



COLUMBIA UNIVERSITY  
IRVING MEDICAL CENTER

PROGRAMS IN  
PHYSICAL THERAPY



# STUDENT HANDBOOK

Updated September, 2023

Note: Information in this document is subject to change

## TABLE OF CONTENTS

### Welcome to the Programs in Physical Therapy

### PART I: CORE FACULTY, ASSOCIATED FACULTY, & SUPPORT STAFF

### PART II: CURRICULUM

- Mission and Philosophy of the DPT Program
- Curricular Design
- Overview of the DPT Program
- Curriculum Outline
- University Requirements for Participating in Research

### PART III: POLICIES & PROCEDURES

#### DAY TO DAY EXPECTATIONS

##### CLASSROOM

- Access
- Attendance
  - Religious Holidays*
  - Inclement Weather (aka Weather Regulations)*
- Electronic Devices – Computers and Cell Phone Use
- Laboratory and Clinical Responsibilities
- Lost Items

##### COURSE

- Course Calendars
- Printed and Electronic Material
- Examination Performance
- On-Line Quizzes and/or Assignments
- Course and DPT Program Evaluation

##### COMMUNICATION

- E-Mail
- Social Media
- Photography and Video Release
- Privacy Policy
- Student Mechanism to File a Complaint

##### SUPPORT

- Counseling and Advising
- Student Resources
- Student Health on Haven
- Pregnancy
- Disability Services
- Printing Services
- Student Travel Reimbursement
- Work Study

##### SAFETY

- Reporting Mechanism for Physical Injury
- Management of Potential Hazards in the Classroom, Laboratory, and Clinic
  - Bloodborne Pathogens and Infection Control Procedures*
  - Waste Management*
  - Fire Safety & Evacuation*

Public Safety

*Safety Escort Program*

*Theft Prevention Programs*

*Campus Emergency Text Message System*

*Community Response Guidelines for an Active Shooter on Campus Incident*

Unusual or Disquieting Behaviors

Sexual Assault

Gender Based and Sexual Misconduct

Emergency Contacts

ENROLLMENT

Registration, Drop and Add

Leave of Absence

Withdrawal

Awarding of the Degree and Graduation Ceremonies

Transcripts

LEARNING ENVIRONMENT STANDARDS

CLUBS

#### **PART IV: ACADEMIC STANDARDS & SATISFACTORY ACADEMIC PROGRESS**

Grades and Points

Emergency Declarations and University Wide Changes

Written Exam Grading Guidelines

Practical Exam Grading Guidelines

Clinical Education Guidelines

Incomplete (INC)

Professional Abilities

Academic Progress and Promotion

Academic Standing

Academic Standing Appeals Process

Implication of Academic Standing on Financial Aid

#### **PART V: CORE VALUES, PROFESSIONALISM & ESSENTIAL FUNCTIONS**

APTA Core Values for the Physical Therapist

Characteristics of Professionalism

Professional Development

Essential Functions

#### **PART VI: INFRACTIONS & CODE OF CONDUCT**

Procedures for Academic or Disciplinary (Non-academic) Infractions

*Academic Infraction*

*Disciplinary (Non-academic) Infraction – Dean's Discipline*

The DPT Program Code of Conduct

CUIMC Mandatory Pre-Clinical Drug Testing

Alcohol and Drugs

Responsible Use of Electronic Resources

Email Usage and Retention Policy

Unusual Disquieting Behaviors

Official University Regulations and Policies

## **PART VII: CLASS OFFICERS, PROGRAM & APTA AWARDS, APTA STUDENT MEMBERSHIP, NATIONAL LICENSING EXAM**

Student Membership in APTA

Class Officers

DPT Program Awards

American Physical Therapy Association and New York State Awards

Other Awards

National Licensing Exam

## **PART VIII: APPENDICES**

Appendix A: Additional Resources

Appendix B: APTA Code of Ethics for the Physical Therapist

Appendix C: APTA Guide to Professional Conduct

Appendix D: Pre-Clinical Drug Testing Policy & Procedure

Appendix E: Copyright Law and Policy for Columbia's Computer Systems and Network

Appendix F: Email Usage and Retention Policy

Appendix G: Concerned About a Student or Friend

Appendix H: Challenges and Where to Seek Help

Appendix I: Veterans Benefits and Transition Act of 2018

Appendix J: 3 Year Calendar, Class of 2024

Appendix K: 3 Year Calendar, Class of 2025

Appendix L: 3 Year Calendar, Class of 2026

## **PART IX: FORMS**

Incident Report

Physical Capacities Form

Photograph / Video Consent Form

Professional Development Report

Receipt of DPT Student Handbook

Possession of Essential Functions

Commitment to the DPT Program Code of Conduct

Opt-Out Photography / Video Form

Columbia University Withdrawal / Leave of Absence Form

Welcome

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's 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, as well as rules and regulations. This ***Handbook*** supplements the ***Essential Policies for the Columbia Community*** (hereafter referred to as ***the Essential Policies***) website, which contains valuable information to help students understand the policies and regulations of the University. The ***Handbook*** is not intended to supersede the ***Essential Policies***, but to provide information relative to the standards and processes of the Programs in Physical Therapy. Hence, students must 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 forms, located at the end of this Handbook (see Forms), to the Program Director:**

1. Receipt of Student Handbook
2. Possession of Essential Functions
3. Commitment to the DPT Program Code of Conduct

The faculty reserves the right to revise the enclosed information and regulations at any time as necessitated by changes in the 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 (CAPTE), American Physical Therapy Association. Whenever changes occur, the program will duly notify students.

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*Pronouns in use: She, her, hers*

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## PART II: CURRICULUM



## Mission and Philosophy of the DPT Program

The DPT Program's mission is to create an equitable and collaborative educational environment where students and faculty are supported to develop their unique talents to deliver excellent clinical care and produce impactful research. The Program aims to deliver a customized and inclusive signature education that cultivates leaders to meet the challenges of evolving global healthcare systems. Columbia's Doctoral Program in Physical Therapy adheres to this mission by offering diversity and breadth of educational opportunity to enable faculty, students, and graduates to meet society's needs in an ever-changing health care environment. The faculty is devoted to academic excellence by imparting knowledge and directing research to support 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 a physical therapy practitioner's art and ethics.

As an integral part of the Vagelos College of Physicians and Surgeons (VP&S), the Doctor of Physical Therapy (DPT) curriculum emphasizes the relationship of the health care provider and patient/client in the context of family, community, and society. The faculty focuses on critical exploration, practice issues, and health care systems and management in addition to foundational and clinical sciences. The DPT curriculum provides a climate for learning that enhances problem-solving and facilitates lifelong learning skills. Students are prepared to prevent dysfunction, promote and maintain health and wellness, and optimize movement in individuals across the life span. The Doctoral Program in Physical Therapy accomplishes these outcomes by implementing learning principles that promote intellectual curiosity, critical thinking skills, and evidence-based practice.

The faculty recognizes that physical therapy is a complex profession in which answers are context-dependent. Columbia University's DPT curriculum's philosophy supports the development of competent clinicians who can embrace this complexity. Current clinical practice requires physical therapists to demonstrate multifaceted reasoning skills and be committed to lifelong learning to apply appropriate knowledge and skills in an ever-changing environment. Physical therapists need to have the requisite clinical strategies and techniques and pragmatic and interpersonal skills to communicate, collaborate, implement, and coordinate services within a variety of health care settings. In developing the curriculum, the faculty considered various professional documents, including but not limited to:

- The Normative Model of Physical Therapist Professional Education
- The Guide to Physical Therapy Practice
- The Vision for Excellence in Physical Therapy Education
- Guiding Principles to Achieve the Vision
- The Code of Ethics and Core Values for the Physical Therapist
- Clinical Practice Guidelines

## Curriculum Design

The program is designed on a curriculum that is organized into the following components necessary for entry-level practice:

1. Scientific Foundations
2. Clinical Sciences
3. Critical Exploration
4. Professional Development & Practice
5. Specialized Areas of Clinical Practice (Including Advanced Seminars & Electives)
6. Clinical Education (Including Integrated Clinical Experiences- ICEs)

Upon completing the program, students will affirm four 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: ability to tailor learning experiences that supports the individual's interest

Following is an overview of how the performance outcomes are organized around the seven curricular components.

### **Conceptual Competence:**

Scientific Foundations  
Clinical Sciences  
Critical Exploration  
Professional Leadership and Practice (including Health Care Systems and Management)  
Specialized Areas of Clinical Practice

### **Technical Competence:**

Clinical Sciences  
Specialized Areas of Clinical Practice  
Clinical Education (including Integrated Clinical Experiences- ICEs)

### **Integrative Competence:**

Critical Exploration  
Clinical Education (including Integrated Clinical Experiences- ICEs)

### **Career Marketability:**

Specialized Areas of Clinical Practice (including Advanced Seminars & Electives)  
Clinical Education (including Integrated Clinical Experiences- ICEs)

Description of the six curricular components and the specific courses that are organized around each component:

- 1. Scientific Foundations:** These courses 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.

*Specific Courses:*

Gross Anatomy  
Neuroscience  
Applied Physiology  
Medical Screening I and II  
Kinesiology & Biomechanics I and II  
Movement Science

- 2. Clinical Sciences:** These courses provide practical learning experiences that build on the scientific foundations. Students acquire skills to examine, evaluate, and prepare a plan of care for individuals. Students develop the knowledge necessary for understanding, presenting a rationale for, and applying intervention strategies. Critical decision-making and evidence-based practice principles are integrated throughout these courses. The advanced seminar 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. In addition, several of the courses listed under specialized areas of clinical practice provide advanced learning experiences in specialty areas.

*Specific Courses:*

Examination & Evaluation  
PT Procedures  
Concepts in Therapeutic Exercise  
Physical Modalities  
Soft Tissue Mobilization  
Physical Therapy Management of Integumentary Impairments  
Physical Therapy Management of Cardiopulmonary Conditions  
Physical Therapy Management of the Adult with Neurological Conditions I, II  
Physical Therapy Management of Orthopedic Conditions I, II, III, IV  
Physical Therapy Management of Pediatric Conditions  
Clinical Geriatrics  
Orthotics  
Prosthetics  
Medical Screening I and II  
Advanced Seminars in Adult Neurorehabilitation  
Advanced Seminars in Orthopedics  
Advanced Seminars in Pediatrics  
Complex Medical Conditions

- 3. Critical Exploration:** These courses are designed to develop skills necessary for evidence-based practice and help students analyze interventions within a disablement framework from multiple perspectives. A scholarly project is completed as the culminating requirement under a faculty member's guidance. 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. All clinical science courses encourage and utilize evidence-based practice.

*Specific Courses:*

Evidence-Based Practice I, II  
Advanced Seminars in Adult Neurorehabilitation  
Advanced Seminars in Orthopedics  
Advanced Seminars in Pediatrics  
Research Practicum Elective I, II, III

- 4. Professional Leadership and Practice:** These courses are designed to educate students in the multiple dimensions of professional practice and provide knowledge of health care systems and the role of physical therapy in the provision of health care and services in various practice settings. The physical therapist's professional roles 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.

*Specific Courses:*

Professional Leadership & Practice I, II, III, IV

**5. Specialized Areas of Clinical Practice (including Advanced Seminars & Electives)**

These courses are designed to supplement the Clinical Sciences and allow students to study specialized clinical practice areas with faculty or clinical mentors. Opportunities also exist for developing competency in research and teaching beyond the entry-level requirement.

*Specific Courses:*

Advanced Seminars in Adult Neurorehabilitation  
Advanced Seminars in Orthopedics  
Advanced Seminars in Pediatrics  
CancerFit  
Craniofacial Pain of Cervicogenic Origin (Headaches & Temporomandibular Disorders)  
Foot & Ankle Rehabilitation  
Hand & Upper Extremity Rehabilitation  
Management of the Running Athlete  
Mindfulness for the Helping Professions  
Pelvic Health  
Performing Arts PT  
Physical Therapy Perspectives  
Research Practicum I, II, and III  
Service Learning  
Spinal Cord Injury Spinal Mobility

Sports Rehabilitation  
Teaching Practicum Lecture, Lab, Small Group  
Topics in Cardiopulmonary  
Vestibular Rehabilitation  
Yoga

**6. Clinical Education:** These courses provide opportunities in direct patient care, teaching, and administration under a licensed physical therapist's supervision. Students integrate clinical skills developed in the curriculum with various patient populations. Clinical Education Seminars prepare students for their clinical education experiences by providing a thorough understanding of roles and responsibilities, including integration into a licensed clinician's workplace and expectations. Integrated Clinical Experiences (ICE), in conjunction with the clinical science courses, integrate academic information and clinical skills and precede the First and Intermediate Clinical Education Experiences.

*Specific Courses:*

Clinical Education Seminars I, II, III, IV  
First Clinical Education Experience,  
Intermediate Clinical Education Experience  
Terminal Clinical Education Experience

## Overview of the DPT Program

The DPT program encompasses 31 months of full-time study, which equates to 8 academic semesters, including clinical education experiences. Clinical education experiences are 8, 10, and 18 (or 9 x 2) weeks, respectively (First, Intermediate and Terminal Clinical Education Experience). Students are in class an average of 5 days per week to allow for assimilation and application of new knowledge and provide the time for student self-directed learning activities. Contact hours 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 work schedule.

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 nationwide and abroad. Academic instruction is comprised of didactic courses in the seven curricular components as described above. Areas of concentration within physical therapy are explored in the advanced seminar courses, electives, and the Terminal Clinical Education Experience. Learning is viewed as a dynamic and interactive process requiring active student participation in various 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 various didactic courses, are interspersed throughout the curriculum to facilitate the 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 in Spring III. These occur in health care institutions throughout the country and abroad, comprising a total of 36 weeks.

A *Scholarly Project*, 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. Students complete a Master Project under the guidance of a faculty mentor. 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.

## Sequence of the DPT Curriculum

The DPT's educational content is conceptually organized around six curricular components; *Scientific Foundations*, *Clinical Sciences*, *Critical Exploration*, *Professional Leadership and Practice*, *Specialized Areas of Clinical Practice*, and *Clinical Education*. The 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 instruction methods include strategies and tactics from both reception learning (lectures) and discovery learning (problem-based learning methodology). The DPT curriculum acknowledges students' academic abilities, 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.

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. Courses are a combination of *Scientific Foundations* and physical therapy *Clinical Sciences*. Students continue the *Clinical Science* courses during the second year, complete the third and fourth parts of the orthopedic series, and begin course work in adult neurorehabilitation and pediatrics. These courses are sequenced to integrate and advance previously learned material and 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. The sequence of the Year I courses and those in the early part of Fall II (Part A) are designed to prepare students for success in their first 8-week full-time clinical education experience, Fall II (Part B).

All matriculated students enroll in the same courses through Spring II, although some elective options are offered. Upon completing Fall and Spring Year II courses, students enter into their second full-time *Clinical Education* experience for ten weeks (Summer II). As students progress through this assignment, they are increasingly responsible for retaining prerequisite knowledge and skill, part of the students' professional growth process. The students continue to acquire competency and familiarity with their new professional role as they prepare for safe and effective entry-level practice. Students continue with required core courses in Fall III, select an advanced seminar course in a chosen clinical area of interest (adult neurorehabilitation, orthopedics or pediatrics) and select from a wide array of specialty elective options. The entire academic and clinical sequence of Year II prepares students for the *Specialized Areas of Clinical Practice* courses that occur during Fall III. These courses have been developed to allow students to gain greater knowledge and skill in clinical areas of interest. 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 Terminal Clinical Experience (Spring III, 18 weeks full-time) helps the students internalize those behaviors consistent with the expectations of professional practice.

The remaining curricular components are integrated throughout the three years of full-time study as described below:

### **Integration of Critical Exploration**

During Year I, Evidence-Based Practice I and II, introduce the students to stages of the research process, including research design, methodology, and evaluation. With associated projects, these courses prepare students to analyze literature in terms of applicability to evidence-based practice and provide the foundation for completing a Scholarly Project. This project enables the student to learn how to develop and implement inquiry into a narrowly defined topic of physical therapy relevance. Students complete a Master Project under the guidance of a faculty mentor.

Continued development of evidence-based practice occurs in the *Clinical Science Courses* in Years II and III. The critical inquiry component of the advanced seminar courses in Fall III requires completing an evidence-based scholarly project (master class or its equivalent).

Students who desire a more intensive research experience can take the Research Practicum Elective(s), which consist(s) of working individually or in small groups with a faculty mentor. Completed research projects are presented as poster or platform presentations showcased during Columbia University Programs in Physical Therapy Research Day to faculty, program students, and guests. The research projects may lead to presentations by the students at national meetings and publications.

### **Integration of Professional Leadership and Practice**

This is a four-part series of courses designed to educate students about the multiple dimensions of professional practice in physical therapy and provide knowledge of health care systems and the role of physical therapy in the provision of health care and services in various practice settings. 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, teaching and learning, business and marketing, health policy including health disparities and social justice, and health and wellness.

In Fall & Spring 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 interprofessional 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, conflict management strategies, cultural competence, adherence and compliance, psychological conditions commonly seen in physical therapy practice and trauma-based care. Students also 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 learn to utilize the 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. 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 associated with the management of the practice. Organizational business management structures, strategies, and principles are covered to provide deeper understanding of the various models within physical therapists practice. Considerations such as leadership and management of an organization, attracting and retaining employees, managing organizational conflict and behavior, and branding and marketing are reviewed. 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, as well as through case studies. An overview of regulatory bodies and third-party payor systems versus fee-for-service, leading into an overview of health care policy and the impact of legislation to the practice, is provided. The constructs of access, quality and cost are reviewed in relation to healthcare systems, both nationally and globally, to identify the challenges and opportunities for physical therapist practice.

### **Integration of Clinical Education**

During Spring I, and in subsequent semesters, the *Clinical Sciences* courses use integrated clinical experiences (ICEs). Students are paired with a faculty member in the clinical environment to practice skills and procedures presented in previous and concurrent courses and observe more advanced clinical practice techniques.

Students begin to model professional behaviors by observing patient/client/practitioner and interdisciplinary health care team interactions. These mentoring experiences precede Clinical Education I and II experiences and facilitate an understanding of the transition from student to clinician.

The full-time clinical education experiences, Clinical Education I (8 weeks) and II (10 weeks), occur during Fall and Summer II. The Clinical Education experiences enable students to apply didactic knowledge in clinical practice settings under licensed physical therapists who serve as teachers. The

clinical experiences were designed to progress the students from simple to complex skill acquisition, enhance clinical decision-making and professional judgment as care is provided across the continuum.

The Terminal Clinical Experience (18 weeks) consists of either two 9-week or one 18-week clinical education experience depending on clinical site selection. This final integrative experience occurs in Spring III. Under the guidance of a licensed physical therapist, now serving in a mentor's role, 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. 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 clinical education experiences. For the clinical experience, students' geographical needs and the selection of their specialization tracks will be considered for placement.

## Curriculum

### Course Sequence

The curriculum is sequential; all courses are prerequisites for the courses that follow. See the table below for the sequencing of courses per semester.

All DPT program courses are designated 800 and 900 level courses. Each course number consists of capital letters (PHYT) that indicate the program offering the course. The 4-digit number designates the subject area of the course.

