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

The DPT Student Handbook (hereafter referred to as Handbook) was developed to acquaint students with information on the DPT Program: academic and clinical policies and procedures, rules and regulations. It represents the efforts of the faculty, interested in the welfare of its students, trying to make the program most conducive to learning and to assist students in successfully completing all requirements for graduation. This Handbook supplements Essential Policies for the Columbia Community, which can be linked at http://www.essential-policies.columbia.edu. The Essential Policies document contains valuable information to help students understand the policies and regulations of the University. Policies pertinent to students are listed under Official University Regulations and Policies, under Part VI H. of the Handbook, page 92.

The Handbook is not intended to supersede the Essential Policies, but to provide information relative to the particular standards and processes of the Program in Physical Therapy. Hence it is important that students become familiar with its contents, and review as necessary, as you will be held responsible for compliance with these policies during your enrollment in Columbia University’s DPT program. To this end, students must sign and return the following to the Program Director:

1. Receipt of Student Handbook, page 6
2. Code of Conduct, page 89

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

Debra Clayton-Krasinski, PT, PhD, MS
Associate Professor of Clinical Rehabilitation & Regenerative Medicine at CUMC
Director, Program in Physical Therapy
July 2014

Whatever is good to know is difficult to learn – Greek proverb
Columbia University  
DPT Program  

RECEIPT OF DPT STUDENT HANDBOOK

The undersigned indicates by his/her signature that he/she has received and read their copy of the Handbook, Class of 2018.

The undersigned further acknowledges that he/she is cognizant of, and will abide by, the policies and procedures contained within the above document and understands that he/she will be held responsible for compliance for the period of enrollment in Columbia University’s Program in Physical Therapy.

In addition, the undersigned will uphold academic and clinical integrity as described in various parts of the Handbook.

______________________________________________________
Print Name

______________________________________________________
Signature

______________________________________________________
Date
### 3-YEAR CALENDAR

Note: To reflect the integrative nature of the academic and clinical sessions it should be noted that the program does not always follow the University calendar.

<table>
<thead>
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<th>2015-2016</th>
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<td><strong>First Year of Study</strong></td>
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<tr>
<td><strong>FALL I: September 8, 2015 – December 22, 2015</strong></td>
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</tbody>
</table>
| 15 weeks including Final Exams  
| Wednesday - Thursday | September 2 - 3 | Orientation  
| Monday | September 7 | University Holiday (Labor Day)  
| Tuesday | September 8 | Fall Semester Classes Commence  
| Monday | September 14 | Program Holiday (Observation of Jewish Holiday of Rosh Hashanah)  
| Wednesday | September 23 | Program Holiday (Observation of Jewish Holiday of Yom Kippur)  
| Thursday - Friday | November 26 - 27 | University Holiday (Thanksgiving)  
| Wednesday | December 9 | Last Day of Classes  
| Thursday - Friday | December 10 - 18 | Study Days and Final Exam Period  
| Monday | December 21 | Winter Recess  

The final exam schedule is distributed at the beginning of the semester. No student should make travel arrangements until the afternoon of Monday, December 21st as a student could fail a practical exam and need to repeat it prior to winter recess or be in danger of failing a course (going into the final exam with a course average below 75). Under these circumstances, it may be necessary to appear before the Academic Standing Committee on that Monday.

<table>
<thead>
<tr>
<th>SPRING I: January 11, 2016 – May 13, 2016</th>
</tr>
</thead>
</table>
| 18 weeks including spring recess and Final Exams  
| Monday | January 11 | Spring Semester Classes Commence  
| Monday | January 18 | University Holiday (Martin Luther King Jr’s Birthday)  
| Monday - Friday | March 14 – 18 | Spring Recess  
| Monday - Friday | March 14 – 18 | Service Learning Opportunity in Guatemala  
| Friday | March 25 | Program Holiday (Good Friday)  
| Saturday | April 4 | White Coat Ceremony  
| Wednesday | May 4 | Last Day of Classes  
| Thursday – Friday | May 5 - 13 | Study Days and Final Exam Period  
| Monday - Friday | May 16 - 20 | Program Recess  

|----------------------------------------|
| 8 weeks including final Exams  
| Monday | May 23 | Summer Semester Classes Commence  
| Monday | July 4 | University Holiday (Celebration of Independence Day)  
| Friday | July 15 | Last Day of Classes  
| Monday - Friday | July 18-22 | Study Days Final Exam Schedule  

<table>
<thead>
<tr>
<th>Summer I: Mini Session</th>
</tr>
</thead>
</table>
| Monday - Wednesday | July 25 - 27 | Medical Screening I  
| Thursday | July 28 | Small group, open book exam & course wrap-up  

| Friday | July 29 | Summer Recess  

Any student who has a grade point average below 3.0 at the end of Summer I will be withdrawn from the program.
## Second Year of Study

### Fall II:

**Part A Didactic:** September 6 – October 21, 2016  
7 week session including final exams  
**Part B:** Clinical Education I; October 24 – December 16<sup>th</sup>  
8 weeks full-time

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>September 6</td>
<td>Fall Semester Classes Commence</td>
</tr>
<tr>
<td>Monday</td>
<td>October 3</td>
<td>Program Holiday (Observation of Jewish Holiday of Rosh Hashanah)</td>
</tr>
<tr>
<td>Wednesday</td>
<td>October 12</td>
<td>Program Holiday (Observation of Jewish Holiday of Yom Kippur)</td>
</tr>
<tr>
<td>Friday</td>
<td>October 21</td>
<td>Last Day of Classes</td>
</tr>
<tr>
<td>Monday - Friday</td>
<td>October 24 - 28</td>
<td>Final Exam Period*</td>
</tr>
<tr>
<td>Monday</td>
<td>October 31</td>
<td>Clinical Education Commences</td>
</tr>
<tr>
<td>Friday</td>
<td>December 23</td>
<td>Clinical Education I Ends &amp; Winter Recess</td>
</tr>
</tbody>
</table>

*The final exam schedule is distributed at the beginning of the semester. No student should make travel arrangements until the afternoon of Friday, October 28<sup>th</sup> as a student could fail a practical exam and need to repeat it prior to winter recess or be in danger of failing a course (going into the final exam with a course average below 75). Under these circumstances, it may be necessary to appear before the Academic Standing Committee on that Friday.

### Spring II: January 9 – May 12, 2017  
19 weeks with final exams

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<tr>
<th>Day</th>
<th>Date</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td>January 9</td>
<td>Classes Commence</td>
</tr>
<tr>
<td>Monday</td>
<td>January 16</td>
<td>University Holiday (Martin Luther King Day)</td>
</tr>
</tbody>
</table>
| Monday - Friday | March 13 - 17 | Spring Recess  
Service Learning Opportunity in Guatemala |
| Friday  | April 14           | Program Holiday (Good Friday)                              |
| Wednesday | May 3            | Last Day of Classes                                        |
| Thursday - Friday | May 4 –12 | Study Days and Final Exam Period*                          |
| Monday - Friday | May 15 - 19 | Program Recess                                             |

*The final exam schedule is distributed at the beginning of the semester. A student going into final exams who has a course average below 75 or who may need to be retested on any practical exam may have to start Clinical Education II delayed and will need to come before the Academic Standing Committee. Only students in good academic standing; eg have satisfactory completed all course work to date, with no incomplete grades(s) and with a minimum grade point average of 3.000 can enter the clinical education component of the curriculum in Summer II.

### Summer II

**Clinical Education II:** May 22 – July 28, 2017  
10 weeks full time

<table>
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<tr>
<th>Day</th>
<th>Date</th>
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<tbody>
<tr>
<td>Monday</td>
<td>May 22</td>
<td>Clinical Education II Commences</td>
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<tr>
<td>Friday</td>
<td>July 28</td>
<td>Clinical Education II Ends and Summer Recess</td>
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<td></td>
<td>TBA</td>
<td>Service Learning Opportunities in Guatemala</td>
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</tbody>
</table>
Note: To reflect the integrative nature of the academic and clinical sessions it should be noted that the program does not always follow the University calendar.

### 2017 - 2018

#### Third Year of Study

**Fall III: Mini Session August 28 – September 1, 2017**

<table>
<thead>
<tr>
<th>Day</th>
<th>Dates</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>Monday - Wednesday</td>
<td>August 28 - 30</td>
<td>Medical Screening</td>
</tr>
<tr>
<td>Thursday - Friday</td>
<td>August 31 – September 1</td>
<td>Diagnostic Imaging</td>
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**Fall III: September 5 – December 22, 2017**

15 weeks including final exams

<table>
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<th>Day</th>
<th>Dates</th>
<th>Event</th>
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<tbody>
<tr>
<td>Tuesday</td>
<td>September 5</td>
<td>Fall Semester Classes Commence</td>
</tr>
<tr>
<td>Thursday</td>
<td>September 21</td>
<td>Program Holiday (Observation of Jewish Holiday of Rosh Hashanah)</td>
</tr>
<tr>
<td>Monday - Tuesday</td>
<td>November 6 - 7</td>
<td>Academic Holiday &amp; University Election Day Holiday</td>
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<tr>
<td>Thursday - Friday</td>
<td>November 23 &amp; 24</td>
<td>University Holiday (Thanksgiving)</td>
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<tr>
<td>Friday</td>
<td>December 15</td>
<td>Last Day of Classes</td>
</tr>
<tr>
<td>Monday - Wednesday</td>
<td>December 18 - 20</td>
<td>Study Days and Final Exam Period</td>
</tr>
<tr>
<td>Thursday</td>
<td>December 21</td>
<td>Winter Recess</td>
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</table>

Many of the courses have scheduled projects, presentations and other related activities in lieu of final examinations. Roster outlining all activities will be distributed at the beginning of the semester. Only students in good academic standing; e.g., have satisfactorily completed all course work to date, with no incomplete grade(s) and with a minimum grade point average of 3.000 can enter the clinical education component of the curriculum in Spring III.

**Spring III 2018**

Clinical Internship: Ending dates depend on clinical site selection and if the rotation is 18 weeks at 1 facility or divided into 2 separate 9-week rotations.

<table>
<thead>
<tr>
<th>Day</th>
<th>Dates</th>
<th>Event</th>
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<tbody>
<tr>
<td>Monday</td>
<td>January 8</td>
<td>Clinical Internship Period Commences</td>
</tr>
<tr>
<td>Friday</td>
<td>May 11</td>
<td>Clinical Internship Ends</td>
</tr>
<tr>
<td>Tuesday</td>
<td>May 15</td>
<td>Program Convocation &amp; Award Ceremony</td>
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<tr>
<td>Wednesday</td>
<td>May 16</td>
<td>University Commencement</td>
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On Thursday and Friday May 17 – 18 a review course is held at Columbia in preparation for the national licensure exam. This course is optional and has a fee associated with it. The program pays $100 toward the registration fee for each student attending.
PART I
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ADJUNCT FACULTY
SUPPORT STAFF
FULL TIME FACULTY

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*Program Graduate
## ADJUNCT FACULTY

New York Presbyterian Hospital-Columbia University Medical Center Staff
Serve as Lab Instructors and/or Primary Lecturers
*(Subject to Change)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Tania Alarcon-Montalvo, PT, DPT</td>
<td>Staff Therapist</td>
</tr>
<tr>
<td>Lauri Bishop, PT, DPT</td>
<td>Research Therapist</td>
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<tr>
<td>Edward Calem, PT, MS, DPT, OCS*</td>
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<tr>
<td>Lorenzo Casertano, PT, DPT, CSCS*</td>
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<tr>
<td>Manroop (Manu) Chawla, PT, DPT</td>
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<tr>
<td>Shelagh Ferguson, PT, MS</td>
<td>Senior Therapist</td>
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<td>Brian Gugliuzza, PT, MS, OCS, GCFP</td>
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<tr>
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<tr>
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<td>Kim Shankman, PT, DPT, LANA</td>
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<tr>
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<td>Andrea Smith, PT, DPT</td>
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</tr>
<tr>
<td>Sally Young, PT, DPT</td>
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</tr>
</tbody>
</table>

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PART II
CURRICULUM
A. MISSION AND PHILOSOPHY OF THE PROGRAM

The Program's mission is to provide a deep, broad, challenging education beyond the acquisition of information and marketable skills, encouraging the desire for understanding and the quest for enduring values.

The mission of the Faculty of Medicine, Columbia University, in the 21st century is to provide a deep, broad, challenging education, beyond the acquisition of information and marketable skills, encouraging the desire for understanding and the quest for enduring values. Columbia’s Program in Physical Therapy adheres to this mission by offering diversity and breadth of educational opportunity to enable faculty, students and graduates to meet the needs of society in an ever-changing health care environment. Faculty is devoted to academic excellence, through imparting knowledge and directing research, which provides evidence in support of physical therapy practice. Students are guided to become compassionate, responsible practitioners who are critical thinkers and lifelong learners capable of integrating knowledge and skill with the art and ethics that a skilled physical therapy practitioner demonstrates.

As an integral part of the College of Physicians and Surgeons, the physical therapy curriculum emphasizes the relationship of the health care provider and patient/client in the context of family, community and society. In addition to foundational and clinical sciences, the faculty focuses on critical exploration, practice issues and health care systems and management. The physical therapy curriculum provides a climate for learning that reduces memorization, enhances and rewards problem-solving, thus developing the skills for life-long learning. Students are prepared to promote and maintain development across the life span, promote and maintain health, foster adaptation, prevent dysfunction and promote wellness. The Program in Physical Therapy accomplishes these outcomes through implementation of learning principles that promote intellectual curiosity, critical thinking skills, an appreciation for evidence-based practice and the importance of research skills.

The faculty in developing the curriculum recognizes that physical therapy is a complex profession in which answers are context dependent. The philosophy of Columbia University’s physical therapy curriculum supports the development of competent clinicians who can embrace this complexity. Practicing in today’s clinical area requires physical therapists to demonstrate multifaceted reasoning skills and be committed to lifelong learning in order to apply appropriate knowledge and skills in an every-changing environment. To this end, the curriculum is based upon a dynamic framework that defines the profession of physical therapy. The elements of this framework include; clinical decision-making, service expectations, societal obligations and principles related to professional education at the graduate level. Following is a list of each of these elements and the underlying assumptions that are integrated into the curriculum design of the DPT program.

1. Physical therapy as defined by:

   a. APTA Normative Model of Physical Therapist Professional Education
   b. APTA Guide to Physical Therapy Practice
   c. APTA’s Vision 2020
   d. APTA Code of Ethics and associated Core Values
   e. Guidelines of Professional Behavior (May & Associates)

To meet the objectives set-forth in a-e, physical therapists need to have the requisite clinical strategies and techniques as well as pragmatic and interpersonal skills in order to communicate, collaborate, implement and coordinate services within a variety of health care settings.
2. **Clinical decision-making**

   a. Provision of physical therapy services includes clinical decision-making underlying the individualized evaluation and treatment process. This includes, but is not limited to, patient/client problem identification, examination, evaluation, diagnosis, prognosis and intervention. Students must become familiar with the components of these processes in both a generic and specialized sense.

   b. Recognizing that clinical decision-making occurs on a continuum from the beginner to entry-level practitioner, the curriculum provides the didactic, integrative seminars and clinical education experiences to foster this development.

   c. To address the dissonance the students experience between best practice as taught in the academic setting and actual clinical education experiences, learning emphasizes the reconciliation between pragmatic and theoretical considerations.

   d. Emphasis needs to be placed on demonstrating critical analysis and decision-making and the integration of academic course work and clinical experience within an evidence-based framework.

3. **Responsible, Self-Directed Learner**

   a. Students enter the program having demonstrated the ability to participate in a broad undergraduate education and may have demonstrated knowledge and skill in the work place.

   b. At the graduate level students demonstrate different needs and approaches to learning. The curriculum moves beyond traditional teaching tactics to adjust to the diverse needs of the learner.

   c. Students need to assume varying degrees of responsibility for their own learning. The curriculum facilitates this process through faculty role-modeling and by activities that facilitate ways of accessing and using information.

   d. Students enter graduate education as motivated learners with a self-selected career goal. The curriculum progresses from the simple to the complex to allow students to use new and well-established skills to address novel, unexpected and increasingly complex situations.

   e. Students are consumers of their educational system and are included in formulation and evaluation of the system.

4. **Professional education**

   a. Physical therapy has a unique body of knowledge that needs to be transmitted within a limited time frame to those who are entering the profession. Students must learn to manage their time in order to meet content requirements as well as analysis, synthesis and integration across all course content.

   b. Education of practice must include making connections across professions, placing the profession of physical therapy in a larger context. Students are provided with learning opportunities for collaborative and interdisciplinary approaches to health care.

   c. Clinical education gives ample time and opportunity to apply theories and skills to actual practice.
d. The learning environment includes a variety of role-models who embody those qualities that are valued by the profession.

e. Faculty in professional education are experienced practitioners who assume responsibility for transmitting the values of the profession to the student. (Refer to Part V, Professionalism, Core Values, pages 69 - 73). Faculty assumes the role of mentor and facilitator rather than the student’s only source of knowledge.

5. Service context

a. Traditional health care facilities are no longer the only arenas of practice for physical therapists. Students become familiar with a variety of existing and emerging practice settings.

b. Health care is ever changing. Students become familiar with change as an environmental reality. In response, they learn ways of anticipating, planning for and responding to change.

c. Physical therapists engage in and respond to the varying demands of different situations. Students are prepared to translate physical therapy principles to provide both direct and indirect services.

d. In the midst of reforms in health care, professional education prepares students to respond to fiscal realities. These realities demand that physical therapists be prepared to deliver the best quality service based on current evidence and constraints of the health care environment.

6. Society

a. Membership in a profession carries privileges and responsibilities assigned to that profession by society. These responsibilities include, but are not limited to, a need for adherence to ethical standards, which requires familiarization by the student.

b. Students need to acknowledge that the profession has made a covenant with society to approach every patient/client with the highest degree of integrity, to provide humane care to persons under their care and to respect cultural diversity and individual differences.

B. CURRICULUM DESIGN

The program is built on a curriculum that grounds the students in the following domains of learning necessary for entry-level practice:

- Scientific Foundations
- Clinical Sciences
- Critical Exploration
- Professional Development & Practice
- Health Care Systems and Management
- Electives
- Clinical Education

Upon completion of the program, students will affirm 4 broad performance outcomes that define a competent entry-level physical therapy clinician in today’s health care system.

1. Conceptual competence: understanding the theoretical foundations of the profession
2. Technical competence: ability to perform skills required by the profession
3. Integrative competence: ability to merge theory and skills in the practice setting
4. Career Marketability

Table 1 provides an overview of how the performance outcomes are organized around the 7 curricular components. Table 2 describes the 7 curriculum components and the specific courses that are organized around each component.

<table>
<thead>
<tr>
<th>Conceptual Competence</th>
<th>Technical Competence</th>
<th>Integrative Competence</th>
<th>Career Marketability</th>
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</thead>
<tbody>
<tr>
<td>Scientific Foundations Clinical Sciences Critical Exploration Professional Development &amp; Practice Health Care Systems &amp; Management Electives</td>
<td>Clinical Sciences Electives Integrated Clinical Experiences (ICE) Clinical Education I, II</td>
<td>Critical Exploration Clinical Internship</td>
<td>Advanced Topic Courses Electives Clinical Internship NPTE Results</td>
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<tr>
<td>Curricular Component</td>
<td>Curricular Role</td>
<td>Specific Courses</td>
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| **Scientific Foundations** | These courses in the basic sciences provide fundamental knowledge related to normal and abnormal human structure, function and response to injury and disease. They enhance the student’s ability to make quantitative and qualitative observations and facilitate understanding of the clinical sciences. | Gross Anatomy  
Neuroscience  
Pathology  
Applied Physiology  
Pharmacology  
Kinesiology & Biomechanics I, II  
Movement Science |
| **Clinical Sciences** | These courses provide laboratory and practical learning experiences, which build on the scientific foundations. Students acquire skills to examine, evaluate and prepare a plan of care for individuals served. Students develop the knowledge necessary for understanding, presenting rationale for and applying intervention strategies. Critical decision-making and the principles of evidence-based practice are integrated throughout these courses and are built upon with reflective practice concepts in the Clinical Case Management Seminar. The advanced topics courses allow students to gain greater knowledge and skill in a clinical area of interest. Course formats include lecture, laboratory, small group interactions, self-directed learning, case studies, problem-solving sessions and patient demonstrations in the clinical setting. | Examination & Evaluation  
PT Procedures  
Concepts in Therapeutic Exercise  
Physical Modalities  
Soft Tissue Mobilization  
Management of Integumentary Impairments  
PT Management of Cardiopulmonary Conditions I, II  
PT Management of the Adult with Neurological Conditions I, II  
PT Management of Orthopedic Conditions I, II, III  
PT Management of Pediatric Conditions  
Clinical Geriatrics  
Orthotics  
Prosthetics  
Clinical Case Management Seminar  
Medical Screening I, II  
Diagnostic Imaging  
Advanced Topics in Adult Neurorehabilitation  
Advanced Topics in Orthopedics  
Advanced Topics in Pediatrics |
| **Critical Exploration** | These courses are designed to develop skills necessary for evidence-based practice and assist the students to analyze interventions within a disablement framework from multiple perspectives. A systemic review is completed as the culminating requirement of Evidence-Based Practice III under the tutelage of a faculty member. Students develop an evidence-based case study in the Clinical Case Management Seminar. Students who seek a more intensive research experience work with faculty in the completion of a research practicum. This experience provides an opportunity to implement a research project. | Evidence-Based Practice I, II III  
Research Practicum Elective I, II, III |
<table>
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<tr>
<th>Curricular Component</th>
<th>Curricular Role</th>
<th>Specific Courses</th>
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<tr>
<td>Professional Development &amp; Practice</td>
<td>Courses are designed to educate students in the multiple dimensions of professional practice. Professional roles of the physical therapist as a clinician, administrator, educator and consultant are explored. The history, advancements and future of physical therapy practice are discussed. Professionalism, ethical/legal standards, psychosocial factors in patient/client management, therapeutic communication and teaching-learning principles are covered.</td>
<td>Professional Development &amp; Practice I, II, III</td>
</tr>
<tr>
<td>Health Care Systems &amp; Management</td>
<td>Students are provided with knowledge of health care systems and the role of physical therapy in the provision of health care and services in various practice settings.</td>
<td>Issues &amp; Approaches in Health Policy Marketing &amp; Business Management in PT Health Education &amp; Promotion in PT Practice</td>
</tr>
<tr>
<td>Electives</td>
<td>Designed to supplement the Clinical Sciences, these courses afford students the opportunity to study specialized areas of clinical practice with faculty or clinician mentors. Opportunities also exist for developing competency in research beyond the entry-level requirement and in teaching.</td>
<td>Teaching Practicums in Applied Physiology, Anatomy or Kinesiology &amp; Biomechanics I Research Practicum (3 part series) Integrative Therapies Women’s Health Issues Sports Rehabilitation Performing Arts PT Craniofacial Pain of Cervicogenic Origin (Headaches &amp; Temporomandibular Disorders) Service Learning Continuing Education Format: Medical Spanish Laboratory Teaching Practicum in Anatomy Team Teaching Practicum in Kinesiology &amp; Biomechanics I Foot &amp; Ankle Rehabilitation Hand &amp; Upper Extremity Rehabilitation Vestibular Rehabilitation (Required elective for advanced track courses in Adult Neurorehabilitation &amp; Pediatrics), Pilates</td>
</tr>
<tr>
<td>Clinical Education</td>
<td>Provides opportunities in direct patient care, teaching and administration under the supervision of a licensed physical therapist. Students integrate clinical skills developed in the curriculum with various patient populations. Clinical Education Seminars prepare students for their clinical experiences by providing a thorough understanding of roles and responsibilities including integration into the workplace and expectations of a licensed clinician. Integrated Clinical Experiences (ICE) in conjunction with the clinical science courses integrate academic information and clinical skills and precede Clinical Education I and II.</td>
<td>Clinical Education Seminars I,II, III, IV Integrated Clinical Experience (ICE) Clinical Education I, II Clinical Internship</td>
</tr>
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C. PROGRAM OF STUDY

The DPT program encompasses 3 years of full-time study, which equates to 8 academic and clinical sessions occurring over 31 consecutive months. Clinical education is 8, 10 and 18 (or 9 x 2) weeks respectively (Clinical Education I, II and the Clinical Internship). Students are in class an average of 4 days per week to allow for assimilation and application of new knowledge as well as provide the time for more student self-directed learning activities. Following Columbia’s medical curriculum model, courses were designed to reflect hours of instruction rather than point credits to afford a more independent learning environment that facilitates the attainment of knowledge and skills. Contact hours per week for the semesters in which clinical education occurs are a minimum of 35 and a maximum of 45 hours per week and mirror the clinical workweek.

The DPT program prepares graduates for entry into physical therapy in the domains of clinical practice, research, education, consultation and administration. The curriculum includes academic preparation and clinical experiences in health care facilities nation-wide and abroad. Academic instruction is comprised of didactic courses in basic and clinical sciences, patient management, evidence-based practice, professional issues, administration and education. Areas of concentration within physical therapy are explored in the advanced topic courses, electives and the clinical internship. Learning is viewed as a dynamic and interactive process requiring active student participation in a variety of educational experiences. The program facilitates the development of appropriate professional behaviors and students are expected to internalize and demonstrate professional values and ethical behavior.

Clinical experiences, including integrated clinical experiences tied to a variety of didactic courses, are interspersed throughout the curriculum to facilitate integration of academic information with clinical practice. Full-time clinical experiences begin in the second half of Fall II, continue in Summer II and culminate with the internship experience in Spring III. All affiliations are full-time in health care institutions throughout the country and abroad, comprising a total of 36 weeks of practice.

