Doctor of Physical Therapy Student Handbook
Resources

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Introduction

It is essential for students to understand the goals and objectives of the Physical Therapy Program. This handbook is a reference for resources as well as students rights and responsibilities.

As with course syllabi, this handbook is considered a contract of expectations between the Department and the physical therapist student. This document is effective July, 2015

Welcome on behalf of the faculty of the Department of Physical Therapy. This is an exciting and unique time in your life. You are about to enter a profession that offers you a wide variety of areas in which to practice and exceptional opportunities to serve your patients, your colleagues, your professional association, and your community. I hope that these experiences will become among the most fulfilling of your life. Physical therapy plays a major role in our society’s health and physical therapists offer a unique entry-point into the health care system. Your education here at Eastern Washington University will prepare you for our profession’s many challenges and rewards. We look forward to getting to know you and working with you.

Welcome!

Meryl Gersh, PT, PhD
Chair Department of Physical Therapy
Forward

This document is to be read and used by students of the Class of 2018. As with course syllabi, this handbook is considered a contract of expectations between the Department and the physical therapist student.

During your new student Orientation on Wednesday, September 22, 2015, you will be asked to sign forms indicating you have read this Student Handbook, The Clinical Education Handbook and a Media Release Form similar to the forms listed below. You will not need to print these forms out. We will have them available for your signature

MEMORANDUM

TO: Faculty, Department of Physical Therapy

FROM: Student, Class of 2018

I have read and reviewed all of the materials included in the Eastern Washington University Department of Physical Therapy Student Handbook and agree to comply with the policies and procedures as stated.

NAME: (Print) ________________________________________________

SIGNATURE: ________________________________________________

DATE: ____________________________________________________

MEDIA RELEASE FORM:

I hereby give my permission to Eastern Washington University to use my name and photograph likeness, artwork, profile and or story in all forms and media for advertising, trade, and any other lawful purpose including release to third party social networking websites. I understand the circulation of the materials may be worldwide and that there will be no compensation to me for this use.

I hereby assign and grant Eastern Washington University the right and permission to use and publish the photographic reproductions of myself. I agree to the terms of distribution as set printed above.

Print Name: _________________________________________________

Signature: _________________________________________________

Date: ____________________________________________________
Mission Statement
The mission of the Department of Physical Therapy, Eastern Washington University, is to graduate an entry-level physical therapist. The Department will also contribute to the growth of the profession and professional colleagues, as well as support its communities through consultation, education, research and service.

Philosophy
We believe that the educational program in physical therapy should develop a physical therapist who has entry-level knowledge, attitudes, and skills, and who is prepared to practice in a variety of settings. The ability to think independently in all instances is important, and will be fostered by giving the learner opportunities in the program to integrate the knowledge, attitudes, and skills through problem-solving.

We believe that the faculty should serve as exemplary role models in education, practice, community service, and scholarly activities. They should influence the students by their behaviors in all of these professional areas and through personal demeanor.

We believe that the University and Spokane community provide a rich environment in which to build and expand the education of a physical therapist. We look to the strong liberal arts and sciences departments for support of a well prepared undergraduate and as colleagues in the educational process within the University. We look to the Spokane healthcare community and our professional colleagues within that community for support of the clinical education of our students, collegial interaction and networking to further the educational process, and for partnerships in growth of all of us.

We believe that the product of the Program, the graduate, is in the best position to deliver services to the ultimate focus of the Program, the consumer, through an analytical sequenced client centered curriculum. We believe that we should provide the support of such a curriculum through a qualified faculty who offer the learner opportunities to think critically, solve problems, and make decisions that empower them towards life-long learning.

We believe that a professional program has a responsibility to further the base of the profession it represents and serves.

We also believe that is important to provide opportunities for the professional education of physical therapists in our community, provide consultation to others, and engage in interaction and networking throughout the community.

We believe that this educational philosophy has the potential to influence the education of our graduates and colleagues, provide service to our University and community, and enhance the profession we represent in a positive way by promoting growth for all.

Goals
In order to achieve the mission, the Department will:

1. We will incorporate opportunities for experiential learning in the curriculum and in extra curricular activities.

2. We will create a department culture that supports and engages faculty in scholarly activity and professional development.

3. We will develop collaborative relationships with community partners.

4. We will develop resources to enhance academic quality.
History of the Department

The program granted a Bachelor of Science degree to the first graduating class in 1987. The University hired Dr. Donna El-Din in October, 1984, to organize the development of the program and Chair the Department. The Department submitted a Declaration of Intent to the Commission on Physical Therapy Education and was awarded Candidacy in May, 1985. The program was visited in March 1987, and awarded full initial accreditation in May, 1987 (prior to the graduation of the first class).

In 1994, the Higher Education Coordinating Board of the State of Washington granted EWU permission to change to an entry level Masters Degree program. The first class of graduate students entered in the program in September, 1995. Full Accreditation by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association was received in May, 1999.

The curriculum was designed around a series of modules that incorporated several elements of physical therapy practice around client centered problems. It was built on a liberal arts and basic sciences background, and moves the student from an orientation of illness to wellness, and from dependent learning to independent learning. The graduate program deepened the commitment to analytical thinking through the additional requirements of the taxonomies, exposure to cultural and environmental issues, and the completion of a research project.

The program was originally housed in Rowles Hall on the Cheney campus and eventually moved to the Paulsen Center in Spokane.

The Department moved to the new Health Sciences Building at Riverpoint in December of 2001.

Originally 20 students were admitted to the program. This was increased to 30 in 1991 and later to the current 38. In 1991, the Hospitals of Spokane endowed a Chair for the Physical Therapy Department. The funds were matched by the State of Washington, and the Department became the first physical therapy school in the nation to have a Distinguished Professorship awarded. At that time, the Department began to admit 30 students to the program to better serve the community.

On June 11, 2002 the Washington Higher Education Coordinating Board approved the offering of the Doctor of Physical Therapy Degree (DPT) to the class of 2005. This was the first doctoral degree and continues to be the only doctoral degree offered by a regional university in Washington State.
Contact Information

Physical Therapy Department
All Numbers have Area Code (509)

Dan Anton 828-1375 danton@ewu.edu
Cindy Arlt 828-1355 carl73@ewu.edu
Megan Chatellier 828-1372 mchatellier@ewu.edu
Kimberly Cleary 828-1373 kcleary@ewu.edu
Debra Dickerson 828-1354 ddickerson@ewu.edu
Meryl Gersh 828-1360 mgersh@ewu.edu
Charleen Ince 828-1357 cince@ewu.edu
Tanya LaPier 828-1358 tlapier@ewu.edu
Dana McPhee 828-1359 dmcphee@ewu.edu
Patty Nelson 828-1364 pnelson@ewu.edu
Joe Palmer 828-1362 rpalmer9@ewu.edu
Darl Vander Linden 828-1363 dlinden@ewu.edu
FAX 828-1389

Department Website:  http://www.ewu.edu/pt

Canvas: https://canvas.ewu.edu/

Enroll in: DPT_2018

You will have access to:
- Schedules
- Anticipated Absence Form
- New Program Information

Frequently Used University Numbers

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<thead>
<tr>
<th>Service</th>
<th>Phone</th>
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<tr>
<td>Registrar</td>
<td>359-2321</td>
<td>EWU Writer’s Center</td>
<td>359-2779</td>
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<td>Counseling/Psych Services</td>
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<td>Academic Support Center</td>
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<td>Graduate Studies</td>
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<td>Housing /Res.</td>
<td>359-2451</td>
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<td>Student Financial Services</td>
<td>359-6372</td>
<td>Student Health</td>
<td>359-4279</td>
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<tr>
<td>College of Health Science &amp; Public Health</td>
<td>828-1384</td>
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<tr>
<td>Student Services on Riverpoint Campus</td>
<td>828-1393</td>
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<tr>
<td>ACADEMIC YEAR</td>
<td>13/14</td>
<td>14/15</td>
<td>15/16</td>
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<tr>
<td><strong>FALL QUARTER</strong></td>
<td><em>Days of Instruction (49)</em></td>
<td><strong>Fall 2013</strong></td>
<td><strong>Fall 2014</strong></td>
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<tr>
<td>Labor Day - Holiday</td>
<td>Monday</td>
<td>Sept. 2</td>
<td>Sept. 1</td>
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<td>Wednesday</td>
<td>Sept. 25</td>
<td>Sept. 24</td>
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<tr>
<td>Veterans' Day - Holiday</td>
<td>Nov. 11 (Mon)</td>
<td>Nov. 11 (Tues)</td>
<td>Nov. 11 (Wed)</td>
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<td>No Classes - Wednesday Before Thanksgiving</td>
<td>Nov. 27</td>
<td>Nov. 26</td>
<td>Nov. 25</td>
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<td>Thanksgiving - Holiday</td>
<td>Thurs-Fri</td>
<td>Nov. 28-29</td>
<td>Nov. 27-28</td>
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<td>Friday</td>
<td>Dec. 6</td>
<td>Dec. 5</td>
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<tr>
<td>Final Exams Week</td>
<td>Mon-Thurs</td>
<td>Dec. 9-12</td>
<td>Dec. 8-11</td>
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<td>Friday</td>
<td>Dec. 13</td>
<td>Dec. 12</td>
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<td><strong>Winter 2015</strong></td>
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<td>Jan. 6</td>
<td>Jan. 5</td>
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<td>Feb. 17</td>
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<td>Mar. 17</td>
<td>Mar. 16</td>
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<td>Mar. 21</td>
<td>Mar. 20</td>
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<td>Mar. 31</td>
<td>Mar. 30</td>
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<td>May 26</td>
<td>May 25</td>
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<td>June 6</td>
<td>June 5</td>
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<td>Final Exams Week</td>
<td>Mon-Thurs</td>
<td>June 9-12</td>
<td>June 8-11</td>
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<td>Last Day of Quarter</td>
<td>Friday</td>
<td>June 13</td>
<td>June 12</td>
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<tr>
<td>Commencement</td>
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<td>June 14</td>
<td>June 13</td>
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<td>June 23</td>
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<tr>
<td>Independence Day - Holiday</td>
<td>Monday</td>
<td>July 4 (Fri)</td>
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<tr>
<td>Last Class Day of Instruction</td>
<td>Wednesday</td>
<td>Aug. 13</td>
<td>Aug. 12</td>
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</tbody>
</table>

*Days of instruction excludes holidays and final exam period.