8100	Scientific Foundations
8200	Professional Leadership and Practice / Health Care Systems & Management
8300	Clinical Sciences
8500	Professional Leadership and Practice / Health Care Systems & Management
8600	Clinical Sciences
8700	Critical Exploration
8800.	Specialized Areas of Clinical Practice
8900	Clinical Education I & II
9000	Clinical Sciences / Specialized Areas of Clinical Practice
9200	Terminal Clinical Experience

The number of credit hours listed for each course reflects in-class hours and is used to compute 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 provide students with a more realistic expectation of

the amount of time required, during any given semester, to develop the study and time management skills to pass each course successfully.

Clinical Education I, II, and the Terminal Clinical Experience are graded Pass/Fail. No credit hours are given for these experiences as students adhere to their clinical instructors' work schedule at the facilities to which they have been assigned. Clinical education hours and expectations tend to vary; hence, it is difficult to set credit hours. **However, successful completion of the curriculum's clinical education portion is a requirement for awarding the DPT degree.**

Electives are provided in a variety of formats: over one or more weekends as well as across several weeks within a semester. Attendance is mandatory for all electives, regardless of format and courses are graded Pass/Fail. Electives offer the opportunity for students to study with experienced (master) clinicians.

### Curricular Outline

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	5 - 12	Drs. Stacy Kinirons & Robert Evander
PHYT M8115 Applied Physiology	2	2	1 - 6	Dr. Lobna Elsarafy
PHYT M8125 Kinesiology & Biomechanics I	5	5.25	3 - 9	Drs. Rami Said & Wing Fu
PHYT M8211 Professional Leadership & Practice I	2	3	1 - 2	Dr. Laurel Daniels Abbruzzese
PHYT M8301 Examination & Evaluation	3	2.25	2 - 4	Drs. Martha Sliwinski & Danielle Struble
PHYT M8704 Evidence-Based Practice I	2	2	1 - 6	Dr. Wing Fu
<b>Totals</b>	<b>21</b>	<b>24.5</b>	<b>13 - 39</b>	

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. Mahlon Stewart & Danielle Struble-Fitzsimmons
PHYT M8105 Neuroscience	4	4	5 - 12	Dr. Stacy Kinirons
PHYT M8112 Medical Screening I	2	2	1 - 2	Dr. Michael Johnson
PHYT M8126 Kinesiology & Biomechanics II	3	3 - 4	3 - 7	Dr. Wing Fu
PHYT M8130 Movement Science	2	2	3 - 9	Dr. Clare Bassile
PHYT M8212 Professional Leadership and Practice II	2	2	1-3	Dr. Laurel Daniels Abbruzzese
PHYT M8303 PT Procedures	3	4	1 - 6	Dr. Mahlon Stewart

PHYT M8308 (1 <sup>st</sup> half of semester) Concepts in Therapeutic Exercise	2	5	3 – 9	Dr. Rami Said
<i>PHYT 8516M: Self-Compassion and Mindfulness for the Helping Professions</i>	0	<i>Variable</i>	<i>Variable</i>	<i>Dr. Martha Sliwinski</i>
PHYT M8610 (2 <sup>nd</sup> half of semester) PT Mgt. of Orthopedic Conditions I	2	6.5	3 - 9	Dr. Jean Fitzpatrick
PHYT M8705 Evidence-Based Practice II	2	2	1 - 6	Dr. Wing Fu
<b>Totals</b>	<b>22</b>	<b>30 - 31</b>	<b>21 - 54</b>	

Summer I (8 weeks including final exams)	Credit Hours	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8310 Physical Modalities	1	4 – 5 x 4 wks	2 - 4	Dr. Wing Fu
PHYT M8315 Soft Tissue Mobilization	2	5	1 – 6	Dr. Kevin Wong
PHYT M8611 PT Mgt. of Orthopedic Conditions II	4	9	3 - 9	Dr. Michael Johnson
PHYT M8634 Clinical Geriatrics	3	6	3 - 6	Dr. Laurel Daniels Abbruzzese
PHYT M9071 Medical Screening II	2	2	1-6	TBD
<b>Totals</b>	<b>12</b>	<b>26 - 27</b>	<b>10 - 31</b>	

YEAR II				
Fall 11A (7 weeks including final exams)	Credit Hours	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8004 Clinical Education Seminar II	0	Variable	Variable	Drs. Mahlon Stewart & Danielle Struble-Fitzsimmons
PHYT M8601 PT Mgt. of Cardiopulmonary Conditions	3	6	3 - 9	Kim Stavrolakes (Associated Faculty) & Affiliates of NYPH
PHYT M8612 PT Mgt. of Orthopedic Conditions III	4	9	5 - 12	Dr. Colleen Brough
PHYT M8620 PT Mgt. of the Adult with Neurological Conditions I	3	6	3 – 9	Drs. Clare Bassile, Lobna Elsarafy & Martha Sliwinski
PHYT M8636 Orthotics	2	4	4 - 7	Dr. Shanna Rock
<i>PHYT M8853 Research Practicum I Elective</i>	<i>1</i>	<i>0</i>	<i>Variable</i>	<i>Dr. Jacqueline Montes &amp; Faculty</i>
<b>Totals</b>	<b>12 (13)</b>	<b>25</b>	<b>15 –37 +</b>	

Fall IIB (8 weeks)	Credit Hours	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8901 Clinical Education I	0	0	35 – 45	Drs. Mahlon Stewart & Danielle Struble-Fitzsimmons
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>280 – 360</b>	

Spring II (16 weeks including spring recess & final exams)	Credit Hrs	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8005 Clinical Education Seminar III	0	Variable	Variable	Drs. Mahlon Stewart & Danielle Struble-Fitzsimmons
PHYT M8311 PT Mgt. of Integumentary Impairments (1 <sup>st</sup> half of semester)	2	4	1 - 6	Dr. Danielle Struble-Fitzsimmons, Richie Singson (Adjunct Faculty)
<i>PHYT 8516M: Self-Compassion and Mindfulness for the Helping Professions</i>	0	<i>Variable</i>	<i>Variable</i>	<i>Dr. Martha Sliwinski</i>
PHYT M8560 Professional Leadership & Practice III	2	2	1 - 6	Dr. Shanna Rock
PHYT M8613 PT Mgt. of Orthopedic Conditions IV	5	7	5 – 9	Dr. Colleen Brough
PHYT M8621 PT Mgt. of the Adult with Neurological Conditions II: Spinal Cord Injuries & Complex Neuro Patients	5	6	5 - 12	Drs. Clare Bassile, Lobna Elsarafy & Martha Sliwinski
PHYT M8630 PT Mgt. of Pediatric Conditions	5	6	5 - 12	Drs. Lisa Yoon & Samantha Sawade
PHYT M8637 Prosthetics (2 <sup>nd</sup> half of semester)	2	5	1 - 4	Dr. Kevin Wong
<i>PHYT M8849 Service Learning Elective</i>	1			<i>Drs. Martha Sliwinski &amp; Samantha Sawade</i>
<i>PHYT M8854 Research Practicum II Elective</i>	1	0	<i>Variable</i>	<i>Dr. Jacqueline Montes &amp; Faculty</i>
<b>Totals</b>	<b>21 (22)</b>	<b>30</b>	<b>18 – 49 + (Elective)</b>	

Summer II (10 weeks)	Credit Hrs	In-Class Hours/Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8902 Intermediate Clinical Education Experience	0	0	35 – 45	Drs. Mahlon Stewart & Danielle Struble-Fitzsimmons
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>350 – 450</b>	



YEAR III				
Fall III (16 weeks including exams & completion of all projects)	Credit Hrs	In-Class Hours/ Week	Out-of-Class Hours/Week	Primary Course Instructor(s)
PHYT M8007 Clinical Education Seminar IV	0	Variable	Variable	Drs. Mahlon Stewart & Danielle Struble-Fitzsimmons
PHYT M8217 Professional Leadership & Practice IV	2	Variable	3-6	Dr. Shanna Rock
PHYT M8602 PT Management of Cardiopulmonary Conditions II	1		Variable	Kim Stavrolakes (Associated Faculty) & Affiliates of NYPH
<b>Advanced Seminar (select 1)</b> PHYT M9015 Advanced Seminar in Orthopedics PHYT M9025 Advanced Seminar in Adult Neuro-Rehabilitation PHYT M9035 Advanced Seminar in Pediatrics	4	Variable	4 - 6 5 - 12 5 - 12	Drs. Kevin Wong & Rami Said Drs. Clare Bassile & Lobna Elsarafy Drs. Lisa Yoon & Samantha Sawade
PHYT M9041 Complex Medical Conditions	2	2	Variable	Dr. Wing Fu
<b>Totals</b>	<b>9 (+3 required electives)</b>	Variable	<b>12 + Variable</b>	
<b>ELECTIVES</b>				
PHYT 8557M Management of the Running Athlete	1	Variable	Variable	Dr. Colleen Brough
PHYT 8742 Foot & Ankle for Performing Arts	1	Variable	Variable	Dr. Cameron Gomez (Associated Faculty)
PHYT 8800 Medical Spanish	1			Dr. Ana Esteban (Associated Faculty)
PHYT 8812M Vestibular Rehabilitation (Required for students enrolled in PHYT M9025 and PHYT M9035)	1	Variable	6 - 12	Drs. Jennifer Reid, Clare Bassile, Lobna Elsarafy, & Associated Faculty - Affiliates of NYPH
PHYT 8815M Pelvic Health	1	28 hours total	1 - 6	Dr. Claire Hamnett (Associated Faculty)
PHYT 8825M Sports Rehabilitation	1	Variable	1 - 4	Dr. Karlie Gross
PHYT 8830 Hand & Upper Extremity Rehabilitation	1	16 hours total		Dr. Nicholas Maroldi
PHYT 8832M Foot & Ankle Rehabilitation (General Foot & Ankle focus)	1	16 hours total	3 - 6	Drs. Karlie Gross, Sarah Lloyd
PHYT 8833M Craniofacial Pain of Cervicogenic Origin: Headaches & Temporomandibular Disorders	1	4 x 10 wks	1- 4	Dr. Jeffrey Mannheimer (Associated Faculty)
PHYT 8835M Performing Arts PT	1	24 hours total	3 - 6	Drs. Cameron Gomez (Associated Faculty)
PHYT 8843M Teaching Practicum: Laboratory	1	Variable	Variable	Dr. Stacy Kinirons & Faculty

PHYT 8845M Teaching Practicum: Lecture	1	Variable	Variable	Dr. Stacy Kinirons & Faculty
PHYT 8847M Teaching Practicum: Small Groups	1	Variable	Variable	Drs. Stacy Kinirons, Colleen Brough, Martha Sliwinski, & Rami Said
PHYT 8855M Research Practicum III	1	Variable	Variable	Dr. Jacqueline Montes & Faculty
PHYT 8861M Yoga Integrated in Physical Therapy Practice	1	Variable	Variable	Dr. Trella Allen
PHYT 8863M Diagnostic Imaging	1	Variable	Variable	Dr. Michael Johnson & West Point PTs
PHYT 8864M CancerFIT	1	Variable	Variable	Drs. Colleen Brough, Barbara Trencher
PHYT 9005M Topics in Cardiopulmonary	1	Variable	Variable	Kimberly Stavrolakes (Associated Faculty)
<b>Spring III (18 weeks)</b>	<b>Credit Hrs</b>	<b>In-Class Hours/Week</b>	<b>Out-of-Class Hours/Week</b>	<b>Primary Course Instructor(s)</b>
PHYT M 9200 Terminal Clinical Experience	0	0	35 – 45	Drs. Mahlon Stewart & Danielle Struble-Fitzsimmons
<b>Totals</b>	<b>0</b>	<b>0</b>	<b>630 – 810</b>	

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

### University Requirements for Participating in Research

Students may elect to participate in a Research Practicum with a faculty member. Participation in the research elective may involve searching the literature, developing a new research protocol, collecting and analyzing data, and/or preparing for conference presentations and manuscripts. All studies must be approved by the Columbia University Institutional Review Board (IRB). The University's IRB serves to protect human participants in biomedical and behavioral research. Any investigator, faculty member or student, is required to complete Human Subject Protection Training (TC0087) and HIPAA Training (TC0019) accessed through the website for [CUIMC research administration](#). Also, students involved with the Research Practicum must complete the [financial conflict of interest form](#) before submission of the IRB protocol.

## PART III: POLICIES & PROCEDURES

## DAY TO DAY EXPECTATIONS

Students are expected to:

1. Attend all classes, arriving on time and staying until the end of class. Being consistently late or absent is considered unprofessional behavior and disciplinary action may be taken. (See Class Attendance Policy)
2. Complete all assignments on time according to faculty instructions.
3. Demonstrate professionalism in all course activities, which includes:
  - A. Dressing appropriately for class, laboratory, and clinical education experiences (ICEs, Clinical Education I, II and the Terminal Clinical Education Experience). (See Laboratory and Clinical Attire and Responsibilities)
  - B. Being prepared for class. Faculty assume that the assigned readings have been completed, as class time is spent on clarification of material and expansion of content.
  - C. Special consideration for laboratory and classroom space with regard to personal and University property. Each area must be kept clean and orderly. Students are expected to:
    - Set up lab according to faculty instructions.
    - Handle all laboratory equipment with care.
    - Return equipment to its original place.
    - Report broken or non-working pieces of equipment to the faculty.
    - Clean up after every laboratory session. Pillows, floor mats, and equipment are to be put away.
    - 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 all classrooms used by the program, except in VEC classrooms. Bottles and trash need to be discarded in the trash receptacles located in every classroom. Eating in the classroom is a privilege, and if the classrooms are not kept clean, the privilege will be revoked.
  - E. Observe time limits of breaks. Faculty will begin at the designated 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.

## CLASSROOM

### Access

The third floor of the Georgian houses the Programs in Physical and Occupational Therapy.

Specific classrooms on this floor include:

Georgian 1 and 2 Classrooms: Lecture and laboratory

Conference Room: Reserved for faculty

Rooms 319 & 327: Photocopying room and faculty mailboxes. Only authorized work-study students, faculty and staff have access to this room and use of the photocopier. Items to be placed in faculty mailboxes should be given to the program's administrative assistant who sits at the reception desk.

In addition to the classrooms in the Georgian, the program uses classrooms in the following buildings:

Hammer Health Sciences Building & Library (HSC)  
1<sup>st</sup> & 2<sup>nd</sup> lower level, 3<sup>rd</sup> & 4<sup>th</sup> floors

Vagelos Education Center (VEC)  
2<sup>nd</sup>-6<sup>th</sup> Floors (including Gross Anatomy Lab)

William Black Building  
1<sup>st</sup> Floor, Alumni Auditorium (AA)

Programmed ID cards will allow students access to all classrooms and buildings utilized by the DPT Program. Students are permitted access to the Georgian 1 and 2 Classrooms (24 hours/day, 7 days/week) and the VEC Gross Anatomy Lab (7am – 11pm, 7 days/week) outside of scheduled class time when the rooms are open/unreserved during the operating hours of the buildings.

### Attendance

The attendance policy of the CUDPT program was designed to reflect the highest level of professionalism and clinical competency of the physical therapist in the roles of student (classroom, clinical, and casual), teaching assistant, graduate assistant, and student leader. The achievement of entry-level practice requires students attend classes. It is expected that all students attend all classes, arrive on time and stay until the class ends. Students are expected to attend their courses synchronously—that is, at the time that the course is being offered—whether in the classroom or online.

Realizing there are times when an absence is necessary, excused absences are those due to acute illness, positive COVID-19 test, personal crisis (e.g., death in the family), presentation at a

scientific conference (approved by research advisor) or religious observance as described in the [Columbia University Regulation on Religious Holidays](#). For specific attendance policies for absences due to infectious diseases (such as COVID-19, influenza, and Monkeypox) see Appendix M. Unexcused absences are those due to any reason other than those stated above. In the event of any absence, students must notify the course instructor within 24 hours of the scheduled class, preferably prior to the scheduled class. The notification should include a strategy for assuring competency in all missed course content, skills, and assignments. Students are responsible for all missed course content and assignments. Faculty is not responsible for reviewing missed course content with students on an individual basis. Instructors, at their discretion, may consider attendance a factor in grading. 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.

### Electronic Devices – Computers and Cell Phones Use

Students are encouraged to bring their tablets or laptops to class. All classrooms have Wi-Fi. The faculty posts pertinent course material on Canvas, the electronic classroom management system supported by Columbia. Electronic devices in class are a privilege and are restricted to classroom and laboratory related activities. Any other use of electronic devices in class will result in immediate loss of this privilege and be considered academic misconduct.

### Laboratory and Clinical Responsibilities

#### **Laboratory Responsibilities**

In clinical lab courses, students will perform palpation, manual techniques, and handling skills on patient models and patients. Every student is expected to participate as both physical therapist and patient model and is required to work with any and all students in both roles. At the Lab Instructors' request, students will switch lab partners several times during labs, allowing for practice on a variety of body types.

Students will be expected to expose certain body parts; proper decorum and draping will be followed. Any student having a concern regarding exposure of body parts or physical touch due to personal, cultural, or religious reasons should inform the Course Coordinator(s) at the start of the semester or prior to engaging in a specific activity. See policy related to Sexual Respect - Student Participation below.

- All students must follow the Personal Protective Equipment protocols as dictated by CUIMC policies for transmission of infectious diseases.
- Students are not required to participate as a patient model for any technique or skill due to a pre-existing, precautionary, or contraindicated condition. Students are responsible for contacting the Course Coordinator(s) to discuss individual circumstances.
- Prior to practicing any technique or skill independently, students demonstrate the technique or skill to the Course Coordinator(s) or Lab Instructors to get individualized feedback during the laboratory component of the course.

- *To become proficient in the techniques or skills presented in the laboratory, several hours of practice outside of class time may be necessary. It is the students' responsibility to ensure that they are safe to practice skills independently.*
- In the event an injury is sustained while practicing a technique or skill, the student is required to contact the Course Coordinator(s) to complete an Incident Report (see Forms).

Students work with the course instructors to set up the lab with the appropriate equipment/supplies and put all the equipment/supplies away. At the end of each laboratory, the lab is returned to its standard configuration. The Course Coordinator will provide students with instructions for maintaining the lab.

Laboratory attire is required in many courses. Students are responsible for reviewing each course syllabus for the required laboratory attire.

### **Clinical Responsibilities**

During any patient facing experiences (e.g., Integrated Clinical Experiences, service-learning, patient demonstrations in classes) students are expected to dress professionally, which may include their white coat (when necessary), name tag and CUIMC ID. If in doubt as to appropriate attire for an experience, please confirm with Course Coordinator(s).

During the First, Intermediate, and Terminal Clinical Education Experiences, students adhere to the facility's dress code to which they have been assigned. Please refer to the **Clinical Education Handbook** for more details.

Any student who incurs an injury or has a medical condition while matriculated in the program must contact the Course Coordinator, their Faculty Advisor, and the Program Director. Students must print and have a physician complete the Physical Capacities Form (see Appendix B), documenting the injury/diagnosis and specifying all medical limitations on his/her physical activities. This form must be filled out and signed by the student's physician and returned to the Director, Dr. Jean Fitzpatrick Timmerberg ([jt2624@cumc.columbia.edu](mailto:jt2624@cumc.columbia.edu)) prior to return to classes and/or clinical experiences.

### **Lost Items**

Personal items left in the classrooms in the Georgian or in other classrooms assigned to the program during the academic year may be given to the program's administrative assistant who sits at the reception desk. These items are kept until Friday of each week, at which time all unclaimed articles are discarded.