A Systematic Review, the investigational component of the DPT, is required of all students for graduation. This project enables the student to learn how to develop and implement inquiry into a narrowly defined topic of relevance to physical therapy. The project is intended to serve as a vehicle to integrate new information with that existing in the field. The Clinical Case Management Seminar culminates with a reflective case study that integrates consideration of all systems with hands-on clinical experience, review of evidence-based literature and clinical consultation. For students wanting a more intensive research experience, the Research Practicum is offered by applying for and being selected to work with a faculty member on an ongoing research project.

D. CURRICULUM DESIGN AND PLAN

The educational content of the DPT is conceptually organized around 7 curricular components; Scientific Foundations, Clinical Sciences, Critical Exploration, Professional Development and Practice, Health Care Systems and Management, Electives and Clinical Experiences. These curricular components were designed to progress from simple knowledge to complex integration and application, involving critical thinking and clinical decision-making. Course objectives illustrate a hierarchy of learning within each academic semester and throughout the curriculum. The methods of instruction include strategies and tactics from both reception learning (lectures) and discovery learning (problem-based learning methodology). The DPT curriculum acknowledges the academic abilities of students, as evidenced by the expected student outcomes, especially the demonstration of principles of learning, problem-solving, critical thinking, clinical decision-making and evidence-based practice.

All matriculated students enroll in the same courses through Spring II, although some elective options are offered. In Fall III, students continue with required core courses, select an advanced topic course in a chosen clinical area of interest (adult neurorehabilitation, orthopedics or pediatrics) and select from a wide array of elective options.
1. Integration of Foundational and Clinical Sciences

The courses in which the students are enrolled in Fall and Spring Year I are a combination of Scientific Foundations and physical therapy Clinical Sciences. During the initial year of study (Fall I, Spring I, Summer I), the courses are designed to reinforce one another by coordinating and integrating content using a case study approach. The sequence of Year I courses and those in the early part of Fall II (Part A) are further integrated in the first 8 week full time Clinical Education experience which follows in the latter part of Fall II (Part B).

During the second year, students continue the Clinical Science courses, complete the second and third part of the orthopedic series and begin course work in adult neurorehabilitation and pediatrics. Again, these courses are sequenced to integrate and advance previously learned material and to promote synthesis and clinical application. The clinical courses are coordinated across content areas to facilitate clinical application in more complex patient/client situations through the continued use of case studies, which address patients/clients with multi-system involvement.

Upon completion of Fall and Spring Year II courses, students enter into their second full-time Clinical Education experience for 10 weeks (Summer II). As students progress through this assignment, they are held increasingly responsible for retaining prerequisite knowledge and skill. This is part of the students’ professional growth process as they continue to acquire competency and familiarity with their new professional role as preparation for entry into practice as safe and effective clinicians. The entire academic and clinical sequence of Year II prepares students for the advanced core courses, concentration courses (advanced topic seminars) and electives that occur during Fall III. The advanced topic courses, general electives and electives taken for credit have been developed to give students the opportunity to gain greater knowledge and skill in clinical areas of interest. During this semester, courses emphasize critical analysis of current literature and synthesis of previous and concurrent course work into the development of a working model for evidence-based practice. As the final integrative course, the Clinical Internship (Spring III, 18 weeks full-time) assists the students in internalizing those behaviors consistent with the expectations of professional practice.

2. Integration of Critical Exploration

During Year I, Evidence-Based Practice I, II and III introduces the students to stages of the research process including aspects of research design, methodology and evaluation. These courses, with associated projects, prepare students to analyze literature in terms of applicability to evidence-based practice and provides the foundation for completing a Systematic Review, requiring the formulation of a question that uses systematic and explicit methods to identify, select and critically appraise relevant research, and to collect and analyze data from the review studies. (Glasziou, 2009 Centre of Medicine, University of Oxford).

Continued development of evidence-based practice acumen occurs in the Clinical Science Courses and Clinical Case Management Seminar that follow in Years II and III. The critical inquiry component of the advanced topic courses in Fall III requires the completion of an evidence-based capstone project (master class or its equivalent).

Students who desire a more intensive level of research experience can take the Research Practicum Elective (series of 3), which begins Fall II, and depending on the nature of the project consists of working individually or in small groups with a faculty mentor. Completed projects are presented as poster or platform presentations showcased during Research Day to faculty, program students and invited guests. The research projects may lead to publication and are often presented by the students at national meetings.
The unifying principle of the *Clinical Case Management Seminar*, Fall III, is to build upon self-reflection as students have the opportunity to revisit their Clinical Education II experiences with the purpose of providing the most comprehensive and highest quality care through discussion with faculty serving as clinical experts. Students analyze the clinical decision making processes followed during their second affiliation and consider changes to the plans of care initially prescribed. In suggesting changes to these plans of care, students reflect on individual characteristics of the patient/client, as well as all physiologic systems, the available evidence, the experience of clinical experts and anticipated outcome measures. The cases reflect various diagnoses, interventions and prognoses, age and gender issues in multiple care settings.

### 3. Integration of Professional Development

This is a series of courses designed to educate students about the multiple dimensions of professional practice in physical therapy. These courses examine the professional roles of the physical therapist as a clinician, administrator, educator and consultant. Topics covered in the series include the history, development and future of physical therapy practice, professionalism, ethical and legal standards, psychosocial factors in patient/client management, therapeutic communication and teaching and learning.

In Fall I, students are introduced to the scope of professional physical therapy practice. Students develop an understanding of the structure and governance of the American Physical Therapy Association (APTA) and examine legislative/regulatory action at the national, state and local levels. Students learn about physical therapy practice across all clinical settings and the continuum of care. The principles of patient-centered care and service integration with the interdisciplinary rehabilitation team are emphasized as essential components in successful rehabilitation outcomes. The Biopsychosocial Model of Healthcare is introduced as a foundation for physical therapy practice and students begin to explore the role of the PT and PTA in identifying and managing psychosocial issues in patient care.

In Spring II, students begin their exploration of the profession’s ethical standards. Students are introduced to the profession’s core ethical documents and principles. Case studies are utilized to identify ethical dilemmas in health care and students learn to utilize various resources/models to guide ethical decision-making. The history of bioethics, evolution of the provider-patient relationship and influence of bioethical principles on health care policies is examined. Students continue their professional development in understanding the impact of psychosocial factors in adaptation to illness and disability. Topics include therapeutic communication and counseling approaches, behavioral change and motivational interviewing, cultural competence, adherence and compliance, psychological conditions commonly seen in physical therapy practice and domestic violence. Case study, role-play, small group discussion and clinical narratives are used to facilitate analysis, self-reflection and to promote students’ professional development.

In Fall III, students are introduced to important principles and concepts in teaching and learning. Students learn to identify the capabilities and needs of learners and the role of educators in the health care environment. The importance of individualizing and adapting teaching methods and content based upon learner’s educational level, health literacy, cognition, cultural values, attitudes and beliefs are emphasized. Students will also examine the role of the physical therapist as a consultant and expert witness in professional liability cases. Students engage in analysis of professional liability case materials and utilize legislation from state practice acts, APTA Code of Ethics, Guide to Professional Conduct, Guide to PT Practice and other regulatory documents to determine whether a physical therapist’s actions are in accordance with the standards of care. The role of the physical therapist as an administrator in contemporary clinical practice is investigated through a series of panel discussions with owners, managers and program Directors.
4. Integration of Health Care Systems and Management

During Fall III, courses provide the foundation for the promotion of health education and wellness. They also address organizational and financial aspects of health care delivery, principles of access, and examine government and regulatory systems, and economic and political forces that impact on contemporary practice. Ways to market physical therapy services are also explored.

5. Integration of Clinical Education

During Spring I, and in subsequent semesters, the clinical courses use an integrated clinical experience (ICE) in which students are paired with a faculty member in the clinical environment to practice skills and procedures presented in previous and concurrent lecture and laboratory courses as well as observe more advanced clinical practice techniques. Additionally, students begin to model professional behaviors through observation of patient/client/practitioner and interdisciplinary health care team interactions. These mentoring experiences precede Clinical Education I and II and serve to facilitate an understanding of transition from student to clinician.

The full-time clinical education experiences, Clinical Education I (8 weeks) and II (10 weeks) occurring during Fall and Summer II respectively were designed to enable students to apply didactic knowledge in clinical practice settings under the guidance of licensed physical therapists who serve as teachers. These experiences were designed to progress the students from simple to complex skill acquisition to enhance clinical decision-making and professional judgment as the students interact with patients, clients and health care providers across the continuum of care.

The Clinical Internship (18 weeks), consists of either two 9-week affiliations, or one 18-week affiliation depending on clinical site selection. This is the final integrative experience of the curriculum, occurring in Spring III. Under the guidance of a licensed physical therapist, now serving in the role of a mentor, students assume responsibility for achieving established learning objectives. Students continue to develop their clinical decision-making abilities and apply principles of evidence-based practice to clinical judgment. However, at this level, students are expected to move beyond the management of patients/clients and create opportunities to participate in program and policy development, administrative plans, educational projects, clinical teaching and research activities.

The program’s philosophy in assigning clinical placements throughout the curriculum is based upon the trend and direction of physical therapy practice. To this end, students may have to leave the city of New York for one or more of their affiliation experiences. For the internship experience, geographical needs of students and selection of their specialization tracks will be considered for placement. To help with the expenses incurred through travel to highly specialized clinical sites nation-wide, a clinical education stipend is available through the recommendations of the Directors of Clinical Education. Although the stipend is primarily awarded for the Internship experience, some funding is made available for the Clinical Education II experience.

E. THE SEQUENTIAL CURRICULUM

1. Course Sequence

The curriculum is sequential; all courses are prerequisite for the courses that follow. See Table 3 for the sequencing of courses per semester.
2. Key to Course Listings and Curriculum Outline by Semester

All program DPT courses are designated 800 and 900 level courses. Each course number consists of capital letters that indicate the curriculum for whose students the course is primarily offered. The 4-digit number designates the subject area of the course.

8900 Clinical Education
9000 Clinical Sciences (Advanced Topics)
9200 Clinical Internship
8100 Scientific Foundations
8200 Professional Development
8300 Clinical Sciences (Procedures, Modalities and Exercise)
8500 Health Care Systems & Management
8600 Clinical Sciences (PT Management Discipline Specific)
8700 Critical Exploration (Research)
8800 General Electives, Sub-Specialization Electives Research and Teaching Practicums
8900 Clinical Education I & II
9000 Clinical Sciences (Advanced Topics)
9200 Clinical Internship

The number of points listed for each course reflects lecture, laboratory, seminar, out-of-class assignments and research hours associated with the course and is used for the purpose of computing a cumulative grade point average (GPA). In-class hours are listed followed by estimated out-of-class-hours required to meet course objectives. The ranges for out-of-class hours have been compiled from course evaluations and are based on responses equaling 50% or more from any given class. The faculty believes that both in-class and out-of-class hours give the students a more realistic expectation of the amount of time required, during any given semester, to develop the study and time management skills to successfully pass each course.

*Clinical Education I and II and the Clinical Internship are graded Pass/Fail.* No points are given for these experiences as students adhere to the work schedule of their clinical instructors at the facilities to which they have been assigned. Clinical education hours and expectations tend to vary; hence, it is difficult to assign equity points. **However, successful completion of the clinical education portion of the curriculum is a requirement for awarding the DPT degree.** No points are given for the elective offerings following a continuing education format. Attendance is mandatory to receive a “Pass” grade. The electives taken for credit have a grading and attendance component, which varies depending on the nature of the course. Both types of electives provide the opportunity to study with experienced (master) clinicians.

*Research and Teaching Practicums are taken for credit and are graded,* based on meeting outcomes through the development of “contracts” between the faculty mentor and student.
Table 3. The Curriculum
Faculty reserve the right to revise the curriculum as deemed necessary.

| YEAR I |
|-----------------|-------------|-----------------|-----------------|-----------------------------|
| Fall Semester  |
| (16 weeks including final exams) | Credit Hours | In-Class Hours/Week | Out-of-Class Hours/Week | Primary Course Instructor(s) |
| PHYT M8100 Gross Anatomy | 7 | 10 | 10 – 12 | Drs. Stacy Kinirons & Robert Evander |
| PHYT M8115 Applied Physiology | 2 | 2 | 1 – 2 | Dr. Colleen Brough |
| PHYT M8125 Kinesiology & Biomechanics I | 5 | 7 | 5 – 9 | Dr. Cynthia Chiarello |
| PHYT M8211 Professional Development & Practice I | 2 | 2 | 1 – 2 | Dr. Randy Kolodny |
| PHYT M8301 Examination & Evaluation | 3 | 4 | 2 – 6 | Dr. Martha Sliwinski |
| PHYT M8704 Evidence-Based Practice I | 2 | 2 | 1 – 2 | Dr. Debra Krasinski |
| **Totals** | **21** | **27** | **20 - 33** | |

| Spring I |
| (18 weeks including spring recess & final exams) | Credit Hours | In-Class Hours/Week | Out-of-Class Hours/Week | Primary Course Instructor(s) |
| PHYT M8003 Clinical Education Seminar I | 0 | Variable* | Variable* | Drs. Colleen Brough, Laurel Daniels Abbruzzese & Jean Timmerberg, Director of Clinical Education |
| PHYT M8105 Neuroscience | 4 | 4 | 4 – 9 | Dr. Stacy Kinirons |
| PHYT M8112 Pathology | 2 | 2 | 1 – 2 | PT Faculty |
| PHYT M8126 Kinesiology & Biomechanics II | 3 | 2 | 4 – 6 | Dr. Laurel Daniels Abbruzzese |
| PHYT M8130 Movement Science | 2 | 2 | 1 – 4 | Dr. Clare Bassile |
| PHYT M8303 PT Procedures | 3 | 4 | 1 – 4 | Dr. Randy Kolodny |
| PHYT M8308 Concepts in Therapeutic Exercise | 4 | 5 | 2 – 6 | Dr. Martha Sliwinski & Dr. Jean Timmerberg |
| PHYT M8705 Evidence-Based Practice II | 2 | 2 | 2 – 4 | Dr. Debra Krasinski |
| Integrated Clinical Experiences (ICE) | (0) | | | |
| PHYT M8849 Service Learning Elective | (2) | (0) | 1 week in Guatemala during Spring Recess with Dr. Martha Sliwinski |
| **Totals** | **20 (22)** | **21*** | **15 – 35 * + (Elective)** | |

*Seminar does not meet on a weekly basis. Assignments need to be completed to prepare for Clinical Education I
Table 3 continued. The Curriculum
Faculty reserve the right to revise the curriculum as deemed necessary.

<table>
<thead>
<tr>
<th>Summer I (8 weeks including final exams)</th>
<th>Credit Hours</th>
<th>In-Class Hours/Week</th>
<th>Out-of-Class Hours/Week</th>
<th>Primary Course Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT M8310 Physical Modalities</td>
<td>2</td>
<td>4</td>
<td>1 – 6</td>
<td>Dr. Jennifer Gallinaro</td>
</tr>
<tr>
<td>PHYT M8315 Soft Tissue Mobilization</td>
<td>2</td>
<td>2</td>
<td>1 – 6</td>
<td>Dr. Kevin Wong</td>
</tr>
<tr>
<td>PHYT M8610 PT Mgt. of Orthopedic Conditions I</td>
<td>5</td>
<td>12</td>
<td>5 – 9</td>
<td>Dr. Jean Timmerberg</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adjunct Faculty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dr. Carl Gargiulo</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dr. Susan Schneider</td>
</tr>
<tr>
<td>PHYT M8634 Clinical Geriatrics</td>
<td>3</td>
<td>4</td>
<td>4 – 6</td>
<td>Dr. Laurel Daniels Abbruzzese</td>
</tr>
<tr>
<td>PHYT M8706 Evidence-Based Practice III</td>
<td>1</td>
<td>Variable*</td>
<td>Variable*</td>
<td>Dr. Debra Krasinski, Course Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and Faculty Advisor who serves as a mentor to complete the Systematic Review</td>
</tr>
<tr>
<td>PHYT M8800 Medical Spanish Elective</td>
<td>(0)</td>
<td>(12.5 total)</td>
<td>(0)</td>
<td>Adjunct Faculty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Michael Shane</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13</strong></td>
<td>*<em>22</em> + (Elective)**</td>
<td><em><em>11 – 27</em> + Elective</em>*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post Summer I Mini Session 2.5 days</th>
<th>Credit Hours</th>
<th>In-Class Hours/Week</th>
<th>Out-of-Class Hours/Week</th>
<th>Primary Course Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT M9070 Medical Screening I</td>
<td>1</td>
<td>16 total</td>
<td>Readings &amp; to prepare for the exam</td>
<td>Adjunct Faculty</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dr. William Boissonnault</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1</strong></td>
<td><strong>1 – 2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
<td>Credit Hours</td>
<td>In-Class Hours/Week</td>
<td>Out-of-Class Hours/Week</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------------------------</td>
<td>--------------</td>
<td>---------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>PHYT M8004</td>
<td>Clinical Education Seminar II</td>
<td>0</td>
<td>Variable*</td>
<td>Variable*</td>
</tr>
<tr>
<td>PHYT M8601</td>
<td>PT Mgt. of Cardiopulmonary Conditions I</td>
<td>3</td>
<td>6</td>
<td>3 - 6</td>
</tr>
<tr>
<td>PHYT M8611</td>
<td>PT Mgt. of Orthopedic Conditions II</td>
<td>4</td>
<td>9</td>
<td>5 – 9</td>
</tr>
<tr>
<td>PHYT M8620</td>
<td>PT Mgt. of the Adult with Neurological Conditions I</td>
<td>3</td>
<td>6</td>
<td>3 – 6</td>
</tr>
<tr>
<td>PHYT M8636</td>
<td>Orthotics</td>
<td>2</td>
<td>4</td>
<td>4 – 7</td>
</tr>
<tr>
<td></td>
<td>Integrated Clinical Experience (ICE)</td>
<td>0</td>
<td>0</td>
<td>Variable Clinic Time*</td>
</tr>
<tr>
<td>PHYT M8853</td>
<td>Research Practicum I Elective</td>
<td>(1)</td>
<td>(0)</td>
<td>(Variable)</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td>12 (13)</td>
<td>25</td>
<td>15 – 28 * + (Elective)</td>
</tr>
</tbody>
</table>

*Seminar does not meet on a weekly basis; readies the students for expectations for Clinical Education I

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>In-Class Hours/Week</th>
<th>Out-of-Class Hours/Week</th>
<th>Primary Course Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT M8901</td>
<td>Clinical Education I</td>
<td>0</td>
<td>0</td>
<td>35 – 45*</td>
<td>Drs. Colleen Brough, Laurel Daniels Abbruzzese &amp; Jean Timmerberg, Directors of Clinical Education</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td>0</td>
<td>0</td>
<td>280 – 360*</td>
<td></td>
</tr>
</tbody>
</table>

*Hours may vary due to type of clinical affiliation site as students’ follow the hours of their clinical instructors.
### Table 3 continued. The Curriculum

Faculty reserve the right to revise the curriculum as deemed necessary.

<table>
<thead>
<tr>
<th>Spring II (18 weeks including spring recess &amp; final exams)</th>
<th>Credit Hrs</th>
<th>In-Class Hours/Week</th>
<th>Out-of-Class Hours/Week</th>
<th>Primary Course Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT M8005 Clinical Education Seminar III</td>
<td>0</td>
<td>Variable*</td>
<td></td>
<td>Drs. Colleen Brough, Laurel Daniels Abbruzzese &amp; Jean Timmerberg, Directors of Clinical Education</td>
</tr>
<tr>
<td>PHYT M8212 Professional Development &amp; Practice II</td>
<td>2</td>
<td>2</td>
<td>TBD New Course</td>
<td>Dr. Randy Kolodny</td>
</tr>
<tr>
<td>PHYT M8311 PT Mgt. of Integumentary Impairments (1st half of semester)</td>
<td>2</td>
<td>4</td>
<td>1 – 2</td>
<td>Adjunct Faculty Richie Singson</td>
</tr>
<tr>
<td>PHYT M8602 PT Mgt. of Cardiopulmonary Conditions II (1st half)</td>
<td>3</td>
<td>6</td>
<td>3 – 6</td>
<td>Adjunct Faculty Kim Stavrolakes &amp; CUMC Cardiopulmonary Staff</td>
</tr>
<tr>
<td>PHYT M8612 PT Mgt. of Orthopedic Conditions III</td>
<td>5</td>
<td>6</td>
<td>5 – 9</td>
<td>Dr. Cynthia Chiarello</td>
</tr>
<tr>
<td>PHYT M8621 PT Mgt. of the Adult with Neurological Conditions II Part A: Spinal Cord Injuries Part B: Complex Neuro Patients</td>
<td>5</td>
<td>6</td>
<td>2 – 9</td>
<td>Dr. Clare Bassile &amp; Dr. Martha Sliwinski</td>
</tr>
<tr>
<td>PHYT M8630 PT Mgt. of Pediatric Conditions</td>
<td>7</td>
<td>10</td>
<td>7 – 12</td>
<td>Dr. Susan Klepper &amp; Dr. Debra Krasinski</td>
</tr>
<tr>
<td>PHYT M8637 Prosthetics (2nd half of semester)</td>
<td>2</td>
<td>4</td>
<td>4 – 6</td>
<td>Dr. Kevin Wong</td>
</tr>
<tr>
<td>Integrated Clinical Experiences (ICE)</td>
<td>0</td>
<td>0</td>
<td>Variable Clinic Time</td>
<td>Program Faculty</td>
</tr>
<tr>
<td>PHYT M8854 Research Practicum II Elective</td>
<td>(1)</td>
<td>(0)</td>
<td>(Variable)</td>
<td>Dr. Debra Krasinski &amp; Faculty Research Advisor</td>
</tr>
<tr>
<td>PHYT M8849 or M8850 Service Learning Elective</td>
<td>(2)</td>
<td>(0)</td>
<td>1 week in Guatemala either as a returning student or first time experience during Spring Recess with Dr. Martha Sliwinski.</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>26 (3)</strong></td>
<td><strong>34</strong></td>
<td><strong>19 – 38</strong> + (Elective)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>28</strong></td>
<td><strong>12 – 42</strong> + (Elective)</td>
<td></td>
</tr>
</tbody>
</table>

*Seminar does not meet on a weekly basis. Discussion of outcomes from Clinical Education I and begin planning initiative and assignments for Clinical Education II

<table>
<thead>
<tr>
<th>Summer II (10 weeks)</th>
<th>Credit Hrs</th>
<th>In-Class Hours/Week</th>
<th>Out-of-Class Hours/Week</th>
<th>Primary Course Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT M 8902 Clinical Education II</td>
<td>0</td>
<td>0</td>
<td>35 – 45*</td>
<td>Drs. Colleen Brough, Laurel Daniels Abbruzzese &amp; Jean Timmerberg, Directors of Clinical Education</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>350 – 450</strong> + (Elective)</td>
<td></td>
</tr>
</tbody>
</table>

*Hours may vary due to type of clinical affiliation site as students’ follow the hours of their clinical instructors.
**Table 3 continued. The Curriculum**
Faculty reserve the right to revise the curriculum as deemed necessary.

<table>
<thead>
<tr>
<th>YEAR III</th>
<th>Fall III</th>
<th>Credit Hours</th>
<th>In-Class Hours/Week</th>
<th>Out-of-Class Hours/Week</th>
<th>Primary Course Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Week Pre Fall Mini Session</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|          | PHYT M9071 Medical Screening II (2 day course) | 1 | 14 total | 1 - 2
Readings & to prepare for the exam | Adjunct Faculty
Dr. William Boissonnault |
|          | PHYT M9075 Diagnostic Imaging (2.5 day course) | 2 | 22 total | 4 – 9
Readings & to prepare for the exam | Adjunct Faculty
Dr. Richard Westrick |
|          | Regular Session 16 weeks including exams & completion of all projects | | | | |
|          | PHYT M8007 Clinical Education Seminar IV | 0 | Variable* | Variable* | Drs. Colleen Brough, Laurel Daniels Abbruzzese & Jean Timmerberg, Directors of Clinical Education |
|          | PHYT M8120 Pharmacology (on-line & in-class format) | 2 | Variable* | 2 – 6 | Dr. Jean Timmerberg
Adjunct Faculty
Dr. Barbara Gladson |
|          | PHYT M8213 Professional Development & Practice III | 2 | 2 | TBD New Course | Dr. Randy Kolodny |
|          | PHYT M8570 Issues & Approaches in Health Policy (1st half of semester) | 1 | 2 | 1 – 3 | Dr. Stacy Kinirons |
|          | PHYT M8575 Marketing & Business Mgt. in PT (2nd half of semester) | 2 | 3 | 3 – 6 | Adjunct Faculty
Iris Kimberg |
|          | PHYT M8580 Health Education & Promotion in PT Practice | 2 | Variable** | 1 – 4 | Dr. Martha Sliwinski |
|          | PHYT M9040 Clinical Case Mgt. Seminar | 2 | 2 | 5 – 12 | Dr. Kevin Wong |
|          | **Concentration Track (Select 1)** | | | | |
|          | PHYT M 9015 Advanced Track in Orthopedics | 4 | 4*** | 4 – 6 | Dr. Kevin Wong & Dr Evan Johnson
Dr. Clare Bassile |
|          | PHYT M 9025 Advanced Track in Adult Neurorehabilitation | | | | |
|          | PHYT M 9035 Advanced Track in Pediatrics | | | | |
|          | PHYT M8855 Research Practicum III Elective | (1) | (0) | (Variable) | Dr. Debra Krasinski & Faculty Research Advisor |

*Seminar does not meet on a weekly basis. Discussion of outcomes from Clinical Education II and begin planning initiative and assignments for the Clinical Internship.
*Pharmacology does not meet on a weekly basis. Some in-class + webinars.
**Class does not meet on a weekly basis allowing for time outside of class to complete various community projects and/or course assignments.
***Additional hours outside of class to participate in rounds, conferences, clinics and other patient care activities at CUMC and external clinical sites.
Table 3 continued. The Curriculum
Faculty reserve the right to revise the curriculum as deemed necessary.

