projects. Starting in the first Fall, students begin to explore and summarize the existing literature-base in the area of scholarship that they identified. During Spring 1 and Summer 1 terms, students progress through the process of research design and statistical analysis under the supervision of Critical Inquiry course faculty and their research faculty mentor. Students must submit an initial research proposal during PHT 6607.

By the completion of the first Summer semester, students decide to pursue either the independent research or independent study option. Options are discussed in detail in PHT6607 Application of Physical Therapy Principles - Applied Critical Inquiry.

Students then progress through the Independent Study sequence (PHT6906, PHT6907, PHT7908, PHT7909, PHT7910) or through completing an Independent Research study (PHT6971, PHT6972, PHT7973, PHT7974, PHT7975). See “Course Progression” section of this document for details of the development of an independent study or independent research study. Independent Studies are conducted individually, while research studies are conducted with one or two students. Students who work in a pair are expected to contribute equally to the scholarly project.
The general differences between the independent research and the independent study option are summarized in the following table:

<table>
<thead>
<tr>
<th></th>
<th>Independent Research</th>
<th>Independent Study</th>
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</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
<td>Generation of new knowledge and/or augmentation of previous knowledge</td>
<td>Broadening, reorganization, application, analysis, synthesis of extant knowledge</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td>Follows an established process of inquiry in its totality (e.g. scientific method,</td>
<td>Follows all or part of an established process of inquiry or development (e.g.</td>
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<td></td>
<td>phenomenonology)</td>
<td>coursework, review of literature, instructional development, clinical decision</td>
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<tr>
<td></td>
<td></td>
<td>protocols, etc.)</td>
</tr>
<tr>
<td><strong>Intent</strong></td>
<td>Aimed at providing an experience in the conduct of research</td>
<td>Aimed at solving an immediate practical or clinical problem; or meeting an</td>
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<tr>
<td></td>
<td></td>
<td>educational or administrative need in a service or academic setting.</td>
</tr>
<tr>
<td><strong>Product</strong></td>
<td>A near-publishable quality comprehensive scholarly written report of the process and</td>
<td>A near-publishable quality Case Report that shows clear application of the knowledge</td>
</tr>
<tr>
<td></td>
<td>results of the inquiry including but not limited to Introduction, Review of</td>
<td>gained through the independent study using AMA format. The written report</td>
</tr>
<tr>
<td></td>
<td>Literature, Methods, Results, Discussion, Conclusions, Recommendations, and</td>
<td>includes the following components, as appropriate: Introduction, Rationale/Purpose,</td>
</tr>
<tr>
<td></td>
<td>References using AMA format.</td>
<td>Review of Literature/Background, Case Description, Outcomes, Discussion,</td>
</tr>
<tr>
<td><strong>Credit Hours</strong></td>
<td>10 credit hour minimum</td>
<td>Conclusion, Case Description, Outcomes, Evaluation, Recommendations, References,</td>
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<td>other material as appropriate.</td>
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Revised: August, 2019
III. Course Progression:

Each student must register for the appropriate course section while completing the IR/IS sequence. Students MUST seek specific guidance as to the correct course/section from their Committee chair prior to each semester.

Students must complete the requirements for each course within the sequence. Students must meet the stated objectives for each course of the sequence and gain approval of the committee to progress to the following course. If a student is unsuccessful in completing the course objectives, the student will receive a “Z” grade and he/she must re-register for that course until course requirements are met (including payment of tuition). Students may repeat each course two times in the four-course sequence; however, students are only allowed to extend their original Program of Study by no more than 3 semesters. Students must maintain concurrent registration in the sequence during the entire independent inquiry process, unless directed otherwise by the committee chair. In special cases, students may receive permission from their committee to register for the next course in the sequence while completing the requirements of the prerequisite course. Each committee member and the Faculty Council must grant approval for any special exemption. Please refer to “Committee Selection” section of this document for information about the role and membership of committees.

The following is an overview of the required progression if a student selects an Independent Study:

**PHT 6906 – Independent Study I**
In the initial phase, the student identifies an area for intensive focus and identifies an independent study committee to oversee the project (refer to the “Committee Selection” section of this document for details). With the assistance of the committee, the student designs a learning experience proposal that is approved by the student’s committee. It is the responsibility of the student to call meetings with the committee and to submit drafts of all written materials on a timely basis. The student’s proposal must be accepted by the committee prior to the student implementing any aspect of his/her independent study. The student must have an approved oral defense and final, approved written proposal to receive an “S” in this course. See section V of this document for details and deadlines for the written proposal and oral defense.

**PHT 6907 and PHT 7908 – Independent Study II and III**
The student is responsible for implementing the approved learning experience plan under the supervision of his/her committee. If human or animal subjects are to be used, students must secure appropriate approvals or waivers from the IRB (Refer to http://www.fgcu.edu/ORSP/Compliance.html#IRB). Ongoing and consistent contact with the student's committee is required. Successful completion of each course requires the approval of the committee. The student must submit a written progress report each semester and meet with the committee to discuss whether appropriate progress has been made. Written progress reports must be submitted by the last day of classes (prior to finals week) in the semester in which the student is registered for IS II and III.

**PHT 7909 – Independent Study IV**
The student is responsible for completing the activities/objectives outlined in the approved proposal. The student must write a final paper (case report) synthesizing knowledge gained during the learning experience. Case reports should be written according to guidelines in “Writing Case Reports A How –To Manual for Clinicians (Irene McEwen, Third Edition, 2009, APTA, ISBN: 978-1-931369-62-6), and the case report guidelines of the Journal of Physical Therapy. The committee works closely with the student on developing these culminating materials. A student must submit an outline of his/her paper to the committee for approval prior to writing the paper. The committee determines whether the student successfully completes this course based on satisfactory completion of the final scholarly paper, an oral defense, and all activities outlined in the student’s learning experience plan.

**PHT 7910- Independent Study V**
The student must design and present a poster synthesizing knowledge gained during the learning experience. The committee works closely with the student on developing these culminating materials. The committee determines whether the student successfully completes this course based on satisfactory completion of the poster presentation, and all activities outlined in the student’s learning experience plan. To receive a grade of “S”, the student must follow all department and university guidelines for electronic submission of the approved final paper.

The following is the required progression if a student selects an Independent Research Study:

**PHT 6971 – Independent Research I**
In this initial phase, the student is required to identify a research study committee that guides him/her through the process of developing a proposal (refer to the “Committee Selection” section of this document for details). Ongoing and consistent contact with the research study committee is required. The student will produce a written proposal as well as participate in an oral defense. It is the responsibility of the student to call meetings with the committee and to submit drafts of all written materials on a timely basis. The student’s proposal must be approved by the committee prior to the student
implementing any aspect of his/her research study. The student must have an approved oral defense and written proposal to receive an “S” in this course. See section V of this document for details and deadlines for the written proposal and oral defense.

**PHT 6972 and PHT 7973 – Independent Research II and III**

The minimum completion requirement for Independent Research II is that the student, under the supervision of the research study committee, earns appropriate university and facility approvals (Refer to http://www.fgcu.edu/ORSP/Compliance.html#IRB). Once the appropriate approvals have been obtained, the student begins to collect and analyze his/her data. Ongoing contact with the student’s research study committee is required. The committee must approve that satisfactory progress toward data collection is made through the student’s submission of a progress report each semester. Written progress reports must be submitted by the last day of classes (prior to finals week) in the semester in which the student is registered for Independent Research II and III.

**PHT 7974 – Independent Research IV**

The student has completed data collection and completes the analysis phase of the thesis process. With the approval of the Thesis Committee, the student develops and completes the conclusion and discussion sections of the research study and satisfactorily passes the oral defense phase. The research study culminates in the final, approved and deposited research paper of the project. Ongoing contact with the student’s committee is required throughout this phase. Student must submit the IRB Continuation Request Form to request the discontinuation of the study or the removal of the student as the Principal Investigator. If a student requests to be removed from the study, an amendment to IRB Protocol Form must be completed and a new Principal Investigator (typically the committee chair or another student) must be designated.

**PHT 7975 – Independent Research V**

The student must present a poster synthesizing knowledge gained during the learning experience. The committee works closely with the student on developing these culminating materials. The committee determines whether the student successfully completes this course based on satisfactory completion of the poster presentation, and all activities outlined in the student’s learning experience plan. To receive a grade of “S”, the student must follow all department and university guidelines for electronic submission of the approved final paper.
IV. Supervisory Committee selection:

A. Committee Chairperson:

Students begin to develop a relationship with their lead research faculty as they develop their research design and progress through the first three courses in the Critical Inquiry curriculum track. Before the Fall 2 semester, the Department Chair makes the committee assignments based on faculty workload and interests. The role of the committee chair is to serve as the student’s advocate, monitor student progress, serve as a resource and represent the department/college/university on the committee. The responsibilities of the committee chair:

- assisting the student in organizing the committee and approving committee membership
- supervising the planning of the student’s independent study/independent research; approval of the final proposal
- meeting with the student periodically to monitor the student’s progress
- assisting the student in leading periodic committee meetings
- supervising the preparation of formal documents and presentations
- advising students of university, college or department policies and procedures related to independent study/thesis
- determining grades for each segment (course) within the sequence, and submit the grades to the Department Chair
- all other duties of the committee members

B. Committee members:
The committee is one of the key components of the student’s positive experience and successful completion of the Independent study/ independent research. Committee membership is based on particular expertise, professional characteristics and/or linkage to resources. Committee members may be a member of the Physical Therapy Faculty, the FGCU faculty, or a PT professional from the community. The Department Chair makes the committee assignments based on faculty workload and interests.

The committee members support the student through his/her independent inquiry project. They add clinical or academic expertise and guidance, and act as a check-and-balance system for the process. The responsibilities of committee members:

- Participate in planning of independent study/independent research, approval of final proposal
- Meet periodically with committee to review student progress and make recommendations to student/committee chair.
- Act as resources for the project – e.g. information sharing, access to clients, reviewing draft materials, mentoring, and student evaluation.
- Monitor student’s ongoing review of current literature on the topic
- Participate in student evaluation and grading
- Participate in final defense/presentation

C. Student’s Responsibility to the Committee:
It is the responsibility of the student to maintain consistent and ongoing communication with his/her committee. Meetings are called and organized by the student and all deadlines are the responsibility of the student to meet. Students are expected to give their committee prior notification that documents will be sent for review. Committee members have high work demands at various times in the semester. All members of the research team must respect the need for timely review and return of documents to each other. Students should expect that review of documents will require a minimum of a two-week period during the regular semester, and potentially a substantially longer period during finals and semester breaks.