## **COURSES**

### **Calendars**

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

## Printed and Electronic Material

Faculty members provide students with course material (syllabi, lecture outlines, handouts, readings, etc.) in Canvas under the appropriate course number and title. Course readings and other material not accessible through Canvas are placed on reserve in the library. Students are held responsible for all material posted in Canvas and put on reserve. Course material is copyrighted and can only be reproduced for personal use. When the course material is used for publications, presentations, etc., the work must be cited.

## Examination Performance

Throughout the DPT program students will undergo numerous written and practical exams. To allow every student equal opportunity to succeed in an examination, the following procedure is followed for all written and practical examinations:

- Students must appear on time for an examination. The faculty is aware that unforeseen circumstances may occur. In these situations, immediately communicate with the Course Coordinator indicating the issue and expected arrival time. The Course Coordinator may allow or deny a student the right to begin the examination later than the designated time. A *Professional Development Report* may be completed and placed in the student's file if the student arrives late.
- All personal belongings must be placed away from the seating area.
- Students should not share or seek information that is related to examinations from other students or from any unauthorized sources, as such conduct is considered an academic offense.
- Students are not permitted to ask content related questions while exams are in progress.

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 Coordinator of the impending absence.
- Within 24 hours of the student's return to class, contact the Course Coordinator 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.

It is recommended that a student who the University Office of Disability Services has determined to be eligible for a specified accommodation during examinations notify each Course Coordinator as soon as possible, at least 2 weeks prior to the examination for which the student wishes to have the accommodation. See Disability Services below on how to apply for an accommodation.



Upon the completion of written exams, Course Coordinators review the item analysis and student performance. Each instructor will determine, based on this review, which questions from the written exam may or may not be included in a student's overall score. There is NOT a uniform guideline that will apply in every course.

### 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 DPT 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. Students are prohibited from printing and/or copying test questions. Test questions may not be shared between or among students.

### Course and DPT Program Evaluation

Students are encouraged to complete formal course evaluations at the end of each semester through Canvas.

Course and DPT program evaluation are 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 (CAPTE) standards for continuation of accreditation status. Students participate in this process through a number of mechanisms; formal course/instructor evaluation, Student-Faculty Liaison discussions, evaluation of the clinical education experience, end of year surveys, exit interviews and alumni surveys.

Students should 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.

## COMMUNICATION

### E-mail Policy

All email used to conduct University business must be transmitted via a University Approved Email System. The CUDPT Program's Approved University Email System is the CUIMC IT Email System. (name@cumc.columbia.edu). The CUIMC email is the only system used when communicating with faculty and clinical sites or completing any DPT program-related requirements. Students cannot redirect (auto-forward) email sent to their university email address to another email address. The CUIMC email provides adequate security measures to protect University Data that is transmitted. Personal email accounts are not approved for use for University business. Every student should read their CUIMC email on a frequent and consistent basis.

A student's failure to receive and read CUDPT program and university communications promptly does not absolve the student from knowing and complying with the content of such communication.

Students are expected to respond to emails from the Programs in Physical Therapy and out clinical partners within two business days.

Faculty will make every attempt to answer student emails promptly, within two business days. While individual faculty vary in their response times, students should not expect a response outside of traditional workday hours (Monday – Friday 9AM-5PM) or holidays.

## Social Media

DPT program policies on professionalism, protection of confidential or proprietary information, use of computers or other University resources, and the prohibition on discrimination and harassment apply to all forms of communication including social media.

Do not post any patient information, photographs of patients (and/or cadavers), or commentary about patients on social media sites – even if you think the information is “de-identified” or visible only to a restricted audience.

Do not post any classroom activities on social media sites without written permission from the Course Coordinator.

All electronic interaction with patients must comply with current CUIMC or other applicable privacy and data security policies, including the requirement for the patient's written authorization. [Learn social media guidelines.](#)

[Any student or program social media websites must be approved by the Associate Director of the Programs in PT, before launch and must be](#) registered with the CUIMC Office of Communications. Accounts can be registered at <https://app.smartsheet.com/b/form/f5e6cc3f2af54d55973b8b00c6f867c8>

These accounts may only be created and administered by assigned faculty and staff of CUIMC. Students may not be named as page administrators for pages other than student clubs and organizations.

The CUIMC Office of Communications must be designated as an additional administrator of Facebook accounts and related accounts and/or be provided the account login information for other social media accounts. This allows CUIMC Communications to access these accounts and respond in the event of a crisis or the unavailability or departure of the site administrator.

The social media site administrator must maintain the security of the site login credentials, using an official CUIMC e-mail address, and is fully responsible for the account's security and usage, including, but not limited to, managing and monitoring all content associated with the official social media account and removing any content that may violate this or other CUIMC policies.

Social media accounts must adhere to the CUIMC branding guidelines, which can be downloaded at <https://www.communications.cuimc.columbia.edu/resources>

## Photography and Video Release

The DPT program and its representatives, on occasion, take photographs or videos for educational purposes, including use in publications and websites. This announcement serves as public notice of the program's intent to do so and release the program of permission to use such images as it deems fit. Any student 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. (See Forms)

## Privacy Policy

Columbia University and the DPT 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 CUIMC Student Health on Haven 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, including personal or Columbia email addresses kept by the DPT program, are not shared with outside parties, including past or future clinical sites, employment recruiters and other vendors.

## Student Mechanism to File a Complaint

Students have the following mechanisms to file a complaint against the DPT program or a faculty member:

1. Dr. Jean Fitzpatrick (Timmerberg), DPT Program Director – [jt2634@cumc.columbia.edu](mailto:jt2634@cumc.columbia.edu)
2. [Physical Therapy Anonymous Reporting System](#)
3. [Center for Student Success and Intervention](#)
4. [Compliance Hotline](#)
5. [Ombuds Office](#)

6. Dr. Joel Stein, Chair of the Department of Rehabilitation & Regenerative Medicine - [js1165@cumc.columbia.edu](mailto:js1165@cumc.columbia.edu)
7. Dr. Katrina Armstrong, Dean of the Vagelos College of Physicians & Surgeons - [kaa2210@cumc.columbia.edu](mailto:kaa2210@cumc.columbia.edu)
8. Commission on Accreditation in Physical Therapy Education (CAPTE) - [accreditation@apta.org](mailto:accreditation@apta.org)

## SUPPORT

### Counseling and Advising

The DPT program faculty is interested in each student's well-being and has assigned each student a full-time faculty member as an advisor and maintains an "open-door" communication policy.

Students are encouraged to meet with faculty, their advisor, or the Program Director at any time. Faculty can be reached via their email addresses to set up an appointment. Students should seek guidance when experiencing academic difficulty and/or have extenuating circumstances that may influence their performance in the program.

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

### Student Resources

Our faculty are committed to helping provide a positive and successful educational and academic experience for all physical therapy students. To this end, resources include:

#### **Student Mentors**

During the summer prior to the start of the DPT Program, incoming DPT I students are randomly paired with and provided the contact information for a DPT II student mentor. DPT II student mentors serve as an important resource for incoming DPT I students to help build a sense of belonging and connectedness to the Program and Columbia community.

#### **Study and Time Management Skills Seminar**

During orientation week, all DPT I students attend a 60-minute presentation on the "Who, What, When, Where, Why, and How of Study Skills."

#### **Advisor – Advisee Meetings**

Assigned academic advisors invite advisees to meet monthly, in group and/or individual sessions. Advisees may request additional meetings with advisors as needed. Advisors provide ongoing academic, career, and personal support.

Based on recommendation from the Academic Progress and Promotion Committee, an advisor may meet with a student that is demonstrating unsatisfactory academic and/or clinical performance or has demonstrated a lack of understanding or disregard for the: APTA Code of Ethics, Professional Behaviors, Essential Functions, and Code of Conduct. These meetings serve to alert the student to the Program's policies, discuss concerns, offer support, and suggest resources.

### **Faculty Office Hours**

Faculty are available to meet upon request from students to review material or clarify content, discuss study strategies, suggest resources, and offer support.

### **Review Sessions**

Select faculty host review sessions prior to competencies, written examinations, practical examinations, and/or clinical affiliations. These sessions are often on the Daily Course Schedule in the course syllabi but may be planned on an as needed basis.

### **Near Peer Tutoring**

Based on a volunteer basis, DPT II students serve as Teaching Assistants in the Gross Anatomy Lab for DPT I students. Teaching Assistants are available to help with structure identification, guide dissection, share study strategies, and serve as role models. Teaching Assistants are available in the Gross Anatomy Lab outside of scheduled class time for a minimum of 2 hours per day/7 days per week.

DPT III students can apply for enrollment in Teaching Practicum electives during their last academic semester. Under the guidance of faculty, the DPT III students may be involved in running weekly review sessions, assisting in laboratories, teaching lectures, and/or hosting office hours in select courses (e.g., Gross Anatomy, Kinesiology & Biomechanics I, Examination & Evaluation, PT Management of Orthopedic Conditions III The Upper Extremity) for DPT I or DPT II students.

### **Peer Tutoring**

For students who earn less than an 80% on the written midterm exam, students may consider working with a Study Buddy. These are students within the course who volunteer for this role, have excelled, and have an interest in teaching. These partnerships are available in select courses so students can share study strategies and review material on a one-on-one basis. One of the best ways to learn and understand course material is by talking it through in guided discussions. All pairings are made by the course faculty.

### **Faculty Assigned Tutoring**

Based on recommendation from the faculty, students who are challenged across multiple courses earning grades less than 80% may be eligible to receive individual tutoring from a faculty-appointed peer or near peer Student Tutor. These are students who have earned a 3.8 or better GPA and have previous experience teaching and coaching. All pairings are made in concert with course faculty and Program leadership.

## **VP&S Center for Education Research and Evaluation**

Based on recommendation from the faculty, students may be eligible to meet with a Learning Specialist from CUIMC's Center for Education Research and Evaluation (CERE) to discuss evidence-based learning strategies.

### **Student Health on Haven**

Student Health on Haven, located at Tower 2, 100 Haven Avenue 2nd Floor, Suite 230, provides opportunities that facilitate the personal and professional development of students. Student Health on Haven 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. Student Health on Haven 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

Get [more information](#) on all services provided.

### **Pregnancy / Postpartum**

Pregnancy may result in a change in the student's physical capacity. If a student becomes pregnant during their enrollment in the DPT program, it is advisable that they communicate their needs to Program faculty and routinely check with their physician to identify changes in their physical capacity. Please submit an updated Physical Capacity Form (See forms) to the DPT Program Director if accommodation(s) need to be made.

The Program is in full compliance with Title IX. All requests for pregnancy accommodations must first be submitted to the University's Title IX Coordinator.

[Pregnancy Accommodations | Sexual Respect \(columbia.edu\)](#)

## Disability Services

The Office of Disability Services (ODS) facilitates equal access for students with disabilities by coordinating accommodations and support services. ODS works with students with all types of disabilities. ODS 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. Accommodations are specific to the disability-related needs of each student and are determined according to documented needs and the student's program requirements. [Learn more about ODS and access the registration form.](#) Students may also visit the ODS office (50 Haven, Room 105). Students are encouraged to register within the first two weeks of the semester to ensure that reasonable accommodations can be made later in that semester. Until the registration process is completed and approved by ODS, students cannot receive accommodations.

Dr. Wing Fu serves as the program liaison with ODS and assists ODS in coordinating the provisions of reasonable accommodations in the DPT program. Dr. Fu can be reached at [wf2214@cumc.columbia.edu](mailto:wf2214@cumc.columbia.edu) or 212-305-9385.

## Printing Services

Printer locations are identified in the Hammer Health Sciences Library. Students are given unlimited free black and white pages (double-sided counts as 1 page) and 250 free color pages per semester. Once this quota is reached, students may add funds to their account. Therefore, the responsible use of this free color printing option is encouraged. When a student logs in to print, the remaining balance of pages will be given. Any incorrect charges related to printing or difficulty in printing should be handled through the Help Desk, Room 203, Hammer Health Sciences Library.

## Student Conference Attendance Reimbursement

The Programs in Physical Therapy support faculty and students in their areas of service and scholarship. Current DPT students are eligible to apply for financial support for attending scientific conferences to present their research or attending National Student Conclave. Students should complete the Student Conference Attendance Reimbursement Form (SEE FORMS) and submit to their Research / Service Faculty Advisor. This will then be reviewed by the Program Director. Student support must be approved by the Program Director in writing at least two months before any travel, hotel booking, and registration are finalized. The amount of financial support provided to students each year will depend on the total number of students attending conferences.

Reimbursable expenses may include but are not limited to:

- 1- Transportation to and from the venue (e.g. airfare, train, taxi)
- 2- Housing Accommodations
- 3- Meals within Program Guidelines

**Alcoholic beverages are not reimbursable and original itemized receipts are required.**

Once approved, the student(s) should meet with the Program's Director of Finance & Administration prior to travel for instructions on reimbursement limits and submission of expenses.

All receipts for reimbursement need to be submitted as a pdf **within 10 days** post-travel via email to the DPT Program's Director of Finance & Administration, Gina Frassetto ([gfl25@cumc.columbia.edu](mailto:gfl25@cumc.columbia.edu)).

## Work Study

Work study is part of the student financial aid package. Any student interested in enrolling must be eligible through the [Office of Student Financial Aid and Planning](#).

1. Mechanism for Hiring
  - A. Students must obtain approval from the Office of Student Financial Aid and Planning
  - B. Email the Program's business manager, Gina Frassetto, [gfl25@cumc.columbia.edu](mailto:gfl25@cumc.columbia.edu) for guidelines and instructions
  - C. For more information, contact the [Office of Student Financial Aid and Planning](#)
2. Once eligibility is approved, tasks will be assigned by a faculty member. Students will be paid for hours worked and documented by faculty. Examples of work study activities include: providing tutoring, administrative support and AV assistance.

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.

## SAFETY

### Reporting Mechanism for Physical Injury

If you have sustained an injury while on the CUIMC campus or during the participation of a course requirement (e.g., in lecture or laboratory class, during the execution of a class assignment, or traveling to/from a course or course assignment) please complete an Incident Report with the appropriate faculty member (see Forms). If the injury occurred during class or during the execution of a class assignment notify the Course Coordinator/Course Instructor/Laboratory Instructor. If the injury occurred traveling to/from a course or course assignment notify the first available faculty member.



The faculty member that assists with the completion of the incident report files the report in the student's folder and provides a copy to the Program Director.

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 student's physician needs to complete a Physical Capacities Form (see Forms).

## Management of Potential Hazards in the Classroom, Laboratory, and Clinic

### *Bloodborne Pathogens and Infection Control Procedures:*

Bloodborne Pathogens are pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus, human immunodeficiency virus, and Hepatitis C virus.

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.

Students are required to attend New York State Mandated Infection Control Training (2 hours) which covers bloodborne pathogens and infectious disease control, including the use of standard precautions. This training is done in Clin Ed Seminar I by Dr. Marcy Ferdschneider, AVP for Student Health.

### *Waste Management:*

Regulated Medical Waste (RMW) is material that may be contaminated with blood, bodily fluids, or other infectious materials, as well as sharps. RMW may also be referred to as "biohazardous" or "infectious waste". RMW must be properly handled, collected, segregated, packaged, stored, labeled, transported and disposed of in order to minimize the risk of transmitting infection or endangering human health. RMW must be collected in rigid containers lined with red bags imprinted with the infectious waste biohazard symbol and the address of the University. Any sharps (used or unused) that may puncture a red bag must be deposited in a sharps disposal container. For more information consult [Regulated Waste Management](#).

Universal wastes are common, everyday items with a hazardous component. Universal wastes include items such as: batteries, mercury-containing devices, certain pesticides and lamps. Although electronics and batteries are not considered a universal waste, they are managed the same as the above listed items. Universal wastes are generated not only in the industrial settings, but also in a wide variety of other settings, including households, schools, office buildings, and medical facilities. Although handlers of universal wastes must meet less stringent standards for storing, transporting, and collecting wastes, the wastes must comply with full hazardous waste requirements for final recycling, treatment, or disposal. This approach helps to remove these wastes from municipal landfills and incinerators, providing stronger safeguards for public health and the environment. For related links consult [Universal Waste Management](#).

### *Fire Safety & Evacuation:*

Fire pulls are located near either staircase on the 3<sup>rd</sup> floor of the Georgian Building. There is no Public Announcement system in the Georgian Building. A strobe/siren alarm indicates that a fire pull has been activated. You must evacuate when a fire pull has been activated. Primary evacuation should be via the closest stairway. Stairway B leads down to the lobby and out onto 168<sup>th</sup> Street. Stairway C leads down to the 2<sup>nd</sup> floor and out onto 169<sup>th</sup> Street (Exit door is alarmed). A fire marshal will indicate when it is safe to go back into the building. For fire safety resources consult [Fire Safety](#).

### **Public Safety**

The Mission of the [Columbia University Department of Public Safety](#) is to enhance the quality of life for the entire Columbia community by maintaining a secure and open environment where the safety of all is balanced with the rights of the individual. Public safety provides many services to students to achieve its mission, for a full list please visit the website.

### *Safety Escort Program:*

Foot escorts are provided by the Public Safety personnel at all times. From 6:00PM until 6:00 AM, vehicles may be used for escorts if available. The escort area is West 159<sup>th</sup> Street to West 168<sup>th</sup> Street, Riverside Drive to Amsterdam Avenue, and from West 168<sup>th</sup> Street to 181<sup>st</sup> Street, Broadway to Haven Avenue. A valid Columbia ID Card is required to obtain an escort. Please call 212-305-8100 to request an escort. Allow 10-15 minutes for the escort to arrive.

### *Theft Prevention Programs:*

Personal Electronics – [Operation ID](#) is a free and effective crime prevention program, whereby personal electronics are engraved with a unique identification number that is registered with both the NYPD and CU Public Safety.

Bike Security – Bike Registration is a free and effective crime prevention program, whereby bikes are engraved with a unique identification number that is registered with both the NYPD and CU Public Safety. In addition, a high visibility police decal is placed on the bike to discourage theft and to alert the police. Public Safety also offers discounted bike locks.

Computer Security – Columbia University Information Technology offers free computer tracking and recovery software products, [PC Phone Home](#) and [Mac Phone Home](#). Public Safety also offers discounted laptop locks.

For more information on any of these theft prevention programs please e-mail: [ps-crimeprevention@columbia.edu](mailto:ps-crimeprevention@columbia.edu)

### *Campus Emergency Text Message System:*

All Students should sign up for the Campus Emergency Text Message System by entering their mobile phone numbers securely and confidentially through [Student Services Online](#) (SSOL).

- Log-in to SSOL.
- Under "Your Academic Records," select "Text Message Enrollment" and enter your mobile phone number.

The University will not use text messaging unless there is a need to convey urgent information, such as a campus closure.

### *Community Response Guidelines for an Active Shooter on Campus Incident:*

In the unlikely event that an Active Shooter Incident should occur on campus, Public Safety has posted [Incident Response Guidelines](#) for the Columbia community.

### **Unusual or 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 a faculty member or the Program Director.

If you are concerned that a classmate may pose an immediate danger outside of the classroom, contact CUIMC Public Safety at **212-305-7979** and then call the Program Director at **845-304-2445**.

If the situation is less imminent, Counseling Services at Student Health on Haven 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 Services at Student Health on Haven can be a key resource.

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 any faculty member or the Program Director 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 a faculty member or the Program Director, 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.

See also Concerned about a Student or Friend in Appendix G.