### Graded Electives
Select a minimum of 2 from the following list, which are graded for credit and require the completion of some type of competency assessment. These electives are scheduled as either 1st or 2nd half semester courses. The courses are lecture/lab usually for 4 hours/week over 7 weeks. Students completing the Research Practicum series have an option of taking/not taking any of the electives listed. Students who have completed the Service Learning elective have the option of taking only 1 of these courses.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>In-Class Hours/Week</th>
<th>Out-of-Class Hours/Week</th>
<th>Primary Course Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT M8804</td>
<td>Integrative Therapies</td>
<td>(1)</td>
<td>28</td>
<td>1 – 4</td>
<td>Adjunct Faculty William Gallagher &amp; Richard Sabel</td>
</tr>
<tr>
<td>PHYT M8815</td>
<td>Women’s Health Issues</td>
<td>(1)</td>
<td>28</td>
<td>1 – 4</td>
<td>Adjunct Faculty Dr. Lila Abbate</td>
</tr>
<tr>
<td>PHYT M8825</td>
<td>Sports Rehabilitation</td>
<td>(1)</td>
<td>28</td>
<td>1 – 2</td>
<td>Adjunct Faculty Dr. Rami Said, Course Coordinator</td>
</tr>
<tr>
<td>PHYT M8833</td>
<td>Craniofacial Pain of Cervicogenic Origin: Headaches &amp; Temporomandibular Disorders</td>
<td>(1)</td>
<td>28</td>
<td>1 – 4</td>
<td>Adjunct Faculty Dr. Jeffrey Mannheimer</td>
</tr>
<tr>
<td>PHYT M8835</td>
<td>Performing Arts PT</td>
<td>(1)</td>
<td>28</td>
<td>2 – 6</td>
<td>Adjunct Faculty Chris Bratton &amp; Dr. Cameron Gomez</td>
</tr>
<tr>
<td>PHYT M8841</td>
<td>Teaching Practicum in Applied Physiology</td>
<td>(1)</td>
<td>Variable*</td>
<td></td>
<td>Dr. Colleen Brough</td>
</tr>
<tr>
<td>PHYT M8845</td>
<td>Teaching Practicum in Anatomy</td>
<td>(1)</td>
<td>Variable*</td>
<td>Variable*</td>
<td>Dr. Stacy Kinirons</td>
</tr>
<tr>
<td>PHYT M8848</td>
<td>Team Teaching Practicum in Kinesiology &amp; Biomechanics I</td>
<td>(1)</td>
<td>Variable*</td>
<td>Variable*</td>
<td>Dr. Cynthia Chiarello</td>
</tr>
</tbody>
</table>

### Continuing Education Type Electives
Select a minimum of 1 from the following electives, except as noted, which run under a continuing education format for no credit and require attendance throughout the elective to receive a “P” grade. These electives are scheduled as either evening or week-end courses.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>In-Class Hours/Week</th>
<th>Out-of-Class Hours/Week</th>
<th>Primary Course Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYT M8808</td>
<td>Pilates</td>
<td>(0)</td>
<td>Variable*</td>
<td>NA</td>
<td>Adjunct Faculty Aija Paegle</td>
</tr>
<tr>
<td>PHYT M8812</td>
<td>Vestibular Rehabilitation (Required for students in the Adult Neurorehabilitation &amp; Pediatric track courses)</td>
<td>(0)</td>
<td>15</td>
<td>NA</td>
<td>Adjunct Faculty David Malamut</td>
</tr>
<tr>
<td>PHYT M8830</td>
<td>Hand Rehabilitation</td>
<td>(0)</td>
<td>12</td>
<td>NA</td>
<td>Adjunct Faculty Dr. Susan Michlovitz</td>
</tr>
<tr>
<td>PHYT M8832</td>
<td>Foot &amp; Ankle Rehabilitation</td>
<td>(0)</td>
<td>14</td>
<td>NA</td>
<td>Adjunct Faculty Dr. Nick Taweel</td>
</tr>
<tr>
<td>PHYT M8843</td>
<td>Laboratory Teaching Practicum in Anatomy</td>
<td>(0)</td>
<td>Variable</td>
<td>Variable</td>
<td>Dr. Stacy Kinirons</td>
</tr>
<tr>
<td>PHYT M8848</td>
<td>Team Teaching Practicum in Kinesiology &amp; Biomechanics I</td>
<td>(0)</td>
<td>1 hr/week</td>
<td></td>
<td>Dr. Cynthia Chiarello</td>
</tr>
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</table>

### Totals

<table>
<thead>
<tr>
<th>Session</th>
<th>Electives</th>
<th>Pre Fall Mini Session</th>
<th>Regular Session</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Minimum 2 for credit</td>
<td>3</td>
<td>10-11 + Variable Hrs</td>
</tr>
<tr>
<td></td>
<td>Minimum 1 for no credit</td>
<td>2</td>
<td>28 each</td>
</tr>
</tbody>
</table>

33
Table 3 continued. The Curriculum
Faculty reserve the right to revise the curriculum as deemed necessary.

<table>
<thead>
<tr>
<th>Totals</th>
<th>Pre Fall Mini Session</th>
<th>3</th>
<th>36 Total</th>
<th>1 – 9</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular Session</td>
<td>15</td>
<td>10-11 +</td>
<td>9-11 – 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Variable Hrs</td>
<td>-28</td>
</tr>
<tr>
<td></td>
<td>Electives</td>
<td></td>
<td>4-6 (Advanced Ortho Track)</td>
<td>+ track</td>
</tr>
<tr>
<td>Minimum 2 for credit</td>
<td></td>
<td>2</td>
<td>1 – 4 each</td>
<td></td>
</tr>
<tr>
<td>Minimum 1 for no credit</td>
<td></td>
<td>0</td>
<td>Variable</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summer III</th>
<th>Credit Hours</th>
<th>In-Class Hours/Week</th>
<th>Out-of-Class Hours/Week</th>
<th>Primary Course Instructor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHYTTM 9200 Clinical Internship</td>
<td>0</td>
<td>0</td>
<td>35 – 45*</td>
<td>Drs. Colleen Brough, Laurel Daniels Abbruzzese &amp; Jean Timmerberg, Directors of Clinical Education</td>
</tr>
</tbody>
</table>

F. ACADEMIC COMPETENCIES RELATED TO RESEARCH

There are certain exams that must be passed in order to progress through the program related to the Evidence-Based Practice and the Research Practicum courses. These exams are health science campus-wide. These exams need to be completed under the following time frame.

1. Good Clinical Practice (GCP) Exam

   This exam (TC0006) is taken by all health science students and faculty, on-line, and is required prior to involvement in research projects. This exam is incorporated as part of the overall grade in the Evidence-Based Practice I course during Fall I. The exam reflects the investigator’s knowledge of inherent concepts for appropriate human subject protection and good clinical research.

2. Health Insurance Portability and Accountability Act (HIPAA)

   This exam (TC0019) is also taken by all students and faculty, on-line. Students must pass this exam, and like 1 above, this assignment is incorporated as part of the overall grade for the Evidence-Based Practice I course.

3. University Requirements for Participating in Research

   DPT students are required to complete a Systematic Review. Some students will also be involved in the Research Elective, which often involves the development of a new research protocol. All protocols must be approved by the Columbia University Institutional Review Board (IRB) in order for the study to proceed. The University’s IRB serves to protect human participants in biomedical and behavioral research. It is required that any investigator, student or faculty member must fulfill specific requirements as part of the IRB approval process. These include the GCP and HIPAA as above. Students doing a research practicum involving human subjects must also take and pass Human Subjects Research (TC0087), which includes Research with Minors.
PART III
POLICIES & PROCEDURES
A. GENERAL POLICIES

Students are expected to:

1. Attend all scheduled classroom, seminar, laboratory and clinical sessions. Being consistently late or absent is considered unprofessional behavior and disciplinary action may be taken. Courses in the DPT curriculum include class, seminar and laboratory participation as part of the course grade. (See Class Attendance, which is incorporated into all course syllabi, page 36.)

2. Complete all written assignments on time according to the format prescribed by the course instructor.

3. Demonstrate professionalism in all course activities:
   a. Dress appropriately for class, laboratory and prescribed clinical assignments and clinical visits in lieu of classroom laboratory sessions and for Clinical Education I, II and the Clinical Internship (See Laboratory and Clinical Attire and Responsibilities).
   b. Be prepared for class. Professors assume that the assigned readings have been completed as class time is spent on clarification of material and expansion of content.
   c. Laboratory and classroom space calls for special consideration by all students with regard to personal and University property. Each area must be kept clean and orderly. Students are expected to:
      - Handle all laboratory materials with care.
      - Return equipment to its original place.
      - Return borrowed materials to their place or source.
      - Report broken or non-working pieces of equipment to the instructor.
      - Clean up after every laboratory session. All plinths are to be stacked. Pillows, floor mats and equipment are to be put away. (See #10)
      - Return classroom to its customary set-up for lectures if chairs have been rearranged for meetings or seminars.
   d. Eating and drinking is permitted in the North & South Classrooms on NI8 before and after class as well as in the external classrooms used by the program. Bottles and trash need to be discarded in the trash receptacles located in every classroom. However this is a privilege and if the classrooms are not kept clean (especially NI8 North and South), this privilege will be revoked.
   e. Observe time limits of breaks. Professors will begin at the designate times. Late returnees are a distraction for the rest of the class.

4. Recognize the need for and seek help from the professors as early as possible.
B. SPECIFIC POLICIES

1. Class Attendance

The faculty has put a lot of time and effort into their course development and modes of instruction for student attainment of clinical competency beyond what the APTA Department of Education and the corresponding accreditation body, Commission on Accreditation in Physical Therapy Education, describe as necessary for entry-level practice.

Realizing there are times when an absence is necessary, the attendance policy written below has been incorporated into all course syllabi.

The Physical Therapy Program’s attendance policy has been designed to reflect the professional behaviors expected of the physical therapist in the clinical environment. It is expected that all students attend all classes, arrive on time and stay until the class ends. In the event of an absence, student must notify the course instructor within 24 hours of the scheduled class. Excused absences are those due to illness, emergency situations, observance of religious holidays (including travel time that the course director deems reasonable) and attendance at a professional conference (with the permission of the Program Director). Unexcused absences are those due to any reason other than what is stated above. If you have an extenuating circumstance please speak with the course instructor. Students are responsible for all missed course content and assignments. Faculty is not responsible for reviewing missed content with students on an individual basis. Unexcused lateness and absences are considered unprofessional behaviors and may negatively impact course grade as determined by the course director. Each unexcused absence may result in a one point deduction from the course grade. Each unexcused late arrival or early departure from class may result in a 1/2 point deduction from the course grade.

2. Classrooms

The 8th floor of the Neurological Institute (NI8) houses the Programs in Physical and Occupation Therapy. Specific classrooms on this floor include:

- North Classroom: Lecture and laboratory
- South Classroom: Lecture and laboratory
- Conference Room: Reserved for faculty and/or student related meetings.
- Student Lounge: This room is available for snacking, studying or student-related meetings and houses 2 computers with Internet access. There are two refrigerators for students who bring lunch/snacks as well as a microwave oven.
- Room 802: Photocopying room and faculty mailboxes. Only authorized work-study students, faculty and staff have access to this room and to use the copier. Items to be placed in faculty mailboxes should be given to the program’s senior secretary who sits at the reception desk.
- Reserving the Conference Room and North & South Classrooms: Students can use these rooms after program hours and on weekends for laboratory practice and group meetings. These rooms need to be reserved by a faculty member, on behalf of the student(s), who will check the Scheduling Book for availability. Students will adhere to the same clean-up procedures as those followed during regularly scheduled lab times. This policy will be strictly enforced!
In addition to the classrooms on NI 8, the program uses classrooms in the following buildings; (See Campus Map, Appendix A, page 100).

- Hammer Health Science Building & Library (HSC) 1st & 2nd lower level, 3rd & 4th floors
- College of Physicians and Surgeons Building (P&S) 10th floor (Gross Anatomy Lab)
- Russ Berrie Medical Science Pavilion (RB) 1st floor

3. Access to NI 8 and Other Classrooms

Although access to NI8 is provided 24/7, an electronic security lock is turned on at 5:00 PM and remains in effect until 8:00 AM. Students requiring access to the floor before 8:00 AM and after 5:00 PM must use their ID cards that have been programmed for access to the floor.

For safety purposes, the front door to NI8 should never, under any circumstances, be propped open after the electronic security lock has been activated.

Programmed ID cards will also allow students to gain access to the Gross Anatomy Lab, 10th floor Presbyterian Hospital, Hammer Health Sciences and Russ Berrie buildings.

4. Anatomy Lockers

Lockers near the Gross Anatomy Lab are assigned by the Course Instructor. These lockers are to be used to store personal belongings and clothes while in lab and your scrubs and Anatomy Atlas post-laboratory session.

5. Lost Items

Personal items left in the classrooms on NI8 or in other classrooms assigned to the program during the academic year may be given to the program’s senior secretary/receptionist who sits at the reception desk. These items are kept until Friday of each week, at which time all unclaimed articles are discarded.

6. Cell Phones

The Neurological Institute is a hospital building and is under FCC regulations. Therefore, the use of cell phones is prohibited except in designated areas. On NI8 the lobby by the elevator is the designated area. This policy will be strictly enforced!

Students must turn their cell phones off while participating in all classroom and laboratory activities. Receiving and texting messages while in class are disrespectful to the course instructor. A ringing cell phone or texting during class will lead to the cell phone being confiscated!

7. Computer Use

Students are encouraged to bring their laptops to class. All classrooms have wireless Internet connections. The faculty provides handouts and other pertinent course material that is often useful in augmenting lectures through CourseWorks, the electronic blackboard supported by Columbia. The use of these electronic devices is a privilege and is restricted to note taking or following lectures with the supplemental material placed on CourseWorks. Any other use of such devices (e.g. reviewing or responding to personal emails or surfing the Internet) will call for immediate loss of this privilege and may be considered academic misconduct.
8. E-mail Policy and Communication

The university and program, recognizing the increasing need for electronic communication with students, have established e-mail as the official means of communication. An official Columbia University e-mail is required of all students. It is expected that every student will receive e-mail at his or her Columbia address and will read the e-mail on a frequent and consistent basis. A student’s failure to receive and read university and program communications in a timely manner does not absolve the student from knowing and complying with the content of such communications.

Students are not able to redirect (auto-forward) e-mail sent to their university e-mail address to another address.

E-mail, through your Columbia University UNI is the primary mode of communication by the faculty. Students are either contacted individually or as a class (group e-mail) through CourseWorks as it pertains to individual course announcements, assignments, etc.

9. Counseling and Advising

The faculty is interested in each student’s well-being and an “open-door” communication policy is maintained. Each student has been assigned a full-time faculty member as an advisor. Students are encouraged to meet with their advisor, Program Director, or any faculty member at any time. Students should seek guidance when experiencing academic difficulty and/or have extenuating circumstances that may influence their performance in the program. Faculty can be reached via their email addresses to set up an appointment.

The faculty reviews students’ academic status at the mid-term and end of each semester. Any student in academic difficulty will be notified in writing by the Program Director. A plan of action that is in the best interest of the student will be recommended.

Students are advised to resolve any course related issues with the primary course instructor. Students may also seek guidance from their faculty advisor or Program Director if the situation is not remedied to their satisfaction.

10. Laboratory and Clinical Attire and Responsibilities

Laboratory Attire and Responsibilities

Laboratory attire is required in many courses. Students are responsible for reviewing each course syllabus for the required laboratory dress. Students will be expected to perform palpation, manual techniques, and other handling skills on male and female students and male and female patients. During laboratory sessions students will be expected to expose certain body parts. Proper decorum and draping is followed. If a student believes there may be a problem that could limit participating as a subject during the laboratory session, the Course Director should be contacted.

To assist with compliance in keeping the classroom clean and neat, students are assigned in pairs as lab coordinators on a weekly basis. In this role they work with the instructor in either setting up the lab with the appropriate equipment/supplies (first lab section) or putting all equipment/supplies away, making sure the lab is put back into its standard configuration, and wiping down the mat tables with disinfectant (second lab section). The assignment sheet naming the lab coordinators accompanies each semester’s lab roster and is posted in both the North and South classrooms.
Clinical Attire and Responsibilities

On assigned clinical visits as part of required courses, students are expected to dress professionally. Students will receive their white coats at the program’s White Coat Ceremony scheduled in Spring II. Male students are required to wear a shirt and tie; female students pants and a blouse or sweater. Jeans, sneakers or clogs are not professional attire.

During Clinical Education I, II and the Clinical Internship, students adhere to the dress code of the facility to which they have been assigned. Please refer to the Clinical Education Handbook, page 19 for more details.

Any student who incurs an injury while matriculated in the program must provide a physician’s report documenting the injury/diagnosis and specifying any and all medical limitations on his/her physical activities. (Refer to Part VIII Appendix, B: Physical Capabilities Form, page 101). This documentation must be presented to the course instructor who will determine how the student will proceed in their course and/or clinical education experience.

11. Printed and Electronic Material

Faculty members provide students with course material (syllabi, lecture outlines, handouts, readings, etc.) in CourseWorks for students to download. Duplication of course readings and other material not accessible through CourseWorks are placed on reserve in the library. This material is a direct extension of your texts.

Course material that is placed in CourseWorks is found under the appropriate course number and title. Whether students decide to download and print from their personal computers (see Printing Services below), use the reserve file and printer capabilities in the Library or as a class develops some other mechanism to generate material, students are held responsible for all material posted in CourseWorks and put on reserve. In relation to this policy, it is important to check CourseWorks on a regular basis, especially for material that has been posted at the beginning of any given semester. Group e-mails are sent when new material has been posted.

12. Course Calendars

On CourseWorks under each course per semester, the faculty has posted the associated course calendar related to dates of quizzes, exams, competencies, projects, etc. These individual calendars can be uploaded by each student into a master calendar for a comprehensive overview of semester requirements.

13. Printing Services

Faculty places a lot of course information on CourseWorks, the University supported website for course management. Recommend texts and journal articles are placed on reserve in the Library.

Students are given 1,000 free pages, double sided counts as 1 page, during each semester; fall (August 8 – December 31), spring (January 1 – May 22) and summer (May 23 – August 7). This may seem like a lot of pages, but the journal articles and other course related material put on reserve or which can be downloaded from CourseWorks is often extensive. Therefore responsible use of this free printing option is encouraged. Students have access to their printing quota via Student Services On-Line. When a student logs in, a balance of pages left will be given. Any incorrect charges related to printing or difficulty in printing, should be handled through the Help Desk, 2nd floor, Hammer Health Sciences Library.
14. Photography and Video Release

The Program in Physical Therapy and its representatives on occasion take photographs or video for the program’s use in publications, websites or other online outlets, or for educational purposes. This serves as public notice of the program’s intent to do so and as a release to the program of permission to use such images at its deems fit. Any student (or patient/client) who objects to the use of his/her image has the right to request that the program withhold its release by signing an **Opt-Out Photography/Video Form**. This form can be obtained from a faculty member or the Senior Secretary/Receptionist.

15. Examinations:

To allow every student equal opportunity to succeed in an examination, the following procedure is followed during examinations:

- Students must appear on time for an examination. The instructor may allow or deny a student the right to begin the examination later than the designated time. A *Professional Development Report* will be completed and placed in the student’s file.

- All personal belongings must be placed away from the seating area.

- Students are responsible neither to give information nor to seek it from another student, or from any other unauthorized source. Such conduct is considered an academic offense.

When a written or practical examination has been scheduled in the course syllabus, each student is expected to be present in class to take the examination. If a student is unable to be present because of illness or family emergency, the student must:

- Notify the course instructor of the impending absence.

- Within 24 hours of the student’s return to class, contact the instructor to arrange a date and time to take the missed examination.

Failure to comply with these requirements will result in a grade of zero for the examination.

A student who the University Office of Disability Services has determined to be eligible for a specified accommodation during examinations must notify each instructor at least 2 weeks prior to the examination for which the student wishes to have the accommodation. Notification is necessary so that the instructor can make the appropriate arrangements. See Disability Services below on how to apply for an accommodation.

16. On-Line Quizzes and/or Assignments

In some courses, on-line assignments and/or quizzes may be required. It is expected that students will abide by intellectual honesty, which is a cornerstone of all academic work. Academic dishonesty includes the submission of similar or identical answers on a written quiz or assignment by 2 or more students who have discussed and/or copied answers from each other. The Physical Therapy program views any form of academic dishonesty as a serious matter, which can lead to withdrawal from the program. See Part VI Academic and Clinical Integrity, Academic Dishonesty, page 84.
17. Disability Services

Disability Services (DS) facilitates equal access for students with disabilities by coordinating accommodations and support services. DS works with students with all types of disabilities, including physical, learning, sensory, psychological, AD/HD and chronic medical conditions. DS also provides assistance to students with temporary injuries and illnesses.

Accommodations are adjustments to policy, practice, and programs that level the playing field for students with disabilities and provide equal access to Columbia’s programs and activities. Examples of accommodations include the administration of exams, services such as note-taking, sign language interpreters, assistive technology and coordination of accessible housing needs. Accommodations are specific to the disability-related needs of each student and are determined according to documented needs and the student’s program requirements. Until the registration process is completed and approved by DS, students cannot receive reasonable accommodations.

Registration includes submission of both the DS Registration Form and disability documentation. The Registration Form and disability documentation guidelines are available online at www.health.columbia.edu/ODS and at the DS office (Bard Hall, Room 105). Students are encouraged to register within the first two weeks of the semester to ensure that reasonable accommodations can be made for that semester.

Dr. Randy Kolodny serves as the program liaison with DS and assists DS in coordinating the provisions of reasonable accommodations in the DPT program. Dr. Kolodny can be reached at rbk21@cumc.columbia.edu or 212-305-1654.

18. Center for Student Wellness

The Center, located in Bard Hall 105, provides opportunities that facilitate the personal and professional development of students. The Center assists students in strategizing, prioritizing, troubleshooting, problem solving and developing an action plan targeted toward their individual concerns and stresses. Staff members are trained in exercise science, human nutrition, health psychology, addiction and substance abuse, and complementary care. The CSW can assist students with a wide array of issues including:

- Alcohol and drug questions
- Anxiety and panic attacks
- Depression
- Eating concerns
- Family issues and illness
- Fear of public speaking
- Interpersonal issues
- Nutrition questions
- Sexuality
- Sexual misconduct/abuse
- Sleep disturbance
- Study skill questions
- Test anxiety
- Time management skills
Additional, easily accessible, on-campus services include:

- Student Mental Health
- AIMS: Addiction Information and Management Strategies
- Sexual Violence Prevention and Response Program

For more information on all services provided, visit [www.cumc.columbia.edu/student/health/](http://www.cumc.columbia.edu/student/health/).

### 19. Learning in the Affective Domain

In addition to program and course objectives in the cognitive (knowledge) and psychomotor (skill) domains of learning, the faculty hopes to instill in the student the attitudes and values associated with “professionalism”. These objectives written in the affective domain are incorporated into each course syllabus. Please refer to Part V. Professional Behaviors in the *Handbook* beginning on page 73, for further delineation of affective domain learning. Students must demonstrate satisfactory professional behaviors to receive a passing grade in each course.

### 20. Registration, Drop and Add

Students will be notified by both the Registrar and Program Director via email of assigned days for preregistration. Course names, course numbers, and registration call numbers will be provided by the Program Director in advance of the scheduled preregistration days. Students are responsible for checking their registration times via the Student Services portal online. Students must be in good standing in terms of no outstanding tuition balance or fees, and have completed all student health requirements in order to preregister. If the preregistration deadline has passed, and students have failed to register for the following semester courses, a second call for registration will occur at the start of the new semester. Students who have clear accounts will be able to register. If this registration period is missed, for whatever reason, a late registration fee of $50.00 will be imposed.

As this is a professional curriculum, all courses are required courses and cannot be dropped. Regarding electives, a minimum of 10 students is required for an elective to be offered as these courses are taught by clinical specialists (master clinicians) who are reimbursed for their teaching time. Students will be asked to select their electives in coordination with the Program Director prior to the pre-registration period. Hence it is expected that students will think through their elective options carefully because they are held to their selections.

### 21. Withdrawal from the Program

If a student should decide to withdraw from the program, a statement is added to the student’s transcript indicating such withdraw. Depending on the date of withdraw, a student may be entitled to some pro-rated refund of tuition. In most cases, ancillary fees will remain on the student’s account, in addition to a $75 withdraw fee. The policy as per the Registrar is as follows:

Refunds are a percentage of charges (including tuition, dining and housing) assessed to the student based on the date of the student’s last day of attendance (separation) as reported by the Program Director. A refund calculation will be based on the last day of attendance. However, a student may be charged for services (e.g. housing, dining) utilized after the last day of attendance.
Fees not subject to refund include: health services, medical insurance/Blue Cross, course related fees, materials fee, international student service charge, late registration. Refunds are determined as follows:

<table>
<thead>
<tr>
<th>Week</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Week of Class</td>
<td>100%</td>
</tr>
<tr>
<td>Second Week</td>
<td>90%</td>
</tr>
<tr>
<td>Third Week</td>
<td>80%</td>
</tr>
<tr>
<td>Fourth Week</td>
<td>80%</td>
</tr>
<tr>
<td>Fifth Week</td>
<td>70%</td>
</tr>
<tr>
<td>Sixth &amp; Seventh Week</td>
<td>60%</td>
</tr>
<tr>
<td>Eight Week</td>
<td>50%</td>
</tr>
<tr>
<td>Ninth Week</td>
<td>40%</td>
</tr>
<tr>
<td>After 9th Week</td>
<td>0%</td>
</tr>
</tbody>
</table>

Students will not be entitled to any portion of a refund until all Title IV program fees are credited and all outstanding charges have been paid. A separate financial aid refund calculation will be made after tuition and fees have been adjusted.