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**Fall I**
- PHTH 601 - Clinical Anatomy
- PHTH 653 - Functional Anatomy
- PHTH 656 - Physical Therapy
- PHTH 658 - Psychosocial Issues in Physical Therapy
- PHTH 659 - Introduction to Physical Therapy

**Fall II**
- PHTH 650 - Musculoskeletal System I
- PHTH 654 - Exercise Physiology
- PHTH 656 - Clinical Education Seminar I

**Fall III**
- PHTH 750 - Clinical Internship I
- PHTH 770 - Clinical Research II

**Total Quarter Credit Hours:**

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Revised 7/29/14
Faculty

Dan Anton, PT, PhD, ATC

828-1375
Associate Professor
danton@mail.ewu.edu

Dr. Anton received his physical therapy degree from Northwestern University and his PhD in Rehabilitation Sciences from The University of Iowa. Dr. Anton is a Certified Athletic Trainer and a Certified Orthopedic Manual Therapist. He came to Eastern Washington University from The University of Iowa where he taught courses in ergonomics, occupational health and biomechanics of human motion. His research interests include physical exposure assessment, work-related musculoskeletal disorders of the upper extremity and spine, occupational epidemiology, and construction and agricultural musculoskeletal disorders. Dr. Anton teaches Musculoskeletal Systems I - III.

Megan Chatellier, PT, DPT

838-1372
Lecturer
mchatellier@ewu.edu

Megan Chatellier joined the faculty of EWU in the winter of 2011. She received her BA in biology from Pacific Lutheran University and her Doctor of Physical Therapy from Eastern Washington University. Prior to teaching at EWU, Megan worked in the clinical setting of acute care rehabilitating critically ill patients.

Within the doctor of physical therapy curriculum at Eastern, she assists and teaches in the areas of cardiopulmonary, therapeutic exercise, applied neurology, educational aspects of PT and integumentary therapeutics. She also serves as a research advisor for student case reports during clinical rotations.
Kimberly Cleary, PT, PhD

828-1373
Professor
kleary@ewu.edu

Dr. Cleary earned her BA in Cultural Anthropology Magna Cum Laude at the University of California at Santa Barbara, Master of Physical Therapy at Chapman University in Orange, CA, and PhD in Social & Administrative Sciences at Idaho State University in Pocatello. Dr. Cleary has taught and practiced in several clinical areas, with particular interests in wellness, prevention and health promotion. Her research lines include quality of life among rural elderly and collaboration between health care professionals, with publications, presentations and invited courses providing opportunities to disseminate her findings. Dr. Cleary teaches Diagnosis in Physical Therapy and Neuromuscular Systems Management.

Meryl R. Gersh, PT, PhD

828-1360
Professor of Physical Therapy, Department Chair
mgersh@ewu.edu

Dr. Gersh received her physical therapy education at the State University of New York in Buffalo, New York, her Master of Medical Science from Emory University in Atlanta, Georgia and her doctorate in Leadership Studies from Gonzaga University in Spokane, WA. Dr. Gersh has served as Vice President of the Section on Clinical Electrophysiology of the American Physical Therapy Association. She has spoken extensively on the topics of electrophysiology, electrotherapy, and pain management, and is the author of numerous articles on these subjects, as well as the editor of the text, *Electrotherapy in Rehabilitation*, published by F. A. Davis Company. Dr. Gersh currently serves as Department Chair teaches and or co-teaches in the following courses: Health Care Systems, Integumentary Therapeutics/ Integumentary Systems, Multiple Systems, Applied Neurosciences, PT Practice Seminar and Clinical Research.
Tanya LaPier, PhD, PT, CCS

828-1358
Distinguished Professor
tlapier@ewu.edu

Dr. LaPier is a certified clinical specialist in cardiopulmonary physical therapy and author of more than thirty articles on the subject in addition to giving numerous presentations. Tanya received her BS in Physical Therapy, Magna Cum Laude at Ithaca College in NY, an MS in Exercise Science from the State University of New York in Buffalo and earned her PhD in Physiology at Idaho State University in Pocatello. Tanya teaches courses in Exercise Physiology, Cardiopulmonary, and Integumentary Physical Therapy and Research.

Patricia R. Nelson, P.T., ScD, OCS, FAAOMPT

828-1364
Assistant Professor
pnelson@ewu.edu

Patty Nelson joined the EWU faculty in 2008 after obtaining her ScD in Advanced Orthopedic Physical Therapy from Texas Tech Health Sciences Center in Lubbock, TX. She earned B.S. degrees in exercise science and physical therapy from the University of Minnesota. She is an Orthopedic Certified Specialist and received her Fellowship in Orthopedic Manual Physical Therapy from the International Academy of Orthopedic Medicine-US in 2009.

Dr. Nelson teaches the kinesiology, biomechanics and therapeutic exercise courses in the first year of the program, musculoskeletal and multiple systems in the second year and the research courses in the third year. She has practiced for over 20 years and continues to work in outpatient clinics in the Spokane area. Her research interests include issues related to women’s health and fitness and orthopedic musculoskeletal dysfunction.
Richard J. Palmer III (Joe), DPT

828-1362

Lecturer

Rpalmer9@ewu.edu

Joe Palmer received his Doctor of Physical Therapy from Slippery Rock University. He comes to EWU from Central Washington Hospital in Wenatchee, WA, where he has served as a staff physical therapist. Joe brings experience in sub acute rehab, outpatient services, acute care, wound care, and electronic health records. He has worked in the rural health system, at an urban 400 bed facility, and served on the board for a community health system.

Before receiving his DPT, Joe worked as a Recreation Therapist in both sub acute rehab and for the Colorado Mental Health Institute in the adolescent division. Joe served six years with the Colorado Army National Guard as a Medical Laboratory Technician and EMT/Flight Medic. In addition to spending time with his wife and two daughters, Joe enjoys reading, running, skate skiing, and triathlons.

Darl W. Vander Linden, PT, PhD,

828-1363

Professor of Physical Therapy
dlinden@ewu.edu

Dr. Vander Linden received his physical therapy education and his Doctor of Philosophy at the University of Iowa in Iowa City, Iowa. Dr. Vander Linden has clinical, as well as research, experience in motor control and pediatrics. His clinical work has included working with children in public schools and in providing consultation to early intervention and residential programs for developmentally disabled children and adults. He is active in the Pediatric Section of the American Physical Therapy Association.
Adjunct Faculty
(Our local experts)

The Physical Therapy Department uses the expertise and experiences of several Adjunct Faculty during the academic and clinical education components of the curriculum. These individuals contribute significantly to the education of physical therapist students at Eastern Washington University.
Expectations

Statement of Applicant Form

1. In compliance with the Graduate Program policy, A) students must maintain a cumulative 3.00 grade point average in all post-baccalaureate study. (See General Regulation No. 15 for definition of applicable courses). Those who fall below a 3.00 average will be placed on probation and so notified by letter. Two consecutive quarters on probation will result in termination from the program. Students on probation may not be advanced to candidacy nor may they schedule their final comprehensive examination. B) Program requirements shall not be satisfied with any course credit in which a grade below 2.5 is received.

2. Any unsafe, unprofessional, or unethical conduct or failure of a course, including a clinical placement, is grounds for immediate dismissal at any stage in the program. A student who tests positive on a drug/alcohol test administered at a clinic's direction for a federally controlled substance, except with a valid medical prescription for the use of such substance, may be immediately dismissed from the placement as the use of such substances may impact the student’s ability to provide safe treatment to patients. A student who is dismissed from a clinical internship, will receive a grade of No Credit (failure) for that clinical internship course. Failure of the course is grounds for immediate dismissal from the DPT program. Marijuana use remains prohibited under federal law.

3. Entrance to the clinical education phase of the program is dependent on satisfactory performance in the didactic phases of the program and pass a background check. Students are required to obtain a background check in the spring of their first year of the physical therapy program.

4. The student will be provided opportunity to input regarding choices of clinical internship sites. However, all final decisions regarding placements are the responsibility of the Director of Clinical Education (DCE).

5. Transportation costs and living expenses during clinical internships are the student's responsibility. Students may be required to do full-time clinical internships in areas beyond commuting distance from the department.

6. Clinical facilities for internships may require a health and accident insurance plan. Students need to be prepared to purchase a plan if so required.

7. In order to participate in clinical education and laboratory experiences involving patient contact, each student must be covered by professional liability insurance. Eastern provides students an opportunity to be covered under a blanket policy for approximately $15.00 per year.

8. Successful completion of a comprehensive examination is required prior to beginning the third year of the program.

An applicant for a license as a physical therapist in Washington State must "be of good moral character" and must present proof of qualification to the Board of Physical Therapy. RCW 18.74.030. It is likely that the commission of an act of unprofessional conduct as described in RCW 18.130.180 would preclude licensure and participation in the clinical internship requirements of the program. The Physical Therapy program reserves the right to deny admission to any student who would not be eligible for licensure. A copy of RCW 18.130.180 can be found at the following web site: http://www.leg.wa.gov/pub/rcw.