D. Changes to committee membership:
Occasionally, a committee member is unable to fulfill his/her commitment due to personal or professional conflicts. Students must discuss potential membership changes with his/her committee chair. Changes in committee membership may occur only by following the process for original membership outlined above.

V. Proposal Phase:

Written Proposal

The student, with assistance of his/her committee, develops a written proposal for inquiry. This proposal must meet the approval of the student’s committee. It is presented in AMA form and style. The student disseminates only one version of the proposal at a time with the date of each draft clearly indicated on the title page.

A. Proposal for Independent Study:
1. Introduction: Briefly introduce the area of inquiry
2. Purpose for inquiry - In this brief section, the student outlines in broad terms what they hope to accomplish through the study
3. Literature review/Background – Why is it important for a student physical therapist, as well as anyone in the physical therapy field, to pursue this area of study? Summarizes the literature that supports the justification for this line of inquiry. Provides a beginning sketch of what is known about this topic. Does the PT literature discuss this topic much?

4. Activities - Discuss each activity, clearly addressing the following four areas:
   a) Name of activity and description
b) Learning outcomes (measurable learning outcomes for each of the three
domains – cognitive, affective, psychomotor);
c) How learning will be evaluated;
d) Projected date of completion. This section must include a preliminary
plan for the selection of a case that can be used for the case report

5. Resources – What will the student need to complete the study – financial,
equipment, etc
6. Budget including proposed source of funds
7. Timeline – By semester, detailing each task/activity of the study. (Be sure to
include all activities required to successfully complete each course and their
respective fixed deadlines)
8. Summary table of activities

B. Proposal for Independent Research:
   1. Introduction/Research question
   2. Literature review – Relevant literature justifying the need for this study
   3. Statement of purpose and research question(s). Hypothesis if appropriate.
   4. Methods – this includes proposed access to subjects, the sampling plan,
      research design, and proposed methods of data collection
   5. Plan for data analysis – Detail the plan for data analysis
   6. Timeline – By semester, detailing each step of the study
   7. Resource and Equipment needs
   8. Budget and feasibility including proposed source of funds

THE FIRST DRAFT OF THE WRITTEN PROPOSAL MUST BE SUBMITTED BY
OCTOBER 1ST OF THE SECOND FALL SEMESTER OF THE PROGRAM IN ORDER
TO DEFEND THE PROPOSAL BEFORE THE END OF THE FALL SEMESTER.

A STUDENT WHO DOES NOT REACH THIS DEADLINE IS NOT GUARANTEED TO
CONTINUE ON THE NORMAL PROGRESSION TIMELINE FOR THE
INDEPENDENT STUDY/INDEPENDENT RESEARCH COURSE SERIES, AND
GRADUATION MAY BE DELAYED.

Oral Defense Of Proposal
Once the committee determines the written proposal has been revised adequately, the
committee chair directs the student to schedule an oral defense with his/her
committee. All committee members must be able to attend in person or by electronic
means.

For an independent research study, the student orally presents the purpose, research
question(s), hypothesis (if appropriate), related literature, research methods, and
planned data analysis of the proposed study. For an independent study, the student
orally presents the purpose, significance/justification, supportive literature, and planned
activities/objectives/timeline for the project.
Committee members then ask questions of the student and provide written feedback on the written proposal. A determination is made at the end of the defense meeting whether the student has passed the defense and written proposal phase. A proposal defense form is completed and signed by all committee members. The original form is maintained in the student’s department files.

VI. Progress Notes:

Progress reports must be submitted by the last day of the semester (prior to finals week). Progress on each of the student’s approved activities (or steps of the research study) must be reported using the “Summary Table of Activities” form found in this document. Progress from semester to semester can be added to the last column of this table and noted by semester/year. By submitting progress reports using the same document each semester, the committee can best monitor a student’s progression through the study.

VII. Review Boards:

A. Institutional Review Board (IRB):

“It is the policy of Florida Gulf Coast University to safeguard the rights and welfare of human subjects in research and other activities. Safeguarding the rights and welfare of human subjects in research is the responsibility of the Primary Investigator. Any project involving human subjects at FGCU is subject to review and approval by the “IRB” (The Institutional Review Board for the Protection of Human Subjects in Research and Research Related Activities at Florida Gulf Coast University Policy and Procedures Manual, 1999).

Students who plan to involve human subjects in an independent study or Independent Research project must submit the required forms and supporting materials to the IRB for approval. No data collection or involvement with human subjects can occur until this approval is gained. If students plan to conduct their inquiry in a facility other than the FGCU campus, they are responsible for securing the appropriate approvals for human subject involvement. This may include submitting documentation to an institutional IRB in addition to the IRB of FGCU. If there is no formal approval process at the facility at which you are conducting your independent inquiry, a letter of approval from the head administrator of the facility (or his/her designee) is required. The full policy and required forms are found on the Office of Research and Sponsored Programs website (http://www.fgcu.edu/ORSP/researchguidelines.html). The committee chairperson can obtain a copy of these materials for the student.

At the conclusion of the research project, a student must submit the IRB Continuation Request Form to request the discontinuation of the study or the removal of the student as the Principal Investigator. If a student requests to be
removed from the study, an amendment to IRB Protocol Form must be completed and a new Principal Investigator (typically the committee chair or another student) must be designated.

B. Animal Care and Use Committee:
“Florida Gulf Coast University (FGCU) has the legal and ethical responsibility for safeguarding the welfare of animal subjects that our students and faculty involve in research and education. FGCU expects all individuals working with animals to meet or exceed all applicable laws and regulations and, in addition, to act with the highest standards of care and consideration. The goal of FGCU is to meet educational and research outcomes and objectives while minimizing the impacts on the animals with which we interact. ” (FGCU Policy on Animal Care and Use in Education and Research, 2009).

Students who plan to involve animal subjects in an independent study or Independent Research project must submit the required forms and supporting materials to the IRB for approval. If students plan to conduct their inquiry in a facility other than the FGCU campus, they are responsible for securing the appropriate approvals for animal subject involvement. This may include submitting documentation to an institutional animal use board in addition to the Animal Care and Use committee of FGCU. If there is no formal approval process at the facility at which you are conducting your independent inquiry, a letter of approval from the head administrator of the facility (or his/her designee) is required. No data collection or involvement with animal subjects can occur until this approval is gained. The full policy and required forms are found on the Office of Research and Sponsored Programs website (https://www.fgcu.edu/academics/graduatestudies/orsp/).

Statistical Software

Computer resources are available to students for the analysis of quantitative and qualitative data. Support is available through the computer labs on campus. However, it is expected that the student learn to use the software with minimal assistance from faculty and staff.

IX. Plagiarism -- ACADEMIC DISHONESTY/CHEATING POLICY

All students are expected to demonstrate honesty in their academic pursuits. The university policies regarding issues of honesty can be found in the "Student Code of Conduct" in the FGCU Student Guidebook (http://studentservices.fgcu.edu/judicialaffairs/conduct.html), and in FGCU Doctor of Physical Therapy Student Guidebook. All students are expected to study this document which outlines their responsibilities and consequences for violations of the policy. Please note that the University and Department of Rehabilitation Sciences now utilize anti-plagiarism software. Students agree that all required papers may be subject to submission for textual similarity review using anti-plagiarism software for the detection of plagiarism. All
submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Terms and Conditions of Use posted on the Turnitin.com site. This software service has an extensive database of published and unpublished works including journals, website documents, student papers, internet-generated papers, and other documents. Plagiarism is not tolerated in this course. Students engaged in plagiarizing, cheating in any manner, or who fail to submit work that is original to the course will be subject to a severe grade penalty including an “F” in the course. Grade penalties applied for this reason are required to be reported to Student Affairs. One cheating offense may result in dismissal. Students who lack confidence in their writing abilities should seek assistance from the “Writing Center.”

X. Grading:

Formative and summative evaluation will be conducted throughout the inquiry sequence. The grading scale for all Independent Study and Independent Research courses is S/U/Z. Each member of the committee must endorse student’s progression to the next course. If a student does not make adequate progress in the inquiry sequence according to the established curriculum, the student receives a “Z” grade for that course in the Independent Study or Independent Research sequence and must re-register for the applicable course the subsequent semester. “I” grades are only issued when the student has reached most of the requirements of the course, and are only issued at the discretion of the committee chair (e.g. multiple drafts of a paper have been submitted, the paper is nearly ready but the final version has not been approved). Courses must be completed in sequence, with a passing grade in each to receive a passing grade in subsequent IR/IS courses. A grade of “I” must be remedied within one semester. Insufficient progress in a course for which a student has received a grade of “I”, within the allowed time (One semester after course end) will result in a change of grade to a grade of “U.” See Section III: “Course Progression” for requirements of each course.

XI. Final Scholarly Paper and Oral Defense:

Final Scholarly Paper:
Students must work closely with their committee chair on the submission and revision of the final scholarly paper. It is the committee that negotiates the format and content of this paper. An outline for the paper must be approved by the committee prior to the student writing the paper. Regular communication with the student’s committee is expected throughout the study, and particularly when the student is about to submit a draft of a document.

Scholarly Paper (Independent Research or Independent Study): The scholarly paper must be comprehensive and follow AMA guidelines. The level of writing is expected to be near-publishable quality. In general:
a. Independent Research:
The independent research paper should follow the style commonly seen in a peer reviewed, research journal such as the Physical Therapy journal. The paper, however, will be much longer in length (typically 30-50 pages) and contain a much more thorough literature review than is typically seen in a journal article. A student must work with his/her committee on format and the use of tables, diagrams, etc.

b. Independent study:
The student must write a final paper (Case Report) synthesizing knowledge gained during the learning experience. The final paper required of a student completing an independent study is a case report. Case reports should be written according to guidelines in "Writing Case Reports A How –To Manual for Clinicians (Irene McEwen, Third Edition, 2009, APTA, ISBN: 978-1-931369-62-6), and the case report guidelines of the Journal of Physical Therapy. The paper should reflect the learning that took place during the IS (the committee should be able to see that the student met the objectives outlined in the proposal). The paper is to be written as if it were to be submitted for publication, and it must be written and formatted according to case report checklists (found in McEwen text and appendices) and the ProQuest formatting guidelines. A completed copy of the checklist must be included with your initial draft of the final case report.

The committee will provide the student with further guidance on the scholarly paper (case report) as well as negotiate the topic/outline of the paper prior to writing. The student must disseminate one version of the paper at a time and have the date of each draft clearly indicated on the title page. There is a 50-page limit on all final scholarly papers for Independent Studies. This page limit includes all exhibits, tables, and reference pages. The student must gain approval from this/her committee to exceed this limit prior to submitting an initial draft. The student should refer to Table 1 in this document for components of the final paper.

Students should expect that review of documents will require a minimum of a two-week period during the regular semester, and a substantially longer period during finals and semester breaks.