22. Leave of Absence

Students wishing to take a leave of absence (voluntary or military) should refer to the University’s official regulations in the University Handbook, Essential Policies for the Columbia Community, at http://www.essential-policies.columbia.edu. A request for a leave of absence should be directed to the Program Director.

23. Course and Program Evaluation

Formal course evaluations through CourseWorks are completed at the end of each semester. Completion of the prescribed course evaluation, in a timely manner, will allow students to view their final grades prior to posting in Web Grading, which gives students access to their transcripts at any time. Faculty will not post grades in Web Grading until the open period to complete course evaluations has passed. The process by which course evaluations are utilized is summarized in Chart 1. Course Evaluation Flow Chart, page 45.

Course and program evaluation is an important mechanism used by the program faculty to evaluate curriculum goals and objectives as well as to meet Commission on Accreditation in Physical Therapy Education standards for continuation of accreditation status. Students participate in this process through a number of mechanisms; formal course/instructor evaluation, mini-evaluations completed while the course is in progress, Student-Faculty Committee focus groups, evaluation of the clinical education experience, end of Year I, II and III surveys, exit interviews and alumni surveys. The process by which program evaluation occurs is summarized in Chart 2. Overview of the Program’s Evaluation System, page 46. It is hoped students will take the responsibility to participate in the program’s evaluation processes seriously and provide constructive feedback to assist the faculty in its efforts to keep the program progressive and timely.
Chart 1. Course Evaluation Flow Chart

1. Students Complete Course Evaluations
   - Course Evaluations Compiled and Summarized through CourseWorks
     - Course Instructor Reviews
     - Program Director Reviews
       - Implementation of Course Changes if Necessary
Chart 2. Overview of the Program’s Evaluation System

- Student Course Evaluations
- Faculty Self-Reflection of their Courses
- Clinical Site Faculty Review
- Analysis of National PT Exam Results
- Student and Alumni Focus Groups
- Acceptance into Residency Program and Receipt of APTA Clinical Specialization
- Implementation of Program Changes if Necessary
- Other
24. Student Support and Travel to Professional Meetings

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

Students involved in either a poster or platform presentation at a professional meeting will have their registration, travel and 2 nights lodging (the day before and day of the presentation) paid by the program.

Students who hold office in the Student Assembly of the APTA, serve as a student liaison to the APTA and/or to the New York State Chapter, or have been selected to serve as an usher at either a national or state meeting will be supported by the program to attend these meetings.

Students who have received either a New York State or American Physical Therapy Association award will be supported to attend the appropriate venue to receive their award.

The specific Guidelines for Student Travel Reimbursement can be found on page 48.

25. Work Study

Faculty hire students to assist them in administrative activities and the program hires an AV student to assist in setting up the required AV needs of a faculty member, and if necessary, ending the AV session to include the return of equipment to its proper storage place. This activity usually consists of 10-15 minutes per class time.

The Guidelines for Work Study can be found on page 49.
Student support for travel as defined below is a privilege. All travel must be approved by the Program Director in writing before any travel, hotel booking and registration are finalized.

A. Eligible Students

**Current students matriculated into the program**, attending one or more of the following:

1. National Student Conclave as program APTA student representatives
2. Presentation of research at a state or national meeting
3. Awards bestowed by the State Chapter or National Association
4. Selected to be an usher at the House of Delegates and/or for CSM or National Meeting

B. Reimbursement Limits

**Attendance related to A. 1 – 3 above**

1. Round-trip air fare not to exceed $350.00. Air fare above this amount needs approval of the Program Director. Airline ticket travel cannot exceed the length of the conference.
2. Student registration fee
3. Local transportation fees to/from airport to hotel
4. Hotel for 2 nights, which includes the night before and night of the presentation. It is expected that if more than one student attends the same venue as per “A”, rooms will be shared. Additional nights are at the expense of the students.
5. Food allotment for the 2 day stay not to exceed:
   - $10.00 breakfast
   - $20.00 lunch
   - $35.00 dinner

   Alcoholic beverages are not reimbursable

**Attendance related to A. 4 above**

1. Hotel only for 2-3 nights. It is expected that if more than one student is selected for participation, rooms will be shared.

C. Receipt of Compensation (Required Documentation)

1. Completion of the Travel Expense Report and accompanying W-9 Form within 10 days post-travel.
2. Proof of registration for Conclave or Conference
3. Proof of attendance at sessions by having each session stamped in the Program Booklet (CSM and National Conference)
4. Original receipt and boarding passes for air fare
5. Original hotel receipt
6. Original food receipts

Reimbursement cannot be provided without the above documentation. If the documentation does not include your name for verification, then a copy of the credit card statement showing your name and payment(s) needs to be submitted. Your card number and all unrelated charges should be blacked out.

D. Prior to Travel

1. Meet with Mrs. Gina Frassetto, Administrative & Business Manager, to obtain the W-9 form and for instructions on how to complete the Travel Expense Form.
A. Reimbursable Hours
Students will be reimbursed for hours worked and documented by faculty if student is:

1. Working personally for a faculty member

2. Providing AV assistance which will consist of 10-15 minutes per class in setting up the required AV needs of a faculty member and, if necessary, ending the AV session to include return of equipment to its proper storage place

B. Mechanism for Reimbursement

1. Students need to pick up a bi-weekly time sheet from Mrs. Gina Frassetto, Administrative and Business Manager, complete the number of hours worked, have the time sheet signed on a regular basis by appropriate faculty member(s) and return the signed sheet to Mrs. Gina Frassetto on the **Friday of the last day of the pay period**.

2. Students should make a second copy to be used for entering their hours. **NO BACK DATING IS PERMITTED.**

3. Once the process in 1 and 2 is completed, students can then enter their time online via the Work-Study link.

4. The time sheet and online submission must match for approval for payment by Mrs. Frassetto.
26. Paid Teaching Assistants

Third year students, in good academic standing, are hired to serve as teaching assistants (TA) in the Year I Gross Anatomy course. TAs are expected to be present in the laboratory for one 2-hour time period per week during the semester. The TAs should be knowledgeable of and prepared to review the topics covered to date in the course. If a TA is unable to answer a question or identify the structure, the TA should help the student identify a resource through which the answer can be determined or structure can be identified. TAs are responsible for administering 3 “Mock Practical” examinations during the semester. As this TA position is extremely popular, a maximum of 4 TAs are selected through a lottery for students who meet the criteria as outlined by Dr. Kinirons, course instructor. The 2-hour block requirement occurs in the evening or on the week-end.

Remuneration occurs at the end of the fall semester and is credited toward the student’s spring tuition bill.

27. Religious Holidays

It is the policy of the University to respect its members’ religious beliefs. In compliance with New York State law, a student who is absent from the program because of his or her religious beliefs will be given equal opportunity to make up any examination or other course requirement that the student may have missed because of such absence on any particular day or days. No student will be penalized for absence due to religious beliefs, and alternative means will be sought for satisfying academic requirements involved.

The faculty when scheduling exams tries to avoid conflicts with religious holidays as much as possible. While the Program in Physical Therapy will do its best to accommodate religious beliefs and observances by its students, requested adjustments must be reasonable, made well in advance of the requested day(s) and allow for the fulfillment of academic requirements involved.

28. Weather Regulations

Extremely inclement weather may require the closing of the University. Such notice is posted on the Columbia web site www.columbia.edu. Students are also notified through a telephone chain with the first call initiated by the Class President.

Student telephone chains are also used in case a faculty emergency arises that necessitates the last minute cancellation of an early morning class. Once notified, each student is responsible for calling 3-4 students on his/her chain to alert them of the cancellation.

29. Awarding of the Degree and Graduation Ceremonies

Degrees are awarded 4 times a year in October, February, May and June. The program’s Convocation and Awards Ceremony and the University’s main graduation occur Tuesday and Wednesday respectively during the third week in May. Any interruption that causes a break in completing the clinical education portion of the curriculum on time may necessitate a delayed graduation. Students who remain in good academic standing are still eligible to participate in graduation ceremonies. Receipt of the diploma with corresponding date of graduation will be deferred until June or October upon successful completion of clinical education.

30. Transcripts

The amended Family and Educational Rights and Privacy Act (FERPA) of 1974 prohibits release of educational records without the written consent of the student. Official transcripts may be requested through Student Services On-Line. Two options are available:
• Printed on paper via mail delivery, which takes about 3 days from processing to delivery.

• A secure pdf format via email for immediately delivery. However, with the pdf format, it is best to check with the third party recipient to determine if this method of delivery is acceptable.

The procedure for ordering transcripts can be found on the Registrar’s website at http://registrar.columbia.edu/students/transcripts. For more detailed information on the secure pdf format see Appendix H, page 115.

31. Public Safety

Escort Service
Escort Service is available to students within the campus area (W. 165th to W. 179th Streets, Broadway to Haven Ave) by calling the Office of Public Safety 15 minutes prior to your need for an escort. Phone 212-305-8100. An escort (either by foot patrol or vehicle) is available 24 hours a day.

Computer Security
PC Phone Home: Laptop and PC recovery software available for free online through Columbia University Information Technology (CUIT).

Operation ID: property engraving is free; great for laptops, computers, etc. Once engraved, it is registered with the NYPD and Columbia University Department of Public Safety.

Bike Registration
Bike registration: free. Registered with the NYPD and Columbia University Department of Public Safety.

Additional information related to public safety on the CUMC campus can be found at http://ps.columbia.edu/education/resources-and-support/campus-resources/public-safety

32. Fire and Safety Evacuation

Instructions are posted on NI8 bulletin boards. NI8 Fire Codes are 2-8 and 3-8 indicating smoke/fire on NI8. Smoke conditions in the NI Building is 10-1.

33. Sexual Assault

Columbia University does not tolerate sexual assault of any degree or kind. The University community is committed to fostering a healthy and safe environment in which every member of the community can realize her or his fullest potential. To counteract this problem, the University provides educational and preventative programs, resources to individuals dealing with sexual assault, and accessible methods of complaint resolution.

The University encourages students who believe that they have been subjected to non-consensual physical contact of a sexual nature to report these incidents, whether or not they choose to file an official complaint. Students who wish to file a complaint against another student may do so by contacting the Office of Sexual Misconduct Prevention and Education (OSMPE) at 212-304-7028 (Medical Center Campus). For further information on the University’s Sexual Misconduct Policy, as well as how to file a complaint, visit the website at www.columbia.edu/cu/sexualmisconduct.
Columbia University is committed to providing a learning, living, and working environment free from discrimination, harassment and gender-based and sexual misconduct. Consistent with this commitment and with applicable laws, the University does not tolerate discrimination, harassment or gender-based or sexual misconduct in any form and it provides students who believe that they have been subjected to conduct or behavior of this kind with mechanisms for seeking redress. All members of the University community are expected to adhere to the applicable policies, to cooperate with the procedures for responding to complaints of discrimination, harassment and gender-based and sexual misconduct, and to report conduct or behavior they believe to be in violation of these policies to the Office of Equal Opportunity and Affirmative Action or Student Services for Gender-Based and Sexual Misconduct.

Complaints by students against students for gender-based misconduct are processed in accord with the Gender–Based Misconduct Policies for Students.* The use of the term “gender-based misconduct” includes sexual assault, sexual harassment, gender-based harassment, stalking, and intimate partner violence.

(* Full disclosure can be reviewed at: http://www.columbia.edu/cudsa/docs/policy)

Complaints by students against students for other forms of discrimination and harassment are processed in accord with the Student Policies and Procedures on Discrimination and Harassment and should be filed with the Dean of Students of the school in which the respondent is enrolled.

Complaints by students against employees and third parties engaged in University business for discrimination and harassment are processed in accord with the Employment Policies and Procedures on Discrimination and Harassment. The use of the term “discrimination and harassment” includes discrimination, discriminatory harassment, gender-based harassment, sexual harassment, and sexual assault.

Under the University’s Consensual Romantic and Sexual Relationship Policy Between Faculty and Students**, no faculty member shall have a consensual romantic or sexual relationship with a student over whom he or she exercises academic or professional authority.

(**Full disclosure can be viewed at http://eoaa/columbia.edu/consensual-romantic-relationships)

Title IX Coordinator for Columbia University: Susan Rieger, Associate Provost
Office of Equal Opportunity and Affirmative Action, 103 Low Library
sr534@columbia.edu, (212) 854-5511

Deputy Title IX Coordinator for Student Concerns: Melissa Tihinen, Senior Manager
Student Services for Gender-Based and Sexual Misconduct, 108C Wien Hall
mt2738@columbia.edu, (212) 854-1717

Columbia offers a number of confidential resources to students who believe they were subjected to discrimination, harassment or gender-based or sexual misconduct:

Counseling Services: CUMC (212) 496-8491

Rape Crisis/Anti-Violence Support Center: (212) 854-HELP

Office of the University Chaplain: 212-854-6242

Health Services
CUMC (212) 305-3400 or CUMC clinician-on-call (212) 305-3400
The University has a website portal to connect students to important information about discrimination, harassment and gender-based misconduct at Columbia. This website, called “Sexual Respect,” is an information clearinghouse for students who wish to learn more about the important issues, policies and resources. See https://titleix.columbia.edu.

35. Privacy Policy

Columbia University and the program adheres to strict standards of confidentiality regarding information related to health care services, disability services, and other privileged information to which various services have access.

Strict standards of confidentiality are maintained by Student Health Services. Each clinical service maintains secure and private treatment records, which are not part of students’ educational records and are not available to program faculty. To further protect the privacy of students, a written consent form needs to be completed to release any health care information.

The Family Educational Rights Privacy Act (FERPA) regulates disclosure of disability documentation and records maintained by the Office of Disability Services. Under the act, prior written consent by the student is required before any disability documentation or records are released. Program faculty may request information about the impact of a student’s disability to assist with the student’s success in the program. Disability Services will only share information when deemed appropriate and carefully balances a student’s request for confidentiality with the program’s request for information.

Student records kept by the program are not shared with outside parties, including past or future clinical sites nor does the program share personal or Columbia email addresses with employment recruiters and other vendors.

See also Pre-Clinical Drug Testing Policy, page 90 and Appendix E, page 106 as well as the Clinical Education Handbook, Academic Year 2014-15, page 17. The Clinical Education Handbook, page 17-18 also describes the mechanism and confidentiality for a criminal background check and/or fingerprinting if required by a clinical affiliation site, which is the sole responsibility of the student.
PART IV
ACADEMIC STANDARDS
AND
SATISFACTORY ACADEMIC PROGRESS
The faculty endeavors to provide a supportive collegial learning environment to foster each student’s competence in the classroom and in the clinic. The curriculum of the Doctor of Physical Therapy is sequential. **Students are required to maintain a minimum semester and cumulative GPA of 3.000 to remain in good academic standing. Additionally, students must complete and pass each clinical education course in sequence.**

See Table 4 Classification System, pages 58 – 59.

The Program in Physical Therapy reserves the right to dismiss or to deny registration, readmission, or graduation to any student who in the judgment of the program is determined to be unsuited to the study or practice of physical therapy. Hence, failure to progress (i.e. numerous marginal grades or ethically/moral unacceptable conduct) for a student seeking to enter the physical therapy profession can be sufficient grounds for withdrawal.

**A. GRADES AND POINTS**

A minimum of 113 credits, which include all required academic coursework, 2 elective courses taken for credit, and 1 elective course taken for no credit are required to meet graduation requirements. Additional elective courses for credit including the research and service learning practicums can be taken for the maximum number of allowable credits at 125. Successful completion of all clinical education experiences is necessary for receipt of the DPT degree. **As this is a prescribed curriculum, all courses with their corresponding credits are taken in the semester offered.**

A grade of “C+” or above or a grade of “pass” (P) accounts for credit for successful completion of a course toward the DPT degree and is accepted as the basis for advancement to subsequent courses. Pass grades are not used in computation of the grade point average.

In the computation of grade point averages for the DPT program, quality points are awarded on the following scale:

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Percentage</th>
<th>Points</th>
<th>Quality Level of Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>98 – 100</td>
<td>4.33</td>
<td>Reserved for highly exceptional achievement</td>
</tr>
<tr>
<td>A</td>
<td>94 – 97</td>
<td>4.00</td>
<td>Excellent, outstanding achievement</td>
</tr>
<tr>
<td>A-</td>
<td>90 – 93</td>
<td>3.67</td>
<td>Very good achievement</td>
</tr>
<tr>
<td>B+</td>
<td>87 – 89</td>
<td>3.33</td>
<td>Solid achievement</td>
</tr>
<tr>
<td>B</td>
<td>83 – 86</td>
<td>3.00</td>
<td>Good</td>
</tr>
<tr>
<td>B-</td>
<td>80 – 82</td>
<td>2.67</td>
<td>Acceptable but below what is expected at the graduate level</td>
</tr>
<tr>
<td>C+</td>
<td>75 – 79</td>
<td>2.33</td>
<td>Marginal achievement</td>
</tr>
<tr>
<td>F</td>
<td>0 – 74</td>
<td>0.00</td>
<td>Failure to meet graduate standards</td>
</tr>
</tbody>
</table>

Pass (P) A “pass” is assigned for successful completion of the course requirements, as documented in the course syllabus, for courses that use a pass/fail grade scale. A grade of “P” is not included in the computation of the GPA.

Students are expected to complete all course assignments, examinations and clinical education experiences on time. There is no automatic grade of “incomplete” (INC). A student will receive an “F” grade in any course in which the student fails to pass the course standards as described by the instructor and stated in the course syllabus. **As the curriculum is sequential, a failure in any course including clinical education may lead to withdrawal from the program.**
B. INCOMPLETE (INC)

A student may be given an “INC” in a course if any one of the following circumstances apply:

1. In an academic course, failure to meet the course requirements due to extenuating circumstances that is satisfactory to the course instructor. The course instructor may grant an extension, for a specified period of time, for the course requirements to be completed. The grade of “INC” is converted to a letter grade or the grade of “P” once all course requirements are completed to the satisfaction of the course instructor within the specified period of time.

2. In a clinical education course demonstration of difficulty with performance requirements, necessitating additional clinical education time to successfully meet the performance requirements. The decision to grant additional clinical education time is made by the Directors of Clinical Education in conjunction with written and verbal feedback from the clinic and the student. Additional clinical education time may be in the form of remediation, lasting no longer than 4 weeks, or a repeat of the entire clinical experience. Students are permitted only one repeat of an entire clinical education course. The grade of “INC” is converted to a grade of “P” once all clinical education course requirements have been met.

3. In a clinical education course, when in good clinical standing, but personal circumstances warrant delaying completion of the course. The grade of “INC” is converted to a grade of “P” once all clinical education course requirements have been met.

The grade of “INC” is converted to a grade of “F” if the course requirements have not been completed to the satisfaction of the course instructor in the specified period of time.

C. PRACTICAL GRADING GUIDELINES

Clinical courses that include a practical component will fall under the guidelines that follow.

1. In addition to achieving an average of 75 or higher on graded assignments, students must successfully pass all practical examinations for a given course.

2. The passing grade for a practical examination is 80%.

3. A student who fails a practical examination is required to retake the practical examination and earn an 80% competency to pass; however, the score of 75% is recorded for the retake exam and applied to compute the final averaged grade for the course.

4. A student is given only one retake practical examination opportunity for any one course. Therefore, failure of a retake practical examination or failure of an additional practical exam in the course will result in a failing course grade.

5. Within the three-year DPT curriculum, a maximum of three (3) retake practical examinations will be permitted for a given student. A student that fails 1 or 2 practical examinations may be required to come before the Academic Standing Committee. A student that fails 3 practical examinations is required to come before the Academic Standards Committee and will be issued an academic warning. A student that fails 4 practical examinations may be withdrawn from the program.
D.  CLINICAL EDUCATION GUIDELINES

Students must be in good academic standing with a minimum GPA of 3.000 to enter into the clinical education portion of the curriculum, except as noted below.

A student who receives an Incomplete ("INC") in any course during Summer I, Fall IIA, Spring IIB or Fall III must successfully pass the course prior to beginning Clinical Education I, II or the Clinical Internship.

During each clinical education experience, in cases where sufficient progress is not being made and a student will not achieve the criteria for passing by the conclusion of a clinical education experience, a remediation and/or extension of clinical time may be offered at the discretion of the Directors of Clinical Education (DCE), Center Coordinator of Clinical Education (CCCE) and the Clinical Instructor (CI). The student will begin a remediation/extension with a learning contract outlining the student’s individualized goals. If the student is unable to meet the criteria for passing the clinical experience within the prescribed time frame, or if an additional 1-2 weeks would not be sufficient or logistically possible, a full-length remedial clinical experience may be assigned. The student will be given a grade of Incomplete (“INC”) for the course and will need to repeat the clinical experience.

The DCE will share the recommendation for a clinical extension and/or remediation with members of the program’s Academic Standing Committee. A student may be granted permission to continue with academic coursework and remediate the experience at the next scheduled clinical education time period. Upon successful completion of the repeated clinical experience, the grade of incomplete (“INC”) will be converted to a Pass (“P”). A student who does not achieve the passing criteria by the end of the remedial clinical experience will receive a Failure (“F”) for the course. A student will not be given a second opportunity to extend or repeat ANY clinical experience. All clinical education experiences must be successfully completed before the DPT degree is awarded.

In addition to the academic standards to enter into clinical education, the student must also be in good physical health. If a student sustains an injury, e.g. upper extremity, lower extremity, neck or back, which requires continuous medical attention or surgery prior to the start of any clinical education experience, the attending physician needs to complete, on behalf of the student, a Physical Capacities Form. The form enables the Directors of Clinical Education, in conjunction with the affiliation site, to determine a student’s capability of handling the requirements of a full-time clinical experience. A copy of the form is found in Part VIII, Appendix B, page 101.

Specific rules and regulations that govern the clinical education portion of the curriculum are found in the Clinical Education Manual distributed prior to the start of the Clinical Education I experience and are discussed with students by the Directors of Clinical in the Clinical Education Seminar courses.

E.  ACADEMIC STANDING

1.  Academic Standing Committee

The ultimate concern of the faculty is the student’s ability to competently practice physical therapy; therefore, the overriding concern of the Academic Standing Committee is the welfare of the patient/client. The Academic Standing Committee consists of a Chairperson, appointed by the Program Director, and the full-time faculty of the DPT program. The Academic Standing Committee serves as the primary decision-making body of the program and forwards its decision to the Program Director.
The Committee meets regularly to review student progress and determine academic standing. As part of its evaluative function, the Committee reviews the progress of each student by a thorough assessment of the student’s record and appraisal of the student’s level of:

   a. Knowledge (Course Grades)
   b. Skills (Laboratory and Clinical Education Performance)
   c. Attitudes (Professional Abilities)

When warranted the Committee will invite a student to discuss their academic or professional performance in the program. Any student placed on academic probation must come before the Committee to discuss their status and mechanisms for rectifying their academic performance and potential implications.

The Committee arrives at its decisions regarding academic standing based upon majority vote of those present, with a quorum of two thirds of the faculty. The Program Director is not a member of the Committee but may attend and participate in the meetings as an ex-officio member. The Committee Chairperson will cast no vote, except in the event of a tie. Students who are found not to be in good academic standing will be notified in writing by the Program Director of the Committee’s decision.

2. Academic Classification System

The academic standing of each student is determined throughout the semester as the Academic Standing Committee reviews students’ academic performance, clinical performance and professional abilities. See the program’s Classification System, Table 4 below.

<table>
<thead>
<tr>
<th>Academic Standing</th>
<th>Student Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>A cumulative grade point average (GPA) of 3.850 or above Adherence to: • Code of Ethics, APTA • Professional Behaviors • Essential Functions • Code of Conduct</td>
</tr>
<tr>
<td>Good</td>
<td>A cumulative grade point average (GPA) of 3.000 or above Adherence to: • Code of Ethics, APTA • Professional Behaviors • Essential Functions • Code of Conduct</td>
</tr>
<tr>
<td>Warning*</td>
<td>Demonstration of unsatisfactory academic and/or clinical performance during a semester, which puts the student in jeopardy of failing one or more courses (academic or clinical education) Demonstration of a lack of understanding or disregard for the: • Code of Ethics, APTA • Professional Behaviors • Essential Functions • Code of Conduct</td>
</tr>
<tr>
<td>Probation*</td>
<td>A semester grade point average (GPA) below 3.000 or a cumulative GPA below 3.000 An &quot;INC&quot; in a clinical education course secondary to difficulty in meeting performance requirements</td>
</tr>
</tbody>
</table>
### Table 4 continued. Classification System

<table>
<thead>
<tr>
<th>Academic Standing</th>
<th>Student Characteristics</th>
</tr>
</thead>
</table>
| **Probation*** (continued) | Demonstration of two or more specific instances of a lack of understanding or disregard for the:  
- Code of Ethics, APTA  
- Professional Behaviors  
- Professional Abilities  
- Code of Conduct |
| **Suspension** | Serious lapses in professional behavior may lead to suspension in accordance with University policy as defined in *Essential Policies for the Columbia Community* at [http://www.essential-policies.columbia.edu](http://www.essential-policies.columbia.edu). See also *Dean’s Discipline*, page 63. |
| **Withdrawal** | A student may be withdrawn from the program at the discretion of the Academic Standing Committee. Possible reasons for withdrawal may include but are not limited to the following:  
- Consistently marginal performance in course work  
- On probation and failure of one course  
- Failure of one course (academic or clinical)  
- A cumulative grade point average (GPA) below 3.000 at the conclusion of the first academic year or during the remainder of the program.  
- Demonstration of an extreme disregard for the Code of Ethics, APTA, Professional Behaviors, and/or Code of Conduct  
- Inability to demonstrate the Essential Functions, with or without reasonable accommodations, as delineated by the program.  
- Failure to satisfy probationary, leave of absence or suspension criteria as established by the Program Director following advisement of the Academic Standing Committee. |

*Any student receiving an academic classification of warning or probation will receive a letter from the Program Director outlining suggestions to improve performance in consultation with the student’s advisor and the consequences if satisfactory academic progress is not achieved. The Office of Student Financial Planning will be advised of the student’s classification status, and the student will also receive a Financial Aid Warning from this Office. See H. Satisfactory Academic Progress as it Relates to Financial Aid, page 64.*

The faculty reserves the right to withhold a degree from any student it deems unworthy because of poor performance or unprofessional behavior.