By this reference, the state law is incorporated in this handbook. Please read the law in its entirety.
9. Students will be required to demonstrate proof of health immunity and/or immunizations for a variety of diseases to include but not limited to: Varicella (Chicken Pox), Hepatitis B, Mumps, Rubella, Tuberculosis and Tetanus/Diphtheria/Tetanus (TDap) for Clinical Education participation. Students may be required to purchase lab tests, immunizations and/or drug screens in order to meet specific internship requirements. Refer to the Clinical Education Handbook for more information.

Professionalism
Students enrolled in the professional physical therapy program at Eastern Washington University will be expected to:

- Treat faculty, staff, guests and fellow students with the utmost respect at all times
- Arrive on time for all scheduled classes and class activities
- Perform all assigned tasks professionally
- Use proper phone and e-mail etiquette when communicating with faculty, staff and classmates.
- refrain from all phone or internet use (except as it relates to class during all classes and laboratories.)

Code of Ethics for the Physical Therapist
HOD S06-09-07-12 [Amended HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble
The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:
1. Define the ethical principles that form the foundation of physical therapist practice in patient/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, professional duty, 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.

**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.
Conduct Code
A professional program is expected to occur in an environment that is both conducive to the professional growth of the students in that program, and guides the student toward an acculturation to the professional role to be assumed upon graduation. The establishment of a therapeutic relationship requires attention to behaviors, on the part of the provider, that influence the care process in a positive manner.

Behaviors that enhance the process and the therapeutic relationship are to be valued and practiced. A therapeutic relationship is believed to be enhanced through such behaviors as respect for others, a humanitarian concern for the welfare of others, valuing many points of view, working with others in harmony, and communicating in a trustful manner. Dressing and grooming oneself in a manner appropriate for the role of health care professional is considered conducive to facilitation of the therapeutic relationship. Students are expected to practice this behavior while in the program.

The faculty and staff are expected to function as role models for students. Faculty, staff, and students are expected to further an atmosphere in which the behaviors are manifested and fulfill the responsibilities of their respective roles toward each other as the process of student professionalization moves forward. The students of the program are expected to gain awareness of the role such behaviors play in professional life. They are to value and display such behaviors in both the academic and clinical components on the professional program. Faculty and students will welcome ongoing exchange of ideas related to this area, and devise channels of communication that permit review and/or revisions to this area as appropriate. The focus will be on maintaining and enhancing dignified interactions among the individuals involved in the professional acculturation process.

Requirements of Program
Requirements for graduation from the Department of Physical Therapy and Eastern Washington University are listed in the Eastern Washington University Graduate Studies Catalog. Specific requirements for the Department of Physical Therapy are listed in the Handbook under the grading policy.

Minimum Performance Standards
Students admitted to the Physical Therapy Program are required to complete the courses required for graduation and to meet the following criteria:

- Earn a grade of 2.5 or better in all graded courses
- Earn a minimum of 75% on all practical examinations
- Earn a grade of Pass in all courses graded Pass/No Credit, including all clinical courses.
- Maintain a cumulative GPA of 3.0 or better. Should a cumulative GPA fall below a 3.0, refer to the Graduate Studies Catalogue/Probation Policy.
- Successfully complete all academic courses prior to entering a clinical internship.
- Successfully complete a comprehensive exam prior to beginning the third year of the program.

Demonstrate professional behavior as defined by the “Professional Behaviors for the 21st Century” (see page 41) and associated behavioral criteria. Satisfactory progress is demonstrated by exhibiting Beginning Level by the end of the first year. Developing Level criteria by the end of the second year (assessed by core faculty), and Entry Level criteria by the final clinical internships (assessed by Clinical Instructors). See section on Professional Behaviors in this Handbook. At the end of each quarter in the curriculum, the faculty reviews student performance. Students who do not meet the criteria listed above are notified in writing that they will not be allowed to continue in the program.
Essential Functions for Admission, Promotion and Graduation

I. Introduction

Eastern Washington University, Department of Physical Therapy, endeavors to select applicants who have the ability to become competent physical therapists. As an accredited physical therapy program, the Department of Physical Therapy adheres to the standards and guidelines of the Commission on Accreditation for Physical Therapy Education of the American Physical Therapy Association. Admission and retention decisions are based not only on prior satisfactory academic achievement, but also on nonacademic factors that serve to insure that the candidate can complete the essential functions of the program required for graduation.

In November, 1999, the Eastern Washington University, Department of Physical Therapy, adopted the following essential functions for admission, promotion and graduation for its entry-level professional program. Physical therapy is an intellectually, physically, and psychologically demanding profession. It is during the rigorous three year curriculum that the student begins to develop the qualities needed to practice physical therapy. Students acquire the foundation of knowledge, attitudes, skills and behaviors needed throughout the physical therapist’s professional career. Those abilities that physical therapists must possess to practice safely are reflected in the essential functions that follow.

Candidates for the degree must be able to meet these minimum standards, with or without reasonable accommodation, for successful completion of degree requirements (see Section III).

II. Essential Functions

A. Observation
Observation requires the functional use of vision, hearing and somatic sensations. A student must be able to observe lectures, laboratory dissection of cadavers, lecture and laboratory demonstrations, and observe microscopic studies of tissues. The student must be able to observe a patient accurately, observe digital and waveform readings and other graphic images to determine a patient’s condition. Examples in which these observational skills are required include: palpation of peripheral pulses, bony prominences and ligamentous structures, visual and tactile evaluation for areas of inflammation, and visual and tactile assessment of the presence and degree of edema.

B. Communication
Communication includes: speech, language, reading, writing and computer literacy. Students must be able to communicate effectively and sensitively with patients to elicit information regarding mood and activities, as well as perceive nonverbal communications. Students must also be able to communicate effectively and efficiently with other members of the health care community to convey information essential for safe and effective care.

C. Motor
Students must possess sufficient motor function to elicit information from the patient examination, by palpation, auscultation, tapping, and other evaluation maneuvers. Students must be able to execute movements required to provide general and therapeutic care, such as positioning large or immobile patients, gait training using therapeutic aids and orthotics, positioning and performing manual mobilization techniques, performing nonsurgical wound debridement, and placing electromyographic electrodes. These skills require coordination of both gross and fine muscular movement, equilibrium, and the integrated use of touch and vision.
D. Intellectual-conceptual, integrative and quantitative abilities
To effectively solve problems, students must be able to measure, calculate, reason, analyze, integrate and synthesize information in a timely fashion. For example, the student must be able to synthesize knowledge and integrate the relevant aspects of a patient’s history and examination findings to develop an effective treatment program. In addition, students must be able to comprehend three-dimensional relationships and to understand spatial relationships of anatomical structures.

E. Behavioral and Social Attributes
A student must possess the psychological ability required for the full utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of all responsibilities inherent to diagnosis and care of patients, and for the development of mature, sensitive, and effective relationships with patients. Students must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing environment, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of patients. As a component of their education, students must demonstrate ethical behavior.

F. Curriculum Requirements
In addition to the abilities specified above, students must be able to successfully complete, with or without reasonable accommodation, all required components of the curriculum.

G. Tests and Evaluations
In order to evaluate competence, the Physical Therapy Program employs periodic examinations, both written and practical, as an essential component of the curriculum. Successful completion of these examinations is required of all students as a condition for continued progress through the curriculum.

H. Clinical Assessments
Demonstration of clinical competence is fundamental to the career of the student. The process of evaluation of the clinical performance of the student is an integral and essential component of the curriculum. Although reasonable accommodation will be made, participation in clinical experiences and the evaluation of that participation is required. The Clinical Performance Instrument (CPI) is the evaluation tool used.

III. Reasonable Accommodation
Persons with disabilities are an integral part of the Eastern Washington University community, and the provision of equal access to programs, services and activities through reasonable accommodation is a campus-wide responsibility and commitment. In accord with the Americans with Disabilities Act of 1990; “The Washington State Law Against Discrimination, RCW 49.60; and Section 504 of the 1973 Rehabilitation Act which prohibits discrimination against individuals on the basis of disability, Eastern Washington University strives to make academic accommodations for students with identified special needs. Students with disabilities must register with the EWU Disability Support Services office (359-6871; Tawanka 124) if they require special accommodations. EWU shall provide reasonable accommodation for individuals with disabilities and is committed to ensuring that discrimination against disability does not occur.”

It is the student’s responsibility to initiate the process for reasonable accommodation. Determining what is reasonable accommodation for students in the Eastern Washington University Physical Therapy Program is an interactive process which the student should initiate with the Chair of the
Physical Therapy Program, the student’s physical therapy advisor, and the Disability Support Services Office. Phone for Disability Support Services: 509.359.6871.

Attendance Policy

Attendance serves as one of the professional responsibilities for a doctor of physical therapy student. Learning experiences in the curriculum are arranged sequentially to help build new skills and knowledge, and integrate this with prior learning. Missing class puts the student and future patients at a severe disadvantage due to the loss of collaboration and interactive learning that takes place in the classroom. There is no substitute for hands-on interaction with the course instructor(s) and fellow students, and these experiences cannot be replicated.

With the exception of a medical emergency or illness, all examinations must be taken at the scheduled time. Students who miss an examination (written or practical), fail to submit an assignment, or fail to participate in a scheduled activity due to an absence will receive a grade of zero for that examination, assignment, or activity.

**MEDICAL EMERGENCY or ILLNESS ABSENCE:** A student who is absent due to illness or a medical emergency must notify the department office as soon as practical (email to program chair/program administrator AND submit a completed absence request form indicating emergency absence upon return to class). If this absence falls on the date an examination, assignment, or activity is due, provision for make-up will be arranged with the instructor.

**PLANNED ABSENCE- EXCUSED PERSONAL LEAVE:** While you are expected to attend all scheduled classes, there are occasions when missing class may be a necessity. We allow a maximum of 3 excused absence days per academic calendar year (Sept-Aug). You must complete the Absence Request form and obtain department chair signature at least one month in advance of the planned absence (or as soon as the date of absence is known) or days missed will be counted as an unexcused absence. It is the student’s responsibility to make up missed work. (Examples of excused absences: Weddings, funerals, sibling graduation etc.)