## 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. [The Sexual Violence Response Program](#) provides trauma-informed, confidential support through crisis counseling/intervention, advocacy, prevention, and outreach. To report an incident, visit [Sexual Respect](#). To connect with survivor advocates for trauma-informed rape crisis/anti-violence support, including accompaniment to the hospital, police, or to other resources call (212) 854-4357 (HELP)(24/7/365).

## Gender Based and Sexual Misconduct

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.

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.

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

Gender Based Misconduct: CUIMC: 212-854-1717

Counseling/Mental Health Services: 212-305-3400

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

Office of the University Chaplain: 212-854-1474

1. Gender-Based Misconduct Policy: Columbia University is committed to fostering an environment that is free from gender-based discrimination and harassment, including sexual assault and all other forms of gender-based misconduct. Fundamentally, the University does not tolerate any form of gender-based misconduct. Where appropriate, the Gender-Based Misconduct Office will assist students with obtaining accommodations to provide support and relief. For more information, please see [Columbia University’s Gender-Based Misconduct Policy and Procedures for Students](#).
2. Sexual Respect Policy: Student Participation

**Therapeutic touch** is a required component of many physical therapy procedures. Several of the courses in the DPT program require hands-on, practical laboratory and physical examination experiences. In clinical labs (and scenarios), students serve as patient models for many different activities/techniques. Physical therapy students will be asked to provide

professional physical touch to fellow students, such as palpation of physical landmarks, manual examination procedures, and interventions. Physical therapy students will also learn and practice appropriate methods for protecting patient privacy and dignity such as draping. This experience helps not only classmates, but each student as well. The experience of receiving care similar to your future patients and clients is valuable.

Every student is expected to participate in clinical labs (and scenarios) as a patient and physical therapist. This allows each student the opportunity to practice on live “patient models” affording all students the opportunity to develop their required clinical skills with a variety of body types necessary to enter clinical experiences. All students are expected to demonstrate competent performance of the physical therapy skills outlined in the course syllabus. Any student having a concern regarding exposure of body parts or physical touch due to personal, cultural, or religious reasons should make their concerns known to the Course Coordinator. Please inform the Course Coordinator at the start of the semester or prior to engaging in a specific activity.

The student has the right to refuse to participate without repercussions by the faculty. If a student would like to refuse to participate, these are the procedures that the student is expected to follow:

A. If a student identifies an issue advance of the course:

- Schedule an appointment with the Course Coordinator to discuss options for laboratory participation.
- The student may invite their faculty advisor or another faculty member to this meeting.
- The student and faculty will develop a documented plan for the student to acquire the required skills.

B. If a student discovers a personal issue during the lab (in the moment) that would preclude their participation:

- The student should immediately make their concerns known privately to the Course Coordinator or laboratory instructor.
- The student then has two choices. The student will be asked, “*Would you like to stay in the lab as an observer or would you like to leave the laboratory now?*”
- A student who opts to leave the laboratory immediately meets with an available faculty member of their choosing who is presently available. This faculty member will assist the student as needed. When the student is ready, they will meet with the Course Coordinator during a mutually agreeable time to develop a documented plan for the student to acquire the required skills. The student may invite their advisor or another faculty member to the meeting.
- A student who opts to stay in the laboratory as an observer schedules an appointment to meet with the Course Coordinator during a mutually agreeable time to develop a documented plan for the student to acquire the required skills. The student may invite their advisor or another faculty member to the meeting.

The faculty respect the student's right to refuse to participate as outlined in the above listed procedures. To perform competently in the clinic, all students are required to demonstrate the physical skills required in each course regardless of participation in a laboratory session.

## Emergency Contacts

Student Health on Haven: 212-305-3400

CUIMC Student Health Service: 212-305-3400

CUIMC Student Mental Health Service: 212-305-3400

Environmental Health & Safety Medical Center: 212-305-6780

Facilities: 212-305-4357

Public Safety Medical Center: 212-305-8100, Emergency: 212-305-7979

New York City Police Department (33<sup>rd</sup> Precinct): 212-927-3200 or 911

In an effort to help the Columbia University community be prepared and informed, visit the [Columbia University Preparedness](#) website, which serves as a central resource.

## ENROLLMENT

### Registration, Drop and Add

Students will be notified by the Registrar via email of assigned days and times 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 on-line ([SSOL](#)). 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. 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 faculty advisor prior to the preregistration period. A previous year's course description will be available electronically for students to review prior to making their decision. By registering for an elective, a student is committing to the course.

## Leave of Absence

A student who must interrupt study temporarily to take a leave of absence (academic, medical or other) should refer to the University's official regulations in the [Essential Policies for the Columbia Community](#). Students must then submit an [Application for a Leave of Absence](#) and email the Program Director.

1. **Academic LOA** – Students who fail one course (NOT more than one course) are permitted to take a leave of absence and return the following academic year to repeat the course. *See Grades & Points section of the Student Handbook for details.*
2. **Medical Leave of Absence:** The medical or mental health professional who has been providing treatment to the student will, with the student's written consent, confirm in writing that a Medical Leave is warranted due to the student's health problem. Supporting medical documentation will be dated within 14 calendar days of the request for a Medical Leave. The Program Director may request a consultative review of the medical or mental health documentation by a Columbia health professional on the Columbia University Irving Medical Center campus. This consultation may include conversation between the treating health care provider and the designated University health professional.
3. **Other Leave of Absence** (i.e., personal emergency or military service): At the discretion of the Program Director, supporting documentation may be requested from the student to substantiate such a request.

The application will be reviewed by the Program Director and a decision will be rendered. The student will then be notified in writing via email. The Program Director may stipulate conditions for the granting of a leave, for students while on leave and for return, including an administrative medical or psychiatric evaluation and/or a review by the appropriate faculty committee. Such review does not guarantee readmission. Students approved for return after leave in the first semester will re-start the curriculum. Students approved for return after leave in subsequent semesters will restart the curriculum in a manner determined by the faculty.

Leaves are granted for a maximum of one year from the date of withdrawal. If the student does not return after a one-year leave of absence, their matriculation may be terminated; the student would be permitted to re-apply to the Program. Extensions due to extenuating circumstances may be granted on a case-by-case basis by the Program Director. Students may be permitted a maximum of two leave of absences during the three-year curriculum.

Students are not permitted to live in campus housing while on a leave of absence. Students may request to have their Columbia University health insurance continued while on leave (additional fees may apply). Students receiving financial aid must complete an exit interview with Student Financial Planning before the leave begins.

## Withdrawal from the DPT Program

If a student should decide to withdraw from the DPT program, a statement is added to the student's transcript indicating such withdrawal. Depending on the date of withdrawal, 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 withdrawal 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.

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.

#### Awarding of the Degree and Graduation Ceremonies

Degrees are awarded four times a year, in February, May, June and October. The program's Convocation and Awards Ceremony and the University's main graduation occur Tuesday and Wednesday, respectively during the graduation week in May. Any interruption that causes a break in completing the didactic or clinical education portion of the curriculum on time may necessitate a delayed graduation. Students who remain in good academic standing are still invited 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.

#### 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:

1. Printed on paper via mail delivery, which takes about 3 days from processing to delivery.
2. A secure pdf format via email for immediate 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](#). For more detailed information on the secure pdf format see Appendix A-Registrar's Services.

## LEARNING ENVIRONMENT STANDARDS

The Columbia University Vagelos College of Physicians and Surgeons Programs in Physical Therapy recognize that the quality of the learning environment, including interactions among faculty, staff, and students, impact student learning and satisfaction. The Programs in Physical Therapy bears special responsibility to assure that its students learn in an environment that fosters mutual respect, civil behavior, and the values of professionalism, ethics, and humanism.

The best learning environment-whether in the classroom or clinical setting-is one in which all members feel respected while being productively challenged. We are dedicated to fostering an inclusive atmosphere, in which all participants can contribute, explore, and challenge their own ideas as well as those of others. Every participant has an active responsibility to foster a climate of intellectual stimulation, openness, and respect for diverse perspectives, questions, personal backgrounds, abilities and experiences.

### Standards for Behavior

Columbia University community members are expected to uphold the highest standards of respect, integrity, and civility. Professional behaviors are expected at all times in both academic and clinical settings. The [APTA's Code of Ethics](#) describes the desired behavior of physical therapists and physical therapy students in their multiple roles, addresses aspects of ethical action, and reflects the core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, professional and social responsibility) of the physical therapist. The [APTA's Guide to Professional Conduct](#) provides a framework to determine the propriety of professional conduct. The guidelines for professional conduct are organized into the following topics.

1. Respect
2. Altruism
3. Patient Autonomy
4. Professional Judgement
5. Supervision
6. Integrity in Relationships
7. Reporting
8. Sexual Harassment
9. Colleague Impairment
10. Professional Competence
11. Professional Growth
12. Charges and Coding
13. Pro Bono Services

While it is the goal of the Columbia University Vagelos College of Physicians and Surgeons Programs in Physical Therapy to create and maintain an optimal learning environment, there may be instances of unprofessional and/or concerning behaviors that produce a suboptimal learning environment. Unprofessional and/or concerning behaviors include those directed at or witnessed by any member of the learning environment.

The following is a list of some examples of unprofessional and/or concerning behaviors.

1. Offensive remarks related to gender, gender identity & expression, sex, sexual orientation, race, ethnicity, national origin, age, religion, disability status, family status, socioeconomic background, and/or other visible or nonvisible identities.
2. Disparaging speech and/or nonverbal communication, including comments that belittle, humiliate, or demean an individual or a group.
3. Shouting and displays of temper.
4. Unwanted sexual advances.
5. Threat or actual physical harm.
6. Any behaviors that contribute to a culture of negativity, rudeness, or intimidation.
7. Repeatedly being ignored by those in a teaching role.
8. Receiving lower grades or evaluations based on visible or nonvisible identities.
9. Being required to provide personal service (i.e., shopping, babysitting).

## Reporting Mechanisms

The Programs in Physical Therapy encourages students to address suboptimal learning environments, including issues with bias or inclusion or other unprofessional and/or concerning behaviors directly with the individual(s) involved. If that is not feasible or there is no resolution, students can report in a variety of ways:

- To the faculty responsible for that learning environment
- To their academic advisor or academic clinical education advisor
- To the Director of the Programs in Physical Therapy, Dr. Jean Fitzpatrick (Timmerberg) at [jt2634@cumc.columbia.edu](mailto:jt2634@cumc.columbia.edu)
- To the class student-faculty liaisons
- Through course evaluations
- Through the Programs in [Physical Therapy Anonymous Reporting System](#)

Reports submitted through the Programs in Physical Therapy's anonymous reporting system will be sent to the Programs in Physical Therapy Director and Director of Diversity, Equity and Inclusion. Reports will be reviewed, and a course of action will be initiated.

In addition, Columbia University has mechanisms for filing reports through the [Student Conduct](#) subdivision of the Center for Student Success and Intervention at Columbia University.

## CLUBS

The purpose of student run clubs is to add to student professional and personal development, build community, foster a sense of belonging, promote peer and near-peer engagement, enable connections and foster well-being, and promote engagement and community. This keeps in alignment within the Programs in Physical Therapy mission & vision.

Guidelines for the formation of a club include:

PT Clubs are student run and student led and are housed within the Programs in Physical Therapy. The initiation of a student club includes the identification of a faculty liaison as well as a student leader and process for appointing and renewing. A charter with the clubs purpose, mission, vision, values, goals (meetings per month), and meeting specifics (how often, location, etc.) are submitted to the Program Director for review and approval. Once approved, all clubs must follow social media policies and use CUDPT social media accounts. For questions related to such accounts reach out to the Program Affairs Coordinator. Club members do not need to register through SSOL, or earn credits, and must have a minimum of five student members. Clubs do not require a syllabus or utilize canvas. The programs in Physical Therapy may match club funds up to \$200/year.

Students within PT are also encouraged to participate in the VP&S Clubs and other Columbia clubs <https://www.vagelos.columbia.edu/education/student-resources/office-student-affairs/vp-s-club/clubs-and-organizations>

## PART IV: ACADEMIC STANDARDS & SATISFACTORY ACADEMIC PROGRESS

The faculty strives to provide a supportive collegial learning environment to foster each student's competence in the classroom and in the clinic. Please see the support section of the handbook for further information.

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

## Grades and Points

A minimum of 100 credits, which include all required academic coursework and 3 elective courses. Students are required to take a minimum of 2 one-credit electives and 1 zero- credit elective, or 3 one-credit electives, or 1 two-credit elective and 1 one-credit elective.

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.**

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

Letter Grade	Percentage	Points	Achievement Level
A+	98 – 100	4.33	Highly Exceptional
A	94 – 97	4.00	Excellent Outstanding
A-	90 – 93	3.67	Very Good
B+	87 – 89	3.33	Solid
B	83 – 86	3.00	Good
B-	80 – 82	2.67	Acceptable / Below Graduate Level
C+	75 – 79	2.33	Marginal
F	0 – 74	0.00	Failure

**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.**

A grade of “C+” or above or a grade of “pass” (P) is necessary 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. Any final course grade greater than or equal to .50 will be rounded up.

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 Course Coordinator and stated in the course syllabus.

Students who fail one course (NOT more than one course) are permitted to take a leave of absence and return the following academic year to repeat the course. Students required to repeat a course must pay full tuition and fees for that course. The failing grade and new grade will appear on the student’s transcript. It is recommended that students repeat for credit any course during that semester in which they earned a “B-” or “C+” grade and audit any course during that semester in which they earned a “B” grade or higher. The details of the conditions for the students to return the following academic year will be determined by the Academic Progress and Promotion Committee. As the curriculum is sequential, a failure of more than 1 course in any given semester or failure of a repeated course may lead to withdrawal from the program.

Permission to return the following academic year to repeat a course is only allowed once.

### Emergency Declarations and University-wide Changes

In the event of a national or state-wide emergency, and/or where a pass/fail grading system is implemented University-wide:

Any courses graded as pass/fail will be counted in the total number of attempted hours.

When a course is successfully completed and given a grade of “P”, the credits are added to the total number of attempted and earned credits hours; but, the Pass grade is not included in the GPA calculation.

When a course is ***not*** successfully completed and the student is given a grade of “F”, it will be treated as a standard grade of “F” and this will negatively impact the progression and GPA of the student.

Any student who fails a SAP assessment as a result of a qualifying emergency will be allowed to submit an appeal, even if an appeals process is not included in the individual school’s SAP policy.

Any and all treatment of Satisfactory Academic Progress (SAP) updates and changes will abide by existing statutory regulation on SAP, any temporary statutory relief provided by Congress, and any temporary guidance provided by the Department of Education (ED).

### Written Exam Grading Guidelines

The passing grade for a written examination is 75%. Students who score less than 75% on a written examination and two standard deviations (2 SD) below the mean will be given the opportunity to take a retake examination. It is the student’s responsibility to contact the Course Coordinator to discuss remediation and retake examination. After meeting with the Course Coordinator, the student must e-mail the Course Coordinator stating whether (or not) they will be taking a retake examination. The details of the remediation and retake examination are at the

discretion of the Course Coordinator. Retake examinations must occur no later than the start of the subsequent semester. If the student earns greater than or equal to 75% on the retake examination, a score of 75% will be recorded and applied to compute the final course grade. If the student earns below a 75% on the retake examination, the higher earned score on either the original or retake examination will be recorded and applied to compute the final course grade. A student is given only one retake written examination per course. A maximum of four retake written examinations are allowed during the first academic year (Fall I, Spring I, Summer I), two retake written examinations are allowed during the second academic year (Fall II, Spring II), and one retake written examination is allowed during the third academic year (Fall III).

### Practical Exam Grading Guidelines

Students must successfully pass all practical examinations in each clinical course. The passing grade for a practical examination is 80%. A student who earns below an 80% on a practical examination is required to meet with the course coordinator(s) to discuss remediation and must retake the practical examination. The details of the remediation and retake examination are at the discretion of the Course Coordinator. Students must earn  $\geq 80\%$  on the retake to pass. A score of 80% is recorded for the retake examination and applied to compute the final course grade. 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 examination in the course will result in a failing course grade. Within the three-year DPT curriculum, a maximum of 3 retake practical examinations will be permitted for a given student. A student that fails 2 practical examinations will be required to meet with the Course Coordinator(s) and their Faculty Advisor to determine remediation and review the practical examination retake policy. A student that fails 3 practical examinations is required to come before the Academic Progress and Promotion Committee. A student that fails a 4<sup>th</sup> practical examination may be withdrawn from the program.

### Clinical Education Guidelines

Students must have a minimum cumulative GPA of 3.000 to enter into the clinical education portion of the curriculum.

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 the First, Intermediate, and Terminal Clinical Education Experiences. Please note the following guidelines pertaining to clinical education experiences:

1. 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. This will be at the discretion of the Directors of Clinical Education (DCE) team, Site Coordinator of Clinical Education (SCCE) and the Clinical Instructor (CI). The DCE team will share the recommendation for a clinical extension and/or remediation with members of the DPT program’s Academic Progress and Promotion Committee. 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.

A student who has earned an “INC” for a clinical education experience 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 repeat ANY clinical experience. All clinical education experiences must be successfully completed before the DPT degree is awarded.

A student in good academic standing who takes a medical leave of absence during a clinical education experience or earns an “INC” in a clinical education experience, will be permitted to complete this requirement for receipt of the DPT degree in more than the required three-year sequence of eight semesters. Students under the above conditions can continue for the equivalent of ten semesters and will be charged an extended 3 Year Rate. If the clinical education experience is extended and completed the following semester the student must register for PHYTM 9201, Continuing Clinical Internship, and shall be charged the three-year rate of \$500. If the clinical education experience is extended beyond one semester, the student must register for PHYTM 6538, Independent Project, and shall be charged the three-year rate of \$1,000. During the extended curriculum semester (s), the student will also be charged for the student health service fee, medical insurance premium and CUIMC 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.

2. In addition to the academic standards to enter into clinical education, the student must also be in good physical health. The welfare of the patient and student is the highest priority. 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 student’s physician needs to complete a Physical Capacities Form (see Appendix B). The form enables the Directors of Clinical Education team, in conjunction with the clinical site, to determine a student’s capability of handling the requirements of a full-time clinical experience.

Specific rules and regulations that govern the clinical education portion of the curriculum are found in the **Clinical Education Handbook** distributed prior to the start of the First Clinical Education Experience and are discussed with students by the Directors of Clinical Education team in the Clinical Education Seminar courses.

### 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 Coordinator. The course director may grant an extension, for a specified period of time, for the course requirements to be completed.

Students must complete the course requirements prior to the start of the next semester. 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 Coordinator within the specified period of time.

2. In a clinical education course demonstration of difficulty with meeting the requirements, may necessitate 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/or verbal feedback from the clinic site coordinator of clinical education and/or the clinical instructor. Additional clinical education time may be in the form of remediation. Throughout the DPT program, students are only permitted to repeat one 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 Coordinator in the specified period of time.

## Professional Abilities

As members of the Columbia University community, all students are expected to uphold the highest standards of respect, integrity, and civility. These core values are key components of the Columbia University experience and reflect the community’s expectations of its students. Students are expected to conduct themselves in an honest, civil, and respectful manner in all aspects of their lives. Dean’s Discipline is the disciplinary resolution option utilized to investigate and respond to allegations of behavioral or academic misconduct. Disciplinary infractions subject to Deans Discipline include: 1) Academic Violations (ex. academic dishonesty, cheating, dishonesty, ethics, Honor Codes, and Professional Standards); 2) Behavioral Violations (ex. collusion, prohibited use of CUIMC identification card, endangerment, falsification, weapons); 3) Gender-Based Misconduct (sexual assault, domestic violence, dating violence, stalking gender-based harassment); and Other University Policies (residential policies, information technology policies and including copyright and file sharing violations). See Part V and Part VI.