Final Oral Defense:
To secure final approval of the Independent Research or Independent Study, the student must satisfactorily defend the project. To do this, the student and the committee chair schedule a public oral defense. A student must have approval from the committee chair prior to scheduling of an oral defense. Students who do not defend prior to the end of the last Fall semester will only be allowed to defend during the scheduled Defense Day during PT Practice VI.
The student, with assistance from the department secretary, is responsible for scheduling the room and obtaining any necessary audiovisual equipment for the oral defense. The student prepares a notice of defense, upon approval of committee chair. A sample of this notice is available through the department. Notice of the defense is posted at least one week prior to the scheduled defense, following University posting policy. A current draft of the written paper (independent research or independent study) must be submitted to each committee member at least two weeks before the scheduled defense. This draft must be approved by the committee chair as “ready for oral defense.” All photocopying must be done by the student at his/her own expense.

Final Scholarly Paper and Approvals: The student receives edited copies of the scholarly paper from his/her committee for final editorial changes. The student has a maximum of two weeks to make the requested changes to make final edits and submit the final scholarly paper to the committee chair for approval. The committee chair must review the final paper and notify the ProQuest reviewer that it is approved for submission to the ProQuest portal. Students completing an independent research study are responsible for following all university guidelines for thesis submission. See appendix as well as consult the university website for the most current information regarding university thesis guidelines. (https://www.fgcu.edu/admissionsandaid/graduateadmissions/studentresources/thesis)

STUDENTS ARE HIGHLY ENCOURAGED TO DEFEND THEIR INDEPENDENT RESEARCH/INDEPENDENT STUDY BEFORE THE END OF THE THIRD FALL SEMESTER.

ANY STUDENT WHO DOES NOT SUBMIT THE FIRST DRAFT OF THEIR FINAL PAPER BY DECEMBER 1ST OF THE LAST FALL SEMESTER IS NOT GUARANTEED TO CONTINUE THE NORMAL PROGRESSION TIMELINE FOR THE INDEPENDENT STUDY/INDEPENDENT RESEARCH COURSE SERIES, AND GRADUATION MAY BE DELAYED.

Poster session: All students must create and present a poster as part of Independent Study/Independent Research V. A poster session is scheduled once a year in the spring semester during FGCU Research Day or a meeting of a professional organization.

The student develops a poster presentation, outlining the work of his/her independent inquiry scholarly project. All students must follow the guidelines published for Research Day participants (if applicable). Posters must be created from presentation software (e.g. PowerPoint slide). The Department will provide an opportunity for posters to be printed on campus. There will be a strict deadline for faculty-approved posters to be submitted. If the deadline is missed, it will be the responsibility of the student to have his/her poster printed professionally at a printing vendor in the community.
An electronic version of the poster must be approved by the committee chair prior to printing no later than 3 weeks prior to the scheduled date of the Research Day. Additional media may be used during the presentation such as models, photographs, reference literature, or a copy of your study’s abstract. These additional items can be placed on the table to which you are assigned. Resources to assist you in poster design are available in the library.

University and community members will be invited to this event. Students will discuss their work with attendees and must remain at their poster during the full scheduled time.

XII. Binding Guidelines:

All students (Independent Research and Independent Study) **MUST** submit their final approved scholarly papers using the ProQuest UMI ETD electronic Thesis/Dissertation/Research Paper submission system (see Graduate Studies website for details). ([https://www.fgcu.edu/admissionsandaid/graduateadmissions/studentresources/thesis](https://www.fgcu.edu/admissionsandaid/graduateadmissions/studentresources/thesis))

**Permanent Copy:** Students are responsible for submitting a professionally hardbound scholarly paper to receive a passing grade for Independent Study/Independent Research V. The hardbound copy is ordered by the student during the electronic submission process and is sent directly to the Department by ProQuest.

Independent Study:
1 professionally bound hard copy to the Department;

Independent Research:
1 professionally bound hard copy to the Department
XIV. Forms/Samples:

For Independent Research and Independent Studies:

- Proposal Approval Form
- Final Defense Approval Form
- Poster Guidelines
- Sample Acknowledgements Page

Independent Study

- Summary Table of Activities
- Case Report Formatting Check lists
  - Diagnosis/Prognosis
  - Intervention
  - Application of Theory to Practice
  - Clinical Measurement Procedures
  - Administrative/ Educational Processes
  - Risk Management
  - Traditional Case Report
FLORIDA GULF COAST UNIVERSITY
DEPARTMENT OF REHABILITATION SCIENCES

Independent Study/Research Proposal Defense

PROJECT TOPIC: ____________________________________________________________

INDEPENDENT RESEARCH: _______ INDEPENDENT STUDY _______

Student Name: ________________________________

The above named Project has been reviewed by the Supervisory Committee and a representative of the Department of Rehabilitation Sciences Faculty Council. The reviewers find the Project acceptable for implementation as described in the Proposal.

Written Proposal: Oral Proposal:
______Approved ______ Approved
______Approved with revisions

Supervisory Committee

Chair: ________________________________
Member: ________________________________
Member: ________________________________

Date: ________________________________
FLORIDA GULF COAST UNIVERSITY
DEPARTMENT OF REHABILITATION SCIENCES

Independent Research/Independent Study Final Defense

Project Title: ________________________________________________________________

INDEPENDENT RESEARCH:_________ INDEPENDENT STUDY__________

Student Name: ____________________________________

The above named Project has been reviewed by the Supervisory Committee and a representative of the Department of Rehabilitation Sciences Faculty Council. The reviewers find the Project acceptable based on the oral defense and the final scholarly paper***.

Scholarly Paper/Thesis: Oral Defense:

_______Approved

_______Approved

_______Approved with revisions

Supervisory Committee

Chair: ____________________________

Member: __________________________

Member: __________________________

Approval Date: ____________________

***A final grade of “S” is not submitted for Independent Study V/Independent Research V until all remaining course responsibilities are completed including electronic submission of final project through ProQuest UMI ETD electronic Thesis/Dissertation/Research Paper submission system. Completion of all course requirements is confirmed by the chair of the supervisory committee.
The Purpose of a poster:

- to summarize your study, highlighting key ideas
- to organize your thoughts and communicate them to others
- to use graphics/photos to illustrate study outcomes or main points

Planning your poster:

- always check the required specifications of the conference/organization for which you submitted the poster (dimensions, design elements, restrictions) – find out if the posters will be posted on a board or will stand on a table top. This will make a difference between creating a flat poster versus a three-sided poster that can stand on its own on a table.
- Purchase a little extra backing board, just in case a mistake is made.
- Lay out your poster elements on the floor or a bed to see what the completed poster will look like before gluing.

Design elements:

**Font style:**
- choose Serif fonts such as: Times or Courier for main text (fonts with “feet”)
- can use a different font for short titles and headings: might choose a Sans Serif font such are: Arial or Microsoft Sans Serif (fonts without “feet”).
- Don’t use too many different fonts – limit to two types.

**Font size:**

Use the following as a rule of thumb:

<table>
<thead>
<tr>
<th>Textual Element</th>
<th>Reading Distance (m)</th>
<th>Type Size (mm) (width of each letter)</th>
<th>Bold or normal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Title</td>
<td>3-4</td>
<td>30-45</td>
<td>Bold</td>
</tr>
<tr>
<td>Authors and affiliations</td>
<td>3-4</td>
<td>25-30</td>
<td>Bold</td>
</tr>
<tr>
<td>Main Headings</td>
<td>2-3</td>
<td>10 (equal to approx. 36 pt)</td>
<td>Bold</td>
</tr>
<tr>
<td>Subheadings</td>
<td>1-2</td>
<td>5 (equal to approx.)</td>
<td>Normal or Bold</td>
</tr>
</tbody>
</table>
Layout:

Generally professional posters are laid out in a three-column format. The reader reads the main title that reads left to right across the top of the poster and then begins reading the blocks of text on the poster. Typically, short summary blocks are presented to have the reader begin on the left side, progressing down the poster. Then the reader moves to the center column of text blocks, and finally the right side of the poster moving from top to bottom.

Use brief bullet-points to summarize your information whenever possible. If you summarize your information in short paragraphs, the texts should be single-spaced, using lines that are between 20 and 60 characters each.

Be comfortable with “blank space”. It makes the poster less overwhelming and easier to follow. Strategically placed blank space gives the eye a break and lets the reader transition to the next block of text or graph/picture.

Overall rule of thumb – Less is more! Only include the information that “tells the story”. Your poster should be able to speak for itself without your explanation.

Use of tables/graphical elements:

All tables, graphs, and/or pictures should be clearly labeled.

If multiple tables or graphs are used, number each and be sure to reference the number of the table/graph. In your text, refer to the table/graph by its number (e.g. Table 1) when you are discussing the information found in that table/graph. This would also apply to any other type of graphical element that you use (pictures, drawings, etc).

You could also put a brief caption under a graphical element to explain what it depicts. Use a different font size/style so it stands out from your main text.

Keep your graphs/tables simple. Overuse of different colors for each column/row or heavy vertical/horizontal lines make it difficult for the reader’s eyes to keep moving. Often, a total absence of gridlines in a chart/table make the reader focus more on the numbers/words found in the table.

Bar charts and pie charts often are the most effective way to communicate information/data. Each section should be differentiated by a distinctly different color.
Color:

You have to consider the color of your mounting board, headers and main text. You may choose to double up on your mounting board to use two colors behind the white paper on which your text is printed.

Colors such as yellow-green and red are more aggressive and eye-catching, and make objects appear closer to the reader; violet, blue and green evoke a more relaxed response and tend to make the object recede.

The use of color can be overdone when creating a professional look. Use a couple of colors, but don’t over do it.

Colors opposite each other on a color wheel are complimentary

- Green---Red
- Purple---Yellow
- Blue---Orange/Orange-yellow

Be consistent: keep headings the same color, main text the same color, borders or mounting board the same color(s).

Highlighting specific words can be effective to point out major points or findings.

Construction Tips:

Make your poster durable so it can be transported and set up without being damaged.

Laminating your text blocks can help with durability, but can sometimes decrease the readability.

Be sure to purchase plenty of straight pins or tacks if you need to assemble your poster on a bulletin board display. If your poster is pre-constructed on a three-sided board, be sure to bring tape/glue to do last minute repairs.
So, how have you done? Evaluate your poster by asking the following questions:

- Is it the right size and shape for the display board?
- Is the title easily seen in a crowded room?
- Is your name and FGCU Department of Physical Therapy easily seen?
- Does it have visual impact?
- Is it pleasing to the eye?
- Is the poster easily navigated? Does it draw your eye to the right places and in the right order?
- Is the text easy to read?
- Is the message that you are trying to convey clear and succinct?
- Does it have an air of credibility and professionalism?