**UNEXCUSED ABSENCE:** A student who misses class for any reason other than an illness, medical emergency, or excused absence will have that day considered an unexcused absence. An unexcused absence will be counted toward any missed time where the student failed to complete the absence request form. Unexcused absence is a sign of unprofessional behavior and will result in 0.2-point deduction of the final grade in EACH class missed for EACH unexcused day missed. Repeated unexcused absence could lead to dismissal from the program due to lack of professionalism. It is always the student’s responsibility to make up missed work.

Written Assignments

All written assignments must reflect the quality expected of students enrolled in graduate level professional programs. The American Medical Association (AMA) Manual of Style should be used as a reference. This manual is a required reference for this curriculum and is a standard reference book in the Kennedy Library. It is also the style that is followed in Physical Therapy, Journal of the American Physical Therapy Association (APTA). For all papers, the following minimum standards must be adhered to:

1. Typewritten
2. Proper grammar, sentence structure, spelling, organization
3. Proper referencing. All papers should include references.
Professional writing skills are essential. Development and refinement of these skills will be facilitated during your professional education. Papers will not be considered which do not adhere to the minimum standards and will be returned to the student for revision. Students are strongly encouraged to allow sufficient time in completion of papers to have another individual read their papers for editing/proofing purposes. The policy for papers turned in late is up to the individual faculty member.

**Plagiarism and Academic Dishonesty**

Although the initial decision regarding what to do about an instance of academic dishonesty, or plagiarism, is in the hands of the instructor, a student caught in such a violation should expect disciplinary action that might range from a reduction in grade for the assignment involved to dismissal from the program. It is the general policy of the Department that plagiarism and other forms of academic dishonesty are serious offenses and are not to be condoned or tolerated.

Violations of academic integrity will be sanctioned. Violations of academic integrity involve the use of any method or technique enabling you to misrepresent the quality or integrity of any of your university related work and the program of study. Students committing academic dishonesty will be reported to the appropriate university officials and your course grade may be recorded as XF (denotes academic dishonesty). A more detailed explanation of the academic integrity is available at: [http://access.ewu.edu/Academic-Advising/FacultyStaff-Advisor-Support/Academic-Integrity-Policy-and-Information.xml](http://access.ewu.edu/Academic-Advising/FacultyStaff-Advisor-Support/Academic-Integrity-Policy-and-Information.xml)

**Dress Code**

Students will maintain a professional demeanor at all times. This includes dressing appropriately and professionally for class. How students dress influences how they behave and how others behave with them. The following issues/concerns have been addressed in designing this policy.

- The physical therapy learning process requires both academic learning and hands on contact with simulated and actual patients.
- The practice of physical therapy requires professional communication and consultation, as well as physical contact with patients.
- The lab setting has its own unique set of clothing requirements.
- Students have expressed concerns about potential discomfort in professional attire during extensive class time.
- When students enter the clinical setting, they are interacting with a variety of persons of all ages, cultural backgrounds and sensitivities, and representing Eastern Washington University as an institution.
- The expectation of professionalism and professional attire is being raised nationwide among our colleagues.

Considering these issues and because students have asked for specific guidelines regarding professional dress, the dress code is described for class, lab and clinical experiences. This code is sensitive to the needs of the students, the location of the Program, the clinical sites receiving our students and also takes into account the issues of professionalism noted above.

General guidelines: In all environments, students are expected to maintain meticulous personal hygiene. While a beard or moustache is acceptable, one to two days of facial hair growth is not. Fingernails should be clean and trimmed. Because of scientific reports linking higher numbers of gram-negative microorganisms and fungi cultured from the fingertips of personnel wearing artificial nails compared to personnel with natural nails and an increased incidence of health-care acquired infections, direct patient caregivers may not wear artificial nails. Natural nails must be kept short (no more than \( \frac{1}{4} \) inch past the tip of the finger) and may not be pierced. It is recommended that nails be left
unpolished. Students should be conservative in the use of makeup and should avoid the use of cologne or perfume. Minimal conservative jewelry may be worn.

A. Lab attire:
Students must be able to expose any area of the body necessary for lab activities. Frequently, areas of the body need to be observed even if they are outside the primary focus of the lab. Therefore, all students must come to every lab prepared to expose any area, with the exception of genitals and female breasts. It is appropriate, at the student's discretion, to wear covering clothing such as t-shirts, sweatshirts or sweatpants that can easily be removed as needed. Class instructors may at times notify students that a particular lab will not require lab attire on a given day. At all other times, lab clothes are mandatory. Shoes must be worn at all times outside of lab. Inside the lab, sandals or flip-flops may be worn. Hats and caps are not appropriate during lab time. When leaving the lab room, students must be modestly covered (sweatshirts, sweatpants, etc).

Appropriate lab attire:
Women:
- Sports bra that opens in the back
- Halter top
- Tank top with built in bra
- Shorts (adequately covering undergarments) ideally loose enough or with elastic waist to expose upper pelvis

Men:
- T-shirt
- Shorts (adequately covering undergarments) ideally loose enough or with elastic waist to expose upper pelvis

B. Regular class attire:
The Program is located on a multi-disciplinary campus. It is not unusual to encounter patients who have come to the campus for treatment. Therefore, care should be taken to dress in an appropriate manner for contact with the public. General attire, such as denim, moderate length shorts, sleeved or conservative sleeveless tops, is appropriate. There are some items that are not appropriate.

The following are not permitted:
- Midriff baring tops or other tops/bottoms with torso exposure
- Low cut tops allowing exposure of cleavage or bras
- Tank tops that have thin straps or wide arm openings and do not allow for adequate coverage of bras or other undergarments
- Shorts shorter than mid-thigh length
- Bare feet (Shoes must be worn at all times outside of lab. Flip flops are not allowed.)
- Low rise pants exposing undergarments or skin
- Pajamas and slippers
- Clothing with inappropriate logos
- Clothing that is dirty, wrinkled or in disrepair
- Jewelry, including body piercing, should be kept to a minimum and must not interfere with the ability to communicate and safely and effectively treat clients/patients; therefore, no lip or tongue piercing will be allowed.
- Visible tattoos or body art is strongly discouraged in order to maintain a professional presentation in the classroom.
- Hats

C. Professional attire for clinical internships:
When entering the clinic, certain standards are raised due to contact with patients/clients and the general public. In addition, dressing professionally automatically commands a higher level of respect from those with whom the physical therapist student comes into contact. The dress expectation is for professional appearance that allows for patient treatment. In any facility where a more formal dress code exists, this code will supersede the EWU PT Program dress code.
Some facilities maintain a very liberal dress code. Although not mandatory, it is suggested that students maintain the EWU Clinical Professional Attire dress code in these settings as well. By doing so, the student will be presenting a professional image to the community and patient population, as well as setting an example as a Doctor of Physical Therapy. It is the student’s responsibility to determine the minimum facility requirements prior to the first day of clinical internship (refer to the Clinical Site Information Form and communication with the Clinical Coordinator of Clinical Education prior to the start of the internship). Students should dress more formally on the first day of the clinical experience until a dress code is clarified.

Guidelines for /examples of appropriate clinical attire:

Men:
- Collared shirt (polo style)
- Dress shirt with or without tie
- Sweater
- Pleated or flat-front khakis or similar dress style pants. Pants should be of sufficient length and mobility to safely handle clients while maintaining professional modesty, including coverage of the torso (chest through buttocks covered).
- Clean closed toe shoes with socks

Women:
- Dress shirts (no t-shirts or t-shirt collars) or blouses (cleavage should not be exposed when leaning over a patient)
- Sweater
- Pleated or flat-front khakis or similar dress style pants. Pants should be of sufficient length and mobility to safely handle clients while maintaining professional modesty, including coverage of the torso (chest through buttocks covered).
- Skirts of sufficient length and looseness to cover when squatting or working on a mat table with a patient
- Clean closed toe shoes with socks. Relatively low heels are recommended for the student therapist’s safety.

The following items are not permitted:
- T-shirt or similar style shirt
- Midriff baring tops or other tops/bottoms with torso exposure
- Low cut tops that could potentially expose breast/chest when leaning over a patient
- Shorts unless specifically cleared by clinical site
- Low cut pants that may expose undergarments when working with patients (i.e. squatting to floor)
- Informal pants such as jeans or cargo style/painter’s pants
- Skirts of insufficient length and looseness to cover undergarments and thighs when squatting or working on a mat table with a patient
- Open toed or open heeled shoes unless specifically cleared by clinical site
- Tight pants and/or shirts that are anatomically revealing
- Clothing that exposes a tattoo or body art while working with a patient
- Jewelry, including body piercing, should be kept to a minimum and must not interfere with the ability to communicate and safely and effectively treat clients/patients; therefore, no lip or tongue piercing will be allowed.
- Excessively wrinkled, dirty or torn clothing
- Hats/caps
Problems Resolution

Examination Retakes
Retakes of practical examinations may be offered at the discretion of the instructor. A maximum of 2 retakes may be offered for any one practical exam. If the opportunity to retake an examination is offered, the student may not receive a grade that exceeds 75%. Failure to achieve competency at 75% on the second retake will result in failure of the course.

Review of Exams by the Student
Students will be granted one week from the time exams are returned to contact faculty members regarding review of these exams. Students are entitled to dispute grading of the exams and to present alternative perspectives within this time frame on exams other than final exams. Grade changes on final exams will be limited to those identified as mathematical errors.