## Academic Progress and Promotion

The ultimate concern of the Academic Progress and Promotion Committee is the student’s ability to competently practice physical therapy and ultimately the welfare of the patient/client. The Academic Progress and Promotion Committee consists of a Chairperson, appointed by the Program Director, and the full-time faculty of the DPT program. The Academic Progress and Promotion Committee serves as the primary decision-making body of the DPT program and forwards its decision to the Program Director.

The Academic Progress and Promotion Committee meets regularly to review student progress and determine academic standing. As part of its evaluative function, the Academic Progress and Promotion 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 Academic Progress and Promotion Committee will invite a student to discuss their academic or professional performance in the DPT program. Any student placed on academic probation may be asked to come before the Academic Progress and Promotion Committee to discuss their status and mechanisms for rectifying their academic performance and potential implications.

The Academic Progress and Promotion 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 Academic Progress and Promotion Committee but may attend and participate in the meetings as an ex-officio member. The Academic Progress and Promotion Committee Chairperson will cast no vote, except in the event of a tie. The Academic Progress and Promotion Committee will submit its decision to the Program Director, who will render a final decision and notify the student in writing.

## Academic Standing

The academic standing of each student is determined throughout the semester as the Academic Progress and Promotion Committee reviews students' academic performance, clinical performance and professional abilities.

**Honors:** A cumulative grade point average (GPA) of 3.850 or above, plus adherence to the APTA Code of Ethics, Professional Behaviors, Essential Functions, and Code of Conduct.

**Good:** A cumulative grade point average (GPA) of 3.000 or above, plus adherence to the APTA Code of Ethics, Professional Behaviors, Essential Functions, and Code of Conduct.

**Warning:** 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), or there is a demonstration of one specific instance of a lack of understanding or disregard for the: APTA Code of Ethics, Professional Behaviors, Essential Functions, and Code of Conduct. Students on warning status will receive notification of such from the Program Director.

**Probation:** A semester grade point average (GPA) below 3.00, or an incomplete (INC) in a clinical education course secondary to difficulty in meeting performance requirements, or there is a demonstration of two or more specific instances of a lack of understanding or disregard for the: APTA Code of Ethics, Professional Behaviors, Essential Functions, and Code of Conduct. Students on probation status will receive notification of such from the Program Director.

Any student placed on 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 academic standing, and the student will also receive a Financial Aid Warning from this Office if placed on academic probation. See Satisfactory Academic Progress as it Relates to Financial Aid.

**Suspension:** Serious lapses in professional behavior may lead to suspension in accordance with University policy as defined in [Essential Policies for the Columbia Community](#). See also Dean's Discipline.

**Withdrawal:** A student may be withdrawn from the program at the discretion of the Academic Progress and Promotion Committee. Possible reasons for withdrawal may include but are not limited to the following:

- Consistently marginal performance in course work
- Failure of more than 1 course in any given semester or failure of a repeated 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 APTA Code of Ethics, Professional Behaviors, and Code of Conduct.
- Inability to demonstrate the Essential Functions, with or without reasonable accommodations, as delineated by the program
- On probation more than once
- Failure to satisfy probationary, leave of absence or suspension criteria as established by the Program Director following advisement of the Academic Progress and Promotion Committee

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

#### Academic Standing 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 DPT program who disagrees with a decision made by the Academic Progress and Promotion Committee (APPC) that affects his/her academic standing in the program **AND** believes that due process was not followed, may request an appeal.

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

The levels and process of appeal are listed in consecutive order below.

1. Academic Progress & Promotion Committee

The student will submit a concise written statement to the Program Director within seven days following the date that the student was notified of the APPC decision. The statement should include the grounds for appeal and the specific request being made of the APPC.

The APPC will reconvene, review the student's written statement and issue a final decision. The APPC will submit its decision to the Program Director, who will render a final decision and notify the student in writing. The student may, if desired, request an additional level of review.

## 2. Academic Grievance Committee

The student will submit a written appeal request to the Program Director within seven days following the date that the student was notified of the final decision. The Program Director will convene an Academic Grievance Committee as follows:

- Three faculty members from a health science program other than the DPT program. One of the three faculty will serve as chairperson of the committee.
- One student member from a health science program other than the DPT program.
- One DPT program faculty member who participates in an ex-officio capacity and without a vote.

The Academic Grievance Committee meeting is a fact-finding 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 the Academic Grievance Committee meeting. The Academic Grievance Committee will issue a decision to the Program Director, who will notify the student. The student may, if desired, request an additional level of review.

## 3. Vice Dean for Education, Vagelos College of Physicians and Surgeons

The student will submit a written appeal request to the Vice Dean for Education for the Vagelos College of Physicians and Surgeons within seven days following the date that the student was notified of the Academic Grievance Committee decision. The Vice Dean will review the written record, not conduct a new factual investigation, issue a decision and notify the student. The student may, if desired, request a final level of review.

## 4. Executive Committee of the Faculty Council, Vagelos College of Physicians and Surgeons

A final level of appeal can be made to the Executive Committee of the Faculty Council, Vagelos College of Physicians & Surgeons who will review the decision of the Vice Dean for Education for the Vagelos College of Physicians and Surgeons and make a recommendation to the Dean of the Vagelos College of Physicians and Surgeons. The Dean will issue a decision and notify the student. There is no further appeal within the University.

## Implication of Academic Standing on Financial Aid

Federal regulations require that the Program in Physical Therapy establish, publish and apply standards of satisfactory progress for financial aid eligibility. Students receiving federal financial aid must meet the same criteria for matriculation and graduation as all other students enrolled in the Doctor of Physical Therapy program. These standards are:

### 1. Standards of Satisfactory 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:

- A. Complete each semester of courses in Year I (Fall, Spring, Summer) with a minimum grade point average of 3.000.
- B. After Year I, complete each semester of courses in Year II (Fall, Spring) with a minimum grade point average of 3.000.
- C. After Year II, complete each semester of courses in Year III (Fall) with a minimum grade point average of 3.000.
- D. Complete with a grade of “Pass” the First Clinical Education Experience during Fall II and the Intermediate Clinical Education Experience during Summer II.
- E. Complete with a grade of “Pass” the Terminal Clinical Education Experience during Spring III.

The grade point average of every student will be reviewed by the DPT program’s Academic Progress & Promotion 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 will be placed on academic probation by the DPT 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 the Spring I semester.

Students whose academic standing is not raised to the minimum grade point average of 3.000 by the end of Spring I semester 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 Process to Appeal.

Students will continue on academic probation by the program and will be allowed to matriculate into Summer I semester. 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 semester will be withdrawn from the program.

## **2. Regaining Financial Aid Eligibility**

Students who were not eligible for financial aid during Summer I semester can have their eligibility reinstated for the Fall II semester 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 B-E above under Standards of Satisfactory Progress.

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 have all financial aid terminated.

Students who were not eligible for financial aid during a given semester can have their eligibility reinstated the subsequent semester if they successfully improve their cumulative grade point average to the program minimum standard of 3.000. Students are only permitted one financial aid warning throughout matriculation in the DPT program. In the event that a student's cumulative grade point average falls below the program minimum standard of 3.000 **during any subsequent semester** or who do not achieve a passing grade in any clinical education experience will have all financial aid terminated.

## **3. Process to Appeal Termination of Financial Aid**

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:

- A. What caused the work in the DPT program to fall below acceptable academic standing?  
Be specific.
- B. How have these issues been resolved?
- C. 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.

## PART V: CORE VALUES, PROFESSIONALISM & ESSENTIAL FUNCTIONS



## APTA Core Values for the Physical Therapist

"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 for the Physical Therapist were adopted by the APTA House of Delegates in 2018. These core values are now part of the APTA's Code of Ethics (see Appendix D) and Guide for Professional Conduct (see Appendix E).

1. **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.

### Sample Indicators:

- Responding to patient's/client's goals and needs
  - Seeking and responding to feedback from multiple sources
  - Acknowledging and accepting consequences of his/her actions
  - Assuming responsibility for learning and change
  - Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities
  - Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions
  - Participating in the achievement of health goals of patients/clients and society
  - Seeking continuous improvement in quality of care
  - Maintaining membership in APTA and other organizations
  - Educating students in a manner that facilitates the pursuit of learning
2. **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.

### Sample Indicators:

- Placing patient's/client's needs above the physical therapists
- Providing pro-bono services
- Providing physical therapy services to underserved and underrepresented populations
- Providing patient/client services that go beyond expected standards of practice

- Completing patient/client care and professional responsibility prior to personal needs
3. **Compassion/Caring** 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.

**Sample Indicators:**

- Understanding the socio-cultural, economic and psychological influences on the individual's life in their environment
  - Understanding an individual's perspective
  - Being an advocate for patient's/client's needs
  - Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.
  - Designing patient/client programs/ interventions that are congruent with patient/client needs
  - Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care
  - Focusing on achieving the greatest well-being and the highest potential for a patient/client
  - Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases
  - Embracing the patient's/client's emotional and psychological aspects of care
  - Attending to the patient's/client's personal needs and comforts
  - Demonstrating respect for others and considering others as unique and of value
4. **Excellence** is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgement and the patient/client.

**Sample Indicators:**

- Demonstrating investment in the profession of physical therapy
- Internalizing the importance of using multiple sources of evidence to support professional practice and decisions
- Participating in integrative and collaborative practice to promote high quality health and educational outcomes
- Conveying intellectual humility in professional and interpersonal situations
- Demonstrating high levels of knowledge and skill in all aspects of the profession
- Using evidence consistently to support professional decisions
- Demonstrating a tolerance for ambiguity
- Pursuing new evidence to expand knowledge
- Engaging in acquisition of new knowledge throughout one's professional career
- Sharing one's knowledge with others
- Contributing to the development and shaping of excellence in all professional roles

5. **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.

**Sample Indicators:**

- Demonstrating investment in the profession of physical therapy
- Internalizing the importance of using multiple sources of evidence to support professional practice and decisions
- Participating in integrative and collaborative practice to promote high quality health and educational outcomes
- Conveying intellectual humility in professional and interpersonal situations
- Demonstrating high levels of knowledge and skill in all aspects of the profession
- Using evidence consistently to support professional decisions
- Demonstrating a tolerance for ambiguity
- Pursuing new evidence to expand knowledge
- Engaging in acquisition of new knowledge throughout one’s professional career
- Sharing one’s knowledge with others
- Contributing to the development and shaping of excellence in all professional roles
- Being trustworthy
- Taking responsibility to be an integral part in the continuing management of patients/clients
- Knowing one’s limitations and acting accordingly
- Confronting harassment and bias among ourselves and others
- Recognizing the limits of one’s expertise and making referrals appropriately
- Choosing employment situations that are congruent with practice values and professional ethical standards
- Acting on the basis of professional values even when the results of the behavior may place oneself at risk

6. **Professional Duty** 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.

**Sample Indicators:**

- Demonstrating beneficence by providing “optimal care”
- Facilitating each individual’s achievement of goals for function, health and wellness
- Preserving the safety, security and confidentiality of individuals in all professional contexts
- Involved in professional activities beyond the practice setting
- Promoting the profession of physical therapy
- Mentoring others to realize their potential
- Taking pride in one’s profession

7. **Social Responsibility** is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

**Sample Indicators:**

- Advocating for the health/ wellness needs of society including access to health care and physical therapy services
- Promoting cultural competence within the profession and the larger public
- Promoting social policy that effects function, health, and wellness needs of patients/clients
- Ensuring that existing social policy is in the best interest of the patient/client
- Advocating for changes in laws, regulations, standards and guidelines that affect physical therapist service provision
- Promoting community volunteerism
- Participating in political activism
- Participating in achievement of societal health goals
- Understanding of current community-wide, nation-wide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy
- Providing leadership in the community
- Participating in collaborative relationships with other health practitioners and the public at large
- Insuring the blending of social justice and economic efficiency of services

Characteristics of Professionalism

The following is a list of characteristics of professionalism with sample behaviors.

**1. Honesty and Integrity**

- Admits to and corrects errors
- Maintains confidentiality
- Represents the facts of all situations accurately

**2. Appropriate response to faculty feedback/supervision**

- 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 for justifying performance

**3. Ability to work as a team member**

- 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

#### **4. Appropriate Communication**

- Actively participates in discussion
- Initiates thoughtful/relevant questions
- Communicates ideas and options clearly and concisely
- Attends to class agenda

#### **5. Initiative**

- 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

#### **6. Dependability & Responsibility**

- 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

#### **7. Judgement**

- 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

#### **8. Organizational Ability**

- Comes to class prepared
- Manages time/materials to meet program requirements
- Uses organizational skills to contribute to the development of others

## **9. Professional Presentation**

- 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

### **Professional Development**

DPT program faculty expect all students to demonstrate professional behaviors at all times in both the academic and clinical settings. If a student demonstrates a behavior lacking professionalism, a faculty member may complete a Professional Development Report (see Appendix F). The faculty member will review the report with the student. The student will be allowed to add comments to the report. Together, the faculty and student will develop goals and a remediation plan to achieve them. The student and faculty member will sign the form which would then be placed in the students file.

The faculty member will inform all faculty members at the next regularly scheduled faculty meeting that a report has been completed.

### **Essential Functions**

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

Columbia University's DPT program 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, physical 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 (see Appendix D), which now includes the Guide for Professional Conduct (see Appendix E). In addition, each student must be able to demonstrate the following essential functions with or without "reasonable accommodations." 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. These essential functions must be performed safely, consistently and efficiently in order to enter the program, continue studies and graduate.

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

#### **1. 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.

## **2. 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.

- 3. 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 responsibility's attendant to patient care, and the development of mature, sensitive, and effective relationships with patients, professionals and the public. They must be able to adapt to ever-changing environments, display flexibility, and learn to function in the face 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.

## **4. 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 limbs and 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.

## **5. 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.

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. An applicant with a disability or a degree candidate with a disability shall not, on the basis of his or her disability, be excluded from admission to or participation in the program.

Students must sign and return this form (see Forms) to the Program Director.



## PART VI: INFRACTIONS & CODE OF CONDUCT

## Procedures for Academic or Disciplinary (Non-academic) Infractions

Due process procedures can be instituted under two general categories: academic or disciplinary (non-academic) infractions.

- **Academic Infraction:** Faculty, staff or students may file an academic grievance, with the Course Coordinator or the Director of the Programs in Physical Therapy, if one believes that a student has committed an academic infraction. (See below)
- **Disciplinary Infraction (non-academic):** The Program Director/Assistant Dean of Education can institute the Dean's discipline proceeding if a student's behavior or use of language seriously threatens our ethical standards and/or standards of conduct for our program and University.

### *Academic Infraction*

Intellectual honesty is a cornerstone of all academic and scholarly work. Therefore, the University, including the DPT program, views any form of dishonesty as a serious matter. The Academic Progress and Promotion 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 infractions** include 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 infractions include, but are not limited to:

- 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
- Submission of similar papers or projects in more than one course without permission of the instructor(s)
- Collusion: Two or more students helping each other on an examination or assignment, unless specifically permitted by the instructor
- Use of substitutes: Sitting in for another student at an examination, or permitting someone else to sit in for oneself
- Plagiarism: The submission of another's work as one's own original work without proper acknowledgement of the source
- Falsifying documents or records related to credit, grades, change of status forms (e.g., add drop form), and other academic matters
- Altering an examination or a paper after it has been graded for the purpose of fraudulently requesting a revision of the grade
- Use of unauthorized materials for an examination or project (e.g. electronic devices)
- Circulation and/or use of unauthorized previous examinations
- Unauthorized possession of an examination, even if inadvertent
- Theft, concealment, destruction, or inappropriate modification of classroom or other

instructional material; e.g., posted examinations, library materials, laboratory supplies, computer programs and outputs

- Preventing relevant material from being subjected to academic evaluation
- Students may record (e.g. audio video, photo) lecture and/or laboratory **only** with permission of the instructor

The principles of academic dishonesty shall also apply to those courses taken during the clinical phases of a program of instruction.

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

- Falsification of client or institutional records.
- Concealing information or activities that affect the safety and well-being of clients.
- Inappropriate violation of client confidentiality.
- Engaging in activities that are contrary to the professional codes of ethics, standards or practice as defined by the Program or professional association.
- 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.
- Failure to seek supervision for clinical activities or neglecting to obtain required clearance for such clinical activities.
- Performance, without supervision, of procedures for which the student has not been prepared.
- Failure to follow the university guidelines regarding the use of human subjects in research.

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 an academic infraction 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 Course Coordinator whether the student should be informed of suspicions immediately or when the examination is over. When an academic infraction is confirmed before an examination (e.g., possession of unauthorized materials), the student will be prohibited from taking the examination; if the Course Coordinator suspects that other students may have been exposed to the examination, the Course Coordinator may void that examination at his/her discretion and re-test the students.

Students who are accused of an academic infraction while on a clinical education experience should be allowed to continue during the appeal process, unless the DPT program or clinical institution believes that this would not be in the best interest of the patients/clients served by the clinical instructor.

Faculty, staff, or students with concerns that a student has committed an academic infraction should contact the Course Coordinator or the Director of the Programs in Physical Therapy.

Based on the information provided to the Program Director, an academic infraction disciplinary proceeding may then follow. An academic infraction disciplinary proceeding begins with a written communication from the Program Director requiring the student to attend a disciplinary hearing to respond to a specified charge. The hearing is held, in collaboration with the Columbia University Office of Student Conduct and Community Standards (SCCS) before a committee comprised of three members of the Programs in Occupational Therapy faculty, appointed by the Program Director in consultation with the Director of the Programs in Occupational Therapy. The Program Director is ex officio and non-voting. The Office of SCCS provides note-taking at the hearing. The hearing is a fact-finding proceeding. The student is informed of the evidence that led to the charges against them and asked to respond in the hearing. The student may request witnesses to appear on their behalf and may submit relevant documents or information. While the student must attend the initial portion of the hearing to respond to the specified charge, the student may not 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 an attorney, they may not have an attorney present during a disciplinary hearing or at any appeal.

After the Disciplinary Committee has heard the student and others and considered all the evidence, it reaches a determination and consults with the Office of SCCS regarding sanctions. The Program Director notifies the student in writing of that decision. If the student is found to have committed an academic infraction, the penalty can include failing and repeating the course, additional remediation coursework, probation, suspension, dismissal, or any combination of these.

If a student disagrees with the Disciplinary Committee's decision and chooses to appeal their decision, the appeal must set forth a concise statement of the incident to include times, dates, people involved, the grounds for the appeal, and the specific request that the student is making. The appeal shall be directed to the Vice Dean for Education for the Vagelos College of Physicians and Surgeons. Usually, the Vice Dean's review relies solely on the written record and does not include a new factual investigation. The Vice Dean will notify the student of the decision following completion of their review.

If the student disagrees with the Vice Dean's decision, a final appeal to the Dean of the Vagelos College of Physicians and Surgeons can be made. Such an appeal must be made within seven days following notification of the Vice Dean's decision. The Dean typically relies on the written record and does not conduct a new factual investigation. The Dean's decision is final – there is no further appeal within the University.