### F. APPEALS PROCESS

The DPT program faculty encourages open student-faculty communication in order to affect a mutually satisfactory solution to problems relating to academic matters including violations of academic and clinical integrity or the program’s *Code of Conduct*. Any student in the Program in Physical Therapy who disagrees with a decision made by the Academic Standing Committee (ASC) that affects his/her academic standing in the program, and believes that due process was not followed, may request an appeal. See Chart 3, Appeals Process Flow Chart, page 62.

It should be noted that if a student is appealing an academic standing decision of suspension or withdrawal from the DPT program, the student cannot attend classes during the appeals process.

1. **Procedure**

   If a student chooses to appeal a decision, the appeal must be presented as follows:
a. The appeal shall set forth a concise statement explaining why the student believes the ASC procedures were not properly followed and should include times, dates, people involved, the grounds for the appeal, and the specific request that is being made.

b. The appeal shall be filed in writing to the Director of the Physical Therapy program within seven (7) days following the date that the student is notified of the ASC decision.

c. The ASC will reconvene and issue a final decision. A student who disagrees with a final decision of the Academic Standing Committee may appeal to the next level. The subsequent levels of appeal are listed in consecutive order below:

d. Director of the Program in Physical Therapy, who will convene a Grievance Committee that will issue a decision (see #2 Academic Grievance Committee).

e. The Chair of the Department of Rehabilitation and Regenerative Medicine will review and issue a decision (see #3 Additional Levels of Review).

f. The Vice Dean for Education for the College of Physicians and Surgeons will convene an Ad Hoc Grievance Committee and issue a decision (see #3 Additional Levels of Review).

g. A Committee of the Faculty Council, College of Physicians and Surgeons, will review and issue a recommendation. The Dean of the College of Physicians and Surgeons will issue a final decision. (see #3 Additional Levels of Review).

2. Academic Grievance Committee

The appeal request must be made in writing within 7 days following notification of the final decision of the Academic Standing Committee and directed to the Director of the Program in Physical Therapy. The Grievance Committee is appointed by the Director of the Program in Physical Therapy and includes 4 voting members and one nonvoting ex-officio member as follows:

a. Three faculty members from a health science program other than the full-time physical therapy faculty. One of the three faculty will serve as Chair of the Grievance Committee.

b. One student member from any health science program other than physical therapy.

c. One physical therapy faculty member who participates in an ex-officio capacity and without a vote.

The Academic Grievance Committee meeting is fact-finding, not an adversarial courtroom-type proceeding; the student may not necessarily be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting to evidence. In addition, although students are always free to consult with an attorney, they may not have an attorney present during a disciplinary hearing or at any appeal. The Academic Grievance Committee reports its determination to the Director of Physical Therapy, who then notifies the student.

3. Additional Levels of Review

The student may, if desired, request an additional level of review. Such a request must be made in writing within seven (7) days following notification of the Grievance Committee’s
determination, and directed to the Chair of Rehabilitation and Regenerative Medicine. Normally, the Chair of Rehabilitation and Regenerative Medicine’s review relies solely on the written record and does not include a new factual investigation. The Chair will notify the student of the results of his review when completed.

The student can request a further level of appeal to the Vice Dean for Education for the College of Physicians and Surgeons who will convene an Ad Hoc Grievance Committee. Such an appeal must be made within seven (7) days following notification of the Chair of Rehabilitation and Regenerative Medicine’s decision. The Vice Dean for Education will appoint at least 3 individuals to serve on this Committee. All Committee members will be faculty of the College of Physicians and Surgeons. The Committee normally relies solely on the written record and does not conduct a new factual investigation. The Committee will notify the student of its decision.

A final level of appeal can be made to the Committee of the Faculty Council, College of Physicians & Surgeons who will revive the decision of the Ad Hoc Grievance Committee and make a recommendation to the Dean of the College of Physicians and Surgeons. There is no further appeal within the University. The Dean will issue a decision and notify the student.
Chart 3. Appeals Process Flow Chart
G. DEAN’S DISCIPLINE

A student charged with a disciplinary infraction\(^1\) subject to “Dean’s Discipline” is entitled to notice of the charges, an opportunity to be heard and an opportunity to appeal a disciplinary decision to the Senior Associate Dean for Student Affairs of the College of Physicians and Surgeons. Persons entitled to file a complaint include any officer or staff member of Columbia University, as well as any matriculated student at Columbia University. Notice of charges must be filed by the Director of the Program in Physical Therapy within sixty (60) days of the alleged infraction.

Ordinarily, a disciplinary proceeding begins with a written communication from the Director of the Program in Physical Therapy requiring the student to attend a disciplinary hearing to respond to a specified charge. (In rare cases, the proceeding may begin with an oral communication requiring the presence of the student at a hearing.) The hearing is held before an Ad Hoc Committee comprised of three faculty members not integral to the case; one from physical therapy, two from other programs or schools at the medical center. The hearing is a fact-finding, non-adversarial courtroom-type proceeding; the student may not necessarily be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting to evidence. In addition, although students are always free to consult with an attorney, they may not have an attorney present during a disciplinary hearing or at an appeal.

At the hearing, the student is informed of the evidence that led to the charges against him or her and asked to respond. The student may offer his or her own evidence. This includes the student’s own appearance at the hearing and may include the appearance by others (witnesses) on his or her behalf and any written submission or relevant documents the student may wish to submit.

After the Ad Hoc Committee has considered all of the evidence, its members will reach a determination and notify the student in writing of that decision. If the student is found to have committed a disciplinary infraction, the penalty can include censure, probation, suspension and withdrawal.

The student has the right to appeal a decision that results from a disciplinary hearing to the Chair of Rehabilitation and Regenerative Medicine. The appeal must be made in writing within seven days from the date the student is notified of the decision, and it must clearly state the grounds for the appeal. Such appeal should be sent to the Chair of Rehabilitation and Regenerative Medicine who will notify the student and the Program Director of the final decision. Normally, the Chair of Rehabilitation and Regenerative Medicine relies solely on the written record and does not conduct a new factual investigation.

Once informed of the decision of the Chair of Rehabilitation and Regenerative medicine, the student may choose to appeal to the College of Physicians and Surgeons Executive Committee of the Faculty Counsel, School of Medicine. Normally, on such an appeal, the Executive Committee of the Faculty Counsel relies solely upon the written record and does not conduct a new factual investigation. The Chair of the Committee, however, may request any additional evidence that may help determine the merit of the decision. The Executive Committee of the Faculty Counsel focus upon whether the decision made and the discipline imposed are reasonable under all of the circumstances of the case. There is no further appeal within the University. Dean’s Discipline refers to all matters except sexual assault.

\(^{1}\)Disciplinary infraction may include but is not limited to violations of standards of ethical and professional conduct. These include but are not limited to what is outlined in both the Essential Functions Form, and the Program’s Honor Code. The University-wide Rules of University Conduct govern conduct incident to demonstrations, rallies and picketing and may replace “Dean’s Discipline” on cases of serious violations.
H. SATISFACTORY ACADEMIC PROGRESS AS IT RELATES TO FINANCIAL AID

Federal regulations require that the Program in Physical Therapy establish, publish and apply standards of satisfactory progress for financial aid eligibility. These standards are:

Requirements for Maintaining Satisfactory Academic Progress

The standard term of enrollment in the Program is 3 years, which equates to 8 academic semesters of combined academic and clinical course work (Year I Fall, Spring Summer; Year II Fall, Spring, Summer; Year III, Fall, Spring). As the curriculum is prescribed and sequential, it is expected that students will complete all required courses in the 8 semester calendar.

For a student to be in good academic standing, the following progression is followed:

1. Complete each semester of courses in Year I (Fall, Spring, Summer) with a minimum cumulative grade point average of 3.000 per semester.

2. After Year I, continue to be in good academic standing with a minimum grade point average of 3.000 per semester in Year II fall and spring.

3. After Year II, continue to be in good academic standing with a minimum grade point average of 3.000 after Fall III.

4. Satisfactorily complete, with a grade of “Pass”, Clinical Education I and II during Fall II and Summer II respectively.

5. Satisfactorily complete, with a grade of “Pass”, the Clinical Internship during Spring III.

The grade point average of every student will be reviewed by the Program’s Academic Standing Committee after the posting of grades at the end of each semester.

Students whose grade point average at the end of the Fall I semester is below the minimum 3.000 but no lower than 2.750 can remain in the program and matriculate into Spring I courses. Students will be placed on academic probation by the program and will also receive a Financial Aid Warning for the Spring I semester from the Office of Student Financial Planning. Students will be eligible to continue to receive financial aid during this spring semester.

Students whose academic standing is not raised to the minimum grade point average of 3.000 by the end of Spring I will be placed on Financial Aid Probation and all aid will be terminated for the Summer I semester. Students can appeal financial aid termination as outlined below under the Appeal Process.

Students will continue on academic probation by the program and will be allowed to matriculate into Summer I courses. Any student whose academic standing is not raised to the program’s minimum standard of a 3.000 cumulative grade point average by the end of Summer I will be withdrawn from the program.

Regaining Financial Aid Eligibility

Students who were not eligible for financial aid during Summer I can have their eligibility reinstated for Fall II if they successfully improve their cumulative grade point average to the program minimum standard of 3.000. Students must maintain the minimum 3.000 as per 2, 3, and 4 above under Requirements to progress through the final two years of the program.
During Year II or Year III, students whose cumulative grade point average falls below the program minimum standard of 3.000 during any semester or who do not achieve a passing grade in any clinical education experience will be withdrawn from the program.

Only one Financial Aid Warning is allowable to students throughout matriculation in the DPT program.

**Appeal Process**

Students with extenuating circumstances may appeal the determination that they are not meeting satisfactory academic progress requirements for continuation of their financial aid. The student and academic advisor must submit a Satisfactory Academic Progress Appeal Letter with complete documentation to the Office of Student Financial Planning with a copy to the Program Director. The Appeal Letter should include the following information/explanation:

1. What caused the work in the DPT program to fall below acceptable academic standing? Be specific.
2. How have these issues been resolved?
3. How does the student intend to maintain good academic standing and progress toward the DPT degree if the appeal is granted?

The appeal will be reviewed by the Executive Director of the Office of Student Financial Planning and the Program Director and the student will be notified of the decision. The appeal may be approved semester-by-semester by a Satisfactory Academic Progress (SAP) Contract. Students placed on a Contract are eligible for financial aid strictly according to the terms of the Contract. The Contract is an agreement between the student, the academic advisor in concert with the Academic Standing Committee and Office of Student Financial Planning. Any deviation by the student from the terms of the contract will result in the forfeiture of future financial aid eligibility and possible withdrawal from the program.

**Maximum Semester Allowance**

Any student in good academic standing who takes a medical leave of absence during a clinical education experience or is withdrawn from a clinical education experience, by one of the Directors of Clinical Education for not meeting established criteria for passing the affiliation, will be permitted to complete this requirement for receipt of the DPT degree in more than the required three-year sequence of eight semesters. A grade of incomplete will be given for the clinical education experience. Any student under the above conditions can continue for the equivalent of ten semesters.

**I. EXTENDED CLINICAL EDUCATION FEE**

Candidates for the DPT degree who are permitted to complete requirements in more than the required three year sequence (8 semesters) shall be charged an Extended 3 Year Rate of $500.00 for each semester while not part of the regular curriculum of the DPT program. This applies to any student who takes a medical leave of absence during a clinical education experience or is withdrawn from a clinical education experience by one of the Directors of Clinical Education for not meeting established criteria for passing the affiliation. During the Extended Curriculum semester(s), the student will also be charged for the student health service fee, medical insurance premium and CUMC Network fee. Although clinical education is 0 credits, students are considered to have full-time status and are therefore eligible for financial aid in the form of federal direct loans.
J. HANDLING OF COMPLAINTS THAT FALL OUTSIDE THE REALM OF DUE PROCESS

Students have the following mechanisms that can be used to file a complaint against the program or faculty member if they believe they have been unfairly adjudicated.

1. Program Director at dck6@cumc.columbia.edu

2. The Compliance Hotline at http://www.compliance.columbia.edu/hotline.html is the university’s conduit for filing a complaint.

3. The Ombuds Office also offers a safe place to discuss your concerns at http://www.columbia.edu/cu/ombuds/.

4. Direct email to the program’s Department Chair, Dr. Joel Stein at js1165@cumc.columbia.edu or Dean, College of Physicians & Surgeons, Dr. Lee Goldman at lgoldman@cumc.columbia.edu.

5. The Commission on Accreditation in Physical Therapy Education at accreditation@apta.org.
PART V
PROFESSIONALISM
AND
FUNCTIONAL ABILITIES
A. CORE VALUES

"Physical therapists consistently demonstrate core values by aspiring to and wisely applying principles of altruism, excellence, caring, ethics, respect, communication and accountability and by working together with other professionals to achieve optimal health and wellness in individuals and communities" (Stern DT. Measuring Medical Professionalism. Oxford University Press. New York, NY, 2006:19.). With the transition to the DPT, one of the initiatives of the American Physical Therapy Association (APTA) was to define and describe the concept of professionalism by explicitly articulating what the graduate of a PT program ought to demonstrate with respect to professionalism. The APTA believed that practitioners’ behaviors could be articulated to describe what the individual practitioner would be doing in their daily practice that would reflect professionalism. Seven core values were identified, which the APTA believed were of sufficient breadth and depth to incorporate the many values and attributes that are part of professionalism. These Core Values were approved by the Board of Directors, APTA, in 2003 and amended in 2004. Columbia University’s Physical Therapy Program has adopted the professionalism definition from the APTA as defined in Table 5 below. These core values are now part of the APTA Code of Ethics, Section VIII, Appendix C, pages 103 – 104, and APTA Guide for Professional Conduct, Appendix D, page 105.

<table>
<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Accountability is active acceptance of the responsibility for the diverse roles, obligations and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.</td>
<td>1. Responding to patient's/client’s goals and needs&lt;br&gt;2. Seeking and responding to feedback from multiple sources&lt;br&gt;3. Acknowledging and accepting consequences of his/her actions&lt;br&gt;4. Assuming responsibility for learning and change&lt;br&gt;5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities&lt;br&gt;6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions&lt;br&gt;7. Participating in the achievement of health goals of patients/clients and society&lt;br&gt;8. Seeking continuous improvement in quality of care&lt;br&gt;9. Maintaining membership in APTA and other organizations&lt;br&gt;10. Educating students in a manner that facilitates the pursuit of learning</td>
</tr>
<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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</table>
| **Altruism**| **Altruism** is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist’s self-interest. | 1. Placing patient’s/client’s needs above the physical therapists.  
2. Providing pro-bono services.  
3. Providing physical therapy services to underserved and underrepresented populations.  
4. Providing patient/client services that go beyond expected standards of practice.  
5. Completing patient/client care and professional responsibility prior to personal needs. |
| **Compassion/Caring** | **Compassion** is the desire to identify with or sense something of another’s experience; a precursor of caring.  
Caring is the concern, empathy, and consideration for the needs and values of others. | 1. Understanding the socio-cultural, economic and psychological influences on the individual’s life in their environment.  
2. Understanding an individual’s perspective.  
3. Being an advocate for patient’s/client’s needs.  
4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.  
5. Designing patient/client programs/interventions that are congruent with patient/client needs  
6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.  
7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.  
8. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases.  
10. Attending to the patient’s/client’s personal needs and comforts.  
11. Demonstrating respect for others and considering others as unique and of value. |
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<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
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</thead>
<tbody>
<tr>
<td>Excellence</td>
<td>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client.</td>
<td>1. Demonstrating investment in the profession of physical therapy 2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions 3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes. 4. Conveying intellectual humility in professional and interpersonal situations. 5. Demonstrating high levels of knowledge and skill in all aspects of the profession. 6. Using evidence consistently to support professional decisions. 7. Demonstrating a tolerance for ambiguity. 8. Pursuing new evidence to expand knowledge. 9. Engaging in acquisition of new knowledge throughout one’s professional career. 10. Sharing one’s knowledge with others. 11. Contributing to the development and shaping of excellence in all professional roles.</td>
</tr>
<tr>
<td>Integrity</td>
<td>Integrity is steadfast adherence to high ethical principles of professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about what you will do.</td>
<td>1. Abiding by the rules, regulations, and laws applicable to the profession. 2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, institution review). 3. Articulating and internalizing stated ideals and professional values. 4. Using power (including avoidance of use of unearned privilege) judiciously. 5. Resolving dilemmas with respect to a consistent set of core values.</td>
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<tr>
<td>Core Values</td>
<td>Definition</td>
<td>Sample Indicators</td>
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<tr>
<td><strong>Integrity</strong></td>
<td><strong>Integrity</strong> is steadfast adherence to high ethical principles of professional standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about what you will do.</td>
<td>6. Being trustworthy.</td>
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<td></td>
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<td>7. Taking responsibility to be an integral part in the continuing management of patients/clients</td>
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<td>8. Knowing one’s limitations and acting accordingly</td>
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<td>9. Confronting harassment and bias among ourselves and others.</td>
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<td>10. Recognizing the limits of one’s expertise and making referrals appropriately.</td>
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<td>11. Choosing employment situations that are congruent with practice values and professional ethical standards.</td>
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<td>12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</td>
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<tr>
<td><strong>Professional Duty</strong></td>
<td><strong>Professional duty</strong> is the commitment to meeting one’s obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.</td>
<td>1. Demonstrating beneficence by providing “optimal care”.</td>
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<td>2. Facilitating each individual’s achievement of goals for function, health and wellness</td>
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<td>3. Preserving the safety, security and confidentiality of individuals in all professional contexts.</td>
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<td>4. Involved in professional activities beyond the practice setting.</td>
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<td>5. Promoting the profession of physical therapy.</td>
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<td>6. Mentoring others to realize their potential.</td>
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<td></td>
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<td>7. Taking pride in one’s profession.</td>
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<tr>
<td><strong>Social Responsibility</strong></td>
<td><strong>Social responsibility</strong> is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
<td>1. Advocating for the health/wellness needs of society including access to health care and physical therapy services.</td>
</tr>
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<td></td>
<td></td>
<td>2. Promoting cultural competence within the profession and the larger public.</td>
</tr>
</tbody>
</table>
Table 5 continued. Core Values

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<thead>
<tr>
<th>Core Values</th>
<th>Definition</th>
<th>Sample Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Responsibility</strong></td>
<td><strong>Social responsibility</strong> is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.</td>
<td>3. Promoting social policy that effects function, health, and wellness needs of patients/clients.</td>
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<tr>
<td><strong>continued</strong></td>
<td></td>
<td>4. Ensuring that existing social policy is in the best interest of the patient/client.</td>
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<td>6. Promoting community volunteerism.</td>
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<td>10. Providing leadership in the community.</td>
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<tr>
<td></td>
<td></td>
<td>12. Insuring the blending of social justice and economic efficiency of services.</td>
</tr>
</tbody>
</table>
B. PROFESSIONAL BEHAVIORS

Today’s physical therapist functions on a more autonomous level in the delivery of patient care, which places a higher demand for professional development on the new graduate. Physical therapists belong to a profession by holding a unique body of knowledge. 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. That is the ability to conduct oneself in a professional manner during interactions with faculty, administrators, other students, members of the healthcare team and patients. With this in mind, the faculty has adopted Professional Behaviors as attributes to aspire to throughout a career in physical therapy for professional development as developed by May and associates in 1995 and modified in 2010. These 10 identified behaviors, Table 6, page 74, are intended to represent and be applied to student growth and development in the classroom and clinic and ultimately as a practicing clinician. The table defines and breaks down the developmental levels into descriptive behavioral criteria. Opportunities to reflect on these behaviors are provided through self-assessment, and peer and instructor assessment throughout the academic and clinical curriculum. They have been incorporated in all course syllabi as behavioral objectives in the affective domain.

1. 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 clinical education experience.

**Developing Level:** behaviors consistent with a learner after the first significant clinical education experience.

**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.

Each developmental level builds on the previous level such that the growth over time can be measured in physical therapy education and practice. The behavioral criteria listed in Table 6 are examples of behaviors one might demonstrate; however, they are not exhaustive. They are used to allow the student to build and strengthen their skills in the affective domain (attitudes and values) to augment the cognitive (knowledge) and psychomotor (skill) domains.
<table>
<thead>
<tr>
<th>Professional Ability</th>
<th>Definition and Behavioral Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commitment to Learning</strong></td>
<td>The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.</td>
</tr>
</tbody>
</table>
| **Beginning Level** | Identifies problems  
Formulates appropriate questions  
Identifies and locates appropriate resources  
Demonstrates a positive attitude (motivation) toward learning  
Offers own thoughts and ideas  
Identifies the need for further information |
| **Developing Level** | Prioritizes information needs  
Analyzes and subdivides large questions into components  
Seeks out professional literature  
Sets personal and professional goals  
Identifies own learning needs based on previous experiences  
Plans and presents an in-service, research or case studies  
Welcomes and/or seeks new learning opportunities |
| **Entry-Level** | 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  
Researches and studies areas where knowledge base is lacking |
| **Post-Entry Level** | 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  
Acts as mentor in area of specialty for other staff |
| **Interpersonal Skills** | The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community, and to deal with cultural and ethnic diversity issues. |
| **Beginning Level** | Maintains professional demeanor in all clinical interactions  
Demonstrates interest in patients and other individuals  
Respects cultural and personal differences in others; is non-judgmental about patients; lifestyles  
Communicates with others in a respectful, confident manner  
Respects personal space of patients and others  
Maintains confidentiality in all clinical interactions  
Demonstrates acceptance of limited knowledge and experience |
| **Developing Level** | Recognizes impact of non-verbal communication and modifies accordingly  
Assumes responsibility for own actions  
Motivates others to achieve  
Establishes trust  
Seeks to gain knowledge and input from others  
Respects role of support staff |
<table>
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<tr>
<th>Professional Ability</th>
<th>Definition and Behavioral Criteria</th>
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</thead>
</table>
| **Interpersonal Skills** | **Entry-Level**<br>The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community, and to deal with cultural and ethnic diversity issues.  
- Listens to patient but reflects back to original concern  
- Works effectively with challenging patients  
- Responds effectively to unexpected experiences  
- Talks about difficult issues with sensitivity and objectivity  
- Delegates to others as needed  
- Approaches others to discuss differences in opinion  
- Accommodates differences in learning style  
- Recognizes role as leader  
- Builds partnerships with other professionals  
- Establishes mentor relationships  

**Post-Entry Level**<br>- The ability to communicate effectively (i.e. speaking, body language, reading writing, listening) for varied audiences and purposes.  
- Demonstrates understanding of basic English (verbal and written)  
- Uses correct grammar, accurate spelling and expression  
- Writes legibly  
- Recognizes impact of non-verbal communication: maintains eye contact, listens actively  
- Utilizes non-verbal communication to augment verbal message  
- Restates, reflects and clarifies message  
- Collects necessary information from the patient interview  
- Modifies communication (verbal and written) to meet the needs of different audiences  
- Presents verbal or written message with logical organization and sequencing  
- Maintains open and constructive communication  
- Utilizes communication technology effectively  
- Dictates clearly and concisely  
- Demonstrates ability to write scientific research papers and grants  
- Fulfills role as patient advocate  
- Communicates professional needs and concerns  
- Mediates conflict  