Dismissal from the Program
The faculty has the responsibility to exercise its professional judgment in determining a student’s competence to continue in the program. Any unsafe, unprofessional, or unethical conduct or failure of a course, including a clinical placement, is grounds for immediate dismissal at any stage in the program. A student who tests positive on a drug/alcohol test administered at a clinic’s direction for a federally controlled substance, except with a valid medical prescription for the use of such substance, may be immediately dismissed from the placement as the use of such substances may impact the student’s ability to provide safe treatment to patients. A student who is dismissed from a clinical internship, will receive a grade of No Credit (failure) for that clinical internship course. Failure of the course is grounds for immediate dismissal from the DPT program. Marijuana use remains prohibited under federal law. Failure of two courses results in dismissal. When a student is dismissed from the program, he/she may not register for classes for the upcoming term until and unless their appeal is granted. Should the student already have pre-registered, he/she must cancel the registration.

Grievance Policy
Any student who thinks that he/she has been treated unfairly by a faculty member in connection with the conduct of a class or grade has the right to appeal that faculty member’s decision. Any student who thinks that he/she has been treated unfairly by a decision of the Department Chair also has the right to appeal that decision.

Due Process
The appeal process must be initiated by the student in writing within 10 working days following the decision that is being appealed.

The appeal process is as follows:

1) Request in writing for reconsideration from the faculty member involved, providing reasons for that request.
2) If the reconsideration does not lead to a mutually acceptable resolution, the student may request a meeting with the Chair. The Chair will consult with the faculty member and suggest a resolution. (If the Chair is the faculty member involved, move directly to step 3.)
3) If the resolution is still not mutually acceptable, the student should submit a written complaint to the Department faculty as a whole. The complaint will be reviewed by the
faculty, and if necessary, an oral hearing will be scheduled. The decision of the Department faculty will be transmitted to the student.

4) If the resolution is still not mutually acceptable, the student may appeal in writing to the Dean of the College of Science, Health and Engineering. If the decision hinges upon interpretation or application of Program rules, the decision of the Dean will be final.

5) If the decision hinges upon interpretation or application of EWU Graduate School regulations and the Dean’s decision does not lead to a mutually acceptable resolution, an appeal may be made to the Dean of the Graduate School.

Grade Appeals
The Department adheres to the Grade Appeal Policy and Procedures of the University:
EWU Grade Appeal Policy
http://access.ewu.edu/Documents/Records-Reg/Grade%20Appeal%20Policy.pdf
http://cfweb.ewu.edu/policy/PolicyFiles/UGS_800_040.pdf

EWU notice of Intent to File a Grade Appeal Form
http://access.ewu.edu/Documents/Records-Reg/Intent%20to%20File%20Grade%20Appeal.pdf

EWU Official Grade Appeal Form
http://access.ewu.edu/Documents/Records-Reg/Official%20Grade%20Appeal.pdf

Leave of Absence
Students who find it necessary to withdraw from the program and wish to request a leave of absence must submit a written request to the program chair prior to withdrawal. Leaves may be granted at the discretion of the program faculty within the following guidelines: the student is in good standing in the program, the student has completed at least one quarter of professional courses, and the leave of absence will not exceed one calendar year.

A student who has been granted a leave of absence must notify the program chair in writing thirty days prior to the end date of the leave of absence of his/her desire to re-enter the program. If the program chair has not been notified in writing, it will be assumed that the student is not returning and enrollment in the program will be terminated.

If the student requests and is granted reentry into the program, faculty will review coursework taken to date. If a review of the student’s records indicates that previously taken courses are outdated or that new requirements have been added, the faculty may stipulate that certain courses be taken or retaken to fulfill requirements.

Withdrawal
The program adheres to the University withdrawal policy as stated in the course announcement catalogue.
Absences to Participate In Opportunities for Professional Development

Students may be excused without penalty from academic classes and/or clinical internships in order to participate in opportunities for professional development such as state, national or international professional conferences, student conclaves, research symposia, research-related activities, and professional political action events. These opportunities will be considered excused absences.

Students are required to obtain PRIOR written approval from the Department Chair approval from all academic and/or clinical faculty who would be involved in the students’ classes or clinical education during the time of their absence. A department form will be provided for this purpose.

Such absences, however, do not lessen the student’s responsibility to meet the class requirements or internship expectations. Students are responsible for arranging with the faculty involved to make up class work or internship time as required by the faculty.

PROCEDURE:

Students will obtain and complete a Permission for Anticipated Absence Form (see appendix) from the Class Blackboard site. Students will adhere to the Department Attendance Policy and Procedure for Excused Absence from Academic Classes. Absence for clinical internships students will adhere to policy on Clinical Internship Absences in the Clinical Education Handbook.

The forms will be filed in the student’s office file or clinical education file.

Advisors/Counseling

Each student will be assigned a faculty advisor during orientation. Students are required to meet with their advisor within the program at least once each Fall, Winter, and Spring quarter during the academic component of the Program. Students are responsible for scheduling the meetings with the advisors. The Professional Behaviors for the 21st Century Self-Assessment may be used as a basis for discussion at the meeting.

Procedure for student advising:

- Students will be randomly assigned to faculty advisors by the Office Manager.
- The list of students and advisors will be provided during orientation.
- Students will keep the same faculty advisor for the duration of the Program. Exceptions include a) the faculty advisor leaves the Program, b) the student writes a formal request for change of advisor to the Chair, c) the faculty member is unable to continue as an advisor due to extenuating circumstances, d) the faculty advisor is on approved leave of absence. In these cases, the student will be assigned to another advisor.
- The Professional Behaviors will be introduced during PT Practice Seminar I (PHTH 536) and students will receive a copy of this document at that time.
- Expectations for completion of the Professional Behaviors Self-Assessment will be reviewed in the Professional Development Seminars I & II (PHTH 536 & PHTH 636).
- Students will make an appointment with their faculty advisors quarterly.
- Faculty advisors will document the meeting with the student on a designated form.
The documentation will be retained by the individual faculty advisor. A copy of the documentation may be given to the student as well.

Faculty advisors will share concerns during faculty meeting if appropriate.

If a student concern/issue is brought to a faculty meeting from another source (faculty member, clinical instructor, etc.), the faculty advisor will facilitate communication/remediation with the student.

**Acquired Immunodeficiency Syndrome (AIDS)**

It shall be the policy of the Department of Physical Therapy to provide an on-line seven hour AIDS training module. The instruction is meant to benefit them as individuals and also as professional health care providers. The module consists of the following elements:

- Instructional units shall address the pathology, etiology, incidence and causal factors related to the Syndrome.
- Isolation and sterile technique classes shall address the practical approach to protection against the pathogen.
- The guidelines for each clinical facility the students are assigned to shall be made available to the students by the clinical facility. The clinical facility guidelines shall constitute the accepted standard.
- The Department shall instruct the student to the highest guideline, that of Standard Precautions, where each client is a potential AIDS carrier.

The American Physical Therapy Association Guideline and Policies will be honored whenever they meet or exceed the basic instruction as outlined above.

Training is provided as part of the Clinical Education Seminar series and the student is responsible for completing the course within the timeline provided by the DCE. The student is responsible for submitting proof of satisfactory completion of the training to the DCE. Students will adhere to HIPAA requirements per facility policies and applicable federal and state laws and regulations.

**American Physical Therapy Association (APTA)**

The American Physical Therapy Association (APTA) is a professional organization representing all physical therapists. Students are expected to become and maintain membership while in the program. Applications and membership information are provided during the Professional Seminar I course. Student fees are used to cover the cost of membership during the Program.

**Anatomy Lab**

During the first year, you will spend considerable time receiving instruction in the anatomy laboratory. During this time, you will have direct contact with cadavers and human tissue; therefore appropriate protective clothing is required. Most students choose to wear a laboratory coat. You must bring one for use in the lab. Lab coats are available at uniform shops around town. Students may wear informal, washable clothing to the anatomy lab. No hats are permitted.

**Background Check**

As a student who is considering a career in a health services field, you should familiarize yourself with the licensing and other legal requirements that may be required for you to obtain gainful employment following successful completion of your degree. For example, in Washington State, businesses and organizations are required by RCW 43.43.830 et. seq. (See Appendix page 65)) to conduct criminal background checks of prospective employees or volunteers who may have unsupervised access to children under sixteen years of age or developmentally disabled persons or vulnerable adults during the course of their employment or involvement with the business or organization. A disqualifying conviction (see Appendix page for disqualifying crimes) will prevent an employment or volunteer
opportunity. Students are required to have two background checks prior to Clinical Education participation: Washington State Patrol and a nation check performed through the Certified Background Check Company. Instructions for background checks will be provided during the first year of the Program.

Building Safety
Due to the sensitive nature of various programs in the Health Science Building, security has asked that everyone wear identification cards. This precaution will help identify people who are in the building or in a sensitive area without authorization. The Physical Therapy Department and Eastern Washington University will provide these to you. Please wear your ID cards when you are in the building. You will also receive a key to provide you access to the building and to Rooms 232 and 240 evenings and weekends. This key is imbedded with your name so security will know who is in the building. This is also for your safety in the event of an emergency. Please don’t lose your key or loan it to another person to use.

Bus Transportation
Spokane Transit Authority bus route information is available by calling 509-328-7433. Students may take the bus to and from the Cheney campus with buses running every 30 minutes throughout the day. Monthly and quarterly bus passes are available from the Spokane Transit Authority. At present time Spokane Transit Authority and Eastern Washington University have an agreement which allows students to ride the bus free if they present their student ID card.

Cardiopulmonary Resuscitation Certification
The Program requires all students to complete the health care providers Cardiopulmonary Resuscitation certification course. The course is scheduled during the academic year within the Clinical Education Seminar Classes.

If recertification is necessary, it is the responsibility of the student to obtain the recertification and provide proof to the Director of Clinical Education. Students will not be able to continue in a clinical internship if Cardiopulmonary Resuscitation certification lapses.

Career Opportunities
The Department hosts a Career Fair every spring. Students are encouraged to attend to network and become familiar with current opportunities.