Every effort should be made to resolve the appeal at the level at which it occurs. If, at any step, the appeal is not resolved to the satisfaction of the student, the student may pursue the matter at the next step according to the procedure outlined.

#### *Disciplinary (Non-academic) Infraction - Dean's Discipline*

A student charged with a disciplinary infraction subject to "Dean's Discipline" is entitled to notice of the charges, an opportunity to be heard, and a chance to appeal a disciplinary decision. Faculty,

staff or students with concerns that a student has committed a non-academic infraction should contact the Director of the Program in Physical Therapy within sixty days of the alleged infraction. Dean's Discipline refers to all matters related to standards of ethical and professional conduct. Dean's Discipline does not apply to sexual assault.

Ordinarily, a disciplinary proceeding begins with a written communication from the Director of the Programs in Physical Therapy requesting the student 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, in collaboration with the Columbia University Office of Student Conduct and Community Standards (SCCS), before a committee comprised of the Director of the Programs in Occupational Therapy and three faculty members not integral to the case from other programs or schools at the medical center.

The hearing is a fact-finding, not an adversarial courtroom-type proceeding; the student may not 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.

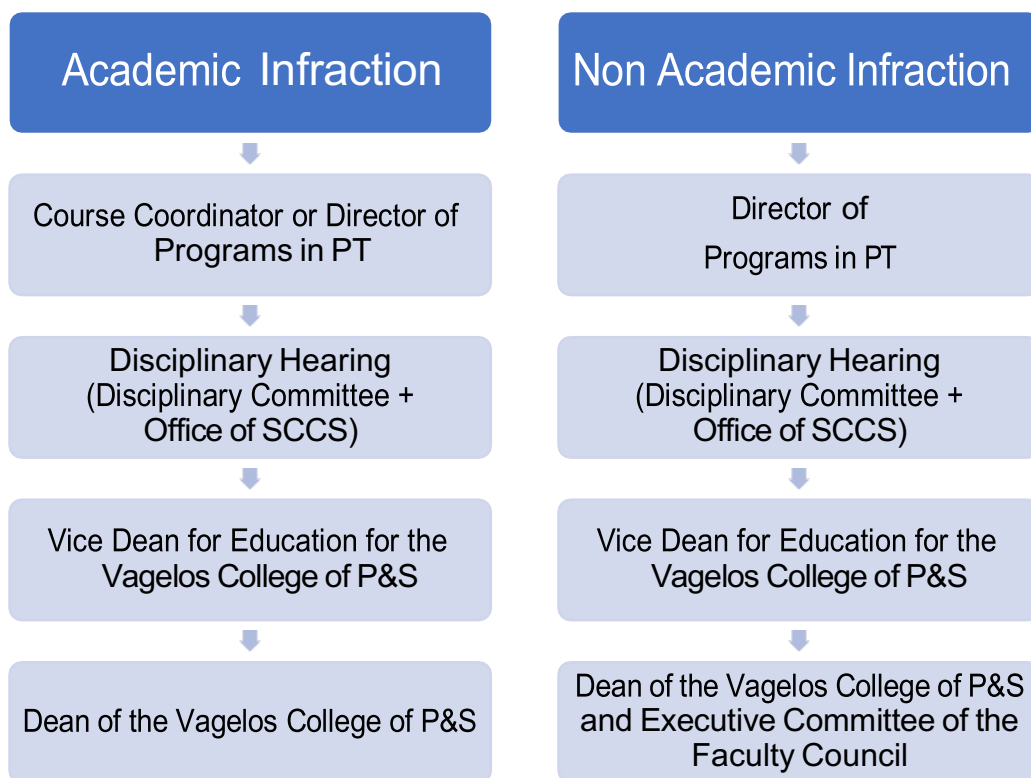
At the hearing, the student is informed of the evidence that led to the charges against them and asked to respond. The student may offer their evidence. This includes the student's appearance at the hearing and may involve the presentation by others (witnesses) on their behalf and any written submission or relevant documents the student may wish to submit.

After the Disciplinary Committee has heard the student and others and considered all the evidence, it reaches a determination and consults with the Office of SCCS regarding sanctions.

The Director of the Programs in Physical Therapy will notify the student in writing of that decision. If the student is found to have committed a disciplinary infraction, the penalty can include censure, conditional probation, conditional suspension, dismissal, or any combination of these.

The student has the right to appeal a decision that results from a disciplinary hearing to the Vice Dean for Education for the Vagelos College of Physicians and Surgeons. 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 Vice Dean for Education for the Vagelos College of Physicians and Surgeons who will notify the student and the Program Director of the final decision. Usually, the Vice Dean for Education for the Vagelos College of Physicians and Surgeons relies solely on the written record and does not conduct a new factual investigation.

Once informed of the decision of the Vice Dean for Education, the student has the right to appeal to the Dean of the Vagelos College of Physicians and Surgeons and Executive Committee of the Faculty Council. 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 Dean at P&S 2-401. The Dean focuses upon whether, in the Dean's view, 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.



### The DPT Program Code of Conduct

A DPT program *Code of Conduct* was developed by the faculty describing the tenets to support professional conduct standards and augments the Academic Dishonesty policies as outlined above. It is expected that all members of Columbia University DPT program will support this Code. In order to guide student conduct, students must sign and return the Code of Conduct (see Forms) to the Program Director.

### CUIMC Mandatory Pre-Clinical Drug Testing

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 have a required drug testing policy prior to students beginning their first clinical education experience. 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 is implemented through the Student Health Service. Students are tested in the spring or summer of Year I prior to the start of the First Clinical Education Experience in fall of Year II.

A complete description of the Pre-Clinical Drug Testing policy and procedures can be found on the Student Health Services website <http://www.cumc.columbia.edu/student/health>.

If the standard drug screening completed by Student Health does not meet the requirements for a clinical site, a re-screen may be available. If not, it is the student's responsibility to obtain the expanded drug screening at their own expense. Student Health Services can order drug screens and counsel students regarding the results. For more information see Appendix D.

## Alcohol and Drugs

Policies related to Alcohol and Drugs can be reviewed at length on the [Essential Policies for the Columbia Community](#) website. 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 Student Health on Haven. To inquire about training dates or other related questions, contact Stephanie Rozen, Director of AIMS, 212-305-3989, [aims@columbia.edu](mailto:aims@columbia.edu) or visit the [Student Health website](#).

AIMS also serves as a free and confidential resource to CUIMC 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. You may schedule an appointment by contacting Stephanie Rozen, Director of AIMS, 212-305-3989, [aims@columbia.edu](mailto:aims@columbia.edu) or visit the [Student Health website](#).

## 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 Morpheus, Gnutella, and others 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 H for the University's Copyright Law and Policy and Use of Copyrighted Material on Columbia's Computer System and Network.

## Email Usage and Retention Policy

See Appendix F for the University's Email Usage and Retention Policy.

## Official University Regulations and Policies

The University's various policies and regulations can be found on their site "[\*Essential Policies for the Columbia Community.\*](#)"

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 (Including Rules of Conduct)
- Policies on Alcohol and Drugs
- Policies and Procedures on Discrimination and Harassment
- Gender-Based Misconduct Policies for Students
- University Event Policies
- Policy of Partisan Political Activity
- Campus Safety and Security
- Crime Definitions in Accordance with the Federal Bureau of Investigation's Uniform Crime Reporting Program
- 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

## 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 three years of study and will be verified as part of the grading process for the Professional Leadership and Practice series of courses. Student membership gives you the following publications; *PT in Motion* and the *PT Journal* (the referee publication of the APTA). Membership also gives you the opportunity to join some of the specialty academies of the Association, such as orthopedics, sports, pediatrics, neurology, geriatrics, aquatics, oncology, and private practice as well as receive specialty journals. These journals may be used as a resource 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 four major areas of practice; musculoskeletal, neuromuscular, cardiovascular/pulmonary and integumentary. The program uses the *Guide* as a required text throughout the curriculum.

## Class Officers

### 1. Job Descriptions

#### **President (1 student)**

It is the duty of the president to maintain contact with the Program Director and ensure that the executive board is working optimally and on behalf of the class. 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, outreach programming, PT program admissions activities and working with faculty and staff to coordinate orientation for the incoming class. The president is also responsible for initiating communication with the class regarding the closing of the University due to inclement weather. Other responsibilities include, maintaining the class calendar, sending out a weekly email with announcements, and in general being the point person for anyone who has a question or seeks support of any kind.

#### **Vice President (1 student)**

The vice president acts as a liaison between classmates, officers, and faculty, and assists in coordinating special events and projects such as interview days, class parties, fundraisers, and the white coat ceremony. The vice president also coordinates class officer meetings, takes minutes and writes follow-up communications. The role requires wearing many different hats and ultimately boils down to supporting the president and other officers in a wide range of projects.

#### **Treasurer (1 student)**

The class treasurer is responsible for maintaining the class funds. The treasurer maintains the class bank account and communicates with classmates who may have fundraising ideas. While the treasurer does not do all of the fundraising alone, he/she oversees the planning, organizing, or gathering of funds. It's an enjoyable position that allows one to be involved in a variety of events.

### **American Physical Therapy Association Student Representatives (2 students)**

The main responsibility of the APTA representatives is to stay up-to-date with the APTA and inform the class of any new developments. This means staying ahead of what events are coming up, both locally and nationally, as well as planning APTA events, increasing class involvement, and healthcare policy. The APTA reps represent the university at local and national events and organize APTA involvement within the class.

### **PT-CAN (Physical Therapy Community Action Network) Board Members (4 students)**

This organization works to provide service opportunities to the classes of Columbia's DPT program. There are four available board positions. Each member heads a specific project. There are four volunteer programs under the PT-CAN umbrella and a member of the board serves as the coordinator for the program:

**Columbia Student Medical Outreach (CoSMO)** is pro bono, interdisciplinary clinic run by CUIMC students from nursing, medicine, physical therapy, social work, and public health who provide healthcare services to the local underserved community in Washington Heights, NYC. Students at CoSMO work under the supervision of a licensed physical therapist providing physical therapy services to uninsured individuals who may not have regular access to health care. Columbia DPT students learn to evaluate and treat patients at CoSMO through mentorship from peers and licensed physical therapists. Visits occur 2 times per month on Thursdays or Saturdays during the school year.

**Lion KEEN** is a partnership between Columbia PT and KEEN (Kids Enjoy Exercise Now) New York. It is a student-led wellness and empowerment organization for children and teens with disabilities. Its purpose is to provide a judgement-free haven for youths aged 5-21 to socialize, engage in physical activity, and develop self-confidence while interacting with peers. It also unites the NYC community by gathering volunteers from New York Cares and provides a year-round service to the families that enroll through KEEN New York. Various seasonal programs—such as sports, arts and crafts, teen basketball, youth baseball, are held once a week. The program is free for all attendees, and they welcome donations of games and equipment.

**Anatomy Academy** is a CUDPT student-run outreach program aimed at combating childhood obesity and promoting healthy lifestyle choices while inspiring children to pursue higher education. Fifth graders in the Washington Heights community learn principles of anatomy, physiology, and nutrition through small group mentoring and hands on learning activities. The curriculum is taught through one hour sessions once a week for 6 weeks at a local public school typically during the fall semester.

The **Lang Youth Medical Program** recruits, interviews, and accepts 12-15 local sixth graders each year. During the 6-year stretch from 7th through 12th grade, these students study anatomy, disease pathology, prevention, and community and public health. They also participate in field trip activities and complete annual year-end projects. DPT students participate in the Lang Mentoring program by working one-one

### **Student-Faculty Liaisons (2 students)**

The Student-Faculty Liaisons are responsible for enhancing faculty/student communication. The liaisons continuously monitor class polls and host class meetings to survey students for their input on information pertaining to classes and other concerns or ideas. The liaisons are also responsible for meeting with the faculty contacts to share collected feedback and for communicating with the class about the faculty's plan to consider and/or implement changes. They may also meet with individual faculty members or the faculty as a group to gain faculty input and share student feedback. Past student-faculty social events have included a potluck, student-faculty morning coffee and donuts, and sporting events, such as the annual student-faculty basketball game.

### **Social Board Members (4 students)**

The Social Board will be a four-person team that leads the class social committee. The board is responsible for planning events for the class and creating opportunities for the class to network with other healthcare professionals. The events are focused on being fun and accessible for everyone with an emphasis on camaraderie. Past events have included: Thanksgiving potluck, holiday party, Super Bowl party, happy hours, and an end-of-year boat cruise, PT prom, a PT picnic, field day, Broadway shows, a NYC scavenger hunt, a haunted house expedition, and an Atlantic City trip.

### **PT Liaison to the Columbia Commons IPE Student Advisory Board (1 student)**

The Columbia Commons Student Advisory Board includes student representatives from PT, OT, medicine, dentistry, nursing, public health, social work, and human nutrition. The student leaders on this board meet monthly, working together to build community and expand opportunities to engage in interprofessional education. The group will plan student events that are both social and educational. The board will also support the campus-wide IPE day in the spring semester.

## **2. Policies and Procedures for Electing Officers**

The election for class officers occurs in the Fall of Year I in the Professional Leadership and Practice I course.

Class officers are elected as follows:

- A. Students are given the opportunity to review the job descriptions of all class officers. Officers from the DPT II and DPT III classes will be available to answer questions about their positions.
- B. All students running for a position should submit a letter of intent by a deadline given by the supervising faculty member. Please list no more than two positions and indicate your first choice and add a brief paragraph about why you think you are well suited for the position(s). Letters will be compiled and posted.
- C. All students running for a position will have the opportunity to address the class to discuss their background, qualifications and motivation to be a class officer.

- D. Students must be present and should bring a computer or mobile device to class in order to vote. No write-in ballots are accepted.

All class officers must maintain a GPA equal to 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.

## DPT Program Awards

The following is a list of honors and student awards selected by the DPT program faculty for graduating students in recognition of 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 University diploma.

Winners of the following honors receive a commemorative award:

### **Faculty Award for Academic Excellence in the DPT program**

This award recognizes a student who has attained the highest cumulative grade point 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 the American Physical Therapy Association (APTA).

### **Mary E. Callahan Award**

This award is in recognition of an outstanding educator and former Director of the Program in PT who has made distinguished contributions to the Columbia University DPT program. The award recognizes a student who has demonstrated academic achievement, outstanding clinical skills, sensitivity and leadership ability.

### **Joan E. Edelstein Award**

In honor of a former Director of the Program in PT, this award recognizes a student who has expressed 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 (APTA). The student has demonstrated outstanding cooperativeness, professionalism, communication and interpersonal skills, ethical conduct and a commitment to life-long learning. The student shows promise of becoming a distinguished representative of Columbia University.

### **Risa Granick Award**

In honor of a former Director of the Program in PT, this award recognizes a student who has Dr. Granick's passion, enthusiasm and work ethic, and shows promise of continuing her legacy in teaching and service to the profession.

**Marcia Ebert Award for Clinical Excellence**

This award was established in memory of Marcia Ebert, a dedicated academician and clinician and past faculty member of the Columbia University Doctoral Program in Physical Therapy. This award recognizes a student who has shown outstanding clinical performance throughout the program, pursued challenging clinical experiences, attained a level of performance that exceeds clinical education program expectations, and developed teaching skills to become a clinical preceptor in the education of future students.

**Programs in Physical Therapy, Award for Excellence in Research**

This award recognizes a student or student group who has shown potential for future productivity in PT scholarship as judged by the faculty.

**Faculty Award for Excellence in Neurorehabilitation**

This award recognizes a student who has shown a commitment to a career in adult neurorehabilitation, academic excellence in the required neurorehabilitation coursework, academic excellence in the Advanced Seminar in Adult Neuro-Rehabilitation, excellence in the neurorehabilitation clinical education experience, and an affinity for clinical teaching.

**Faculty Award for Excellence in Orthopedics**

This award recognizes a student who has shown a commitment to a career in orthopedics, academic excellence in required coursework, academic excellence in the Advanced Seminar in Orthopedics, excellence in the orthopedic clinical education experience, and 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 alumna Jean van Haaften, 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, academic excellence in the required pediatric course work, academic excellence in the Advanced Seminar in Pediatrics, excellence in the pediatric clinical education experience, and demonstration of sensitivity, caring and compassion for children with disabilities and their families.

American Physical Therapy Association and New York State Awards

**Mary McMillan Scholarship**

(Nominated 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 (APTA). This award is highly competitive. 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 APTA. Students selected receive a monetary award and a certificate presented by the APTA's Board of Directors at the Association's NEXT 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 NEXT 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 New York physical therapy 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 New York State chapter meeting.

#### **Other Awards**

##### **Louis and Emanuel G. Rosenblatt Foundation Inc. Donna Lynn Mushkin Memorial Scholarship Fund**

The Rosenblatt Foundation has endowed one scholarship to a second year DPT student in memory of Donna Lynn Mushkin, a creative young woman who had hoped to dedicate her life to working with physically and emotionally challenged youth. The recipient must be in good academic standing with a minimum cumulative GPA of 3.500, maintain a current student membership in the APTA, and show a commitment to pediatric physical therapy as illustrated by previous work or volunteer experience with children and/or youth. The recipient must also plan on taking the Advanced Seminar in Pediatrics with a corresponding pediatric clinical education experience in the third year, aspire to a career in pediatrics, and exhibit the finest character and highest degree of professional behavior.

#### **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 four times a year. This limited number of testing dates was designed to substantially reduce or eliminate candidates' ability to gain a score advantage by having advance 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](#) and are usually scheduled for January, April, July and October.

In the fall of Year III, the Program Director holds a workshop to explain the licensing application procedure and advise students of the established test dates for the following year. The Program Director also communicates with students during the Terminal Clinical Education Experience (Spring III) to be sure that all students meet the filing deadlines for the July examination.

Immediately following the University graduation, the DPT program holds a licensure review course. Attendance is optional. More detailed information on the examination, process for filing, the review course, etc. will be communicated during Year I.



## PART VIII: APPENDICES

## *Appendix A: Additional Resources*

**Disability Services:** [Office of Disability Services](#) coordinates reasonable accommodations and support services, assistive technology, networking groups, academic skills workshops and learning specialists. Contact Dr. Wing Fu, program liaison with the Office of Disability Services (ODS), for DPT program specific questions at [wf2214@cumc.columbia.edu](mailto:wf2214@cumc.columbia.edu) or 212-305-9385

**Financial Services:** For questions related to financial aid, loan certification, loan counseling and debt management visit [Office of Student Financial Aid and Planning](#)

**Gender Based Misconduct:** For information related to Columbia Universities Gender-Based Misconduct Policy and accompanying procedures visit: <https://studentconduct.columbia.edu/gbm> or call: (212) 854-1717. For additional assistance 24/7 call: 212-854-4357 (HELP). For Confidential Counseling services at CUIMC call: 212-305-3400

**Getting Around Campus:** To view residences, eating places, parking, alternative transportation and directions, accessible routes, buildings and venues and other resources around the Columbia University Irving Medical Center campus utilize [Campus Map](#)

**Housing Services:** For questions related to student housing visit the [Office of Student Housing](#)

**Intercampus Shuttle:** The Columbia shuttle connects main campus (Morningside) with the Medical Center. [Columbia Shuttle Schedule](#)

**National Hopeline Network, Suicide and Crisis Hotline:** Depression/suicidal thoughts. Call 800-422-HOPE (4673)

**National Suicide Prevention Lifeline:** 988

**Office of the University Chaplain:** 212-854-1474

**Public Safety:** [The Office of Public Safety](#) provides numerous services, visit their website for a complete listing. To report a crime call CUIMC Public Safety (Security): 212-305-7979, NYPD: 212-927-3200 or 911.