If you have answered “YES” to all of these questions, you are ready to go……

Additional thoughts:

On the day that you present your poster, dress professionally and be sure that your poster is set up during the time that is assigned by the poster session host.

If you are doing a tabletop display, bring plenty of copies of you study’s abstract and any other handouts that you would like to provide.

Be ready to provide a minute or two explanation of your project/research, then answer participant’s questions. Practice so you explain things thoroughly enough, but are not talking too much. Let the poster do the “talking”.

A Helpful Book:


Some Helpful Websites:

http://writing.colostate.edu/references/speaking/poster/com2c1.cfm

http://www.kumc.edu/SAH/OTEd/jradel/Poster_Presentations/PstrStart.html

http://writingcenter.gmu.edu/resources/natscienceposter/
Sample

Acknowledgements

I would like to thank several people for assisting in the development and final completion of this scholarly paper. Firstly, to a wonderful and knowledgeable committee, specifically Professor Arb Itrary, Dr. Shawl Wego, and Dr. Overt Hehill, who provided me with great insight and inspiration as I began to narrow the focus of my Independent Study, and with finalizing this paper, I thank you! Also, I would like to thank Peety Program for his participation as an outside reader for this independent study proposal and oral defense. A significant amount of gratitude goes to my fellow classmates, especially, Sharon Alaff, who have served as motivating factors for me throughout the past two years and while completing this paper. To Coach Mike Yourvoice, Twin Stages High School, and their football team, thank you for providing me the opportunity to observe your weight training class and to share my knowledge with several of the student athletes. Lastly, the greatest amount of appreciation and thanks goes to Mark Yerkalnder for always being there for me, and putting up with me as I underwent this great study, and developed this paper. I cannot thank you enough for providing me with the love and support I needed to reach for the stars!
<table>
<thead>
<tr>
<th>Activity</th>
<th>How Learning Will Be Assessed</th>
<th>Projected Due Date</th>
<th>Progress to Date</th>
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</table>

* Columns 1-3 must be completed at the time of proposal.
* Column 4 will be completed for end-of-semester progress reporting.
Appendix 1: Checklist for Case Reports Focusing on Diagnosis/Prognosis

Emphasis is on the diagnostic or prognostic aspect of patient care. May cover the process and logic associated with differential diagnosis (ie, clinical decision making), unusual or difficult diagnostic/prognostic events, missed diagnoses, etc. Concentrate detail in patient history and physical examination and in conclusion or decisions made based on the examination. Challenge readers to deduce the diagnosis and to determine how the diagnosis relates to care of patient. May include interventions and outcomes, but detailed description is not expected there.

I. Title

☐ State that the manuscript is a case report.

☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract

☐ Word limit = 275 words or fewer

☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion

☐ State manuscript word count at end of abstract.

III. Body of Manuscript

☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose

☐ Provide scholarly discussion on the current issues related to the diagnostic/prognostic aspect of the case (eg, current state of knowledge, problems with differential diagnoses, mimicking or missed diagnoses).

☐ Provide rationale for why the diagnostic/prognostic approach needs to be demonstrated in a case.

☐ End with a purpose statement that clearly indicates the focus is related to diagnosis/prognosis (eg, "The purpose of this case report is to demonstrate the diagnostic process in...").

B. Case Description: Patient History and Systems Review

☐ Provide detailed demographic characteristics and history (eg, chief complaints, other relevant medical history, prior or current services related to the current episode, comorbidities) to demonstrate that the patient is appropriate for the diagnostic/prognostic approach.

☐ Use relative dates (eg, years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (ie, calendar dates). Reader will more easily grasp the chronology of events when the amount of time since the event or start of treatment is reported (don't force the reader to calculate the amount of time).

☐ Explain patient/family goals for physical therapy.
C. Clinical Impression #1

☐ Explain the primary problem.
☐ Describe the potential differential diagnoses.
☐ Identify additional information (not provided in the initial patient interview or history) that needed to be requested from the patient; explain how this additional information pertains to the diagnostic/prognostic aspect of the case.
☐ Describe the plan for the examination (eg, test selection).
☐ Explain why this particular patient is a good candidate for the purpose of the case report.

D. Examination

☐ Describe examination procedures that are consistent with clinical impression #1 and with the diagnostic/prognostic focus of the case.
☐ Clearly explain the rationale for using each test and measure.
☐ Describe the examination procedures so that others could replicate them; wherever possible, include figures, tables, and supplemental appendixes and videos.
☐ Cite available studies on reliability and validity of measurements. If not available, acknowledge this fact, and provide a presumptive argument for the potential of reliability and validity.
☐ Clearly explain all examination data.

E. Clinical Impression #2

☐ Provide a statement confirming or denying the initial impressions.
☐ Give a working diagnosis/prognosis.
☐ Indicate the plan of action (eg, proceed with intervention, further testing, referral for other consultation).
☐ State why the patient continues to be appropriate for the case. If the decision is to proceed to treatment, state the plan for intervention based on the current data.
☐ Include the plan for follow-up evaluation of outcomes (measures, time points). If further examination is required, address this next, indicating the additional tests and why particular tests are chosen.

F. Clinical Impression #3 (optional)

☐ If further examination was performed, state how the course of action was revised based on the additional information.

G. Intervention

(If the case report does not have an intervention associated with it, proceed to the outcomes section.)

☐ Provide a general description of the physical therapy and/or medical/surgical interventions provided (eg, surgery, radiation therapy).
☐ Provide a general description of the intervention strategy, tactics, and procedures.
☐ Use tables, figures, and appendixes for the details, including only enough detail for reader to understand what was done; extensive details should not be necessary.
☐ Clearly link the intervention back to the diagnostic/prognostic decision-making process.

H. Outcome
Briefly describe the outcome measures, and cite evidence for reliability and validity.
If reliability and validity have not been estimated for a measure, acknowledge this, and make presumptive arguments that the measurements would be reasonably reliable and valid for the purpose of the case.
Present the outcomes over the time points indicated in the follow-up plan above.
Compare follow-up outcomes to baseline. Tables and figures can be used to enhance the description.

I. Discussion

Provide a scholarly, critical analysis of how the diagnostic/prognostic dilemma—if any—was resolved, and how the process guided further decision making from a treatment and/or prognostic perspective.
Compare the case to other relevant reports in the literature, and provide rationale for how this case makes a novel contribution and improves existing diagnostic/ prognostic decision-making strategies.
Offer suggestions for future research.

IV. References

Cite no more than 30.

V. Tables and Figures

Use no more than 6 tables and figures total.
Appendix 2: Checklist for Case Reports Focusing on Intervention

Emphasis is on the intervention aspect of patient care. May cover the development of a new intervention or a modification to an existing intervention to deal with a clinical problem. Concentrate detail in the rationale for the new or modified intervention, the development process, the direct application to the patient, and the setting in which it is used. Remember that the patient history and examination should indicate why the patient is appropriate for the new or modified intervention. Include the outcome, but less detail is needed there.

I. Title

☐ State that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract

☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript

☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose

☐ Provide an underlying theoretical basis for the development of a new intervention or for the modification of an existing intervention.
☐ Provide a scholarly discussion on the gaps in the literature and in practice for treating the target problem, based on biological, physiological, biomechanical, psychosocial, or any other knowledge and theory.
☐ End with a purpose statement that clearly indicates the focus of the case as it relates to the intervention (eg, "The purpose of this case report is to describe the development and demonstrate the use of a new intervention for ...")

B. Case Description: Patient History and Systems Review

☐ Provide detailed demographic characteristics and history (eg, chief complaints, other relevant medical history, prior or current services related to the current episode, comorbidities) in sufficient detail to demonstrate that the patient is appropriate for the intervention.
☐ Use relative dates (eg, years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (ie, calendar dates). Reader will more easily grasp the chronology of events when the
Amount of time since the event or start of treatment is reported (don't force the reader to calculate the amount of time).

☐ Explain patient/family goals for physical therapy.

C. Clinical Impression #1

☐ Explain why you believe that the patient is a good candidate for the intervention, based on the data collected thus far.

☐ Describe the plan for examination for further determining whether the patient is appropriate for this type of intervention (ruling in or ruling out relevant differential diagnoses, prognostic factors that suggest appropriateness for the intervention approach).

D. Examination

☐ Describe any tests needed to confirm that the patient is appropriate for the intervention as stated in the first clinical impression.

☐ Clearly explain all examination data.

E. Clinical Impression #2

☐ Discuss why the patient is appropriate for use of the target intervention, based on the examination data.

☐ Describe the plan for examination to determine the outcome of the intervention (measures to be used, follow-up time points), offering hypotheses about what should be observed if the intervention were to be successful.

F. Intervention

☐ Describe the intervention, including how the intervention was developed and how it was applied to the patient, in sufficient detail that others can replicate the procedure.

☐ May use tables, figures, and appendixes to enhance the detailed description.

☐ Provide the parameters of the intervention (ie, intensity, frequency, and duration) and rules for progression.

☐ State changes in treatment over time, along with the rationale for the changes.

☐ List any co-interventions that the patient may have received but that are not directly related to the purpose of the case; detailed descriptions may not be necessary.

G. Outcome

☐ If not already in the examination section, provide operational definitions of the outcome measures and their purpose, and cite evidence for reliability and validity. Priority is given to validated outcome measures. If reliability and validity have not been estimated for a measure, acknowledge this, and make presumptive arguments that the measurements would be reasonably reliable and valid for the purpose of the case.

☐ Present the outcomes over the time points indicated in the follow-up plan.

☐ Compare follow-up outcomes to baseline.

☐ Use tables and figures to enhance the description.

H. Discussion
Appendix 3: Checklist for Case Reports Focusing on Application of Theory to Practice

Case demonstrates how a theoretical principle was used to develop an intervention, examination procedure, administrative/educational process, etc. Fully explain the theory, the implication of the theory for practice, and the development of an intervention or test procedure, etc, based on the principles of the theory. Supply detail about the patient or setting sufficient to show that the case is appropriate for demonstrating application of the theory. Outcomes may be reported, but with less emphasis.

I. Title

☐ State that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract

☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript

☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose

☐ Discuss thoroughly the theory to be demonstrated, citing the major references related to the theory.
☐ Discuss how you believe the theory could be applied to physical therapist practice, citing supporting literature; may relate to how the theory could be applied to an evaluation or intervention approach.
☐ End with a purpose statement that clearly indicates that the focus of the case is to demonstrate how the theory was applied to some aspect of physical therapist practice (eg, "The purpose of this case report is to demonstrate how [name of theory] was used to develop an intervention approach for...").