Cell Phones and Pagers
Audible noises from cell phones and pagers are disruptive to others in the classroom environment. The student is requested to be sensitive to this and use these devices judiciously. Cell phones need to be turned off during class.

Class Organization
Each Physical Therapy class elects its own officers during fall quarter. The number of officers elected is determined by the members of the class. New officers may be elected at any time.

Communication
Mailboxes are provided for each student. Students are expected to check their mailboxes daily, as this is the usual manner of distributing information. Personal mail, journals, etc. should be directed to the student’s local address.

The primary Department phone numbers are (509) 828-1357 and (509) 828-1354. Pay phones are available near the elevators.
Bulletin boards are available for student use to post notices, lost and found, scholarship information, housing information, etc. Faculty and staff also use the bulletin boards to post information needed by students.

**Computer Access**

With the implementation of wireless classrooms, the Department of Physical Therapy has approved a requirement for all students to have laptops beginning Fall 2006. As such, you will be able to increase your financial aid budget once you purchase your laptop computer. There is also a computer lab in the Academic Center.

Following is the most current information about laptop computer requirements. Hardware – Laptop configuration 512 MB Memory (minimum) 30 GB Hard drive Wireless – G (B/G will work) Display – SXFA (1280 x 1024) or greater DVD/CD reader Software MS Office XP or Mac OSX

Computer access – Phase 1 Lab (828-1261), Student Services – Phase 1, 1st Floor, EWU Cheney campus. Nothing in the SIRTI building.

The technology fee is mandatory and automatically charged to the students’ account fall, winter, and spring. Summer is the only term it is optional and the students have to “request” it. The fee for this request is payable at the Riverpoint Student Services office or on the Cheney campus.

Students may acquire a VAX account through EWU. Students are encouraged to access their email, using university provided VAX accounts.

**Department Maintenance**

Students are asked to participate in departmental cleaning and maintenance of the lecture room(s), lab(s), and student areas. Each quarter, a list of student assignments and responsibilities will be posted.

**Emergency (Personal)**

(Such as a sick child, etc.), the office may be contacted at 828-1354 or 828-1357. The office staff will advise the student of the emergency.

**Emergency Procedures**

The Department of Physical Therapy is located on the second floor of the Health Science Building. Emergency procedures are as follows:

1. For emergency services: dial 911
2. In the event of a fire: A siren will be heard. Students and faculty will immediately evacuate the building through the inside enclosed stairwell or west stairwell, whichever is closest. Do not use the elevators. On the first floor, students and faculty may exit the building to the east parking lot, walk halfway to the Phase One building and wait there as a group.
3. In the event of a bomb threat: The Department will be notified by phone or in person. Evacuate the building immediately. Students may take their own backpacks and/or personal possessions with them. Exit as in the event of a fire.

**Equipment Handling and Checkout**

The Department of Physical Therapy has numerous pieces of equipment available for student learning experiences. With faculty approval, some equipment may be checked out by students. A checkout sheet is provided in each lab and the front office for recording information on checkout.

**Food and Drinks in the Department**

Eating is **never** allowed in the classrooms or labs during class time. Students may bring drinks (water, coffee, juices, or pop) into the classroom as long as it does not disturb the class and with the approval
of the instructor. A student lounge is provided in the basement. The area is equipped with refrigerators, a microwave, toaster and vending machines.

Graduation
You are strongly encouraged to participate in graduation at Eastern Washington University at the end of spring quarter of the third year in the program following your full time clinical internships. You may refer to the current University calendar of events for dates.

Hand washing
Hand washing is the single most helpful way to guard against the spread of contamination. Health care providers must establish good habits early in the process of their education. The Department asks all students, faculty, and staff to wash their hands, at the very minimum, during the following times:

- At the beginning and end of every laboratory session.
- Anytime activities have required that the individual contact the skin of another individual in the learning process.
- At other times when the individual has handled materials that could carry germs (i.e., equipment stored for a time, equipment in regular use by others, when adjusting crutches or equipment that has been in contact with the floor, etc.).
- After using the bathroom.
- Prior to handling food.

The individual is expected to use common sense in this matter. Sinks are provided in the laboratory for this purpose and in the lavatories.

Health Insurance
Most facilities for clinical internships are owned and operated by entities that are separate and independent of the University. Almost all clinical facilities require interns to obtain a health and accident insurance plan as a condition to placement at their location. Students participating in internships at these independent clinical sites must purchase a plan which meets the requirements of the facility. Proof of insurance must be provided to the DCE prior to the clinical education experience. Information about health insurance policies may be obtained from the Office of Student Health at EWU, 359-4279.

All students, who attend during the regular academic year, participate in EWU’s comprehensive Health & Wellness Program, which provides services within the Spokane area. The program provides eligible students with access to a basic level of ambulatory health clinic services at any Rockwood Clinic in Cheney, Medical Lake, and Spokane. EWU’s Comprehensive Health & Wellness Program is not a health insurance plan. Summer students do not automatically participate in this program. Consequently, these services are not included as part of summer tuition and fees and are not automatically charged in the summer. Students who wish to have EWU’s Comprehensive Health and Wellness services during the summer must either be registered for summer classes or be a continuing student in the fall and pay the health fee during the summer open enrollment dates. Clinical facilities located in the local region, who require health and accident insurance plans as a condition to placement, may accept the student’s participation in the EWU Program to satisfy their insurance requirement. Students going out of the local Spokane geographic area to clinical internship site that requires health insurance will need to purchase a plan to satisfy the site’s requirement. Students are responsible for consulting with their identified internship site to confirm its specific insurance requirement.
Clinical Education Requirements

Clinical facilities differ in their requirements for immunizations prior to the start of an internship. In order to prepare students for an internship in most facilities, we have established the following requirements. Students are responsible for reviewing any additional specific requirements for their specific internship facilities and meeting those requirements, such as drug testing, on-line OSHA training, etc. Two background checks are also conducted by EWU for clinical education: Certified Background Check and Washington State Patrol.

NOTE: **DOCUMENTATION** means written documentation from a health care provider/facility with the date of vaccination or screening.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Documentation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles:</td>
<td>Documentation of two doses of live virus vaccine administered on or after the first birthday, with the second dose administered at least 1 month after the first dose or laboratory evidence of past measles (rubeola) infection.</td>
</tr>
<tr>
<td>Mumps:</td>
<td>Documentation of two doses of live virus vaccine administered on or after the first birthday, with the second dose administered at least 1 month after the first dose or laboratory evidence of past mumps infection or documentation of past mumps infection.</td>
</tr>
<tr>
<td>Rubella:</td>
<td>Documentation of one dose of live virus vaccine administered on or after the first birthday or laboratory evidence of past rubella infection.</td>
</tr>
<tr>
<td>Varicella:</td>
<td>History of chickenpox or laboratory evidence confirming past infection or two doses of live virus vaccine administered on or after the first birthday with the second dose administered at least 1 month after the first dose. Documentation may be from a healthcare provider note of chicken pox history. <strong>Note:</strong> Many internship sites no longer accept documented history. Therefore you may be required to have a lab titer preformed for proof of immunity.</td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis (Tdap)</td>
<td>Documentation of one dose of TDAP vaccine.</td>
</tr>
<tr>
<td>Hepatitis B:</td>
<td>Required due to risk for occupational exposure to blood, blood-contaminated body fluids, other body fluids, or contaminated sharps. Documentation of three doses of Hepatitis B vaccine (HBV) administered over six months or laboratory evidence of adequate immunity or signed declination required. <strong>Note:</strong> Some clinical sites require Hepatitis B immunizations to be administered in the last five years. Therefore you may be required to have additional vaccinations or lab titers performed.</td>
</tr>
<tr>
<td>Tuberculosis:</td>
<td>Documentation of screening via one-step testing using Mantoux method or via Quantiferon Gold laboratory blood test or negative chest x-ray. Some facilities require a two step testing, using Mantoux method. If your clinical facility requires two step testing, complete the second test and keep proof to show to the supervisor at the facility. A 2-step Mantoux method screen is proved in collaboration with the CSHE and Rockwood Clinic.</td>
</tr>
<tr>
<td>Seasonal Flu Vaccine</td>
<td>Documentation of one seasonal flu vaccine each year or declination of vaccination.</td>
</tr>
<tr>
<td>CPR*</td>
<td>Certification of successful completion of Healthcare Provider CPR</td>
</tr>
<tr>
<td>First Aid*</td>
<td>Certification of successful completion of First Aid</td>
</tr>
<tr>
<td>HIPAA*</td>
<td>Certificate of two hours of HIPAA training</td>
</tr>
<tr>
<td>HIV/AIDS*</td>
<td>Certificate of seven hours of HIV/AIDS education</td>
</tr>
</tbody>
</table>
*Provided as part of clinical education seminar course content. A clinical education hand book will be provided that contains further details and specific policies related to clinical education.

Resource:   www.cdc.gov/vaccines/

Liability Insurance
In order to participate in clinical education and laboratory experiences involving patient contact, each student must be covered by professional liability insurance in the amount of $1,000,000/occurrence, $3,000,000/aggregate. Students have the option of obtaining their own coverage and providing the University with written proof of such insurance, or participating in a blanket student liability policy. The blanket policy names only the “Students of Eastern Washington University”, rather than individuals, but covers students during their enrollment in the program for any professional care provided in the role as a student.

Policy information will be provided during the first fall quarter. Policy premiums are paid for with course fees each fall quarter.

Libraries
Riverpoint Campus Library:

** Physical Therapy resource materials are placed on reserve for students at CALS library**

| Location: | Riverpoint Academic Building | Main Floor 668 North Riverpoint Blvd. | Spokane, WA
| Phone: | 358-7930 | Fax: 509-358-7928
| Email: | riverlibrary@ewu.edu |

| Hours: | Monday - Thursday 9am - 9pm | Friday 9am - 5pm |
| | Saturday 10am - 4 pm | Sunday 10am – 4 pm |

Summer quarter hours differ – please call.