**Registrar Services:** For information pertaining to transcripts, billing, or to update your personal contact information visit [Registrar Services](#)

### **Ordering a Transcript**

The Office of the University Registrar has an online transcript request service. This endeavor is in partnership with the premier electronic transcript vendor, Parchment. Columbia students can log into SSOL and request transcripts in two 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](#)
2. Select “Transcripts and Certifications Request”

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 transcript
7. A new window will appear asking where you would like your document(s) sent
8. Enter the institution’s name, acronym, location or email or send to yourself, another individual or third party
9. Select eTranscript or Paper Transcript
10. Input the recipient’s information
11. Check out

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. Contact the Registrar’s Office at 212-342-4790.

For more information, visit the [registrar’s web site](#).

**Sexual Assault:** [The Sexual Violence Response Program](#) provides trauma-informed, confidential support through crisis counseling/intervention, advocacy, prevention, and outreach. To file a complaint visit: <https://sexualrespect.columbia.edu/> or for additional assistance 24/7 call: 212-854-4357 (HELP).

**Student Health Service:** [Student Health Service](#) provides a full range of primary care services.

**Mental Health Services:** [Mental Health Services](#) provides counseling and psychological services for short term individual 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 crises.

**Student Health on Haven:** [Student Health on Haven](#) creates innovative research-based and student-centered opportunities that facilitate the personal and professional development of CUIMC students, offering assistance in stress reduction, mental health, nutrition, fitness, sexual health, substance abuse, yoga and Pilates programs.

**Addiction Information Management Strategies (AIMS):** [AIMS](#) is a free and confidential resource available to all CUIMC students to help with alcohol or drug problems or support for those in recovery.

## *Appendix B: APTA Code of Ethics for the Physical Therapist*

### **APTA Code of Ethics for the Physical Therapist**

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

#### **Preamble**

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

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

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

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

## Principles

**Principle #1:** Physical therapists shall respect the inherent dignity and rights of all individuals.  
(Core Values: Compassion, Integrity)

- 1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

**Principle #2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients. (Core Values: Altruism, Compassion, Professional Duty)

- 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
- 2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
- 2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
- 2E. Physical therapists shall protect confidential patient/ client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Principle #3:** Physical therapists shall be accountable for making sound professional judgments.  
(Core Values: Excellence, Integrity)

- 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
- 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

- 3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
- 3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
- 3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Principle #4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)

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

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

- 5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
- 5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

- 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
- 5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

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

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

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

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

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

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

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.



## *Appendix C: APTA Guide to Professional Conduct*

### **Purpose**

The APTA Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code of Ethics) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code of Ethics, which became effective July 1, 2010.

The Guide provides a framework by which physical therapists may determine the propriety of their conduct. It also is intended to guide the professional development of physical therapist students. The Code of Ethics 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.

### **Interpreting Ethical Principles**

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the APTA Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They address some but not all topics addressed in the principles and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and revise the Guide to address additional topics and principles when and as needed.

### **Preamble to the Code of Ethics**

#### **The Preamble states as follows:**

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.

**Interpretation:** Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code of Ethics contain the word “shall” and are mandatory ethical obligations. The language contained in the Code of Ethics is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code of Ethics. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” reinforces and clarifies existing ethical obligations. A significant reason that the Code of Ethics was revised was to provide physical therapists with a document that was clear enough to be read on its own without the need to seek extensive additional interpretation.

The Preamble states that “[n]o Code of Ethics is exhaustive nor can it address every situation.” The Preamble also states that physical therapists “are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive.” Potential sources for advice and counsel include third parties and the myriad resources available on the APTA website. Inherent in a physical therapist’s ethical decision-making process is the examination of his or her unique set of facts relative to the Code of Ethics.

## Topics

### Respect

#### Principle 1A states as follows:

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.

**Interpretation:** Principle 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

### Altruism

#### Principle 2A states as follows:

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.

**Interpretation:** Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients and clients over the interests of the physical therapist. Often this is done without thought, but, sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

### Patient Autonomy

#### Principle 2C states as follows:

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.

**Interpretation:** Principle 2C requires the physical therapist to respect patient autonomy. To do so, he or she shall communicate to the patient or client the findings of the physical therapist examination, evaluation, diagnosis, and prognosis. The physical therapist shall use sound professional judgment in informing the patient or client of any substantial risks of the recommended examination and intervention and shall collaborate with the individual to establish the goals of treatment and the plan of care. Ultimately, the physical therapist shall respect the individual's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

## **Professional Judgment**

### **Principles 3, 3A, and 3B state as follows:**

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.

**Interpretation:** Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his or her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by 3 elements of evidence-based practice.

With regard to the patient and client management role, once a physical therapist accepts an individual for physical therapy services he or she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; reexamination and modification of the plan of care; and the maintenance of adequate records, including progress reports. The physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, the physical therapist has primary responsibility for the physical therapy care of a patient or client and shall make independent judgments regarding that care consistent with accepted professional standards.

If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient or client and shall refer the individual to an appropriate practitioner.

The physical therapist shall determine when a patient or client will no longer benefit from physical therapist services. When the physical therapist's judgment is that a patient will receive negligible benefit from physical therapist services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his or her employer. The physical therapist shall avoid overutilization of physical therapist services. See Principle 8C.

## Supervision

### Principle 3E states as follows:

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

**Interpretation:** Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the [APTA website](#). See Principles 5A and 5B.

## Integrity in Relationships

### Principle 4 states as follows:

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)

**Interpretation:** Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients and clients but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

## Reporting

### Principle 4C states as follows:

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

**Interpretation:** Physical therapists shall seek to discourage misconduct by health care professionals. Discouraging misconduct can be accomplished through a number of mechanisms. The following is not an exhaustive list:

- Do not engage in misconduct; instead, set a good example for health care professionals and others working in their immediate environment.
- Encourage or recommend to the appropriate individuals that health care and other professionals, such as legal counsel, conduct regular (such as annual) training that addresses federal and state law requirements, such as billing, best practices, harassment, and security and privacy; as such training can educate health care professionals on what to do and not to do

- Encourage or recommend to the appropriate individuals other types of training that are not law based, such as bystander training.
- Assist in creating a culture that is positive and civil to all.
- If in a management position, think about promotion and hiring decisions and how they can impact the organization.
- Access professional association resources when considering best practices.
- Revisit policies and procedures each year to remain current.

Many other mechanisms may exist to discourage misconduct. The physical therapist should be creative, open-minded, fair, and impartial in considering how to best meet this ethical obligation. Doing so can actively foster an environment in which misconduct does not occur. The main focus when thinking about misconduct is creating an action plan on prevention. Consider that reporting may never make the alleged victim whole or undo the misconduct.

If misconduct has not been prevented, then reporting issues must be considered. This ethical obligation states that the physical therapist reports to the “relevant authority, when appropriate.” Before examining the meaning of these words it is important to note that reporting intersects with corporate policies and legal obligations. It is beyond the scope of this interpretation to provide legal advice regarding laws and policies; however, an analysis of reporting cannot end with understanding one’s ethical obligations. One may need to seek advice of legal counsel who will take into consideration laws and policies and seek to discover the facts and circumstances.

With respect to ethical obligations, the term “when appropriate” is a fact-based decision and will be impacted by requirements of the law. If a law requires the physical therapist to take an action, then, of course, it is appropriate to do so. If there is no legal requirement and no corporate policy, then the physical therapist must consider what is appropriate given the facts and situation. It may not be appropriate if the physical therapist does not know what occurred, or because there is no legal requirement to act and the physical therapist does not want to assume legal responsibility, or because the matter is being resolved internally. There are many different reasons that something may or may not be appropriate.

If the physical therapist has determined that it is appropriate to report, the ethical obligation requires him or her to consider what entity or person is the “relevant authority.” Relevant authority can be a supervisor, human resources, an attorney, the Equal Employment Opportunities Commission, the licensing board, the Better Business Bureau, Office of the Insurance Commissioner, the Medicare hotline, the Office of the Inspector General hotline, the US Department of Health & Human Services, an institution using their internal grievance procedures, the Office of Civil Rights, or another federal agency, state agency, city or local agency, or a state or federal court, among others.

Once the physical therapist has decided to report, he or she must be mindful that reporting does not end his or her involvement, which can include office, regulatory, and/or legal proceedings. In this context, the physical therapist may be asked to be a witness, to testify, or to provide written information.

## Sexual Harassment

### Principle 4F states as follows:

4F. Physical Therapists shall not harass anyone verbally, physically, emotionally, or sexually.

**Interpretation:** As noted in the House of Delegates policy titled [Sexual Harassment, “\[m\]embers of the association have](#) an obligation to comply with applicable legal prohibitions against sexual harassment....” This statement is in line with Principle 4F that prohibits physical therapists from harassing anyone verbally, physically, emotionally, or sexually. While the principle is clear, it is important for APTA to restate this point, namely that physical therapists shall not harass anyone, period. The association has zero tolerance for any form of harassment, specifically including sexual harassment.

## Exploitation

### Principle 4E states as follows:

4E. Physical therapists shall not engage in any sexual relationship with any of their patient/clients, supervisees or students.

**Interpretation:** The statement is clear—sexual relationships with their patients or clients, supervisees, or students are prohibited. This component of Principle 4 is consistent with Principle 4B, which states:

Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (e.g., patients and clients, students, supervisees, research participants, or employees).

Consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients or Former Patients:

A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he or she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One's ethical decision-making process should focus on whether the patient or client, supervisee, or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient or client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

The Committee imagines that in some cases a romantic/sexual relationship would not offend...if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

## **Colleague Impairment**

### **Principle 5D and 5E state as follows:**

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 the information to the appropriate authority.

**Interpretation:** The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination. This may be challenging in the sense that the physical therapist might not know or easily be able to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities.

Moreover, once the physical therapist does make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance, while the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform; whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect their professional responsibilities. So, 5D discusses something that may be affecting performance, while 5E addresses a situation in which someone clearly is unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom the physical therapist reports; it provides discretion to determine the appropriate authority.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.



## Professional Competence

### Principle 6A states as follows:

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

**Interpretation:** 6A requires the physical therapist to maintain professional competence within his or her scope of practice throughout their career. Maintaining competence is an ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge, and skills. Numerous factors including practice setting, types of patients and clients, personal interests, and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on continuing competence are available on the APTA website.

## Professional Growth

### Principle 6D states as follows:

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

**Interpretation:** 6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

## Charges and Coding

### Principle 7E states as follows:

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

**Interpretation:** Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. Additional resources on [Documentation](#) and [Coding and Billing](#) are available on the APTA website.

## Pro Bono Services

### Principle 8A states as follows:

8A. Physical therapists shall provide *pro bono* physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured

**Interpretation:** The key word in Principle 8A is “or.” If a physical therapist is unable to provide pro bono services, then he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, or underinsured. In addition, physical therapists may review the House of Delegates guidelines titled [Guidelines: Pro Bono Physical Therapist Services and Organizational Support](#). Additional resources on pro bono physical therapist services are available on the APTA website.

8A also addresses supporting organizations to meet health needs. The principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues.

*Issued by the Ethics and Judicial  
Committee American Physical Therapy  
Association October 1981  
Last Amended March 2019*

## **Background & Rationale**

### **CUIMC Mandatory Pre-Clinical Drug Testing**

#### **Policy:**

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

#### **Rationale:**

Columbia University Irving Medical Center is committed to assisting members of its community in facing the challenges associated with substance misuse. The drug testing policy provides an opportunity for early identification and intervention before the consequences of such abuse adversely impacts a student's health, professional growth, and patient care. Early intervention also provides opportunity for successful treatment without the involvement of formal disciplinary action or other sanctioning.

#### **Procedures:**

Prior to clinical study, every student will attend an information session regarding drug testing to ensure all concerns and questions are addressed. The procedures below will be detailed as well.

1. Register for drug test.
  - Locate email from **eServices** in Columbia email.
  - Self-register for test via e-link **within 5 days** of receiving the email.
  - Select testing site as part of registration process
  - Make sure to print or email yourself a copy of the ePassport generated. Otherwise, you will not be able to access it again.
  - You will be given **22 business days to complete screening** from the date of registration.
2. Go to testing site.
  - Bring **State ID & ePassport** to the site you selected.
  - All tests will consist of a standard 10-panel urine screening.
  - Be sure to complete the screening prior to the expiration date listed on ePassport.
3. Get results.
  - You will be contacted via secure message with your results.
  - **NOTE REGARDING PRESCRIPTION MEDICATION:** If you test positive, you will be contacted by the Medical Review Officer (MRO). The MRO will ask if you are prescribed medication that could have been responsible for a positive screening. If so, the MRO will ask you to produce verification documents. Upon verification, the results will be recorded as negative. The only exception is in the case of medical marijuana. See below for more details.
  - **NOTE REGARDING MEDICAL MARIJUANA:** Any positive marijuana screening will be reported as positive regardless of prescription status and/or individual state laws. The medical review protocol is aligned with federal mandates that classify marijuana as an illicit substance. Please feel free to reach out to the AIMS office for a confidential conversation to further discuss any questions or concerns.
  - Failure to register or complete the screening will be treated as a positive test. Consequently you will be required to meet with the Director of AIMS for an evaluation in accordance with CUIMC policy.

**If you are concerned about the test for any reason, please contact AIMS Director. There will be no penalty, assumptions, or judgment regarding same.**

\* [Learn more about the CUIMC Drug Testing Policy](#)

\*For further questions or concerns, please contact Stephanie Rozen, Director of AIMS, 212.305.3989, [aims@columbia.edu](mailto:aims@columbia.edu)

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. [Learn more about copyright and the Digital Millennium Copyright Act, and get 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, contact Columbia IT at 305-HELP, Option 5.

**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. [Learn more.](#)

### **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 LionMail, Outlook, and other specific services offered by the Business School, Law School and Columbia University Irving 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@cumc.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. [Learn more about Columbia's email policies.](#)
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. [Learn about encryption.](#) [Learn about communications involving health care and medical information.](#)  
  
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 no 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:

You may visit the Columbia University Irving Medical Center Information Technology Service Desk, Hammer Health Sciences Building, 2<sup>nd</sup> Floor, call 305-HELP, Option 5, or email [5help@cumc.columbia.edu](mailto:5help@cumc.columbia.edu).

**Cross References to Related Policies**

For CUIT Security Policies, visit the [University Administrative Policy Library, CU Information Technology section](#).

[Learn more](#) about additional policies relating to computer use, computer security standards and privacy guidelines, and IT security.



## *Appendix G: Concerned About a Student or Friend?*

(A Guide for those concerned that a student, classmate or friend may be depressed or at risk for self-harm or harming others) \*

\*Excerpted from material developed by CUIMC Student Health Services

### **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 CUIMC 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 NYPD, 911 or CUIMC 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 800-543-3638; National Hopeline at 800-442-4673

## *Appendix H: Challenges and Where to Seek Help*

1. **Academic Advice:** DPT program registration/administration issues, academic courses, clinical education placement, graduation requirements, change of grade, leave of absence/withdrawal from the DPT program, career pathways

**Where to seek help:** Faculty, Advisors, Co-Directors of Clinical Education, Program Director

2. **Academic Dishonesty:** plagiarism, cheating on exams, misrepresenting work, citation issues

**Where to seek help:** Student Handbook, Faculty, Advisors, Program Director

3. **Career Education:** Career counseling (resume/CV, cover letter, interviewing), post-graduation residency programs, clinical education fellowship, external scholarships, awards, other funding sources, career opportunities/finding a position post-graduation, licensure requirements, National Licensing Examination

**Where to seek help:** Faculty, Advisors, Co-Directors of Clinical Education, Program Director, [Program website](#)

4. **Conflict Resolution:** concerns about interpersonal conflicts, ethical dilemmas, perceptions of social behavior lacking in civility or good manners, unfairness or unprofessional conduct

**Where to seek help:** Student Handbook, Faculty, Advisors, Program Director, [Essential Policies for the Columbia Community](#), [Ombuds Office](#)

5. **Learning Concerns:** Organizational, or time management issues, exam anxiety, disconnection between ability and performance.

**Where to seek help:** [Office of Disability Services](#), [Student Wellness Center](#)

*Appendix I: Veterans Benefits and Transition Act of 2018*

In accordance with Title 38 US Code 3679 subsection (e), this school adopts the following additional provisions for any students using U.S. Department of Veterans Affairs (VA) Post 9/11 G.I. Bill® (Ch. 33) or Vocational Rehabilitation and Employment (Ch. 31) benefits, while payment to the institution is pending from the VA. This school will not:

- Prevent nor delay the student's enrollment;
- Assess a late penalty fee to the student;
- Require the student to secure alternative or additional funding;
- Deny the student access to any resources available to other students who have satisfied their tuition and fee bills to the institution, including but not limited to access to classes, libraries, or other institutional facilities.

However, to qualify for this provision, such students may be required to:

- Produce the Certificate of Eligibility by the first day of class;
- Provide written request to be certified;
- Provide additional information needed to properly certify the enrollment as described in other institutional policies.