B. Case Description: Patient History and Systems Review

☐ Provide detailed demographic characteristics and history (eg, chief complaints, other relevant medical history, prior or current services related to the current episode, comorbidities) in sufficient detail to demonstrate that the patient is appropriate for the demonstration of theory to practice.
☐ Use relative dates (eg, years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (ie, calendar dates). Reader will more easily grasp the chronology of events when the amount of time since the event or start of treatment is reported (don't force the reader to calculate the amount of time).
☐ Explain patient/family goals for physical therapy.

C. Clinical Impression #1
Appendix 4: Checklist for Case Reports Focusing on Clinical Measurement Procedures

Emphasis is on introducing a new clinical measurement procedure or modifying an existing procedure to deal with a specific problem or measurement topic. The difference between this category and diagnosis/prognosis is that the focus is on one specific procedure. Concentrate detail in the scientific rationale or theory for the procedure, the conditions under which the procedure should be used, and a thorough description of the procedure so that readers could replicate it (supplemental videos may be appropriate). The case demonstrates the clinical use of the test. If evidence of reliability or validity is not yet available in the literature, provide your own preliminary data, or make strong theoretical and presumptive arguments that the procedure provides reliable and valid measurements and has the potential to influence decision making.

I. Title

☐ States that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract

☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript

☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose

☐ Provide a scholarly discussion on the gaps in the literature for measurement of the target problem or clinical outcome that provides the rationale for either developing the new procedure or modifying an existing one.
☐ Provide the underlying theoretical basis for the development of the new test or modification. (This could be based on biological, physiological, biomechanical, psychosocial, measurement, or any other knowledge and theory.)
☐ End with a purpose statement clearly indicates that the focus relates to the clinical measurement procedure (eg, The purpose of this case report is to demonstrate the use of a new clinical measurement procedure for...).

B. Case Description: Patient History and Review of Systems
Provide detailed demographic characteristics and history (eg, chief complaints, other relevant medical history, prior or current services related to the current episode, comorbidities) demonstrate that the patient is appropriate for the target measurement procedure.

Use relative dates (eg, years or months or days relative to onset of injury or to start of treatment) rather than absolute dates (ie, calendar dates). Reader will more easily grasp the chronology of events when the amount of time since the event or start of treatment is reported (Don't force the reader to calculate the amount of time.).

C. Clinical Impression #1

Explain why the patient is a good candidate for the measurement procedure, based on the data collected thus far.

Describe the plan for examination to further determine whether the patient is appropriate for this type of measurement procedure (ruling in or ruling out relevant differential diagnoses.)

D. Examination

Describe tests needed to confirm that the patient is appropriate for the measurement procedure, as stated in clinical impression #1.

Clearly explain all examination data.

Provide a statement confirming that the patient is appropriate for the measurement procedure, based on the examination data.

E. Clinical Impression #2

Describe how the results of the measurement procedure will influence decision making.

F. Measurement Procedure

Describe the measurement procedure, including how the measure was developed and how it is applied to the patient, in sufficient detail that others can replicate the procedure.

May use tables, figures, and appendixes to enhance the detailed description.

List the basic rules and criteria used to interpret the results or scoring of the procedure.

G. Clinical Impression #3

Present the results and interpretation of the measurement procedure.

Describe how the results fit in with the other history and examination data to inform further decisions about interventions, referrals, etc.

If the procedure results in intervention, describe the intervention plan.

H. Outcome (optional)

If an intervention or consultation was performed based on the result of the measurement procedure, report the outcome of the intervention or consultation.

Compare outcome measures to pretreatment measures.

I. Discussion
Reflect back on how the measurement procedure helped identify the patient's problem(s) and assisted in treatment planning and evaluating clinical outcomes.

Presumptive arguments might be introduced for the procedure's validity based on the case.

Offer suggestions for further study of reliability, validity, and other measurement properties.

IV. References

Cite no more than 30.

V. Tables and Figures

Use no more than 6 tables and figures total.
Appendix 5. Checklist for Case Reports Focusing on Administrative/Educational Processes

Case describes or demonstrates the development and implementation of new administrative/educational processes or modifications to existing approaches to address special problems or needs. Detail is concentrated in the rationale for the new or modified process, steps taken to develop the process, and the direct application of the process in the context of the intended target population and setting in which it would be used.

I. Title

☐ States that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract

☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript

☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose

☐ Provide enough review of the literature to justify the development or demonstration of the process. Explain what has been done or not been done currently or in the past that justifies a change in the process or a modification of an existing process.
☐ End with a purpose statement that clearly indicates the focus of the case is to demonstrate an administrative/educational process (eg, "The purpose of this case report is to describe the development and demonstrate the implementation of an X management approach in outpatient physical therapy clinics to...")

B. Case Description: Target Setting

☐ Provide details about the setting for which the process will be developed and in which it will be implemented.
☐ The description may include previous or current data about the setting sufficient to justify why this setting needs the process and why the facility is appropriate for it.
☐ State directly why this setting is appropriate for the demonstration of the process, based on the data provided in this section.
☐ Use relative dates (eg, years or months or days relative to start of event or process) rather than
absolute dates (ie, calendar dates). It is usually easier to grasp the chronology of events when the amount of time since the event or start of the process is reported (don't force the reader to calculate the amount of time).

C. Development of the Process

☐ Provide a detailed description of the steps taken to develop the process.
☐ Support the rationale for each developmental step by the literature or other solid rationale.
☐ Discuss any other special considerations—such as, but not limited to, stakeholder consultations—that were taken into account in developing the process.
☐ Describe the plan to determine the outcome of implementing the process (measures, follow-up time points), providing hypotheses of what should be observed if the approach were to be successful.

D. Application of the Process

☐ Provide details of how the approach was implemented in the target setting.
☐ Discuss the technical aspects of implementing the process, and identify the time-dependent factors (eg, frequency, duration).
☐ Describe any training procedures that were used for those involved in implementation of the process.
☐ Explain what was done to get acceptance by staff involved with implementing the process.

E. Outcome

☐ Discuss the outcomes of the actions taken to implement the process, consistent with the stated plan for determining outcome.
☐ Operationally define measurement procedures, if used.
☐ Cite evidence for reliability or validity, if available. If such information is not available, acknowledge this, and make a presumptive argument.

F. Discussion

☐ Reflect back on how well the implementation of the process achieved its goals, based on the outcome data. Care must be taken to keep this discussion in the context of the case and not make generalized conclusions about use of the process in other settings.
☐ Discuss any difficulties encountered during the development and implementation of the process that could have affected the outcome.
☐ Refer to previous literature to explain how the application of the process in the case may or may not enhance administrative/educational processes in physical therapy.
☐ Provide suggestions for further research.

IV. References

☐ Use no more than 30.

V. Tables and Figures

☐ Use no more than 6 tables and figures total.
Appendix 6: Checklist for Case Reports Focusing on Risk Management

Case describes risk management or demonstrates how risk management was handled. May cover such topics as accidents, adverse events, emergencies, and risk reduction strategies that are associated with physical therapist practice. Emphasis is on describing the nature of the risk, the rationale for dealing with the risk, methods for resolving or reducing the risk, and involvement of any other personnel or agencies.

I. Title

☐ States that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract

☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript

☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose

☐ Include a thorough review of the risk management topic (accidents, adverse events, emergencies), including the nature and prevalence of the problem and how it can affect physical therapist practice. Other consequences of the risks—such as legal, punitive, or budgetary and financial burdens—should be discussed to justify the importance of the topic.

☐ End with a purpose statement that clearly indicates the focus of the case is to demonstrate risk management in practice (eg, "The purpose of this case report is to describe an approach designed to prevent an adverse event X in the care of a patient with... ").

B. Case Description: Details of the Risk Management Topic

☐ Detailed description of the patient involved (history, pertinent examination data, the plan of care, and any other events leading up to the risk management concern) or other entity.

☐ Discuss the current best-evidence guidelines (if they exist) to manage the risk and the expected consequences of deviating from the guidelines.

☐ Use relative dates (eg, years or months or days relative to start of event or process) rather than absolute dates (ie, calendar dates). It is usually easier to grasp the chronology of events when the amount of time since the event or start of the process is reported (don't force the reader to calculate the amount of time).

C. Clinical Impression
D. Actions Taken to Address the Risk

- Describe in detail the actions taken to address the risk.
- Provide the rationale for the actions taken, using pertinent literature.
- If the actions involve the addition of an intervention, describe it in detail so that the reader can replicate it.
- If the actions involve interaction with other professionals, describe the purpose and nature of these interactions.

E. Outcome

- Discuss the results of the actions taken to address the risk, consistent with the stated plan for determining outcome.
- Operationally define measurement procedures, if used.
- Cite evidence for reliability or validity, if available. If such information is not available, acknowledge this and make a presumptive argument.

F. Discussion

- Reflect back on how well the actions used adequately addressed the risk; take care to keep this discussion in the context of the case and not make generalized conclusions about how to address the risk.
- Provide suggestions for further research.

IV. References

- Use no more than 30.

V. Tables and Figures

- Use no more than 6 tables and figures total.
Appendix 7: 'Full,' Traditional Case Reports

Case describes risk management or demonstrates how risk management was handled. May cover such topics as accidents, adverse events, emergencies, and risk reduction strategies that are associated with physical therapist practice. Emphasis is on describing the nature of the risk, the rationale for dealing with the risk, methods for resolving or reducing the risk, and involvement of any other personnel or agencies.

I. Title

☐ States that the manuscript is a case report.
☐ Maximum length = 150 characters (including punctuation and spaces)

II. Abstract

☐ Word limit = 275 words or fewer
☐ Structure: Background and Purpose, Case Description, Outcomes, Discussion
☐ State manuscript word count at end of abstract.

III. Body of Manuscript

☐ Manuscript word count = 3,500 words or fewer (excluding abstract and references)

A. Background and Purpose

☐ Include a thorough review of the risk management topic (accidents, adverse events, emergencies), including the nature and prevalence of the problem and how it can affect physical therapist practice. Other consequences of the risks—such as legal, punitive, or budgetary and financial burdens—should be discussed to justify the importance of the topic.

☐ End with a purpose statement that clearly indicates the focus of the case is to demonstrate risk management in practice (eg, "The purpose of this case report is to describe an approach designed to prevent an adverse event X in the care of a patient with...").

B. Case Description: Details of the Risk Management Topic

☐ Detailed description of the patient involved (history, pertinent examination data, the plan of care, and any other events leading up to the risk management concern) or other entity.
☐ Discuss the current best-evidence guidelines (if they exist) to manage the risk and the expected consequences of deviating from the guidelines.
☐ Use relative dates (eg, years or months or days relative to start of event or process) rather than absolute dates (ie, calendar dates). It is usually easier to grasp the chronology of events when the amount of time since the event or start of the process is reported (don't force the reader to calculate the amount of time).