**Use of Constructive Feedback**<br>- The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.  
- Demonstrates active listening skills  
- Actively seeks feedback and help  
- Demonstrates a positive attitude toward feedback  
- Critiques own performance  
- Maintains two-way communication  
- Assesses own performance accurately  
- Utilizes feedback when establishing pre-professional goals  
- Provides constructive and timely feedback when establishing pre-professional goals  
- Develops plan of action in response to feedback
<table>
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<tbody>
<tr>
<td><strong>Use of Constructive Feedback continued</strong></td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.</td>
</tr>
</tbody>
</table>
| **Entry-Level** | Seeks feedback from clients  
Modifies feedback given to clients according to their learning styles  
Reconciles differences with sensitivity  
Considers multiple approaches when responding to feedback |
| **Post-Entry Level** | Engages in non-judgmental, constructive problem-solving discussions  
Acts as conduit for feedback between multiple sources  
Utilizes feedback when establishing professional goals  
Utilizes self-assessment for professional growth |
| **Effective Use of Time and Resources** | The ability to obtain maximum benefit from a minimum investment of time and resources. |
| **Beginning Level** | Faces task at hand without dwelling on past mistakes  
Recognizes own resource limitations  
Uses existing resources effectively  
Completes assignments in a timely fashion |
| **Developing Level** | Sets up own schedule  
Coordinates schedule with others  
Demonstrates flexibility  
Plans ahead |
| **Entry Level** | Sets priorities and reorganizes as needed  
Considers patient’s goals in context of patient, clinic, and third party resources  
Has ability to say “No”  
Performs multiple tasks simultaneously and delegates when appropriate  
Uses scheduled time with each patient effectively |
| **Post-Entry Level** | Uses limited resources creatively  
Manages meeting time effectively  
Takes initiative in covering for absent staff members |
| **Use of Constructive Feedback** | The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction. |
| **Beginning Level** | Demonstrates active listening skills  
Actively seeks feedback and help  
Demonstrates a positive attitude toward feedback  
Critiques own performance  
Maintains two-way communication |
| **Developing Level** | Assesses own performance accurately  
Utilizes feedback when establishing pre-professional goals  
Provides constructive and timely feedback when establishing pre-professional goals  
Develops plan of action in response to feedback |
| **Entry Level** | Seeks feedback from clients  
Modified feedback given to clients according to their learning styles  
Reconciles differences with sensitivity  
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<tbody>
<tr>
<td><strong>Use of Constructive Feedback continued</strong></td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.</td>
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<tr>
<td>Post-Entry Level</td>
<td>Engages in non-judgmental, constructive problem-solving discussions</td>
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<td>Acts as a conduit for feedback between multiple sources</td>
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<td></td>
<td>Utilizes feedback when establishing professional goals</td>
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<td></td>
<td>Utilizes self-assessment for professional growth</td>
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<tr>
<td><strong>Problem-solving</strong></td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
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<tr>
<td>Beginning Level</td>
<td>Recognizes problems</td>
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<tr>
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<td>States problems clearly</td>
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<td>Describes known solutions to problem</td>
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<td>Identifies resources needed to develop solutions</td>
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<td>Begins to examine multiple solutions to problems</td>
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<tr>
<td>Developing Level</td>
<td>Prioritizes problems</td>
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<td>Identifies contributors to problem</td>
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<td>Considers consequences of possible solutions</td>
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<td>Consults with others to clarify problem</td>
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<tr>
<td>Entry Level</td>
<td>Implements solutions</td>
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<td>Reassesses solutions to problems</td>
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<td>Updates solutions based on current research</td>
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<td>Evaluates outcomes</td>
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<td>Accepts responsibility for implementing solutions</td>
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<tr>
<td>Post-Entry Level</td>
<td>Weighs advantages</td>
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<td>Participates in outcome studies</td>
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<td>Contributes to formal quality assessment in work environment</td>
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<td>Seeks solutions to community health-related problems</td>
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<td><strong>Professionalism</strong></td>
<td>The ability to exhibit appropriate professional conduct and to represent the profession effectively.</td>
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<tr>
<td>Beginning Level</td>
<td>Abides by APTA Code of Ethics</td>
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<td>Demonstrates awareness of state licensure regulations</td>
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<td>Abides by facility policies and procedures</td>
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<td>Projects professional image</td>
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<td>Attends professional meetings</td>
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<td>Demonstrates honesty, compassion, courage and continuous regard for all</td>
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<tr>
<td>Developing</td>
<td>Identifies positive professional role models</td>
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<td>Discusses societal expectations of the profession</td>
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<td>Acts on moral commitment</td>
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<td>Involves other health care professionals in decision-making</td>
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<td>Seeks informed consent from patients</td>
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<tr>
<td>Entry-Level</td>
<td>Demonstrates accountability for professional decisions</td>
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<td></td>
<td>Treats patients within scope of expertise</td>
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<td></td>
<td>Discusses role of physical therapy in health care</td>
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<td>Keeps patient as priority</td>
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<tr>
<td>Post-Entry-Level</td>
<td>Participates actively in professional organizations</td>
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<td>Promotes the profession</td>
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<td>Attends workshops</td>
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<td>Acts in leadership role when needed</td>
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<td>Supports research</td>
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<tr>
<td>Professional Ability</td>
<td>Definition and Behavioral Criteria</td>
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</tr>
<tr>
<td><strong>Responsibility</strong></td>
<td><strong>The ability to fulfill commitments and to be accountable for actions and outcomes.</strong></td>
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</tbody>
</table>
| Beginning            | Demonstrates dependability and punctuality  
                        | Follows through on commitments  
                        | Recognizes own limits |
| Developing           | Accepts responsibility for actions and outcomes  
                        | Provides safe and secure environment for patients  
                        | Offers and accepts help  
                        | Completes projects without prompting |
| Entry Level          | Directs patients to other health care professionals when needed  
                        | Delegates as needed  
                        | Encourages patient accountability |
| Post-Entry Level     | Orients and instructs new employees/students  
                        | Promotes clinical education and accepts role as team leader  
                        | Facilitates responsibility for program development and modification |
| **Critical Thinking**| **The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumption; and to distinguish the relevant from the irrelevant.** |
| Beginning Level      | Raises relevant questions  
                        | Considers all available information  
                        | States the results of scientific literature  
                        | Recognizes “holes” in knowledge base  
                        | Articulates ideas |
| Developing           | Feels challenged to examine ideas  
                        | Understands scientific method  
                        | Formulates new ideas  
                        | Seeks alternate ideas  
                        | Formulates alternative hypotheses  
                        | Critiques hypotheses and ideas |
| Entry-Level          | Exhibits openness to contradictory ideas  
                        | Assesses issues raised by contradictory ideas  
                        | Justifies solutions selected  
                        | Determines effectiveness of applied solutions |
| Post-Entry Level     | Distinguishes relevant from irrelevant patient data  
                        | Identifies complex patterns of associations  
                        | Demonstrates beginning intuitive thinking  
                        | Distinguishes when to think intuitively vs. analytically  
                        | Recognizes own biases and suspends judgmental thinking  
                        | Challenges others to think critically |
| **Stress Management**| **The ability to identify sources of stress and to develop effective coping behaviors.** |
| Beginning            | Recognizes own stressors or problems  
                        | Recognizes distress or problems in others  
                        | Seeks assistance as needed  
                        | Maintains professional demeanor in all situations |
Table 6 continued. Professional Behaviors

<table>
<thead>
<tr>
<th>Professional Ability</th>
<th>Definition and Behavioral Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors.</td>
</tr>
<tr>
<td>continued</td>
<td></td>
</tr>
<tr>
<td>Developing</td>
<td>Maintains balance between professional and personal life</td>
</tr>
<tr>
<td></td>
<td>Demonstrates effective, affective responses in all situations</td>
</tr>
<tr>
<td></td>
<td>Accepts constructive feedback</td>
</tr>
<tr>
<td></td>
<td>Establishes outlets to cope with stressors</td>
</tr>
<tr>
<td>Entry Level</td>
<td>Prioritizes multiple commitments</td>
</tr>
<tr>
<td></td>
<td>Responds calmly to urgent situations</td>
</tr>
<tr>
<td></td>
<td>Tolerates inconsistencies in health-care environment</td>
</tr>
<tr>
<td>Post-Entry Level</td>
<td>Recognizes when problems are unsolvable</td>
</tr>
<tr>
<td></td>
<td>Assists others in recognizing stressors</td>
</tr>
<tr>
<td></td>
<td>Demonstrates preventative approach to stress management</td>
</tr>
<tr>
<td></td>
<td>Establishes support network for self and clients</td>
</tr>
<tr>
<td></td>
<td>Offers solutions to the reduction of stress within the work environment</td>
</tr>
</tbody>
</table>

C. PROFESSIONAL DEVELOPMENT

In conjunction with the professional abilities above, the faculty has added some additional professional descriptors Table 7, page 80, deemed to be important in upholding professional standards during your matriculation at Columbia.

From Tables 6 and 7 the faculty has constructed a policy for counseling students who demonstrate behaviors that are unacceptable. The Professional Development Report is completed by faculty whenever a particular faculty member believes its use is warranted. The Report is not used on every student. It is reserved for those students whose behavior suggests a lack of professionalism. If the Report needs to be completed on a student, based on classroom observations and other situations, the instructor will discuss the form with the student, and then allow the student to add additional comments and both will sign the form. The faculty member informs the student’s advisor of the situation and places the Report in the student’s file. The student’s advisor informs all faculty members at the regularly scheduled faculty meeting that a Report has been completed. The student’s advisor will schedule a follow-up meeting with the student to design a plan of action with appropriate goals to enhance professional development.

A copy of Professional Development Report can be found on page 81.
### Table 7. List of Professional Descriptors

<table>
<thead>
<tr>
<th>Category</th>
<th>Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HONESTY AND INTEGRITY</strong></td>
<td><em>Descriptors:</em> Admits to and corrects errors, Maintains confidentiality, Represents the facts of all situations accurately.</td>
</tr>
<tr>
<td><strong>DEPENDABILITY/RESPONSIBILITY</strong></td>
<td><em>Descriptors:</em> Takes responsibility for one’s own actions, Attends all scheduled educational sessions, Is on time for scheduled educational sessions and appointments, Completes and submits assignments/papers in a timely manner, Complies with program/course expectations, Respects and returns borrowed materials, Maintains a safe and clean environment in class/lab, Adheres to scheduled office hours</td>
</tr>
<tr>
<td><strong>APPROPRIATE RESPONSE TO FACULTY FEEDBACK/SUPERVISION</strong></td>
<td><em>Descriptors:</em> Respectful of others, Choose appropriate time to approach instructor, Accepts faculty feedback in a positive manner, Modifies performance in response to feedback or indicates reasons acceptable to the faculty justifying performance</td>
</tr>
<tr>
<td><strong>JUDGMENT</strong></td>
<td><em>Descriptors:</em> Uses an inquiring or questioning approach in class, Analyzes options prior to making a judgment, Develops a rationale to support decision, Demonstrates awareness of possible bias, Makes sound decisions based upon factual information, Gives alternative solutions to complex issues/situations, Adheres to organizational and interpersonal boundaries, Handles personal and professional concerns Appropriately</td>
</tr>
<tr>
<td><strong>ABILITY TO WORK AS A TEAM MEMBER</strong></td>
<td><em>Descriptors:</em> Participates collaboratively, Responds to and respects the needs of others, Allows others to express their opinions, Remains open-minded to different perspectives, Is tactful in giving others suggestions and feedback</td>
</tr>
<tr>
<td><strong>ORGANIZATIONAL ABILITY</strong></td>
<td><em>Descriptors:</em> Comes to class prepared, Manages time/materials to meet program requirements, Uses organizational skills to contribute to the development of others</td>
</tr>
<tr>
<td><strong>APPROPRIATE COMMUNICATION</strong></td>
<td><em>Descriptors:</em> Actively participates in discussion, Initiates thoughtful/relevant questions, Communicates ideas and options clearly/concisely, Attends to class agenda</td>
</tr>
<tr>
<td><strong>PROFESSIONAL PRESENTATION</strong></td>
<td><em>Descriptors:</em> Wears neat, clean clothing appropriate to setting, Presents self in manner that is accepted by peers, clients, supervisors, Use verbal and non-verbal language that communicates engaged attention and interest, Displays a positive attitude towards becoming a physical therapist</td>
</tr>
<tr>
<td><strong>INITIATIVE</strong></td>
<td><em>Descriptors:</em> Independently seeks out learning experiences, Takes initiative for one’s own learning, Uses adequate and appropriate resources to achieve educational goals, Identifies any problem and seeks to formulate a remedial plan</td>
</tr>
</tbody>
</table>
Columbia University  
Program in Physical Therapy  
Professional Development Report

Date:________________________  
Faculty Member: _______________________   Student:______________________________

Professional Behavior Issue: (Faculty documentation of incident/situation leading to necessity of meeting)

Student Comments: 

Goals and follow-up:

____________________________________  
Faculty Signature

____________________________________  
Student Signature

(Attached additional sheets as necessary)
D. ESSENTIAL FUNCTIONS

Students are expected to possess at Admissions and maintain throughout the curriculum certain essential functions.

Introduction
Columbia University’s Program in Physical Therapy is dedicated to the education of students who will serve at the forefront of health care in an empathetic and effective manner. Successful completion of the program requires acquisition of didactic knowledge, skills, and professional behaviors. The purpose of the essential functions is to delineate the cognitive, affective and psychomotor functions that the student must demonstrate in order to complete this program. These functions are necessary to enable the individual to perform as a competent physical therapist in general practice.

All students must act in compliance with standards set forth by the American Physical Therapy Association’s Code of Ethics, which now includes Guide for Professional Conduct. These documents follow in Appendices C and D respectively. In addition, each student must be able to demonstrate the following essential functions with or without reasonable accommodations.

These essential functions must be performed safely, consistently and efficiently in order to enter the program, continue studies and graduate.

A student who discloses a properly certified disability in a timely manner and follows the written procedures of Columbia University’s Office of Disability Services will receive reasonable accommodation.

Students must possess aptitudes, abilities, and skills in five areas:

Intellectual/Conceptual, Integrative, and Qualitative Skills
Students must have the ability to measure, calculate, reason, analyze, and synthesize information in a timely manner. Problem solving and diagnosis, including obtaining, interpreting, and documenting data are critical skills. These skills allow the student to make proper assessments and sound judgments, and appropriately prioritize therapeutic interventions to measure and record patient outcomes. In addition, students must be able to comprehend three-dimensional spatial relationships of anatomic structures.

Communication Skills
Students must have the ability to complete reading assignments, search and evaluate the literature, complete written assignments and maintain written records. They must be able to communicate in oral and written English effectively, efficiently, and sensitively. They must be able to communicate clearly in order to provide and elicit information, describe accurately changes in mood, activity and posture, and understand verbal as well as nonverbal communication. These skills must be performed in clinical settings as well as in the classroom. For example, students must be able to communicate rapidly and clearly during interdisciplinary meetings, elicit a thorough history from patients, and communicate complex findings in appropriate terms to patients, family and various members of the health care team.

Behavioral/Social Skills and Professionalism
Students must demonstrate attributes of empathy, integrity, concern, interest and motivation. They must possess the emotional health required for full use of their intellectual abilities, the exercise of sound judgment, the prompt completion of all responsibilities attendant to patient care, and the development of mature, sensitive, and effective relationships with patients. They must be able to adapt to ever-changing environments, display flexibility, and learn to function in the fact of uncertainties and stresses which are inherent in the educational and patient-care processes.
Students must be able to identify and communicate the limits of their physical, emotional, and cognitive abilities to others and implement appropriate solutions.

Students must maintain a professional demeanor. They must possess adequate endurance to tolerate physically demanding workloads and to function effectively under stress. They are expected to accept appropriate suggestions and criticism and respond with suitable action.

**Motor Skills**

Students must have adequate motor skills to provide general care and emergency treatment to patients. They must have ample motor function to elicit information from patients by palpation, auscultation, percussion, and other evaluative procedures. Students must have the ability to demonstrate and practice classroom activities, to perform cardiopulmonary resuscitation, and to lift, guard and transfer patients safely.

Physical therapy interventions require the coordination of gross and fine movements, balance, and functional use of the senses. Students must have the manual dexterity and the ability to safely engage and modulate procedures involving grasping, fingering, pushing, pulling oscillating, holding, extending and rotating.

**Sensory/Observation Skills**

Students must be able to obtain information from lectures, laboratory dissections and demonstrations in laboratories and lectures. They must be able to monitor digital and waveform readings and graphic images to determine patient conditions. They must be able to supervise a patient accurately at a distance and close at hand.
PART VI
ACADEMIC AND CLINICAL INTEGRITY AND RULES OF UNIVERSITY CONDUCT
A. ACADEMIC AND CLINICAL INTEGRITY

Intellectual honesty is a cornerstone of all academic and scholarly work. Therefore, the University, including the Program in Physical Therapy, views any form of academic dishonesty as a serious matter. The Academic Standing Committee is responsible for the establishment and maintenance of general guidelines for dealing with academic and clinical integrity and is responsible for handling individual cases of alleged or actual dishonesty.

Academic dishonesty includes any act which is designed to obtain fraudulently, either for oneself or for someone else, academic credit, grades, or other recognition that is not properly earned. It is to behave, or to help another to behave, so as to improperly advance, protect, or diminish the academic status of individuals or the University.

Examples of academic dishonesty include, but are not limited to:

1. Academic Dishonesty
   a. Cheating on course or proficiency examinations by the use of books, notes, or other aids when these are not permitted, or by copying from another student.
   b. Submission of similar papers or projects in more than one course without permission of the instructor(s).
   c. Collusion: Two or more students helping each other on an examination or assignment, unless specifically permitted by the instructor.
   d. Use of substitutes: Sitting in for another student at an examination, or permitting someone else to sit in for oneself.
   e. Plagiarism: The submission of another’s work as one’s own original work without proper acknowledgement of the source.
   f. Falsifying documents or records related to credit, grades, change of status forms (e.g., add drop form), and other academic matters.
   g. Altering an examination or a paper after it has been graded for the purpose of fraudulently requesting a revision of the grade.
   h. Use of unauthorized materials for an examination or project (e.g. electronic devices).
   i. Circulation and/or use of unauthorized previous examinations.
   j. Unauthorized possession of an examination, even if inadvertent.
   k. Theft, concealment, destruction, or inappropriate modification of classroom or other instructional material; e.g., posted examinations, library materials, laboratory supplies, computer programs and outputs
   l. Preventing relevant material from being subjected to academic evaluation.
2. Clinical Dishonesty

The principles of academic dishonesty shall also apply to those courses taken during the clinical phases of a program of instruction. In clinical programs, academic dishonesty shall be defined further to include, but not be limited to:

a. Falsification of client or institutional records.

b. Concealing information or activities that affect the safety and wellbeing of clients.

c. Inappropriate violation of client confidentiality.

d. Engaging in activities that are contrary to the professional codes of ethics or standards or practice as defined by the Program or professional association.

e. Misrepresenting one’s role as a student to an institution, client, or to the public so as to mislead them in their expectations of the student’s competencies and limitations.

f. Failure to seek supervision for clinical activities or neglecting to obtain required clearance for such clinical activities.

g. Performance, without supervision, of procedures for which the student has not been prepared.

h. Failure to follow the university guidelines regarding the use of human subjects in research.

Guidelines

Under the principle of academic freedom, each faculty member reserves the authority, and with it the responsibility, to clearly define the bounds of acceptable conduct and to carry on his/her duties in a fashion conducive to academic honesty. Each faculty member retains the right to take immediate and appropriate action to prevent and deal with any act of unacceptable conduct on the part of a student.

Students who are accused of academic dishonesty during an examination have the right to finish the examination; in this way students who appeal the accusation will have a completed examination on which their final grade will be based, should the accusation not be sustained. When academic dishonesty is suspected during an examination it is at the discretion of the instructor whether the student should be informed of suspicions immediately or when the examination is over. When academic dishonesty is confirmed before an examination (e.g., possession of unauthorized materials), the student will be prohibited from taking the examination; if the instructor suspects that other students may have been exposed to the examination, the instructor may void that examination at his/her discretion and re-test the students.

Students accused of plagiarism will receive a 0 grade for the quiz, assignment or project.

Students who are accused of academic dishonesty while on clinical affiliation should be allowed to continue during the appeal process, unless the Program or clinical institution believes that this would not be in the best interest of the patients/clients served by the clinical instructor.

Students are presumed innocent until found guilty. Students may be found guilty of academic dishonesty on the basis of preponderance of evidence. This may be obtained from direct or circumstantial evidence, or a combination of the two. For example:
1. In case of plagiarism, a dramatic change in writing style may contribute toward a finding of guilt; identification of source material strengthens the accusation.

2. Possession of an accessible reference sheet may contribute toward a finding of guilt even if the student was not observed using the sheet.

3. Students may be found guilty of academic dishonesty if they are observed to be communicating with one another even if there is no clear indication on the examination paper of collusion.

4. Students may be found guilty of academic dishonesty on the basis of similarity between examinations, papers, or other work even though there were no witnesses to communication between the accused students.

Procedure to Bring a Complaint

Allegation

Any member of the academic community may bring a complaint of academic dishonesty concerning a student in the Program of Physical Therapy. The complaint should be addressed to the Program Director. A written report should be submitted, with full details, within 5 working days of the discovery of the alleged offense. The Program Director will bring the report to the Academic Standing Committee, which will handle the investigation as described below.

Informing the Student

Upon receipt of an accusation, the Program Director will inform the student of the charge and the procedures of appeal. Upon written request, the accused student has the right to review copies of documentation concerning the charges, which may include the letter of accusation from the person bringing the charges and statement(s) of witness(es), if any. The Program Director shall provide such documentation as soon as reasonably possible. A faculty member from Columbia University will be assigned to the accused student to serve as an advisor.

Investigation

The Program Director will provide documentation to the Academic Standing Committee. The Committee will review the charges of academic dishonesty, determine whether the charges are substantiated by a preponderance of evidence, define extenuating circumstances, if any, and render a recommendation to the Program Director. The Program Director will inform the student by certified mail of the decision and penalty.

Penalties for Academic Dishonesty

The responsibility for recommending a penalty for an individual act of academic dishonesty to the Program Director lies with the Academic Standing Committee. Ordinarily, the penalty for any substantiated act of academic dishonesty is withdrawal from the Program.

Appeal

Due process procedures are followed for an appeal of decisions on academic or clinical integrity. A student who disagrees with a decision of the Academic Standing Committee may initiate an appeal by a written statement filed, by certified mail, with the Program Director within one week following notification of the decision. The Program Director will refer the petition to the Chairperson of the Appeals Committee who will set a time for a hearing at the earliest possible date. See also Dean’s Discipline, page 62.
B. CODE OF CONDUCT

A Code of Conduct was developed by the faculty that describes the tenets to support professional conduct standards and augments the Academic and Clinical Integrity policies as outlined in A. It is expected that all members of Columbia University’s Program in Physical Therapy will support this Code. In order to guide student conduct, students must sign and return the Code of Conduct (page 89) to the Program Director.
The Program in Physical Therapy is committed to the highest academic and professional standards by all members of Columbia University’s Program in Physical Therapy (CUPPT) community, on and off campus. The philosophy of the program is that the development of these ethical standards is an integral part of the education of every student enrolled in the program and essential for entrance into the profession of physical therapy.

The foundation of this Code of Conduct is the belief that ethical conduct of all members of CUPPT is the responsibility of each individual member of the community, students, faculty, staff, and administration. All members of our community will support this Code designed to guide our students.

The following are violations of the Code of Conduct that are unacceptable to CUPPT.

1. Those specified under Academic and Clinical Dishonesty, page 85-86 in the Student Handbook

2. Breaches of trust and confidentiality; HIPAA violations

3. Repeated failures to meet assigned obligations in the academic or clinical training.

4. Other misconduct, misrepresentation or failures in personal actions or in meeting obligations that raise serious doubts about integrity for a career in physical therapy.

5. Potential hazards from being impaired and therefore lacking the ability to perform educational or professional duties. Such impairments may be emotional or psychological and/or substance abuse. Inappropriate behavior includes behavior regarded as alarming, threatening, bizarre, hostile or otherwise inconsistent with academic and/or clinical responsibilities. It may also consist of behavior that is disruptive to work groups, patient care or to the educational process.

6. Falsification of another student’s presence in class by signing for that student.

7. Disrespect of classmates by misrepresenting the performance of another student.

8. Tweeting, posting Facebook updates, blogging or otherwise publishing remarks or statements of anyone in the program (student or faculty) without their express and specific permission.

If you have something to report, see the Program Director. Likewise, it is each student’s responsibility to direct any questions or concerns about what constitutes academic or clinical dishonesty to a faculty member or the Program Director. Within the program, all students will receive fair and equitable treatment and “due process” as described in the Student Handbook, Academic Standards, pp.54 – 61. The program’s Academic Standing Committee will determine the consequences of a conduct violation.

The Program in Physical Therapy reserves the right to dismiss or deny graduation to any student who in the judgment of the faculty is determined to be unsuited for study or professional practice. By signing below, you signify that you have read, understand and are committed to the standards set forth in the Code of Conduct.

___________________________________________   ___________________
Print Name & Sign Below        Date
C. PRE-CLINICAL DRUG TESTING POLICY  
(MEDICAL CENTER CAMPUS POLICY)

In an effort to continue the Medical Center’s commitment to providing the highest quality health care services to students and their patients, the clinical schools within Columbia University Medical Center will begin implementation of a required drug testing policy this fall for students beginning clinical rotations. This policy is intended to offer a proactive approach by providing early identification and intervention before the consequences of substance abuse adversely impact a student’s health, care of patients, or employability. The policy emphasizes the importance of student confidentiality, and employs intervention and treatment rather than formal disciplinary action, sanctioning, or documentation upon a student’s academic record. The drug testing policy will be implemented through the Student Health Service in partnership with Sterling Infosystems, Inc., who is also responsible for all pre-employment drug testing for Columbia University Medical Center employees.

The drug testing policy as it affects program students becomes effective prior to the start of your clinical affiliations.

Summary of Major Components

Physical Therapy students will be required to undergo a 10-metabolite urine drug screen during the semester prior to the beginning of their clinical rotations. Students will not be able to begin a clinical rotation until they have been cleared by this process.

1. Confidentiality
Drug screening results will be held in strict confidence in the student’s medical record unless released at a student’s request or under certain specific circumstances: a danger to self or others, including risk to patients, failure to follow up with a mandated program following a positive test. Should evaluation of a positive test or recommended treatment interfere with a student’s ability to complete a clinical rotation, a medical leave will be required.

2. Positive test result:
Students who have a positive test reported to the Student Health Service will be required to have an evaluation by the Director of the AI:MS (Addiction Illness: Medical Solutions) program who will determine further evaluation and follow-up, which may include evaluation by an addiction specialist, follow-up urine drug testing, evaluation in the Mental Health Service or referral to a drug treatment program.

3. Scheduling of Testing
In order not to overwhelm clinical laboratory facilities, students will be scheduled to pick up their test requisition from the SHS during a specified two-week interval. Once a requisition is picked up, there is a 48-hour window for students to report to the LabCorp or Quest laboratory to have their test completed. Failure either to pick-up or fill the requisition will be treated as a positive test, and evaluation by the Director of the AI:MS program will be required.

D. ALCOHOL AND DRUGS

Policies related to Alcohol and Drugs can be reviewed at length in the Essential Policy Handbook www.facets.columbia.edu. However, students need to keep the following in mind related to scheduling a student sponsored event in a residence hall or other University space.

A student(s) must be designated to take responsibility and accountability for assuring that University and Medical Center Alcohol and Drug policies and procedures are known and complied with. The designated student(s) must participate in a training sponsored by the AIMS (Addiction Information and Management Strategies) program through the Center for Student Wellness. To inquire about training dates or other related questions, contact the Director of AIMS, Stephanie Garman at 212-305-3989 or sg3052@columbia.edu.