*Appendix J: 3-Year Calendar, Class of 2024*

<b>2021-2022</b>		
<b>Year 1</b>		
<b>FALL I: Sept 7 – December 22, 2021</b>		
<b>16 weeks including final exams</b>		
Tue-Fri	Aug 31 – Sept 3	Class of 2024 Orientation
Mon	Sept 6	Labor Day (Holiday)
Tue	Sept 7	Fall Semester Classes Commence
Tue	Nov 2	Election Day (Holiday)
Wed-Fri	Nov 24–26	Thanksgiving (Holiday)
Wed	Dec 15	Last Day of Classes
Thu – Wed	Dec 16 – 22	Final Exam Period
Thu	Dec 23	Retake Exam
Fri- Mon	Dec 24 – Jan 17	Winter Recess
<b>SPRING I: January 18 – May 5, 2022</b>		
<b>16 weeks including spring recess and final exams</b>		
Tue	Jan 18	Spring Semester Classes Commence
Thu - Fri	Feb 3- 4	CSM – San Antonio
Fri	March 4	End of first ½ of Spring Semester
Mon	Mar 7	Start of second ½ of Spring Semester
Mon - Fri	Mar 14-18	Spring Recess -- Service Learning Opportunity
TBA	March/April	White Coat Ceremony
Wed	April 27	Last Day of Classes
Thu – Thu	April 28 - May 5	Final Exam Period
Fri	May 6	Exam Re-takes
Mon – Fri	May 9 - 20	Program Recess
<b>SUMMER I: May 23– July 14, 2022</b>		
<b>8 weeks including final exams</b>		
Mon	May 23	Summer Semester Classes Commence
Mon	May 30	Memorial Day (Holiday)
Mon	July 4	Independence Day (Holiday)
Thu	July 7	Last Day of Classes
Fri - Thu	July 8 – July 14	Final Exam Period
Fri	July 15	Exam Re-takes
Mon – Mon	July 18 – Sept 5	Program Recess

2022 - 2023		
Year 2		
<b>FALL II: Part A Didactic: Sept 6, 2022 - October 20, 2022</b> <b>7 week session including final exams</b> <b>Part B: Clinical Education I: October 24 – December 16, 2022</b> <b>8 weeks full-time</b>		
Tues Thu Fri - Thu Fri Mon Fri Mon - Mon	Sept 6 Oct 13 Oct 14 – 20 Oct 21 Oct 24 Dec 16 Dec 19 – Jan 16	Fall Semester Classes Commence Last Day of Classes Final Exam Period Exam Re-takes Clinical Education I Commences Clinical Education I Ends Winter Recess
<b>Spring II: January 17, 2023 – May 4, 2023</b> <b>17 weeks including spring recess and final exams</b>		
Tue Thu- Fri Fri Mon Mon – Fri Thu Fri – Thu Fri Mon – Fri	Jan 17 Feb 23- 24 March 3 March 6 Mar 13 – 17 April 27 April 28 – May 4 May 5 May 8 – May 19	Spring Semester Classes Commence CSM – San Diego End of first ½ of Spring Semester Start of second ½ of Spring Semester Spring Recess Last Day of Classes Final Exam Period Exam Re-takes Program Recess
<b>Summer II</b> <b>Clinical Education II: May 22 – July 28, 2023</b> <b>10 weeks full-time</b>		
Mon Fri Mon - Mon	May 22 July 28 July 31 – Sept 5	Clinical Education II Commences Clinical Education II Ends Summer Recess

2023 - 2024		
Year 3		
<b>FALL III: Sept 5 – December 22, 2023</b>		
<b>16 weeks including final exams</b>		
Tue Tue Wed – Fri Fri Mon - Fri	Sept 5 Nov 7 Nov 22 – 24 Dec 22 Dec 25 – Jan 5	Fall Semester Classes Commence Election Day (Holiday) Thanksgiving (Holiday) Last Day of Classes* Winter Recess
*Many of the courses have scheduled projects, presentations and other related activities in lieu of final examinations.		
<b>SPRING III 2024</b>		
<b>18 wks: January 8 - 2024 – May 10, 2024</b>		
<b>9 wks A: January 2 - 2024 – March 1, 2024</b>		
<b>9 wks B: March 11, 2024 – May 10, 2024</b>		
<b>Terminal Clinical Experience: Dates vary by clinical site and length of experience (9 or 18 weeks)</b>		
Mon Fri Tue Wed	Jan 2 May 10 May 14 May 15	Terminal Clinical Period Commences Terminal Clinical Period Formally Ends Program Convocation & Awards Ceremony University Commencement

**Please note the calendar dates are subject to change. The program follows a modified University calendar.**

*Appendix K: 3-Year Calendar, Class of 2025*

<b>2022-2023</b>		
<b>Year 1</b>		
<b>FALL I: Sept 6 – December 21, 2022</b>		
<b>16 weeks including final exams</b>		
Mon-Thu	Aug 29 – Sept 1	Class of 2025 Orientation
Mon	Sept 5	Labor Day (Holiday)
Tue	Sept 6	Fall Semester Classes Commence
Tue	Nov 8	Election Day (Holiday)
Wed-Fri	Nov 23–25	Thanksgiving (Holiday)
Wed	Dec 14	Last Day of Classes
Thu – Wed	Dec 15 – 21	Final Exam Period
Thu- Mon	Dec 22 – Jan 16	Winter Recess
<b>SPRING I: January 17 – May 5, 2023</b>		
<b>16 weeks including spring recess and final exams</b>		
Tue	Jan 17	Spring Semester Classes Commence
Thu - Fri	Feb 23- 24	CSM – San Diego
Fri	March 3	End of first ½ of Spring Semester
Mon	Mar 6	Start of second ½ of Spring Semester
Mon - Fri	Mar 13-17	Spring Recess
TBA	March/April	White Coat Ceremony
Fri	April 28	Last Day of Classes
Mon – Fri	May 1 - May 5	Final Exam Period
Mon – Fri	May 8 - 19	Program Recess
<b>SUMMER I: May 22– July 14, 2023</b>		
<b>8 weeks including final exams</b>		
Mon	May 22	Summer Semester Classes Commence
Mon	May 29	Memorial Day (Holiday)
Mon	June 19	Juneteenth (Holiday)
Tue	July 4	Independence Day (Holiday)
Fri	July 7	Last Day of Classes
Mon - Fri	July 10 – July 14	Final Exam Period
Mon – Tue	July 17 – Sept 4	Program Recess



2023 - 2024		
Year 2		
<b>FALL II: Part A Didactic: Sept 5 - October 27, 2023</b> <b>8-week session including final exams</b> <b>Part B: Clinical Education I: October 30 – December 22, 2023</b> <b>8 weeks full-time</b>		
Tues Fri Mon - Fri Mon Fri Mon - Mon	Sept 5 Oct 20 Oct 23 – 27 Oct 30 Dec 22 Dec 25 – Jan 15	Fall Semester Classes Commence Last Day of Classes Final Exam Period Clinical Education I Commences Clinical Education I Ends Winter Recess
<b>Spring II: January 16 – May 3, 2024</b> <b>16 weeks including spring recess and final exams</b>		
Tue Thu- Fri Fri Mon Mon – Fri Thu Fri – Fri Mon – Fri	Jan 16 Feb 15-16 March 1 March 4 Mar 11 – 15 April 25 April 26 – May 3 May 6 – May 17	Spring Semester Classes Commence CSM – Boston End of first ½ of Spring Semester Start of second ½ of Spring Semester Spring Recess Last Day of Classes Final Exam Period Program Recess
<b>Summer II</b> <b>Clinical Education II: May 20 – July 26, 2024</b> <b>10 weeks full-time</b>		
Mon Fri Mon - Mon	May 20 July 26 July 29 – Sept 2	Clinical Education II Commences Clinical Education II Ends Summer Recess

2024 - 2025		
Year 3		
<b>FALL III: Sept 3– December 20, 2024</b> <b>16 weeks including final exams</b>		
Tue	Sept 3	Fall Semester Classes Commence
Tue	Nov 5	Election Day (Holiday)
Wed – Fri	Nov 27 – 29	Thanksgiving (Holiday)
Fri	Dec 13	Last Day of Classes*
Mon – Fri	Dec 16 – Dec 20	Final Exams
Mon - Fri	Dec 23 – Jan 3	Winter Recess
*Many of the courses have scheduled projects, presentations and other related activities in lieu of final examinations.		
<b>SPRING III 2025</b> <b>18 wks: January 6 – May 16, 2025</b> <b>9 wks A: January 6 – March 7, 2025</b> <b>9 wks B: March 17 – May 16, 2025</b> <b>Terminal Clinical Experience: Dates vary by clinical site and length of experience (9 or 18 weeks)</b>		
Mon	Jan 6	Terminal Clinical Experience Commences
Fri	May 16	Terminal Clinical Experience Ends
Tue	May 20	Program Convocation & Awards Ceremony
Wed	May 21	University Commencement

**Please note the calendar dates are subject to change. The program follows a modified University calendar.**

*Appendix L: 3-Year Calendar, Class of 2026*

<b>2023-2024</b>		
<b>Year 1</b>		
<b>FALL I: Sept 5 – December 22, 2023</b>		
<b>16 weeks including final exams</b>		
Mon-Thu	Aug 28 – 31	Class of 2026 Orientation
Mon	Sept 4	Labor Day (Holiday)
Tue	Sept 5	Fall Semester Classes Commence
Tue	Nov 7	Election Day (Holiday)
Wed-Fri	Nov 22–24	Thanksgiving (Holiday)
Wed	Dec 13	Last Day of Classes
Thu – Wed	Dec 14 – 20	Final Exam Period
Thu- Mon	Dec 21 – Jan 16	Winter Recess
<b>SPRING I: January 16 – May 3, 2024</b>		
<b>16 weeks including spring recess and final exams</b>		
Tue	Jan 16	Spring Semester Classes Commence
Thu - Fri	Feb 15- 16	CSM – Boston
Wed	March 6	End of first ½ of Spring Semester
Thurs	March 7q212`11	Start of second ½ of Spring Semester
Mon - Fri	Mar 11-15	Spring Recess
TBA	March/April	White Coat Ceremony
Fri	April 26	Last Day of Classes
Mon – Fri	April 29 - May 3	Final Exam Period
Mon – Fri	May 6 - 17	Program Recess
<b>SUMMER I: May 20– July 12, 2024</b>		
<b>8 weeks including final exams</b>		
Mon	May 20	Summer Semester Classes Commence
Mon	May 27	Memorial Day (Holiday)
Wed	June 19	Juneteenth (Holiday)
Thur	July 4	Independence Day (Holiday)
Fri	July 5	Last Day of Classes
Mon - Fri	July 8 – July 12	Final Exam Period
Mon – Mon	July 15 – Sept 2	Program Recess

2024 - 2025		
Year 2		
<b>FALL II: Part A Didactic: Sept 3 - October 25, 2024</b> <b>8-week session including final exams</b> <b>Part B: Clinical Education I: October 28 – December 20, 2024</b> <b>8 weeks full-time</b>		
Tues Fri Mon - Fri Mon Fri Mon - Mon	Sept 3 Oct 18 Oct 21 – 25 Oct 28 Dec 20 Dec 23 – Jan 20	Fall Semester Classes Commence Last Day of Classes Final Exam Period Clinical Education I Commences Clinical Education I Ends Winter Recess
<b>Spring II: January 21 – May 9, 2025</b> <b>16 weeks including spring recess and final exams</b>		
Tue Thu- Fri Fri Mon Mon – Fri Thu Fri – Fri Mon – Fri	Jan 21 Feb 13-14 March 7 March 10 Mar 17 – 21 May 1 May 2 – May 9 May 12 – May 23	Spring Semester Classes Commence CSM – Houston End of first ½ of Spring Semester Start of second ½ of Spring Semester Spring Recess Last Day of Classes Final Exam Period Program Recess
<b>Summer II</b> <b>Clinical Education II: May 27 – Aug 1, 2025</b> <b>10 weeks full-time</b>		
Mon Fri Mon - Mon	May 27 Aug 1 Aug 4 – Sept 1	Clinical Education II Commences Clinical Education II Ends Summer Recess

2025 - 2026		
Year 3		
<b>FALL III: Sept 3– December 20, 2025</b>		
<b>16 weeks including final exams</b>		
Tue	Sept 2	Fall Semester Classes Commence
Tue	Nov 4	Election Day (Holiday)
Wed – Fri	Nov 26 – 28	Thanksgiving (Holiday)
Fri	Dec 12	Last Day of Classes*
Mon – Fri	Dec 15 – Dec 19	Final Exams
Mon - Fri	Dec 22 – Jan 2	Winter Recess
*Many of the courses have scheduled projects, presentations and other related activities in lieu of final examinations.		
<b>SPRING III 2026</b>		
<b>18 wks: January 5 – May 8, 2026</b>		
<b>9 wks A: January 5 – March 6, 2026</b>		
<b>9 wks B: March 16 – May 15, 2026</b>		
<b>Terminal Clinical Experience: Dates vary by clinical site and length of experience (9 or 18 weeks)</b>		
Mon	Jan 5	Terminal Clinical Experience Commences
Fri	May 15	Terminal Clinical Experience Ends
Tue	May 19	Program Convocation & Awards Ceremony
Wed	May 20	University Commencement

## PART IX: FORMS

**COLUMBIA UNIVERSITY PROGRAMS IN PHYSICAL THERAPY  
INCIDENT REPORT**

***Individual(s) Involved in the Incident:***

Name(s): \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

***Reporter Information:*** Complete if different from above.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Reporter's Role (Direct Observer, Indirect Observer): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

***Describe the events involving the Incident:***

Date & Time: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Activity: Description of Incident and Resulting Injury(ies): Please identify the person(s) describing the incident.

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***Who was notified?*** Check all that apply.

☐ Program Staff: \_\_\_\_\_ ☐ Faculty Member: \_\_\_\_\_  
Name Name

☐ Program Director (Required) Date & Time: \_\_\_\_\_

***Follow-up (e.g., Health Services, Emergency Room):*** \_\_\_\_\_

***Signatures:***

Individual Involved in the Incident: \_\_\_\_\_

Reporter: \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_

# COLUMBIA UNIVERSITY PROGRAMS IN PHYSICAL THERAPY

## PHYSICAL CAPACITIES FORM

**Your assistance in completing this form is vital to our efforts in determining the potential of the physical therapy student to safely participate in classroom (including laboratory) and clinical activities. Thank you for your cooperation.**

This is to certify that \_\_\_\_\_ can return to participation in the Columbia University Program in Physical Therapy as follows, as of (date): \_\_\_\_\_

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

1) In an 8-12hr class day, student can stand/walk:

No restrictions	(Hours at one time)	(Total hours during day)
	0-2   2-4   4-6   6-8	0-2   2-4   4-6   6-8

2) In an 8-12hr class day, student can sit:

No restrictions	(Hours at one time)	(Total hours during day)
	0-2   2-4   4-6   6-8	0-2   2-4   4-6   6-8

3) Student can lift/carry:

A) No restrictions

B) Maximum lbs.: 10   15   20   25   30   35   40   45   50   55   60   65   70   75   80 or above

4) Student can use hands for repetitive:

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 the student restricted by environmental factors, such as heat/cold, dust, dampness, height, etc.?

A) No restrictions

B) Yes - Please explain:

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7) Is the student involved with treatment and/or medication that might affect his/her ability to work?

A) No restrictions

B) Yes - Please explain

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8) Will the student be required to use any assistive devices or braces?

A) No

B) Yes - Please explain

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9) The student can participate in classroom, lab, and clinical activities, including activities such as transferring patients, gait training with assistive devices, assessing range of motion, strength- manual muscle test, soft tissue massage, and spinal mobilization.

A) No restrictions

B) Yes - Please explain

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Light duty \_\_\_\_\_

Full duty \_\_\_\_\_

Physician's name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COLUMBIA UNIVERSITY PROGRAMS IN PHYSICAL THERAPY**  
**Appearance Release and HIPAA Authorization**  
**for Use of Photographs and Video Recordings**

Last Name, First Name	Phone Number
Address	
Email	

Thank you for participating in the Programs in Physical Therapy at Columbia University Irving Medical Center ("CUIMC"). With this form, we seek your permission to make and to use photographs and/or video recordings of you for educational purposes.

Please read this document and if you understand and agree, sign where indicated below.

**By signing below I understand and agree that:**

- I give the Programs in Physical Therapy, CUIMC and its affiliates permission to make and to use photographs and/or video recordings of me, for internal and external promotional and educational purposes, in print, online and electronically, including on social media.
- While my name will not be used in connection with the photographs and/or video recordings, it is possible that I may be recognized and that the use of the photographs and/or video recordings may reveal my medical diagnosis, medical treatment or other protected health information.
- This authorization is in effect for 20 years or until I revoke it and is binding on me, my successors, assigns, heirs, executors and administrators.
- I may revoke this authorization at any time by sending a written notice, signed by me or on my behalf, to: Columbia University Programs in Physical Therapy, 617 West 168<sup>th</sup> Street, 3<sup>rd</sup> Floor, New York, NY 10032.
- If I choose to revoke my consent, my revocation will be applicable as of the date of the revocation, but will not apply to any information that has already been published and distributed.
- I release and discharge CUIMC and the Programs in Physical Therapy from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right of mine arising out of the exercise of the rights granted herein.

**This consent is voluntary, and I give it in the interest of providing public information and education to further the mission, goals, and purposes of CUIMC and the Programs in Physical Therapy, and for other lawful purposes. I understand that I do not have to sign this form and that my healthcare, payment for healthcare, and healthcare benefits will not be affected.**

<b>Print Name:</b> _____ <b>Date:</b> _____
<b>Signature:</b> _____ <div style="text-align: center;">(Patient or person authorized to sign)</div>
If the person consenting is not the patient, please print name and state the relationship to patient: _____ _____
<b>Witness' Statement:</b> I have witnessed the patient or person authorized to sign for the patient voluntarily sign this form. <b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Date:</b> _____

CUIMC and the Programs in PT Use **Only:** Person Obtaining Consent and Related Program: \_\_\_\_\_

**COLUMBIA UNIVERSITY PROGRAMS 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

## COLUMBIA UNIVERSITY PROGRAMS IN PHYSICAL THERAPY

### *Receipt of DPT Student Handbook*

The signature below indicates that the individual has located and reviewed the ***Student Handbook***.

The undersigned further acknowledges that they are cognizant of, and will abide by, the policies and procedures contained within the above document and understands that they 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

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Signature

---

Date

**COLUMBIA UNIVERSITY PROGRAMS IN PHYSICAL THERAPY**  
*Possession of Essential Functions*

I understand that I need to possess the essential functions skills identified in the Student Handbook and believe that I do:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

## COLUMBIA UNIVERSITY PROGRAMS IN PHYSICAL THERAPY

### *Commitment to the DPT Program Code of Conduct*

The Programs in Physical Therapy is committed to the highest academic and professional standards by all members of the DPT program on and off campus. The philosophy of the program is that the development of 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 the DPT program is the responsibility of each individual member of the community including 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*:

1. Those specified under Academic Dishonesty
2. Breaches of trust and confidentiality including HIPAA violations
3. Repeated failures to meet assigned obligations in the academic or clinical setting
4. Other misconduct, misrepresentation or failures in personal actions that raise serious doubts about integrity for a career in physical therapy
5. Potential hazards from being impaired (emotional or psychological and/or substance abuse) and therefore lacking the ability to perform educational or professional duties. 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. Publishing remarks or statements on social media about 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 dishonesty to a faculty member or the Program Director. Within the DPT program, all students will receive fair and equitable treatment and "due process" as described in the *Student Handbook, Academic Standing*. The program's Academic Progress and Promotion Committee will determine the consequences of a conduct violation. The DPT program 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.

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Print Name

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Student Signature

**COLUMBIA UNIVERSITY PROGRAMS IN PHYSICAL THERAPY**

*Photography / Video opt-Out Form*

**(Note: Complete and return this form to Ms. Aimee DeGrazia at [ad4244@cumc.columbia.edu](mailto:ad4244@cumc.columbia.edu) ONLY if you do NOT give permission for the Program to use your image for publicity or educational purposes, including postings on the Internet, social and/or any other media).**

I do not grant permission for my photo/video likeness to appear in publicity or educational materials, including postings on the Internet, social and/or any other media.

This authorization is good for 20 years. I understand that I may revoke this opt-out authorization in writing at any time.

Print Full name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_



# COLUMBIA WITHDRAWAL/ LEAVE OF ABSENCE FORM

## Part A (to be completed by the student)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Main Address: \_\_\_\_\_

Alt. Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Alt Email: \_\_\_\_\_

Are you a Federal Student Aid Recipient? Yes ☐ No ☐

If yes, please indicate the type of program that you participate in: \_\_\_\_\_

CU ID: \_\_\_\_\_

Is this a Withdrawal or a Leave of Absence (LOA)? Withdrawal ☐ Absence ☐

If this is a request for a Leave of Absence, what type: Academic ☐ Medical ☐ Other- if Other, please explain ☐

\_\_\_\_\_  
\_\_\_\_\_





## COLUMBIA LEAVE OF ABSENCE FORM

### Part B (to be completed with the Program Director)

Start Date of Leave of Absence: \_\_\_\_\_

Conditions While on Leave: \_\_\_\_\_  
\_\_\_\_\_

Conditions for Return from Leave: \_\_\_\_\_  
\_\_\_\_\_

Date of Return from Leave: \_\_\_\_\_

Academic Requirements upon Return from Leave: \_\_\_\_\_  
\_\_\_\_\_

Required Date of E-Mail to Program Director\*: \_\_\_\_\_

\*Communicate in writing through e-mail your decision indicating whether you will be returning by the specified date of return from your leave.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