C. Clinical Impression
square Explain why you believe that the current situation represents the risk management issue.
square Describe what you believe needs to be done to correct, minimize, or prevent the risk at this point, and summarize the next course of action.
square Discuss plans for determining the outcome of the action plan.

D. Actions Taken to Address the Risk

square Describe in detail the actions taken to address the risk.
square Provide the rationale for the actions taken, using pertinent literature.
square If the actions involve the addition of an intervention, describe it in detail so that the reader can replicate it.
square If the actions involve interaction with other professionals, describe the purpose and nature of these interactions.

E. Outcome

square Discuss the results of the actions taken to address the risk, consistent with the stated plan for determining outcome.
square Operationally define measurement procedures, if used.
square Cite evidence for reliability or validity, if available. If such information is not available, acknowledge this, and make a presumptive argument.

F. Discussion

square Reflect back on how well the actions used adequately addressed the risk; take care to keep this discussion in the context of the case and not make generalized conclusions about how to address the risk.
square Provide suggestions for further research.

IV. References

square Use no more than 30.

V. Tables and Figures

square Use no more than 6 tables and figures total.
**Preamble**

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

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

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professionalism, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

**Principles**

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals.

*(Core Values: Compassion, Integrity)*

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

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

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

*(Core Values: Altruism, Compassion, Professional Duty)*

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

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

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

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

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

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments.

*(Core Values: Excellence, Integrity)*

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

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

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

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

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.
Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

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

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
(Core Values: Integrity, Accountability)

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

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.
IMMUNIZATION/CERTIFICATION REQUIREMENTS

Doctor of Physical Therapy Program

Immunizations, Screening tests and Vaccines listed below are required prior to October 1. The Doctor of Physical Therapy Program requires additional immunizations beyond University Requirements. Official documentation (medical records) must be provided for all immunizations (see note regarding HepB series requirements) listed below and must be provided to the Castlebranch tracking system by October 1 of the year entering the program. Please remember this is in addition to any documentation provided to Florida Gulf Coast University during the application process.

A. Required immunizations and screening tests

- Positive Rubella (German Measles) & Positive Rubeola (Measles) Titer Test OR Two (2) shot MMR series
- Positive Varicella (Chicken Pox, Herpes Zoster) Titer Test OR Immunization
  - Previous occurrence of Chicken Pox is not sufficient, a titer is required to prove immunity
- Current Tetanus booster (must be “Td” within 10 years)
  - Must remain current while enrolled in Physical Therapy Program
- Mantoux TB screening test within 1 year of application and yearly thereafter
  - Must remain current while enrolled in Physical Therapy Program
  - A positive Mantoux TB test result must be followed up with a chest x-ray and/or verification of inactive status
- Hepatitis B (HB) Vaccine (series of 3 immunizations at 0, 1, and 6 months) AND positive titer results
  - The series of 3 immunizations must be completed at 0, 1 and 6 months
  - A positive titer following the immunizations is required in addition to the series of 3 vaccines
  - A student signed waiver for the Hepatitis B Vaccine series is also accepted by the Department of Rehabilitation Sciences but may exclude you from working at certain Clinical Sites due to requirements of individual sites.
- Influenza Vaccine
  - All students are required to obtain an influenza vaccine in the Fall of each Year. Flu Vaccines can be obtained from Student Health Services in the Fall Semester of each year. Due to availability of flu vaccine, deadline is November 1.

B. Required Certifications and other requirements:

- CPR/AED & First Aid
  - CPR/AED and First Aid courses will be scheduled for students within 2-3 weeks of entering the Physical Therapy Program. There is a cost of $45.00 for the CPR/AED and First Aid course (cost of courses noted is current and subject to change without notice). If you do not complete these courses, or already have certifications, you will be required to seek and obtain certification on your own. No additional courses will be offered at FGCU. Courses must be completed by October 1 of the year entering the program and certification must remain current throughout the Physical Therapy Program.
- Liability Insurance
  - All students must maintain constant and continuous coverage for professional liability while enrolled in the program. A Blanket Liability Policy is provided for students at a reduced cost. All students must participate in the Blanket Policy. Payment is made through the Department Storefront.
- Finger Printing
  - Additional Information on completing the finger printing will be provided at orientation.
  - This requirement is in addition to the background check completed prior to entry into the program.
- Health Insurance
  - All students should maintain continuous Health Insurance Coverage. Proof of coverage must be provided to Castlebranch.

It is important that you retain a copy of all information submitted to Castlebranch for your personal records and for future use in the Physical Therapy Program.

Revised Fall 2019
FLORIDA GULF COAST UNIVERSITY
DEPARTMENT OF REHABILITATION SCIENCES

BIOSAFETY AND INFECTIOUS AGENTS CONTROL PLAN

PURPOSE:

This policy establishes minimum requirements for the handling, storage and disposal of biohazardous materials used in the teaching laboratories located in Marieb Hall. It is applicable to all faculty/staff and students with direct or potential access to biohazardous materials in the facility.

Biohazardous materials include blood and all of its components, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva, urine and any body fluid contaminated with blood, unfixed tissue and feces. Additionally, all biological materials, e.g. biological controls, reagents and human tissue even if certified as free from HIV and Hepatitis B virus, are to be treated as biohazards.

POLICY:

Laboratory safety is reviewed on the first day of the laboratory session of each laboratory course. It is the responsibility of the Department to present and review this policy with students prior to the commencement of laboratory activities. It is also the responsibility of the individual using the laboratory to review and adhere to this policy during laboratory sessions. (Refer to the Environmental Health and Safety Policy regarding Employee training: http://admin.fgcu.edu/ehs/manual.htm)

SAFETY, PERSONAL HYGIENE, PROTECTIVE CLOTHING AND EQUIPMENT

- Eating, drinking, smoking, applying cosmetics, changing contact lenses is strictly prohibited in the laboratories.

- Food or drink is not kept in refrigerators, freezers, shelves, and cabinets or on countertops or benchtops where blood or other potentially infectious materials may be placed or stored.

- Disposable latex and non-latex gloves are provided at all laboratory sessions and shall be worn when contact with infectious materials, mucous membranes and non-intact skin is anticipated and always when performing vascular access procedures such as phlebotomy and skin punctures. These gloves must be replaced when they become contaminated, torn or punctured.
• Masks, eye protection, face and bench shields are provided and are worn whenever there is a potential for generating splashes and aerosols of infectious material that may contaminate the eye, nose or mouth.

• Laboratory jackets are provided by students and must be worn when working with infectious material. These are not worn outside of the laboratory.

• All students, faculty and visitors remove their protective clothing and equipment and wash their hands before leaving the laboratory. Under no circumstances should protective clothing be worn to the cafeteria, lounge or vending area.

• Personal items and any books or papers not being used in the laboratory session must be left in the locker/cubby area prior to entering the laboratory or working with biological specimens.

• Work surfaces are disinfected after each laboratory session and whenever a potentially infectious material is spilled. Commercial disinfectants or 10% bleach solution are provided for this purpose. Cover the contaminated surface with the disinfectant and let sit or air dry for at least 10 minutes.

• Contaminated broken glassware must never be picked up by hand. Mechanical devices such as a brush and dustpan, tongs or forceps will be used and fragments placed in puncture resistant sharps container in the laboratory.

• Immediately following use, scalpel blades and needles are disposed of in appropriate puncture resistant sharps container. Needles and blades are not reused.

• Contaminated needles and other sharps are not recapped and only removed from the syringe or needle holder using a mechanical device that would facilitate a one-handed technique.

• During use, contaminated sharps containers are maintained in an upright position. Containers are sealed prior to their removal or replacement in order to prevent spillage of their contents during storage or shipment, and discarded in closable, puncture resistant, leak proof containers.

• Immediately following use, contaminated supplies are placed in the appropriate receptacles. Disposable supplies are placed in leak proof containers in the laboratory and reusable supplies are placed in the labeled, puncture resistant, leak proof containers provided, for decontamination.

• All contaminated disposable waste is placed in durable leak proof boxes. These boxes are stored in room 267 Whitaker Hall. Contaminated disposable waste from the Department Practice Laboratories and Anatomy Lab in Marieb Hall, is transported to and placed in the boxes located in Whitaker Hall room 267, per the Environmental
Health and Safety Policy on Management and Disposal of Biohazardous Waste

COMMUNICATION OF HAZARDS

The entrance(s) to areas where biological materials are used and stored are posted with orange signs stating "Biohazard" and showing the biohazard symbol in black. Biohazard warning labels are posted on all refrigerators, freezers and containers used to store or transport biological material and on all equipment that may be potentially contaminated with biohazardous or infectious materials (e.g. centrifuges, incubators, biosafety cabinets, vortexes, telephones, keyboards, etc.).

- Laboratory safety is reviewed on the first day of the laboratory session of each laboratory course. It is the responsibility of the Department to present and review this policy with students prior to the use of the laboratory. It is also the responsibility of the individual using the laboratory to review and adhere to this policy during laboratory sessions.

STORAGE OF BIOLOGICAL MATERIALS

- Biological materials are stored in designated freezers, refrigerators and cabinets in the laboratories and preparatory room. The contents of these units are clearly indicated by posted signs and labels on their doors.

- No food or drinks are stored in these units.

UNIVERSITY CHEMICAL POLICY

Please refer to the university website at: http://www.fgcu.edu/EHS/ChemicalHygiene.html for information on chemical hygiene.
SPILLS

• Small spills of contaminated or biological materials are covered with disinfectant-soaked paper towels for 10-15 minutes before being cleaned up. Blood spills should be covered with a 10% bleach solution for 15 minutes and then cleaned up. The contaminated paper towels are then disposed of in the biohazardous waste containers. Please insure when working with any type of spill protective personal equipment (Gloves) should be worn at all times.

• Spill kits, located in Marieb Hall, Room 212 should be used for larger chemical spills. Special care must be taken when broken glassware is present. Contaminated, broken glassware must never be picked up by hand. Mechanical devices such as a brush and dustpan, tongs or forceps, kept in the preparatory room of the laboratory, should be used. Fragments are placed in puncture resistant containers for broken glassware after decontamination.

• When cleaning up spills, the appropriate personal protective equipment must be used.

• Hand washing follows the clean up procedure.
FLORIDA GULF COAST UNIVERSITY
DEPARTMENT OF REHABILITATION SCIENCES

ACCIDENTAL EXPOSURE TO BLOOD AND BODY FLUID PROCEDURE

INTRODUCTION:

Blood and certain body fluids are considered potentially infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and other blood borne pathogens. Universal Precautions must therefore be consistently used for all clinical specimens in the above-mentioned category. Therefore, whenever contact with blood and other body fluids is anticipated, appropriate barriers such as gloves, gowns, masks and eyewear must be worn to prevent exposure of the skin and mucous membranes.