AIMS also serves as a free and confidential resource to CUMC students. AIMS has a professional staff and peer representatives available to assist students who experience issues, or have questions related to substance use, abuse, and dependence as well as concerning behaviors. AIMS also provides educational opportunities around issues related to addiction and is committed to maintaining a substance-safe campus. Appointments can be scheduled Monday – Friday 9:30 AM – 5:30 PM by calling 212-305-3989 or email Stephanie Garman at sg3052@columbia.edu.

E. RESPONSIBLE USE OF ELECTRONIC RESOURCES

As a member of the University you must be aware of the University’s policies and the law regarding the use of electronic resources, including computers, networks, email, and online information resources, and the use of copyrighted material on Columbia’s computer systems and network.

The University has received increasing numbers of allegations of illegal possession and distribution of copyrighted materials by its members. Peer-to-peer file sharing programs, like Kazaa, Morpheus and Gnutella, have made it much easier for individuals to get and share unauthorized copies of copyrighted works, such as music and motion pictures. Such activity is against the law and exposes both you and the University to legal liability.

You can be held legally liable if you download or share music, movies or other files without permission from the copyright owner. Under the law, repeated copyright violations by any network user may result in permanent termination of network access.

See Appendix F, page 109 for the University’s Copyright Law and Policy and Use of Copyrighted Material on Columbia’s Computer System and Network.

F. EMAIL USAGE AND RETENTION POLICY

The University’s Policy Statement can be found in Appendix G, page 112.

G. UNUSUAL DISQUIETING BEHAVIORS

To support Columbia’s efforts to sustain the safety of our University community, the following provides you with information on what you can do if you have concerns about unusual or disquieting behaviors on the part of a classmate. There is no guaranteed formula for predicting behaviors, particularly the rare potential for behavior that becomes threatening or violent. However, there are a host of indicators you can be attentive to that may raise red flags and that deserve further scrutiny. Generally, it is the combination of a number of risk factors that is especially worthy of attention.

Initially you should bring your concern to the Program Director or a faculty member.
If you are concerned that a classmate may pose an immediate danger outside of the classroom, contact CUMC Public Safety at 212-305-7979 and then call the Program Director’s mobile number 914-907-5017.

If the situation is less imminent, Counseling and Psychological Services and CUMC Mental Health Service can also assist you in thinking about the risk a classmate may pose, and in discussing resources that may be of help. Often, troubling behaviors on the part of a classmate speak less to the threat a student poses to others than to his/her need for personal support and professional attention. In these circumstances, Counseling and Psychological Services and CUMC Mental Health Services can be key resources.

The following are some behavioral warnings that serve as guidelines in recognizing even a small potential for a dangerous act:

- Stalking, harassing others, particularly if such behavior persists after there have been demands to stop
- Extreme irritability; regular temper outbursts or fits of rage
- Impulsivity
- Signs of social isolation, feelings of marginalization or a chronic sense of rejection
- Withdrawal from friends
- Inappropriate behavior
- Alcohol or other substance abuse
- Suicidal threats
- Deterioration in functioning, personal hygiene; marked personality changes

Please remember that the Program Director or any faculty member can provide assistance in responding to routine behavioral problems in the classroom, residence halls or elsewhere on campus. Apart from enlisting the support and assistance of the Program Director or faculty member, it may be important to bring even lesser infractions to their notice because you may be one of several individuals who have noted behaviors, which in isolation are only mildly worrisome, but which, taken together, may be suggestive of a more urgent problem. While the likelihood of violent behavior remains statistically very small in our community, experience has shown that our collective attention to those who may be acting inappropriately can help prevent even the potential for threat from becoming a reality.

Columbia’s goal is continual improvement in the ways we can be sensitive and responsive to the needs of all individuals in a large and diverse university community where students are one of our greatest resources.

**CUMC Campus Resources**

Center for Student Wellness (212) 304-5564

CUMC Student Health Service (212) 305-3400 (press 7 for the clinician on call if after hours or weekends)

CUMC Student Mental Health Service (212) 305-3400 (press 7 for the clinician on call if after hours or weekends)

Program Director (914-907-5017)

See also Appendix I, page 115, Concerned About a Student or Friend, which provides a guide for those concerned about a classmate or friend who may be depressed, at-risk for self-harm or harming others. Excerpted from material developed by CUMC Student Health Services.
H. OFFICIAL UNIVERSITY REGULATIONS AND POLICIES

The University’s official regulations are included in the University Handbook *Essential Policies for the Columbia Community* at [http://www.essential-policies.columbia.edu](http://www.essential-policies.columbia.edu).

Regulations which are important to you as a Columbia student are listed below. This list is not inclusive and it is recommended that you check this site periodically.

- Social Security Number Reporting
- Policy on Access to Student Records (FERPA)
- University Regulations
- Policies on Alcohol and Drugs
- Student Policies and Procedures on Discrimination and Harassment
- Gender-Based Misconduct Policies for Students
- Sexual Assault Policy and Disciplinary Procedure
- University Event Management Policies
- Policy of Partisan Political Activity
- Campus Safety and Security
- Crime Definitions
- Voluntary Leave of Absence Policy
- Involuntary Leave of Absence Policy
- Military Leave of Absence Policy
PART VII
CLASS OFFICERS
PROGRAM-APTA AWARDS
APTA STUDENT MEMBERSHIP
NATIONAL LICENSING EXAM
A. CLASS OFFICERS

Policies and Procedures for Electing Officers

Class officers are elected as follows:

- During Fall I an election is held and supervised by a faculty member.
- Students are given the opportunity to review the job descriptions of all class officers.
- Nominations and voting for each position occurs in a sequential manner beginning with the President and concluding with the New York APTA Representatives.
- All nominees will have the opportunity to address the class to discuss their background, qualifications and motivation to be a class officer.
- All voting is closed ballot.
- Each officer is elected by a majority vote.
- Only those students who are physically present during the election can vote. No write-in ballots are accepted.

All class officers must maintain a GPA equal or greater than 3.000 and demonstrate professional behavior throughout their tenure. Those officers who do not achieve these criteria will be asked to vacate their position. Subsequently, an election will be held to fill any and all vacancies.

President

This student is the chief executive officer of the class and takes the lead, based on student and faculty input, in establishing class objectives. The president can set the tone for the class and have an impact on its relationship with the faculty and administration. The president works with all class officers in organizing fund raising activities, participation in American Physical Therapy Association events on both the national and local levels, e.g., Student Conclave, Marquette Challenge and Lobby Day, outreach programming and social activities and events. The President may be asked to participate in open houses and interviewing of applicants for admission. It is the duty of the president to maintain contact with the Program Director on behalf of the class. The president is the individual called first to start the phone chain if classes need to be cancelled due to extremely inclement weather conditions.

Vice President

The vice president works with the class president and other officers in planning, organizing, and implementing class programs and objectives. In the absence of the president, the vice president exercises the powers and duties of the president. The Vice-President may be asked to participate in open houses and interviewing of applicants for admission.

Treasurer

The treasurer is responsible for managing the finances of the class. The treasurer budgets and disburses class funds to pay necessary and authorized charges, and maintains all financial records of the class.
Student-Faculty Committee Representatives (2)

The Student-Faculty Representatives are asked to solicit feedback from classmates on all aspects of the program in Physical Therapy including teaching, curriculum, administration and other pertinent areas that impact upon the daily functioning of the program. Representatives will schedule a class meeting in both the Fall and Spring semesters to give classmates the opportunity to express their opinions about program strengths and areas that require improvement. The representatives will then submit a written document summarizing the salient issues discussed in this meeting and suggestions for improvement to the committee chairperson (core faculty member). Faculty representatives will then be invited to a faculty meeting to discuss class feedback and develop a plan to address areas that require improvement.

CUMC & American Physical Therapy Association Student Representatives (2)

Student Representatives are asked to be a liaison between the program and certain committees on campus requiring student input as well as the APTA, its New York Chapter, and represent the program at the annual APTA Student Conclave. By attending these various meetings and events, the representatives bring pertinent information to the faculty and classmates. Representatives will work with the President and Vice President to coordinate class participation in the activities of the professional association and to stay informed regarding APTA legislative action.

B. PROGRAM AWARDS

The Program faculty nominates graduating students for various awards to recognize them for their achievements.

Academic Honors

Awarded to a student who has demonstrated consistent excellence of academic performance with an overall cumulative average of 3.850 at graduation. The notation of “graduated with honors” is so stated on the Columbia diploma.

The following awards carry a cash prize of $100.00 and a commemorative plaque. A perpetual plaque has been established for viewing on the program floor.

Faculty Award for Academic Excellence

This award honors a graduating student who has attained the highest cumulative average in his/her studies in the program and is ranked first in the class. If more than one student has the same class average and ranking, other factors are used to determine the recipient of this award. These factors include clinical performance, professionalism and service contribution to the program and/or APTA.

Mary E. Callahan Award

This award is given in honor of an outstanding educator and administrator who has made distinguished contributions to the Program in Physical Therapy at Columbia University. The award is given to a student who has demonstrated academic achievement, outstanding clinical skill, sensitivity and leadership ability.
Joan E. Edelstein Award

In honor of a former program director, this award recognizes a student who the faculty believes has shown a strong commitment to the aims and ideals of the profession through a service component to the program and/or community-at-large and/or the American Physical Therapy Association. The recipient has demonstrated outstanding cooperativeness, professionalism, communication and interpersonal skills, ethical conduct and a commitment to life-long learning. The recipient shows promise of becoming a distinguished representative of Columbia University.

Marcia Ebert Award for Clinical Excellence

This award was established in memory Marcia Ebert who was a dedicated academician and clinician as well as a past faculty member of the Program in Physical Therapy at Columbia University. This award recognizes a graduating student who has demonstrated outstanding clinical performance during the clinical education phase of the curriculum. The student sought challenging clinical experiences and has met or exceeded the level of expectation as defined for the program’s three clinical education experiences. In addition, the student has shown the propensity for developing the teaching skills necessary to become a clinical preceptor to give practical experience and training to future students.

Alma Merians, PT, PhD, Award for Outstanding Scholarship in the Fulfillment of Elective Research

In honor of distinguished alumnus Dr. Alma Merians, a noted researcher and academician. This award recognizes a student or student group who demonstrate the potential for future productivity in physical therapy scholarship as judged by the program faculty.

Faculty Award for Excellence in Neurorehabilitation

This award recognizes a student who has excelled in scholarship in the required, elective and specialized neurological courses of the DPT curriculum, demonstrated outstanding advancement of clinical skills in the neurorehabilitation internship and displayed an affinity for clinical teaching.

Faculty Award for Excellence in Orthopedics

This award recognizes a student who has excelled in scholarship in the required, elective and specialized orthopedic components of the DPT curriculum, demonstrated outstanding advancement of clinical skills in the orthopedic internship and displayed an affinity for clinical teaching.

Alfred DiMarino Award for Excellence in Pediatrics

This award has been established in the memory of Alfred DiMarino by his wife, program alumnus Jean van Haften who has had a distinguished career as a pediatric physical therapist. The award recognizes a student who has shown a commitment to a career in pediatric physical therapy. This commitment is manifested through academic excellence in the required, elective and specialized DPT track courses, accompanying pediatric internship, and demonstration of sensitivity, caring and compassion for children with disabilities and their families.
C. AMERICAN PHYSICAL THERAPY ASSOCIATION AND NY STATE AWARDS

Mary McMillan Scholarship
(Nomination by Program faculty)

The American Physical Therapy Association award recognizes outstanding students based on superior scholastic performance, past productivity, evidence of potential contribution to physical therapy and service to the American Physical Therapy Association.

This award is highly competitive as it represents one of the "best" students from a particular program. Every accredited physical therapy program is allowed to nominate one student in his/her final year of study. Only eight to ten are selected annually to receive this award by a Scholarship Awards Committee of the Association. Students selected receive a monetary award and a certificate presented by the APTA’s Board of Directors at the Association’s Annual Conference in June. An official announcement of the award also appears in an Association publication.

Minority Scholarship Award
(Nominated by Program faculty)

This scholarship award is supported by the Minority Scholarship Fund and the amount of the award varies year to year. The scholarship is awarded on a competitive basis based on faculty nominations of third year students from physical therapy programs nation-wide. Nominees demonstrate contributions in the area of minority affairs and services with an emphasis on contributions made while enrolled in the physical therapy program. Nominees show a potential to contribute to the profession of physical therapy by exhibiting excellence in the following areas: past/present physical therapy related activities; leadership abilities (i.e. offices held); clarity of written communication and ability to articulate realistic goals and plans; clinical performance; critical thinking abilities; community service; scholastic achievement and honors and awards. Students selected receive a monetary award and a certificate presented by the APTA’s Board of Directors at the Association’s Annual Conference in June. An official announcement of the award also appears in an Association publication.

New York State Participation Award
(Given to one student from each NY PT program based on faculty nomination)

This award recognizes a student in their final year of study who has demonstrated participation in APTA component activities, participation in program activities relating to the profession, and has taken a student leadership role in the program. The student is recognized at the annual fall NY State Chapter Meeting and his/her name is inscribed on a perpetual plaque that hangs on the program floor.

D. STUDENT MEMBERSHIP IN THE APTA

As the next generation of physical therapists, it is important to become part of the professional association. Membership is required throughout your 3 years of study and will be verified as part of the grading process for the Professional Development & Practice series of courses. Student membership gives you the following publications; PT in Motion and the PT Journal (the referee publication of the Association). Membership also gives you the opportunity to join some of the specialty sections of the Association, such as orthopedics, sports, pediatrics, neurology, geriatrics, aquatics, oncology, private practice as well as receive specialty journals such as the Journal of Orthopedics and Sports PT (Orthopedic and Sports sections). This journal is used as a resource, with assigned readings, throughout the program. Membership also allows you to receive a free on-line version of the Guide to PT Practice, which provides a detailed description of the scope of physical therapy practice that includes tests and measures and interventions related to the 4 major areas of practice; musculoskeletal, neuromuscular, cardiovascular/pulmonary and integumentary. The program uses the Guide as a required text throughout the curriculum.
E. NATIONAL LICENSING EXAMINATION

The Federation of State Boards of Physical Therapy (FSBPT) develops and administers the National Physical Therapy Examination (NPTE) for physical therapists in all 50 states, the District of Columbia, Puerto Rico and the Virgin Islands. This exam, which is required for licensure to practice, tests the basic entry-level competence of graduating students from accredited physical therapy programs.

Testing dates are limited to 4 times a year. This limited number of testing was designed to substantially reduce or eliminate candidates’ ability to gain a score advantage by having advanced access to the NPTE questions. The purpose is to ensure validity of scores on the NPTE and fulfill the member boards’ and FSBPT shared responsibility of protecting the public. The dates for testing are published yearly on the FSBPT’s web site at www.fsbpt.org and are usually scheduled for January, April, July and October.

In the fall of Year III, the Academic Coordinators of Clinical Education, as part of Clinical Education Seminar V, hold a workshop to explain the licensing application procedure and advise students of the established test dates for 2015. The Program Director also communicates with students during the Clinical Internship (Spring III) to be sure that all students meet the filing deadlines for the July examination. This has been the date of choice for most students in the program.

On Thursday – Friday, May 18 – 19, 2017, immediately following the University graduation on Wednesday, May 18, the program holds a licensure review course. Attendance is optional but the program pays $100 toward the attendance fee for each student who wants to take the course.

More detailed information on the examination, process for filing, the review course, etc. will be communicated during Year III.

DON'T QUIT

When things go wrong as they sometimes will,
When the road you're trudging seems all up hill,
When the funds are low and the debts are high
And you want to smile but you have to sigh,
When care is pressing you down a bit,
Rest, if you must, but don't quit.

Life is queer with its twists and turns
As every one of us sometimes learns.
And many a failure turns about
When you might have won had you stuck it out.

Success is failure turned inside out
The silver tint is the cloud of doubt,
And you never can tell how close you are
It may be near when it seems so far.

So stick to the fight when you're hardest hit.
It's when things seem worst
You Must Not Quit

Author Unknown
PART VIII
APPENDICES
APPENDIX A

COLUMBIA UNIVERSITY MEDICAL CENTER MAP

Residences
1. Bard Haven Towers (Residence Hall/Recreational Facility)
2. Bard Hall Residences
9. School of Nursing (Georgian Residence Building)
26. Residence Building

Clinical Buildings
7. Milstein Hospital
8. Herbert Irving Pavilion
12 & 16 Presbyterian Hospital Buildings
31. Morgan Stanley Children’s Hospital

Other
24. Medical Center Bookstore

Education Buildings
4. Hammer Health Sciences (Classrooms, Labs, Library)
6. Neurological Institute (Home of the PT Program (Faculty Offices, Multipurpose Lab/Classroom)
12. College of Physicians & Surgeons (Anatomy Lab)
29. Russ Berrie Medical Pavilion (Classrooms)
10. William Black Medical Research Building (Alumni Auditorium)
APPENDIX B
PHYSICAL CAPACITIES FORM

Student Name: ___________________________ Date: ____________________

Your cooperation in completing this form is vital to our efforts in determining the potential of above named student to safely participate in a 10-week (> 35 hours per week) clinical internship in physical therapy from _________ to __________.

Instructions: Please complete all questions below and sign/date the form.

1. In an 8-hour workday, student can stand/walk:
   No restrictions
   (Hours at one time) (Total hours during day)
   0-2 2-4 4-5 6-8 0-2 2-4 4-6 6-8

2. In an 8-hour workday, student can sit:
   No restrictions
   (Hours at one time) (Total hours during day)
   0-2 2-4 4-5 6-8 0-2 2-4 4-6 6-8

3. Student can lift/carry:
   No restrictions
   Maximum lbs.: 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 or above
   Frequently:
   Occasionally:

4. Student can use hands for repetitive: No restrictions
   A. Simple Grasping   B. Pushing & Pulling   C. Fine manipulation
   Yes No Yes No Yes No

5. Student is able to:
   Frequently  Occasionally  Not at all
   A. Bend
   B. Squat
   C. Kneel
   D. Climb
   E. Reach

6. Is student restricted by environmental factors, such as heat/cold, dust, dampness, height, etc.?
   No restriction
   Yes – Please explain

_________________________________________________________________________________

7. Is student involved with treatment and/or medication that might affect his/her ability to work?
   No restriction
   Yes – Please explain

8. Will student be required to use any assistive devices or braces?
   No restrictions
   Yes – Please explain: __________________________________________________________________

8. Student can participate in clinical internship at:
   Light duty _________ Full duty ____________

Physician’s Signature: ___________________________
APPENDIX C
CODE OF ETHICS

Code of Ethics for the Physical Therapist

HOD 506-09-07-12 [Amended HOD 506-00-12-23; HOD 506-01-05; HOD 08-71-11-17; HOD 06-81-06-18; HOD 06-78-08-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-15-24] [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 personnel.
Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.  
(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg., patients/clients, students, supervisors, 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, supervisors, 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 changes 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 underserved.

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.
APTA Guide for Professional Conduct

Purpose

This *Guide for Professional Conduct* (Guide) is intended to serve physical therapists in interpreting the *Code of Ethics* (Code) of the American Physical Therapy Association (Association), in matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. This Guide is subject to monitoring and timely revision by the Ethics and Judicial Committee of the Association.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They should not be considered inclusive of all situations that could evolve.

Reference to Code of Ethics

In light of the recent amendments to the *Code of Ethics*, and in lieu of setting forth in the Guide interpretations of the *Code of Ethics*, the Ethics and Judicial Committee does hereby refer Physical Therapists to the *Code of Ethics*.

As noted in the Purpose of the Guide set forth above, this Guide is subject to change and the Ethics and Judicial Committee will monitor and timely revise this Guide when necessary and as needed.

Issued by the Ethics and Judicial Committee
American Physical Therapy Association October 1981
Last Amended July 2009 (Effective July 1, 2010)

Last Updated: 05/20/10
Contact: eje@apta.org
APPENDIX E
PRE-CLINICAL DRUG TESTING POLICY AND PROCEDURE

Background & Rationale

Health care providers are entrusted with the health, safety, and welfare of patients; have access to confidential and sensitive information; and operate in settings that require the exercise of good judgment and ethical behavior. Thus, assessment of a student’s suitability to function in a clinical setting is imperative to promote integrity in health care services.

Clinical facilities are increasingly required by the accreditation agency Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to provide a drug screening for security purposes on individuals who supervise care, render treatment, and provide services within the facility.

Clinical rotations are an essential element in certain degree programs’ curricula. Increasingly these rotations require drug screening for student participation at their site. Students with a positive drug screen may be barred from certain rotations and thus are unable to fulfill degree program requirements. Identification of such students prior to clinical rotations will enable appropriate assessment and indicated treatment and follow-up.

New York Presbyterian Hospital and CUMC require drug screening of all employees. It is appropriate for clinical students to meet the same standards for the reasons stated above.

Policy

Pre-clinical drug testing is required of all students in the clinical schools at CUMC.

Procedure

Students in the School of Nursing, College of Dental Medicine, and the College of Physicians & Surgeons will be required to undergo a 10-metabolite urine drug screen during the semester prior to the beginning of their clinical rotations (or in the case of the nursing programs, during their first semester at CUMC).

Students will receive a general orientation to the drug testing requirement prior to actual testing, including the testing procedure as well as possible common interfering substances or OTC medications (e.g. poppy-seed bagels, pseudoephedrine).

Chain of Custody Drug Screens will be performed under the auspices of Sterling, who provide all pre-employment drug screens for CUMC employees.

Students will pick up a requisition for their drug screen from the Student Health Service. There is a 48-hour window for the requisition to be filled. Students will take the requisition to a LabCorp laboratory for testing. A list of nearby sites, as well as the link to LabCorp for the identification of all sites will be provided.

Test results will be returned to the SHS. If a test is positive in the LabCorp laboratory, it is referred to the Medical Review Officer utilized by Sterling. The MRO speaks with the patient to ascertain any medications the student may be taking that could either interfere with or cause a positive test. This review is NOT communicated to the SHS. MRO reviews are completed within 5 days and tests are then communicated to the SHS as positive or negative. (For example, a student legitimately on Adderall would test positive by the lab, but review by the MRO with the patient and his/her prescriber would confirm the legitimacy of the prescription and such a test would be reported to SHS as negative.)
All students with a positive test will be required to have an evaluation by the Director of the AI:MS program. The AI:MS Director will establish the appropriate follow-up, which could include referral to addiction specialist for further evaluation and treatment, referral to an outside drug treatment program, or follow-up and treatment within AI:MS and the SHS (including follow-up drug testing as requested by the AI:MS Director). Referral to an outside drug treatment program, assessment by the AI:MS Director or addiction specialist that the student could pose a risk to patient safety, non-compliance with AI:MS directed follow-up, or directed follow-up that would interfere with a student’s clinical placement will require notification of the Student Affairs Dean of the student’s school or program of the need for a medical leave and Directors from the clinical rotation. Administrative clearance by the program or school will be required for return.

Ideally drug tests will be completed 2 months prior to the beginning of clinical work to allow completion of the evaluation of students testing positive prior to the start of their clinical rotations. Students who are already on clinical rotations, or who complete testing less than 2 months prior to the start of clinical work may need to be withdrawn from their clinical rotation depending on the evaluation by the AI:MS director and/or addiction specialist.

If during or after treatment there is a question of the student’s suitability for clinical work, s/he will be referred to an outside clinician for evaluation.

Drug Screening reports will be held in strict confidence in the student’s medical record unless released at a student’s request or under the specific circumstances identified in sections 6-7.

Any results released to the Dean of a student’s program are also confidential and are subject to the Family Educational Rights and Privacy Act [FERPA] regulations. For additional information visit http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Urine drug screens requested by a student for an outside program will be ordered through Sterling. Results will be released to the student for submission to the outside program. Students with a positive test will not be able to participate in that clinical rotation. They will be referred to the AI:MS Office as outlined in section 6 above with notification of the appropriate Student Affairs Dean that the student must be on medical leave.

**URINE DRUG TESTING REQUIREMENT AND PROCEDURE**

Because of the reasons stated above, CUMC now requires urine drug testing for students prior to the beginning of clinical rotations. The following is some information for you regarding testing.

SHS will order and record urine drug testing findings, but the actual testing is done under the auspices of Sterling, who also provide drug testing for all CUMC employees.

The drug test includes: Amphetamines, Cocaine, Opiates, Methadone, Methaqualone, Propoxyphene, Phencyclidine, Oxycodeone, Marijuana, Barbiturate, Oxycodeone, Hydromorphone, Hydrocodone, Benzodiazepines, Ecstasy.

You will pick up a requisition for the test from the SHS. This requisition must be filled within 48 hours. You can go to most LabCorp sites to submit your test.

Test results are communicated to the SHS, where they become a part of your confidential medical record.

If LabCorp technicians record a positive test, that information is sent to the Sterling Medical Review Officer, not to the SHS. The Medical Review Officer will contact the student, assess any medications they may be taking (for example, Adderall), speak with that prescribing clinician. If
the test result and the information from the student and clinician indicate that this is legitimate clinical use, the result is then reported to the SHS as negative. Only positive tests that cannot be explained by legitimate clinical use will be reported as positive to the SHS.

Students who have a positive test reported to the SHS will be required to have an evaluation by the Director of the AI:MS (Addiction Illness: Medical Solutions) program. S/he will determine further evaluation and follow-up, which may include evaluation by an addiction specialist, follow-up urine drug testing, and evaluation in the Mental Health Service or referral to a drug treatment program.

If a student is already on a clinical rotation and evaluation or recommended treatment would interfere with that evaluation, or the evaluation indicates concerns about patient safety if the student is on a clinical rotation, then the appropriate Dean of the student’s school or program will be notified that the student must be on medical leave.

For students on clinical rotations, part of the assessment will be a report from that student’s clinical preceptor regarding his/her performance (without disclosing the reason for the request). This report will be obtained by the appropriate Dean and conveyed to the individual assessing the student (AI:MS Director or addiction specialist).