J. F. Kennedy Memorial Library:

| Location: | EWU campus | Phone: Circulation desk 359-7888 |
| Interlibrary loan | 359-2492 | Fax: 509-359-645 (Interlibrary loan) |
| Email: | gjeffries@mail.ewu.edu |

| Hours: | Monday - Thursday 7:30am -11pm | Friday 7:30am - 6pm |
| | Saturday 10am - 6pm | Sunday 1 pm - 11pm |

Summer quarter hours differ – please call library for those hours.

County and city libraries are listed in the Spokane phone book, under County and City Government. If the student is a city resident, he/she may use the city libraries free of charge. A library card may be obtained at any city branch. If the student is a resident of Spokane County, but does not live within the city limits, the student may use the county libraries free of charge but will be charged a fee for a card and access to services at the city libraries. A basic card fee (for the privilege of checking out books) is $40 per year; a full service card which allows access to interlibrary loans and on-line computer services is $100 per year. A student may use reference books and facilities in the libraries for free at any time.
**Lockers**
Students are assigned a locker for storage of lab clothes and personal items. Each student needs to provide his/her own padlock for the lockers. Lockers are located in the men and women's locker rooms. If a student uses a locker not assigned to him/her the lock will be cut and the contents removed without notice.

**Name Tags**
Name tags will be provided to students at Orientation. The nametags will be worn during all clinical internships. According to the Washington State Practice Act, Washington Administrative Code (WAC) 246-915-160 "Personal Identification. (1) Each person shall wear identification showing his or her clinical Title, and/or role in the facility as a physical therapist, a physical therapist assistant, [or] a physical therapy aide, or a graduate physical therapist as appropriate. Supportive personnel shall not use any term or designation which indicates or implies that he or she is licensed in the state of Washington." The Program recognizes the importance of the identification of healthcare providers to the consumer and requires the students to display proper identification in all clinical facilities. Students are required to wear their name tags at all times when in the Health Sciences Building. If a name tag is lost, the student will be required to pay a replacement fee.

**Office Hours**
Each faculty member will post office hours for the quarter outside his/her office. Students may make appointments to meet with individual faculty members at times other than posted office hours.

**Parking**
Parking for classes is available in several lots. A parking permit is required. Parking permits are available for purchase in the same building as the "Bookie". You will have an opportunity to purchase a parking permit on your orientation day. Some metered parking and on street parking is also available. Bicycle parking is available at the east entrance to the building.

**Photocopying**
Faculty may provide handouts for each student. If a handout is lost, it is the student's responsibility to borrow a copy from another student and make his/her own copy. A copy machine is in the CALS library in the Academic Center.

**Physical Therapy Association of Washington (PTWA)**
The Physical Therapy Association of Washington is the state chapter of the American Physical Therapy Association and membership is in conjunction with the American Physical Therapy Association Professional membership. Information is provided during the Seminar I course. Students are encouraged to become active members and participate in state meetings. A student liaison is elected from the 2nd year class, in a three year rotation cycle.

**Pictures**
Individual student pictures are taken during orientation. A photo of each student is displayed on a board within the Department. Class pictures are taken at the end of the 3rd year. There is no charge to the student for these pictures.

**Registration**
Please register for classes prior to the first day of the quarter. Registration, schedules, grades, transcripts, course information and more are online on EagleNET at [http://eaglenet.ewu.edu](http://eaglenet.ewu.edu). Only students designated by the Department of Physical Therapy are able to enroll in courses with the PHTH for Physical Therapy prefixes.
Schedules
A weekly class schedule is written quarterly and distributed to each student at the end of the previous quarter and during Orientation for incoming students. The schedule is subject to change due to conflicts, changes due to the scheduling of guest lecturers, and program needs. Evening classes are scheduled at times.

Scholarships
Are available to our students. They will be announced to current students when the applications are open.

Department Awards and Scholarships

Zorre Dearborn
The Zorre Dearborn Scholarship Fund has been established by the EWU Department of Physical Therapy Class of 1996 for the benefit of supporting students enrolled in the Physical Therapy Program at Eastern Washington University. The Fund is exempt from federal income taxation.

Zorre Dearborn was a first year student in the Physical Therapy program in the fall of 1994. She died unexpectedly on October 31, 1994. Her classmates, the Physical Therapy Class of 1996, decided that a permanent scholarship, an endowment, would be the most fitting way to remember Zorre and ensure that other students who shared her dream of becoming a physical therapist would have some financial assistance for many years to come.

Application for the Zorre Dearborn Scholarship(s) is available to students enrolled in the program during their second year.

Charles S. Farrow
This scholarship is given to DPT students who exhibit excellence in various factors such as DPT GPA, extra curricular activities, leadership roles, extraordinary clinical internship work, etc. The best overall rank is awarded the scholarship.

Donna El-Din Memorial Endowed Scholarship
This scholarship was established in 2010 by Dr. El-Din’s husband, M. Kamal El-Din and her friends to honor Donna as founder of the physical therapy education program at Eastern Washington University and the consummate servant-leader. The scholarship is given to DPT students who exhibit excellence in academic achievement in the DPT program and an exemplary commitment to service as an essential responsibility of a health care professional.

Scholarship Award
The Scholarship Award will be given to the DPT III student with the highest grade point average, based exclusively upon grades earned in the Physical Therapy program.

Leadership Award
The Leadership Award will be given to the DPT III student who consistently demonstrates leadership, collaboration, and enthusiasm, and who is a positive influence on colleagues. Individual faculty will nominate a student(s) with consensus determined by the faculty as a whole.
Faculty Merit Award
The Faculty Merit Award will be given to the DPT I II student who consistently demonstrates professionalism, compassion, a quest for knowledge, and growth throughout the curriculum. Individual faculty will nominate a student(s) with consensus determined by the faculty as a whole.

Landon Sorenson Service Award
The Service Award will be given to the DPT III student who consistently demonstrates exceptional service to the department, university, profession, and/or community through extensive volunteerism and unwavering enthusiasm to aid groups or individuals. Individual faculty will nominate a student(s) with consensus determined by the faculty as a whole.

Landon Sorenson was a third year student in the Physical Therapy program in the winter of 2012 when he died unexpectedly. Landon was awarded the Faculty Merit Award posthumously and the Service Award was created in his memory to specifically identify other graduating students who exhibit the same extraordinary willingness to help others.

Research Award
The Research Award will be given to the DPT III student who excels in research related to the field of physical therapy through academic coursework and/or research assistantship work. Exceptional research activities may include participation in extensive data collection, presentation of work at regional, national, or international conferences, publication in professional journals, and/or other research-related products above and beyond typical academic work. Individual faculty will nominate a student(s) with consensus determined by the faculty as a whole.

Smoking
Smoking is not allowed on the Riverpoint Campus.

Terminal Project
The DPT curriculum includes courses in evidence based-practice that prepare students to critically evaluate professional literature and prepare case reports. Students will prepare a written case report and poster presentation during the 3rd year of the curriculum. This fulfills the requirement for a terminal document needed for graduation.

Textbooks
Textbooks are available for purchase at the EWU bookstore in Cheney. If purchased through EWU, textbooks should be purchased at the time of registration and will be sent to Riverpoint Campus free of charge. Time is allowed following orientation for students to purchase textbooks if they wish to drive to Cheney.

Students may purchase textbooks outside of the University; however, the student is responsible for providing the correct title and edition required by faculty to the vendor.

Treating Clients
Students in the Doctor of Physical Therapy program may not practice or apply any physical therapy evaluation or treatment procedure on family members, friends, or clients unless this experience is within the scope of a regularly scheduled class, laboratory, or clinical experience. The student may practice a technique on a classmate for the expressed purpose of study, but not perform an examination or an intervention on an actual pathology.
Students who practice physical therapy without a license are in violation of RCW 18.130.190, Practice without License, of the Washington State Department of Health Regulations. Students who practice physical therapy beyond the scope and context of the educational experiences described above are practicing physical therapy without a license, which is a misdemeanor. They may endanger the recipient of the intervention because of their limited knowledge, background, and experience at any given time during the curriculum.
# APPENDIX

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Absence Request

Student Name: ____________________________

Student Contact Information (phone or email): ____________________________

Emergency Contact Phone: ____________________________

Purpose: ____________________________________________________________

Dates of Absence (including travel time): ____________________________

Location of Event: ________________________________________________

Prior Excused Absence Days (dates): ____________________________

☐ Excused Absence

☐ Unexcused Absence

☐ Illness/ Emergency Absence

___________________________  ____________________________
Signature of Department Chair                Date
Professional Behaviors for the 21st Century
2009-2010

Definitions of Behavioral Criteria Levels

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

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

Entry Level – behaviors consistent with a learner who has completed all didactic work 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

Background Information

In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific Generic Abilities. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study.

Since the initial study was conducted, the profession of Physical Therapy and the curricula of the educational programs have undergone significant changes that mirror the changes in healthcare and the academy. These changes include managed care, expansion in the scope of physical therapist practice, increased patient direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association’s Vision 2020 supporting doctors of physical therapy.

Today’s physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. Most recently (2008-2009), the research team of Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA completed a research project that built on the work of other researchers to analyze the PT-Specific Generic Abilities in relation to the changing landscape of physical therapist practice and in relation to generational differences of the “Millennial” or “Y” Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21st century.

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to the original 10 Generic Abilities, however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE’s) and Clinical Instructors (CI’s) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE’s), Academic Faculty, CCCE’s and CI’s from all regions of the United States.