PURPOSE:

To provide immediate response for the treatment of accidents in the student laboratory resulting in percutaneous (needlestick/sharp object) injury, non-intact skin exposure or mucous membrane exposure to blood and or body fluids.

Immediate post-exposure procedure:

- Percutaneous/parenteral exposure (needlestick/sharp object) injury:
  - Briefly induce bleeding from the wound
  - Wash the wound for 10 minutes with soap and water or a disinfectant with known activity against HIV (10% iodine solution or chlorine compounds).
  - Remove any foreign materials that may be embedded in the wound.

- Cutaneous/non-intact skin exposure (blood/body fluid contact with broken skin):
  - Wash with soap and running water
  - Disinfect with a 10% iodine or chlorine solution.

- Mucous membrane exposure (blood/body fluid contact with eyes, mouth, nasal membranes):
  - Irrigate with copious amounts of tap water, sterile saline or sterile water for 10 -15 minutes. This is done at the eye wash station in laboratory or sink in the Practice Center.

Following these procedures, secure the offending sample for future testing and report immediately to Student Health Services for assessment of the injury.
POST-EXPOSURE EVALUATION AND FOLLOW-UP

Following exposure and immediate treatment, the faculty/staff must complete and submit the ACCIDENTAL EXPOSURE FORM to the office of Human Resources. Students should report to Student Health Services immediately and notify the department Chair of the exposure. Forms are located at http://admin.fgcu.edu/ehs/expd.htm. This form must be completed within 24 hours of exposure with documentation of the following:

- Date and time of the exposure.
- Procedure being performed when the incident occurred.
- A brief account of the incident.

Exposure is defined as a parenteral (e.g., needlestick or cut) or mucous membrane (e.g., splash to the eyes, nose or mouth) exposure to blood or body fluids, or cutaneous exposure involving large amounts of blood especially if the skin is cut, chapped, abraded or affected with dermatitis.

Following an accidental exposure as defined above, a sample of the source will be saved and coded for possible testing, anonymously.

University procedures governing employee/student accidental exposure surveillance are outlined in the Environmental Health & Safety Policy.
http://admin.fgcu.edu/ehs/manual.htm
The following general rules apply to all laboratory work with chemicals.

**ACCIDENTS AND SPILLS**

- **Eye contact:** Promptly flush eyes with tepid water for 15 minutes, and seek medical attention.

- **Skin contact:** Promptly flush the affected area with water and remove any contaminated clothing. **Report to Student Health Services for evaluation of the affected area.**

- **Clean-up:** Promptly clean up spills using appropriate apparel and equipment and proper disposal. Refer to the applicable Material Safety Data Sheet (MSDS) for specific clean-up recommendations located in Marieb Hall, Room 212.

**AVOIDANCE OF EXPOSURE**

- **Unnecessary exposure to chemicals by any route must be avoided at all costs.**

- **Chemicals used in the student laboratories are compatible with the quality of the ventilation system used in the laboratory.**

- **Eating, smoking, drinking or applying cosmetics is strictly prohibited in areas where laboratory chemicals are present.**

- **Damaged glassware must never be used. Equipment must be used for its designed purpose only.**

- **Always wash areas of exposed skin before leaving the laboratory.**

- **Never engage in horseplay, practical jokes or any behavior that may startle, confuse or distract others at work.**

- **Appropriate eye protection must be worn by all present, including visitors, when chemicals are being handled.**

- **Appropriate gloves are worn when the potential for contact with toxic materials exists. These gloves must be inspected before each use, washed before removal and replaced when needed.**
• Laboratory coats must be removed immediately when significantly contaminated. Long hair and loose clothing should always be confined. Leather shoes should be worn to laboratory sessions, avoid open toed shoes.

• The work areas are kept clean and uncluttered with chemicals and equipment. Tubes and containers are properly labeled.

• Fume hoods are used for operations which may result in the release of toxic chemical vapors or dust. Adequate hood performance should be verified before use, the hood should be kept closed during the experiment except when adjustments within the hood are being made. Fume hoods are left "on" when toxic substances are stored in them.

• Students, faculty and staff are aware of the location of safety showers, eyewash stations, first-aid equipment and exits. Prominent signs will indicate the location of safety equipment.

CHEMICAL STORAGE AND WASTE DISPOSAL

• Toxic substances are stored in compliance with FGCU's policy as outlined in the Environmental Health & Safety Policy and Procedure Manual, http://admin.fgcu.edu/ehs/manual.htm. Material Safety Data Sheets for chemicals are located in Marieb Hall, Room 212B.

• Amounts of chemicals stored are as small as practical.

• NEVER dispose of concentrated acid or base, highly malodorous, lachrymatory substances, or any substances which might interfere with the biological activity of wastewater treatment plants, create a fire/explosion or corrosion hazards down the drain. Such chemicals will be disposed of in accordance with FGCU's policies as outlined in the Environmental Health and Safety Policy and Procedures Manual, http://admin.fgcu.edu/ehs/manual.htm

Adopted 5/00
Revised 8/02
Updated 7/14
Policy for use of the Department of Rehabilitation Sciences Practice Labs

Purpose:

This policy establishes minimal requirements for use and operation of The Department of Rehabilitation Sciences Laboratories that are located in Marieb Hall (101, 103, 110, 111, 109, 105) and Ben Hill Griffin (170) and is applicable to all faculty and students with direct or potential access to Department of Rehabilitation Sciences Laboratories and their equipment. Henceforth in this document, the Department of Rehabilitation Sciences Laboratories will be referred to as the “Labs”.

Room Reservations and Scheduling/Access
Housekeeping & Equipment Maintenance
Equipment Loan
Biohazard Disposal
Practice Parameters
Emergency & Safety Procedures

Room Reservations and Scheduling/Access:

Use of The Labs is scheduled through the Dept of Rehabilitation Sciences (PT/HP) Administrative Assistant. The Labs are for the sole use of PT/HP faculty and students. Priority for scheduling shall be given to the academic needs of scheduled courses in the labs.

For additional time needed for academic courses in department labs or for scheduling of non-course activities, faculty should contact the department secretaries. Schedules for all department labs can be view by faculty via Outlook Calendars.

Revised Fall 2019
Access to labs is by reservation only. Rehabilitation Sciences Faculty and Staff needing access to the room have been issued key cards to facilitate entry into the room.

**Housekeeping & Equipment Maintenance:**

All equipment and work surfaces will be cleaned according to manufacturer instructions and following University Policy outlined in the Environmental Health and Safety Manual located at [http://www.fgcu.edu/EHS/LaboratorySafety.html](http://www.fgcu.edu/EHS/LaboratorySafety.html)

To ensure compliance with FDA and OSHA guidelines, the Department of Rehabilitation Sciences at Florida Gulf Coast University has established minimum requirements for the safety of faculty/students/staff (See [www.fda.gov](http://www.fda.gov) or [www.osha.gov](http://www.osha.gov) for guidelines).

This policy establishes minimum requirements for the safe use of equipment owned by the Department of Rehabilitation Sciences and utilized for the practice and instruction of physical therapy, exercise science, or athletic training in the teaching labs located on and off the campus of Florida Gulf Coast University. It is applicable to all faculty/staff and students with direct or potential access to equipment in the facility.

**Policy**

All equipment utilized by faculty/staff/students shall be inspected and cleaned in accordance with manufacturer’s guidelines, prior to and following use. Guidelines and instructions for operation, maintenance and cleaning are kept on file in the Department of Rehabilitation Sciences and on the Department share drive.

All electrical equipment utilized for the practice and instruction of students and located in the teaching classrooms/labs will be inspected for safety and certified on a yearly basis by a Certified Electrical Technician. Each item shall have a sticker with date of inspection. Documentation of inspection shall be kept on file in the Department of Rehabilitation Sciences.
All equipment is stored in the appropriate cabinet or closet at the end of each class session. All cabinet and closet doors must be closed and locked (if appropriate) at the end of each class session. Any equipment that is damaged should be tagged as such and reported to department faculty. At the end of each session, faculty are responsible for ensuring that equipment is cleaned, disinfected, and stored in the appropriate location(s).

Gloves and disinfectant are provided in the Labs. Faculty will notify the office manager when supplies need to be replenished.

Absolutely no eating or drinking is allowed in the labs. Food and drink will not be kept in refrigerators/freezers, on shelves, in cabinets or on countertops. The countertops will be kept free of debris.

Stacking stools have been provided. Stools may be stacked to allow open space for laboratory activities. Mat tables attached to a wall should be folded up with chain lock in place for safety when not in use. Mat tables will only be used for demonstration/practice and should not be used for storage or seating at any time. At the end of each class session, stools should be placed in the appropriate areas to ease the transition for the next class; all surfaces and equipment should be disinfected using available supplies.

**Linens:**

Linens for use in the labs are provided in each of the department labs. Dirty linens should be placed in the appropriate receptacle provided in each department lab. Students will take turns being responsible for laundry of the dirty linens.

Revised Fall 2019
**Equipment Loan:**

Equipment from Department labs may be available for use by students with prior permission from the appropriate faculty. All equipment borrowed for use in locations other than the Department labs will need to be checked out through the department administrative staff. A form for equipment checkout is available and must be completed and placed on file prior to removing equipment from labs. Faculty should notify the appropriate staff, via email, that equipment loan request is approved.

**Biohazard Disposal:**

Policy and procedures outlined by the Environmental Health and Safety Committee regarding the handling of Biohazardous materials and Exposure will be followed. See [http://www.fgcu.edu/EHS/LaboratorySafety.html](http://www.fgcu.edu/EHS/LaboratorySafety.html)

**Practice Parameters:**

- Students are **NOT** allowed in the Department Labs without an advising faculty member on campus and/or available by phone.
- Students are responsible to make prior arrangements with faculty member for direct and indirect supervision for lab practice (open lab).
- Students are not permitted to practice invasive procedures or skills on other persons that would require a licensed or properly credentialed designee without direct supervision of an appropriately licensed professional.

**Emergency & Safety Procedures:**

Emergency Contact #: 1911 (on campus)

First aid supplies are available in the Department Labs.

Revised Fall 2019
The faculty strive to prepare students for success on the National Physical Therapy Examination (NPTE) upon graduation. However, success on the NPTE is ultimately the responsibility of the student, requiring diligent preparation during his/her education at FGCU, and upon graduation. Although preparation through the use of practice exams cannot guarantee success on the NPTE, the faculty believe that early and continuous exposure to practice exams similar in style and content to the NPTE allows students the opportunity for self-evaluation of knowledge strengths/weaknesses, and reinforcement of learning.