Students whose outside rotations require additional drug testing will also have tests performed through Sterling. If one of these tests is positive, the rotation site must be notified and the student will not be able to participate in that clinical rotation. The appropriate Dean will be notified that the student must be on medical leave and the student referred for assessment and treatment through the AI:MS office as detailed in sections 5-7 above.

The AI:MS Director and/or addiction specialist will determine when the student can return to clinical rotations as well as the frequency of follow-up drug test monitoring.
APPENDIX F
RESPONSIBLE USE OF ELECTRONIC RESOURCES

Copyright Law and Policy for Columbia’s Computer Systems and Network. To copy, distribute, share, or store any information or material on the Internet will infringe the copyright for that information or material, unless the user has the express permission of the copyright owner or the user qualifies for a legal exception under the law. All network users must comply with federal copyright law. Violations of copyright law are also violations of University policy.

Copyright protection covers any original work of authorship that is fixed in some tangible medium of expression. A work is protected from the moment it is created, and it does not have to contain a copyright notice to be protected. This broad protection means that just about any work you come across (software, books, music, film, video, articles, cartoons, pictures, email—whether on the Internet, a CD, DVD, or tape) is likely to be protected by copyright. While there are exceptions under the law that allow the copying or distribution of copyrighted works, it is fair to say that the use of peer-to-peer software programs to make and share copies of copyrighted music and movies, without permission of the copyright owner, would virtually never qualify for an exception.

Responsibility. By using University electronic resources and services you assume personal responsibility for their appropriate use and agree to comply with all relevant University policies, as well as State and Federal laws and regulations. Please see http://www.columbia.edu/cu/policy/copyright-info.html for more on copyright and the Digital Millennium Copyright Act. See http://www.columbia.edu/acis/policy for complete information on the University's Computer and Network Use Policy. Abuses of network privilege are a matter of student conduct and are dealt with by your Dean.

Copyright Abuse. The University must take immediate action when notified of copyright infractions. You will be notified of the alleged illegal activity and your network access may be terminated until you have corrected the problem. You are personally responsible for any violation and subject to legal action on the part of the copyright holder. A copyright owner can request a subpoena requiring the University to identify a person engaging in unauthorized copying, downloading or sharing.

Use of Services. The University provides an array of electronic resources and services for the primary purpose of supporting the business of the University and its missions of education, research, and service. Our Internet connections are also shared with the Health Sciences Campus and with New York Presbyterian Hospital to support its mission of patient care. Uses that threaten any of these activities or the integrity of the systems are prohibited.

The University recognizes the dependence of students on the services and resources the network delivers in support of education. As a student, you have a right to access and appropriately utilize the network in pursuit of your education. However, your personal use of the network for recreation is, at best, a privilege. When such use violates copyright law it is strictly prohibited. When such use impinges on the primary activities of the University, limits on use, even use that does not violate any laws, will be enforced.

Monitoring. The various technology offices on campus do not monitor the network for content, only for volume of use. However, third-party enforcement agencies acting on behalf of copyright holders do routinely survey networked computers looking for violations of copyright laws. You may be in violation just by storing illegally obtained copies of such material. Even unintentional infringement violates the law. For information on disabling programs like Kazaa, Morpheus and Gnutella, see http://www.columbia.edu/acis/security/kazaa.html.

Network Abuse. File-sharing programs typically consume large amounts of network bandwidth. The University will automatically limit Internet access for computers generating excessive network traffic. If such abuse threatens the missions and activities of the university, access to the network may be suspended. For the current limit, see http://www.columbia.edu/cu/policy/bandwidth-frame.html.
USE OF COPYRIGHTED MATERIAL ON COLUMBIA'S
COMPUTER SYSTEM & NETWORK

This is to remind you, as members of the University community, of the University’s policies, and the law, on use of electronic resources, including computers, networks, email, and online information resources, and the use of copyrighted material on Columbia’s computer systems and network.

Over the past year the University has received a number of allegations against students of illegal possession and distribution of copyrighted materials. Peer-to-peer file sharing technology has made it much easier for individuals to make and share unauthorized copies of copyrighted works, such as music and motion pictures. Such activity is against the law and exposes both the individual and the University to legal liability. This letter is part of a broader concerted effort to deal with the problem of copyright infringement by informing our community about appropriate use.

You may be held legally liable if you have downloaded music, movies or other files without permission from the copyright owner.

Copyright Law and Policy. To copy, distribute, share, or store any information or material on the Internet will infringe the copyright for that information or material, unless the user has the express permission of the copyright owner or the user qualifies for a legal exception under the law.

All network users must comply with federal copyright law. Violations of copyright law are also violations of University policy. Copyright protection covers any original work of authorship that is fixed in some tangible medium of expression. A work is protected from the moment it is created, and it does not have to contain a copyright notice to qualify for protection. What this broad protection means is that just about any work you come across, including software, books, music, film, video, articles, cartoons, pictures, and email, whether on the Internet, a CD, DVD, or tape, is likely to be protected by copyright. While there are exceptions under the law that allow the copying or distribution of copyrighted works, it is fair to say that the use of peer-to-peer software programs to make and share copies of copyrighted music and movies, without permission of the copyright owner, would virtually never qualify for an exception.

Responsibility. By using University electronic resources and services, whether from the library, a lab, a public workstation, or your residence, etc., you assume personal responsibility for their appropriate use and agree to comply with all relevant University policies, as well as State and Federal laws and regulations.

Please see http://www.columbia.edu/cu/policy/copyright-info.html for more on copyright and the University's compliance with the Digital Millennium Copyright Act.

See http://www.columbia.edu/cu/policy/ for complete information on the University's Computer and Network Use Policy. FACETS, the official University publication for students includes the computer and network use policy.

Abuses of network privilege are a matter of student conduct and are dealt by the University through Information Technology.

Copyright Abuse. The University must take immediate action when notified of copyright infractions. You will be notified of the alleged illegal activity and your network access will be terminated until you have corrected the problem. You are personally responsible for any violation and subject to legal action on the part of the copyright holder. A copyright owner can request a subpoena requiring the University to identify a person engaging in unauthorized copying, downloading or sharing. Copyright violations that occur on the University’s network may also create liability for the University.

Repeated copyright violations by any network user will result in permanent termination of network access. Such action on the part of the University is required by law.
Use of Services. The University provides an array of electronic resources and services for the primary purpose of supporting the business of the University and its missions of education, research, and service. In addition, our Internet connections are shared with the Morningside campus and with New York Presbyterian Hospital to support its mission of patient care. Uses that threaten any of these activities or threaten the integrity of the systems are prohibited.

The University recognizes the growing dependence of students on the services and resources the network delivers in support of education. As a student, you have a right to access and appropriately utilize the network in pursuit of your education. However, your personal use of the network for recreation is, at best, a privilege. When such use violates copyright law it is strictly prohibited by University policy as well as illegal under federal law. When such use impinges on the primary activities of the University, limits on use, even use that does not violate any laws, will be enforced.

Monitoring. The various technology offices on campus do not monitor the network for content, only for volume of use. However, third-party enforcement agencies acting on behalf of copyright holders, such as MGM, Time-Warner and the Recording Industry Association of America, do routinely survey networked computers looking for individuals who, by providing video, music, or software files for download, are in violation of copyright laws. You may be in violation just by storing illegally obtained copies of such material. Even unintentional infringement violates the law.

For information about file sharing programs, see http://www.columbia.edu/acis/security/users/filesharing.html

Network Abuse. Note that file-sharing programs typically consume large amounts of network bandwidth. The University will automatically limit Internet access for computers generating excessive network traffic. If such abuse threatens the missions and activities of the university, access to the network may be suspended.

For the current limit, see http://www.columbia.edu/cgi-bin/acis/networks/quota/netquota.pl

Procedures. The University takes any infraction of copyright seriously. The Office of the General Counsel will be notified by the CUMC Chief Information Officer of any infractions. Actions may include invalidation of an e-mail account and disconnecting a network port. In the case of repeat infringers, the University is required under the law to take away the infringer's computer account and terminate all access to our network.
APPENDIX G
EMAIL USAGE AND RETENTION POLICY

Policy Statement
Email is an expedient communication vehicle to send messages to the Columbia University population. Because of the versatility and ubiquity of email technology, Columbia University recognizes and has established the use of email as an official means of communication. University email includes Cubmail, Outlook, and other specific services offered by the Business School, Law School and Columbia University Medical Center. This policy defines the appropriate use of Columbia University’s email and its retention.

Primary Guidance to Which This Policy Responds
This policy responds to the “Acceptable Use of IT Resources” and the “Desktop and Laptop Security” policies.

Responsible University Office & Officer
The office of Columbia University Information Technology Security is responsible for the maintenance of this policy, and for responding to questions regarding this policy. The Chief Information Security Officer (CISO) is the responsible officer.

Revision History
This policy was established in April 2008.

Who is Governed by This Policy
This policy applies to all individuals who are granted a Columbia University email account. Those individuals covered include, but are not limited to, faculty, staff, students, those working on behalf of the University, and/or individuals authorized by affiliated institutions and organizations.

Who Should Know This Policy
Anyone with a Columbia University email account should know this policy.

Exclusions and Special Situations
None

Policy Text
The following lists the acceptable use and security measures that one must exercise when using Columbia University’s email.

1. Messages sent and received via Columbia’s email system should be kept as private as possible by senders and recipients, as well as by Columbia University Information Technology (CUIT). The University and its email system administrators will not read email unless necessary in the course of their duties (e.g., including investigation, inappropriate contents or as directed by Office of the General Counsel, and will release email as required by an executed subpoena valid in the State of New York).

2. No email may be sent or forwarded through a University system or network for purposes that violate University statutes or regulations or for an illegal or criminal purpose.

3. When conducting University business, only a Columbia University email account (e.g., UNI@columbia.edu, name@columbia.edu, anything@columbia.edu, name@gsb.columbia.edu, or name@law.columbia.edu) is acceptable for official University and/or business related correspondences. The use of personal email accounts, to conduct such University business, including personal Columbia Alumni Association accounts (anything@caa.columbia.edu), to represent oneself or one’s enterprises on behalf of the University is prohibited.
4. Nuisance email or other online messages such as chain letters or obscene, harassing, offensive or other unwelcome messages are prohibited. Such email should be reported to the departmental system administrator or CUIT help desk immediately.

5. Unsolicited email messages to multiple users are prohibited unless explicitly approved by the appropriate University authority. See http://www.columbia.edu/cu/policy/mass-email-procedure.html

6. Confidential and/or sensitive information (e.g., SSN, credit card, medical records) must not be sent by email. The only acceptable way to transmit such information electronically is to attach the information as a password-protected and/or encrypted file; never type the information in the body of the email; and never send a password or decryption key in the same email. Unless the file is encrypted or password-protected, it can be read by others and therefore should not be considered private communication.

Instructions for password protecting and encrypting Microsoft Office documents can be found at http://www.columbia.edu/acis/security/articles/data/encryption.html

For communications involving health care and medical information, you must adhere to the Columbia University Medical Center’s email policies. Please see:
Prior to sending an email with sensitive and/or confidential information, verify the accuracy of the recipient's email address to prevent unintentionally sending it to an unauthorized individual. Once an email is sent, it cannot be recalled and/or undone.

7. All messages must show the genuine sender information (i.e., from where and from whom the message originated). Users are not allowed to impersonate other users or user groups, real or fabricated, by modifying email header information in an effort to deceive the recipient(s); e.g., email spoofing is specifically prohibited.

8. Potentially damaging emails (e.g., unsolicited, mass or commercial messages; messages that appear to contain viruses) will disrupt University operations. To prevent the spread of this type of email, the University reserves the right to terminate its connection to outside host servers, as well as filter, refuse and/or discard these messages.

9. Email boxes that are hosted on CUIT servers are backed up nightly and retained for up to five weeks. Deleted and purged email, if available in a backup copy, may be recoverable if the request is not longer than five weeks from the date of deletion. Email forwarded (i.e., redirected) to a personal email account (e.g., Gmail, Yahoo, Hotmail) that is not under CUIT control is excluded from the CUIT email backup.

Responsibilities
The intentional abuse of email privileges may result in having your University email account suspended / revoked. Unauthorized access to read another person's email will be treated with the utmost seriousness, including disciplinary actions, suspension and/or termination.

Definitions
Deleted and purged email – When an email is deleted, it is flagged for deletion and remains on the system; at this point, the message can still be undeleted by restoring it from the Trash. Once a deleted message is purged from the system (e.g., via a "purge" command, emptying the Trash or by using the "Erase Deleted Messages" command), the message is generally retained online for about a week; administrators can access it, but is no longer counted against the owner's quota.

Contacts
For questions or comments:
Columbia University Information Technology at 212-854-1919
Web: http://www.columbia.edu/cuit/support/ or Email: security@columbia.edu
Cross References to Related Policies
For CUIT Security Policies, see the University Administrative Policy Library, CU Information Technology section:
http://www.columbia.edu/cu/administration/policylibrary/responsible_office/cuit.html

For additional policies relating to computing use, computer security standards and guidelines, data classification and encryption, see the “Acceptable Use of IT Resources”, “Desktop and Laptop Security”, “Data Classification” and “Encryption” policies.
For Columbia University Student Email policy, see:
http://www.columbia.edu/acis/history/cu-email.html
Effective May 2013, the Office of the University Registrar has launched a new online transcript request service. This endeavor is in partnership with the premier electronic transcript vendor, Parchment. Since the launch, Columbia students have been able to log into SSOL and request transcripts in 2 forms, secure PDF via email or printed on paper via mail delivery. This service is available to anyone with SSOL access, free of charge. Below are the steps students should follow to use the online tool:

1. Log into SSOL at [https://ssol.columbia.edu/](https://ssol.columbia.edu/)
2. Select “Transcript Ordering”
3. Select the schools (if multiple are available) to include in your transcript
4. Click the “Order Transcript” button at the bottom of the page
5. A new window will appear directing you to the ordering portal
6. Select your ordering option (e-transcript or paper)
7. Input the recipient’s information
8. Checkout

Students will be notified via email as their order is initiated, processed and delivered.

**Exceptions:**
Sending a transcript to a recipient that needs the transcript to come directly from the school should not be ordered using this process. Contact the Registrar’s Office at 212-342-4790.
Concerned About Someone?
Are you concerned about a classmate or friend who is depressed and possibly suicidal? Has a classmate or friend expressed a desire for self-harm?

Understand the Situation
All suicide threats and attempts should be taken seriously. The depression and emotional cries that so often precede suicide are, in most cases, both recognizable and treatable. A person who is depressed and possibly at risk for self-harm or harming others may feel any of the following:

- Lonely
- Depressed
- Despondent
- Isolated
- Desperate
- Hopeless/Worthless
- Extremely Anxious or Frustrated

Verbal Cues
Someone who is depressed and/or at risk for self-harm may express some of the sentiments listed below – sometimes in variations of these themes, which is why it is important to listen carefully to what they say:

- No one understands what I am feeling
- No one would miss me if I were gone
- It’s the only way to solve my problems
- I want to die/I want to kill myself
- I can’t stand the pain anymore
- I want to hurt someone

Behaviors
Someone who is depressed and at risk may not be able to verbalize their feelings. Some behaviors to look for include:

- Recent impulsiveness/taking unnecessary risks
- Inability to focus or concentrate
- Dramatic change in mood
- Unexpected rage or anger
- Giving away prized possessions
- Withdrawing from activities
- Increased alcohol or other drug use
- Inability to sleep or sleep excessively
- Poor hygiene (not bathing, wearing dirty clothes)
- Stockpiling prescriptions or other medications
**Your Role As A Concerned Person**

The risk of not taking action far outweighs the risk of taking action. One of the most important things that you can do is believe what the person is saying and acknowledge their feelings.

**What Can You Say?**

Don’t be afraid to ask “Are you having thoughts of suicide?”. You will **not** put ideas in someone’s head but **will get** valuable information about how to go about helping the person.

Ask:
- Have you thought of how you would do it?
- Do you have a specific plan?
- What is your specific plan?

Note: An affirmative answer to any of these questions may indicate that the person is at imminent risk.

Acknowledge the person’s feelings by reflecting what you heard them say, e.g. “It sounds like you are feeling lonely and misunderstood. That must be painful”.

Tell them that you cannot promise confidentiality, but you can guarantee only those who need to know will know.

Assure them that they are not alone; you are there for them and you can help them find people at CUMC who can help.

Trust your “gut”. As a caring person you may feel a range of feelings, all of which are normal, such as:
- Inadequate or as though you can’t help
- Scared or overwhelmed
- Determined to help since this person chose you as their confidant
- Unsafe or uncomfortable
- Afraid of losing the friendship if you act

**What Can You Do?**

1. If it is an emergency, call NYPF, 911 or CUMC Security at 212-305-7979
2. Walk the person to the emergency room or to Student Health Services (weekdays)
3. Call Student Mental Health Services at 212-496-8491 (days) or 212-305-3400 (press 7) in the evening or on weekends
4. Encourage the person to call, in your presence, one of the following hotlines
   - Lifenet at 800-273-8255
   - National Hopeline at 800-784-2433
## APPENDIX J
### IMPORTANT RESOURCES FOR ADVISING AND WORKING WITH STUDENTS
#### EMERGENCY NUMBERS AND HOT LINES

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<tr>
<th>Advising Area</th>
<th>Detail</th>
<th>Office/People That Can Help</th>
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<tr>
<td><strong>Academic Advice</strong></td>
<td>Registration/administration related to program academic issues</td>
<td>Program Director</td>
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<td></td>
<td>Specialization tracks, sub-specialization and elective courses</td>
<td>Program Director/Advisor/Faculty</td>
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<td></td>
<td>Clinical Education placement</td>
<td>Directors of Clinical Education</td>
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<td></td>
<td>Graduation requirements</td>
<td>Program Director</td>
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<td></td>
<td>Change of Grade</td>
<td>Course Director</td>
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<td>Leave of Absence/Withdraw from program</td>
<td>Program Director</td>
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<td></td>
<td>Career pathways</td>
<td>Director/Assistant Directors of Clinical Education/Faculty</td>
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<tr>
<td><strong>Academic &amp; Clinical Integrity/Code of Conduct</strong></td>
<td>Plagiarism, cheating on exams, misrepresenting work, citation issues, Internet search, and unclear group project boundaries</td>
<td>Student Handbook</td>
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<td></td>
<td></td>
<td>Program Academic Standing Committee/Faculty</td>
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<tr>
<td><strong>Career Education</strong></td>
<td>Career counseling, post-graduation residency programs, career management strategy (resume/CV, cover letter, interviewing)</td>
<td>Directors of Clinical Education</td>
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<td>Clinical Education Fellowship</td>
<td>Directors of Clinical Education on recommendation to the Program Director</td>
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<td></td>
<td>External Scholarships, Awards, Other Funding Sources</td>
<td>Program Director/Directors of Clinical Education/Program’s web site:</td>
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<td></td>
<td>Career Opportunities/Finding a Position Post-Graduation</td>
<td><a href="http://www.columbiaphysicaltherapy.org">www.columbiaphysicaltherapy.org</a></td>
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<td>Links: Career Opportunities. After College</td>
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<td></td>
<td>Licensure Requirements, Filing an Application, National Licensing Examination</td>
<td>Directors of Clinical Education/Program Director</td>
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<tr>
<td><strong>Conflict Resolution</strong></td>
<td>Information about program and CU policies/procedures; concerns about interpersonal conflicts and ethical dilemmas; perceptions of incivility, unfairness or unprofessional conduct, disciplinary reprimand.</td>
<td>Program Handbook</td>
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<td>Essential Policies for the Columbia Community</td>
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<td></td>
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<td><a href="http://www.essential-policies.columbia.edu">http://www.essential-policies.columbia.edu</a></td>
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<td></td>
<td><strong>A good place to start is with the Program Director or a faculty member.</strong></td>
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<td>Students are also encouraged to seek assistance from the Ombuds Office, 101 Bard Hall</td>
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<td></td>
<td></td>
<td>212-304-7026</td>
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<td></td>
<td></td>
<td>Office hours: 10:30 – 2:30 Wednesday</td>
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<td></td>
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<td>By appointment at other times</td>
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<tr>
<td><strong>Disability</strong></td>
<td>Coordinates reasonable accommodations and support services, assistive technology, networking groups, academic skills workshops and learning specialists.</td>
<td>Dr. Randy Kolodny, program liaison with the Disability Services (DS)</td>
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<tr>
<td></td>
<td></td>
<td>105 Bard Hall</td>
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<td></td>
<td></td>
<td><a href="http://ps.columbia.edu/education/resources-and-support/campus-resources/disability-services">http://ps.columbia.edu/education/resources-and-support/campus-resources/disability-services</a></td>
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<td></td>
<td>212-304-7029 or 212-854-2388</td>
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<td></td>
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<td>Office hours: 1:00 – 5:00 (Monday). 10:00 – 5:00 (Tuesday, Thursday)</td>
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<tr>
<td><strong>Financial Services</strong></td>
<td>Financial aid, loan certification, loan counseling, and debt management</td>
<td>Office of Student Financial Planning</td>
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<td></td>
<td></td>
<td>Black Building, 1-113</td>
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<td></td>
<td></td>
<td>9:00 – 5:00 (Monday, Tuesday, Thursday, Friday)</td>
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<td></td>
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<td>12:00 – 5:00 (Wednesday)</td>
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<td><a href="http://www.cumc.columbia.edu/student/finaid/">http://www.cumc.columbia.edu/student/finaid/</a></td>
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<td></td>
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<td>Diana Parre, Assistant Director</td>
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<td><a href="mailto:dp2037@columbia.edu">dp2037@columbia.edu</a></td>
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<td>212-305-4100</td>
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<tr>
<td>Advising Area</td>
<td>Detail</td>
<td>Office/People That Can Help</td>
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</table>
| **Student Services**          | Academic; transcript, billing, payments, direct deposit, address update | Registrar’s Office  
Black Building, 1-141  
Hours: 9:00 – 4:30 (Monday – Friday)  
212-342-4790                                      |
| **Housing**                   | Columbia housing issues                                                | Office of Housing Services  
Noemi Bueno, Housing Manager  
Bard Hall, 1st floor  
[http://housing.hs.columbia.edu/](http://housing.hs.columbia.edu/)  
212-304-7000  
Maryam Isa at [mi2200@columbia.edu](mailto:mi2200@columbia.edu) or by phone at 212-304-7267 or email [cumc.housing@columbia.edu](mailto:cumc.housing@columbia.edu) |
| **Learning Concerns/Study Skills/Other** | Organizational or time management issues, exam anxiety, disconnection between ability and performance | Disability Services  
See contact information above  
Student Wellness Center runs workshops to enhance time management and study skills  
See Student Health Services below |
| **Student Health Services**   | **Wellness Works Program** related to stress reduction, mental health, nutrition, fitness, sexual health, substance abuse Yoga and Pilates programs | 60 Haven Avenue, Lobby floor  
212-305-3400 (press 7 after hours or on weekends)  
8:00 – 7:00 (Monday – Thursday)  
9:00 – 4:00 (Friday)  
Jane Bogart  
212-304-3564  
Stephanie Garman, Director  
sg3052@columbia.edu  
212-305-3989  
Walk in hours M-F 10 am-2 pm; M-T 5-7 pm; otherwise by appointment  
212-496-8491 (day)  
212-305-3400 (press 7 after hours or on weekends)  
(212) 496-8491 |
| **Addiction Illness/Medical Solutions (AIMS)** | Help with alcohol or drug problems or support for those in recovery |  |
| **Mental Health Services**    | **Counseling and Psychological Services** for short term individual counseling, couples counseling, student support groups, medication consultation. Issues related to anxiety and panic symptoms, sadness, depression, insomnia fatigue, loss and grief, interpersonal difficulties, identity issues, social shyness, eating disorders, substance abuse, cross-cultural issues, other life crisis  
**Sexual Violence Prevention and Response Program** supports students in healing from relationship violence, as well as educates students about consent and coercion to promote a respectful campus. | (212) 496-8491  
800-TALK (8255)  
800 SUICIDE (784-2433) |
| **Lifenet (Hotline) or National Hopeline Network** | Depression/suicidal thoughts |  |

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<tr>
<th>Advising Area</th>
<th>Detail</th>
<th>Office/People That Can Help</th>
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<tbody>
<tr>
<td>Sexual Assault</td>
<td>See full disclosure and how to file a complaint at <a href="http://www.columbia.edu/cu/sexualmisconduct">http://www.columbia.edu/cu/sexualmisconduct</a></td>
<td>Office of Sexual Misconduct Prevention &amp; Education 212-304-7028</td>
</tr>
</tbody>
</table>
| Discrimination, Harassment, Gender-Based & Sexual Misconduct | See full disclosure at http://www.columbia.edu/cu/dpsa/docs/policy    | Deputy Title IX Coordinator for Student Concerns Melissa Tihinen, Senior Manager Deputy Title IX Coordinator for Student Concerns Melissa Tihinen, Senior Manager
Student Services for Gender-Based and Sexual Misconduct
mt2738@columbia.edu
212-854-1717
Counseling Services
212-496-8491
Rape Crisis/Anti-Violence Support Center
212-854-HELP |
| Office of University Chaplain                     |                                                                        | 212-854-6242                                                                                   |
| Public Safety                                    | Escort Service                                                         | CUMC Public Safety (Security) 212-305-7979                                                     |
|                                                   | To report a theft                                                     | CUMC Public Safety, 911 or NYPD 212-927-3200                                                   |
|                                                   | Attempted rape                                                        |                                                                                               |
| Intercampus Shuttle                              | Connects main campus (Morningside) with the Medical Center            | http://www.columbia.edu/cu/transportation/docs/shuttles/intercampus.html                       |
|                                                   | See web site for hours of operation                                   |                                                                                               |