This resulting document, Professional Behaviors, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The ‘developing level’ was changed to the ‘intermediate level’ and the title of the document has been changed from Generic Abilities to Professional Behaviors. The title of this important document was changed to differentiate it from the original Generic Abilities and to better
reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

Preamble

In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Entry Level:**
- Independently locates, prioritizes and uses resources to solve problems
- Accepts responsibility for implementing solutions
- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Modifies solutions based on the outcome and current evidence
- Evaluates generalizability of current evidence to a particular problem

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

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

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

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

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

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

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

**Beginning Level:**
- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility

**Intermediate Level:**
- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care
Entry Level:
- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients to other health care professionals as needed
- Acts as a patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

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

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

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

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

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

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

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

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

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

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

8. Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.

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

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

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

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

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

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

**Entry Level:**
- Demonstrates appropriate affective responses in all situations
- Responds calmly to urgent situations with reflection and debriefing as needed
- Prioritizes multiple commitments
- Reconciles inconsistencies within professional, personal and work/life environments
- Demonstrates ability to defuse potential stressors with self and others

**Post Entry Level:**
- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life
10. **Commitment to Learning** – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

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

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

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

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

What is FERPA?
Maintaining confidentiality of enrolled student records is everyone’s responsibility whether you are faculty, staff or student.

Annually, Eastern Washington University informs students of the Family Educational Rights and Privacy Act of 1974, as amended. This Act (also known as the Buckley Amendment), which Eastern Washington University intends to comply with fully, has been designated to protect the privacy of educational records. The Family Educational Rights and Privacy Act (FERPA) extend certain rights to students with respect to their education records.

Eastern Washington University considers the following items to be “Directory Information”. Only these items can be made available to the general public without the student notifying the Office of Records and Registration in person, in writing, or sets the Information Restriction Flag on Eagle Net.

- Name
- Addresses including email
- Telephone Numbers
- Major Field of Study
- Participation in officially recognized activities and sports
- Dates of Attendance
- Degrees and awards received
- Most recent previous educational institution attended

For additional information on Eastern’s policy, contact the Office of Records and Registration or visit our web site under FERPA.

How is an enrolled student defined under FERPA?
Eastern has defined an enrolled student as anyone ever registered for a course. Note: Prospective and newly admitted students are not covered under FERPA until they have officially enrolled in a course.

Penalties for Violating FERPA Regulations
The Family Policy Compliance Office investigates and reviews complaints of possible violations of FERPA. If a failure to comply with FERPA is found, the Office will notify the institution of required corrections to bring the institution into compliance. The Office will also establish a reasonable period of time for the institution to voluntarily accomplish the specified correction measures.

If the Secretary of Education finds, after a reasonable period of time that an institution has failed to comply with FERPA and determines that compliance cannot be secured by any means, he can, among other options direct that no federal funds under his administrative control (financial aid, education grants, etc.) be made available to that institution.

What is an Educational Record?
Any information provided by the student for university use is considered part of a student’s educational record:

- personal information
- enrollment records
Student educational records may also include:

- a student application file
- a class roster in your office
- a class list on your desktop
- a computer screen with student information displayed
- notes you have made while advising a student

**Legitimate Educational Interest**

**What is “legitimate educational interest”?**
In accordance with FERPA, a school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his/her professional responsibility. This includes such purposes as:

- performing tasks that are assigned in her/his position description or by a contract agreement
- performing a task related to a student’s education
- performing a task related to the discipline of a student
- providing services for the student or the student’s family, such as health care, counseling, job placement, or financial aid

**What is NOT “legitimate educational interest”?**
Legitimate educational interest does not inherently give rights to any and all student information. The law discriminates between educational interest, and personal or private interest; determinations are made on a case-by-case basis. Educational interest does not constitute authority to disclose information to a third party without the student’s written permission.

**Parental Access to Student’s Educational Record**
Once a student reaches age 18 or begins attending a postsecondary institution, regardless of age, FERPA rights transfer from the parent to the student. Parents must obtain a signed consent from their child to receive non-directory information. The Office of Records Registration keeps the consent on file and the authorization is noted on screen 148 of SIS (Student Information System). The parent can then contact the university in person or in writing regarding their child, we must check for the authorization prior to releasing any information. If the authorization does not exist, you must not discuss the student with their parent and advise them that their child must give us written authorization before you are allowed to do so.

**Posting of Grades by Faculty**
The public posting of grades either by the student’s name, EWUID, or by all or part of their social security number without the student’s written permission is a violation of FERPA. This includes the posting of grades to a class website and any public posting of grades by paper or electronic.

Instructors and others who post grades should use a system that ensures that FERPA requirements are met. This can be accomplished either by obtaining the student’s written permission or by using code words or randomly assigned numbers that only the instructor and individual student should know, also ensuring that you do not post lists in the same alphabetic order of the class list.
Notification of grades via a postcard violates a student’s privacy rights.

Notification of grades via e-mail is not recommended. There is minimal guarantee of confidentiality for e-mail. The institution would be held responsible if an unauthorized third party gained access, to a student’s educational record through any mode of electronic transmission.

Eastern provides a secure web environment for students (EagleNet) to view their academic record. In addition to the EWUID, a student must also supply their PIN, which is a second level of security, to view these records.

Letters of Recommendation

Statements made by an individual writing a recommendation that are that person’s personal observation or knowledge does not require a written release from the student. However, if personally identifiable information obtained from a student’s educational record is included in the letter of recommendation (grades, GPA, etc.), the writer is required to obtain a signed release from the student which:

- specifies the records that may be disclosed
- states the purpose of the disclosure
- identifies the party to whom the disclosure is to be sent

If this letter is kept on file by the person writing the recommendation, it would be part of the student’s education record and the student has the right to read it unless he or she has waived that right to access.

Sample letter authorizing release of information for recommendation

I give permission to Professor Jones to write a letter of recommendation to:

My Insurance Company
480 Eastern Drive
Spokane, WA 99203

Professor Jones has my permission to include my GPA and grades.

I waive (or do not waive) my right to review a copy of this letter at any time in the future.

Signature/Date

The Media

Nothing in FERPA allows an institution to discuss a student’s educational record publicly even if a lawsuit has made the information a matter of public record. A school official may not assume that a student’s public discussion of a matter constitutes implied consent for the school official to disclose anything other than directory information in reply. Additionally, university employees should follow university policy regarding the release of information to the media. The official spokesperson for the university is the Public Information Officer.

Special “DON’T’S” for Faculty

To avoid violations of FERPA rules, DO NOT:

- at any time use the EWUID or the Social Security Number of a student to post grades in a public place or link the name of a student with that student’s social security number in any public manner
- leave graded tests in a stack for students to pick up by sorting through the papers of all students
- circulate a printed class list with student name and social security number or grades as an attendance roster
• discuss the progress of a student with anyone, other than a university employee on a need-to-know basis or the student, (including parents) without the written consent of the student

• provide anyone with a list of students enrolled in your classes for any purpose, commercial purpose or otherwise

• provide anyone with student schedules or assist anyone other than university employees in finding a student on campus

Resource: The AACRAO 2001 FERPA Guide

FERPA – Procedure for Release of Information
FERPA – The Family Educational Rights and Privacy Act of 1974 was passed to protect enrolled students and their educational records from third party access. (An enrolled student is defined as anyone registered for a course.) If the student has restricted their information, we cannot assume that they have done so in error.

If the caller indicates they are the student, information may be released to the student by phone after proper identification is verified. (Verification means checking information that the caller gives to us, not releasing information to the caller) If you do not have access to SIS (Student Information System) screens with information to use for verification, please forward the call to the Records & Registration Office at 359-2321. Verification information can include: EWU ID, date of birth, other items used for personal verification may include social security number, major, minor, beginning term, next of kin, courses taken a prior term and grades received; or in person with picture ID.

Use the following statement when responding to a third party caller who requests information on a student with directory restriction that appears on screen 11 of SIS:

We have no information to release on that person. This could be because the person has never attended EWU or the information is restricted.

NON-RESTRICTED (PUBLIC) INFORMATION
If there is NO RESTRICTION on student information, certain items are considered to be public (directory) information – these are the only pieces of information that may be released to a third party without the student’s written consent, unless otherwise authorized by FERPA. In accordance with FERPA, Eastern defines these as:

• Name
• Addresses
• Telephone Numbers
• Major Field of Study
• Participation in officially recognized activities and sports
• Dates of Attendance
• Degrees and awards received
• Most recent previous educational institution attended
INFORMATION NOT TO BE RELEASED

Release of any other student specific information to a third party without the student's written consent is a violation of FERPA, examples of information not to be released are:

- Courses in which the student is enrolled
- Grades, GPA or other related information
- Number of credits the student has earned
- Student specific financial aid information
- Refer questions regarding FERPA, or release of information to a third party to the Office of Records and Registration, Sutton Hall 2nd Floor, (509) 359-2321. Inform the student caller that they may update the information restriction on EagleNet with the EWUID and PIN or in person with picture ID at Sutton Hall, Spokane Center, or Riverpoint Health Sciences Building.
# Grading System

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Practice Act of Washington
RCW 18.130.180 Unprofessional conduct.

The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:
   (a) Not furnishing any papers or documents;
   (b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;
   (c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or
   (d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

10) Aiding or abetting an unlicensed person to practice when a license is required;
(11) Violations of rules established by any health agency;
(12) Practice beyond the scope of practice as defined by law or rule;
(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;
(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;
(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;
(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;
(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;
(18) The procuring, or aiding or abetting in procuring, a criminal abortion;
(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;
(20) The willful betrayal of a practitioner-patient privilege as recognized by law;
(21) Violation of chapter 19.68 RCW;
(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;
(23) Current misuse of:
   (a) Alcohol;
   (b) Controlled substances; or
   (c) Legend drugs;
(24) Abuse of a client or patient or sexual contact with a client or patient;
(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.


NOTES:
Application to scope of practice -- Captions not law -- 1991 c 332: See notes following RCW 18.130.010. Severability -- 1986 c 259: See note following RCW 18.130.010.
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