To encourage adequate preparation and practice, all students are required to complete practice exams during PT Practice courses. Students are also required to participate in the Licensure Examination Preparation Course during their final PT Practice course. This is also a course completion requirement for PTP VI. The cost of all Practice Exams and the Licensure Exam Prep course are at the student’s expense. The Practice Exams will occur in:

- PT Practice III – Practice Exam
- PT Practice IV – Practice Exam
- PT Practice V – Practice Exam
- PT Practice VI – Licensure Examination Preparation Course

Using the Practice Exam and Assessment Tool (PEAT) and the PTEXAM: Online Advantage, students will gain practice in taking a full-length board exam. The Federation of State Boards of Physical Therapy (FSBPT) offers the PEAT and provides the test taker sub-section scoring information as well as rationale for the answers to each question. Students can take the exam twice during a thirty day period for a set fee. Information on PEAT can be found at [www.fsbpt.org](http://www.fsbpt.org). PTEXAM: Online Advantage is offered by Scorebuilders and provides the test-taker with sub-section scoring information, a comparison to all individuals who have taken the practice exam, as well as rationale for the answers to each question. Information on PTEXAM: Online Advantage can be found at [http://www.scorebuilders.com/products.html](http://www.scorebuilders.com/products.html).

All PEAT and PTEXAM testing will be done on campus in a supervised setting. Students will be notified of dates at least two weeks in advance of scheduled testing. Students are responsible for all costs associated with these practice exams and review course and must remit funds to the department prior to the testing date to be eligible to sit for the scheduled test and exam review course. Completion of ALL exams/courses is required. Failure to complete as required will result in failure of the associated PT Practice Course as identified above.
Students must earn the following minimum scores by the end of the semester in which the course is offered:

<table>
<thead>
<tr>
<th>Course</th>
<th>Minimum score</th>
<th>Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT Practice III</td>
<td>50%</td>
<td>PEAT</td>
</tr>
<tr>
<td>PT Practice IV</td>
<td>60%</td>
<td>PT Exam</td>
</tr>
<tr>
<td>PT Practice V</td>
<td>75%**</td>
<td>PEAT</td>
</tr>
</tbody>
</table>

** A score of 70% on the practice test in the last semester of the program meets the criteria for graduation. However, a score in the range of 70-80% is considered low and the faculty judge individuals with scores in this range to be at risk for not successfully passing the NPTE on the first attempt.

Students will be allowed to re-take the specified exam once during each semester in which the exam is required. Students must submit proof of their re-take score to the Department Administrative staff by the last day of finals week during PT Practice III and IV and to Course Faculty and the Department Administrative staff by the date specified on the syllabi during PT Practice V. Sharing and or giving other students access to any of your tests data or online tests access is a direct violation of the FSBPT policy. Additionally, this is a student code of conduct violation that could result in dismissal from the Physical Therapy Program at Florida Gulf Coast University.

Students who do not achieve the minimal grade during the designated course will receive an “I” grade for the course. Students must discuss with his/her advisor a plan to remediate the unsuccessful exam attempts during the first week of the next semester and satisfy the minimal pass score within that semester to receive a successful grade in the course and progress in the curriculum. The “I” will convert to an “F” if the requirement is not satisfied and the course will need to be repeated during the next time the course is offered.

A student who fails to sit for the required practice exam during any of the courses listed or does not submit proof of his/her scores to the appropriate parties in the time frame noted, will receive a grade of “I” for that course. The student will not be permitted to enroll in or will be administratively dropped from the next PT Practice course in the series until this requirement has been met. This may result in the student being unable to progress in the program and delay completion of the program of study. The student’s faculty advisor will be notified of the student’s failure to comply with this requirement and the student may be placed on Professional Behaviors Probation.
Important Notice for Initial Licensure Applicants:

IMPORTANT NOTICE: Section 456.0635, Florida Statutes, provides that each board, or the department if there is no board, shall exclude a candidate or applicant from examination, licensure, certification, or registration who:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, Florida Statues, or a similar felony offense committed in another state or jurisdiction, unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed unless the sentence and any subsequent period of probation for such conviction or plea ended:
   a. for the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation.
   b. for the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation.
   c. for the felonies of the third degree under Section 893.13(6)(a), F.S., more than 5 years from the date of the plea, sentence and completion of any subsequent probation.

2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801- 970 (relating to controlled substances) or 42 U.S.C. ss. 1395- 1396 (relating to public health, welfare, Medicare and Medicaid issues)
   a. unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application.

3. Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, F.S.,
   a. unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years.

4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program,
   a. unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years; and
   b. the termination occurred at least 20 years before the date of the application.

5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities. NOTE: Section 456.013(3)(c), Florida Statutes: In considering applications for licensure, the board, or
the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

Bill Parizek, Strategic Planning Services (SPS) Division of Medical Quality Assurance (MQA) Florida Department of Health ph: 850-245-4702 (SC 205-4702) fax:850-414-8209 Email: william_parizek@doh.state.fl.us

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Mission: Promote, protect and improve the health of all people in Florida.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.
Florida Gulf Coast University
Department of Rehabilitation Sciences

Injury Prevention and Reporting Policy

Purpose:
This policy establishes guidelines for the prevention of injuries during educational activities and provides guidelines for the reporting of any injuries or adverse reactions that occur as a result of student involvement in educational activities.

Policy:
Students in the programs of the Department of Rehabilitation Sciences are routinely involved in practicing the performance of examination, evaluation and intervention skill/techniques on other students in order to gain proficiency. Faculty will routinely demonstrate skills/techniques by using students as demonstration models. In order to prevent injury resulting from these activities, students shall disclose any health conditions that potentially could interfere with or be aggravated by the participation in these activities. It is the student’s responsibility to provide this disclosure to the course faculty prior to the participation in these activities.

In the unlikely event that an adverse response or an injury occurs, the student will immediately notify the course faculty prior to the end of the class and submit the University Incident Report for Non-Employees to the Chair of the Department of Rehabilitation Sciences within 24 hours of the occurrence. It is the student’s responsibility to retrieve this Incident Report form from: http://www.fgcu.edu/EHS/Files/_non_employee_report.pdf. The department Chair will route the Incident Report form according to university procedure.
ESSENTIAL FUNCTIONS

The following are essential functions needed for successful completion of the Physical Therapy, Athletic Training, and Exercise Science programs at Florida Gulf Coast University. Students must be able to perform, with or without reasonable accommodations, each of these essential functions in order to fully participate in the program and successfully complete the requirements of the program in which they are enrolled. A student requesting accommodation in regard to carrying out any of these essential functions must realize that although he/she may meet program requirements to graduate, he/she may not meet some requirements of licensure and employment in the profession.

Florida Gulf Coast University, in accordance with the Americans with Disabilities Act and the university's guiding principles, provides classroom and academic accommodation to students with documented disabilities. Students are responsible for providing documentation of disability to the Office of Adaptive Services. Whether or not a requested accommodation is reasonable will be determined on an individual basis in consultation with the Office of Adaptive Services. (See current FGCU Student Guidebook).

Essential Functions

Cognitive Functions

1. Comprehend, retain, and retrieve complex information from the social sciences, humanities, natural and movement sciences, and apply this information to professional course work.

2. Comprehend, synthesize, and integrate information from extensive written materials, demonstration, group facilitation, lectures, class discussion, laboratory practice sessions, and simulated patients/clients.

3. Apply information obtained from classroom, laboratory, and written materials to the examination, evaluation, and intervention of real and simulated patients.

4. Critically analyze information taken from written materials, demonstration, group facilitation, lectures, class discussion, laboratory practice sessions, and simulated patients/clients to develop and support the rationale for appropriate examinations, evaluations, prognoses, and interventions.

Adapted from CAPTE Criteria, NATA Criteria, and Essential Functions for Physical Therapy from Northeastern University (by verbal permission of N. Sharby) 2/07/04.
5. Integrate information from multiple simultaneous sources in a timely manner.

**Affective and Communication Functions**

1. Speak in English effectively and with sufficient volume to convey information to and instruct other individuals and groups from a variety of backgrounds, ages, and needs in a professional, respectful, and non-judgmental manner.

2. Understand and interpret the verbal, non-verbal, and written communication of others and respond in an appropriate professional manner.

3. Write clearly, concisely, and effectively in English.

4. Effectively attend to people, information, and tasks in a complex, highly stimulating environment during an entire workday.

5. Practice as a student in a safe, ethical, and legal manner.

6. Meet externally imposed deadlines and time requirements.

7. Effectively and consistently manage personal stress and the stress of others.

8. Respond to medical crises and emergencies in a calm, safe, and professional manner.

**Psychomotor Functions**

1. Physically move or support patients/clients/classmates/equipment in a variety of situations and safely and skillfully supervise/instruct the movement/support of patients/clients/classmates utilizing a minimally trained technical support person.

2. Demonstrate the ability to observe and practice universal precautions.

3. Demonstrate the ability to perform emergency first aid and Health Care Provider CPR (American Heart Association BLS, including defibrillator).

4. Safely and reliably read meters, dials, and printouts.
5. Manipulate and operate examination and intervention equipment, monitoring devices, and computers.

6. Demonstrate appropriate body mechanics and react safely and appropriately to sudden or unexpected movements of patients/clients/classmates.

7. Demonstrate the ability to work in an environment which requires significant physical activity and mobility throughout the workday and which does not compromise patient or therapist safety.

8. Hear and comprehend the spoken word and auditory signals from equipment.

9. Write legibly and clearly by hand and by computer.

10. Safely, reliably, and efficiently perform appropriate examinations and interventions. See appendix for listing of sample (incomplete) examinations and interventions, listed by program.
Appendix A
Essential Functions for Physical Therapy

Safely, reliably, and efficiently perform appropriate examinations and interventions. See appendix for listing of sample (incomplete) examinations and interventions, listed by program.

Sample Examinations
- cognitive/mental/emotional status
- endurance
- skin integrity
- sensation
- strength
- joint mobility
- joint motion and play
- muscle tone and reflexes
- movement patterns
- coordination
- balance
- developmental skills
- pain
- posture
- gait
- functional abilities
- assistive devices and equipment
- cardio-pulmonary status
- segmental length, girth, and volume for patients

Sample Interventions
- therapeutic exercises to improve strength, ROM, or endurance
- developmental activities
- gait activities
- prosthetic and orthotic training
- wound care
- wheelchair training
- neurosensory techniques
- thermal agents
- physical agents and mechanical modalities
- massage
- electrotherapy
- balance and coordination training
- positioning techniques
- cardio-pulmonary rehabilitation
- manual therapy techniques
- functional activities, bed mobility, and transfers
- airway clearance techniques