COLUMBIA | VAGELOS COLLEGE OF PHYSICIANS AND SURGEONS

PROGRAMS IN PHYSICAL THERAPY

STUDENT HANDBOOK

Updated August 2026

Note: Information in this document is subject to change

TABLE OF CONTENTS

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 University Policies- Students (hereafter referred to as ***the University 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 ***University 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.

Jean Fitzpatrick

Jean Fitzpatrick, PT, PhD
Pronouns in use: She, her, hers
Director, Programs in Physical Therapy
Vice Chair, Dept. of Rehabilitation and Regenerative Medicine
Assistant Dean, Vagelos College of Physicians & Surgeons
Professor, Dept. of Rehabilitative & Regenerative Medicine
Co-Chair, STEP-IN
Board Certified Orthopedic Clinical Specialist
O: 212-305-2814
Email: jt2634@cumc.columbia.edu

PART I: FACULTY& STAFF

Core Academic & Clinical Faculty

Laurel Daniels Abbruzzese, PT, EdD*, FNAP
Professor of Rehabilitation & Regenerative Medicine
Director, Diversity, Equity & Justice in Curricular Affairs
Director, Performing Arts Fellowship
Fellow, APTA Education Leadership Institute
Fellow, National Academy of Practice Certified
Exercise Expert for Aging Adults
la110@cumc.columbia.edu 212-305-3916

Trella Allen, PT, DPT*
Instructor of Rehabilitation & Regenerative Medicine
Clinical Physical Therapist- PT Faculty Practice – Tarrytown
Board Certified Orthopedic Clinical Specialist
ta2686@cumc.columbia.edu 914-333-2404

Colleen M. Brough, PT, DPT, PhD
Assistant Professor of Rehabilitation & Regenerative Medicine
Associate Director, Retention & Advancement
Director, Columbia RunLab
Board Certified Orthopedic Clinical Specialist
cb2877@cumc.columbia.edu 212-342-2989

Jennifer Cunningham, PT, DPT
Assistant Professor of Rehabilitation & Regenerative Medicine
Director, Clinical Education
Board Certified Geriatric Clinical Specialist
jc6665@cumc.columbia.edu 212-305-4256

Lauren Dalal, PT, DPT*
Lecturer in Rehabilitation & Regenerative Medicine
Clinical Physical Therapist- PT Faculty Practice – Tarrytown
Board Certified Orthopedic Clinical Specialist
lad2202@cumc.columbia.edu 914-333-2404

Lobna S. Elsarafy, PT, DPT, PhD
Assistant Professor of Rehabilitation & Regenerative Medicine
Board Certified Neurologic Clinical Specialist
lse2116@cumc.columbia.edu

Jean Fitzpatrick, PT, PhD, MHS
Professor of Rehabilitation & Regenerative Medicine
Director, Programs in Physical Therapy
Vice Chair, Dept. of Rehabilitation & Regenerative Medicine
Assistant Dean, Vagelos College of Physicians & Surgeons
Fellow, APTA Education Leadership Institute
Board Certified Orthopedic Clinical Specialist
Emeritus
jt2634@cumc.columbia.edu 212-305-2814

Emma Fountain, PT, DPT*
Lecturer in Rehabilitation & Regenerative Medicine
Clinical Physical Therapist- PT Faculty Practice – Tarrytown
Board Certified Orthopedic Clinical Specialist
ekf2129@cumc.columbia.edu 914-333-2404

Wing Fu, PT, PhD, MA
Assistant Professor of Rehabilitation & Regenerative Medicine
Fellow, International Association of Medical Science Educators
wf2214@cumc.columbia.edu 212-305-9385

Michael Gevertzman, PT, DPT*
Assistant Professor of Rehabilitation & Regenerative Medicine
Board Certified Neurologic Clinical Specialist
mag2320@cumc.columbia.edu 212-305-6907

Dalfry Gutierrez, PT, DPT*
Lecturer in Rehabilitation & Regenerative Medicine
Clinical Physical Therapist- PT Faculty Practice – Audubon
Board Certified Orthopedic Clinical Specialist
dg2871@cumc.columbia.edu 212-304-5794

Cara Kanner, PT, DPT, EdD
Assistant Professor of Rehabilitation & Regenerative Medicine
Board Certified Pediatric Clinical Specialist
chy2112@cumc.columbia.edu

Stacy A. Kinirons, PT, PhD, MPH
Assistant Professor of Rehabilitation & Regenerative Medicine
Associate Director, Programs in Physical Therapy
sak2113@cumc.columbia.edu 212-305-1649

Jacqueline Montes, PT, EdD
Professor of Rehabilitation & Regenerative Medicine
Director, Research
Board Certified Neurologic Clinical Specialist
jm598@cumc.columbia.edu 212-305-8916

Ashwini K. Rao, EdD, OTR/L, FAOTA
Professor of Rehabilitation & Regenerative Medicine
Director, Doctor of Education Movement Science (PT)
Fellow, American Occupational Therapy Association
akr7@cumc.columbia.edu 212-305-1647

Joseph Rivera, PT, DPT*
Lecturer in Rehabilitation & Regenerative Medicine
Clinical Physical Therapist- PT Faculty Practice – Tarrytown
jcr2217@cumc.columbia.edu 914-333-2404

Rami Said, PT, DPT, PhD, MEng*
Assistant Professor of Rehabilitation & Regenerative Medicine
Director, Physical Therapy Faculty Practices
Director, Columbia Residency in Orthopedic Physical Therapy
Board Certified Orthopedic Clinical Specialist
rs2376@cumc.columbia.edu 914-333-2404

Samantha A. Sawade, PT, DPT*
Assistant Professor of Rehabilitation & Regenerative Medicine
Board Certified Pediatric Clinical Specialist
sas2326@cumc.columbia.edu

Kynaston Schultz, PT, DPT*
Instructor of Rehabilitation & Regenerative Medicine
Clinical Manager- PT Faculty Practice – CUIMC
Board Certified Orthopedic Clinical Specialist
ks3420@cumc.columbia.edu 212-304-5794

Kimberly Smith, PT, DPT
Lecturer in Rehabilitation & Regenerative Medicine
Clinical Manager- PT Faculty Practice - Tarrytown
Board Certified Orthopedic Clinical Specialist
kls2238@cumc.columbia.edu 212-304-5794

Mahlon K. Stewart, PT, DPT, PhD*
Assistant Professor of Rehabilitation & Regenerative Medicine
Director, Clinical Education
Board Certified Geriatric Clinical Specialist
ms2952@cumc.columbia.edu

Danielle C. Struble-Fitzsimmons, PT, DPT, PhD
Assistant Professor of Rehabilitation & Regenerative Medicine
Associate Director of Student Recruitment
Certified Lymphedema Specialist-LANA
dcs2191@cumc.columbia.edu 212-305-0565

Alexei Vitrak, PT, DPT
Instructor of Rehabilitation & Regenerative Medicine
Clinical Physical Therapist – Audubon
Board Certified Orthopedic Clinical Specialist
av3050@cumc.columbia.edu 212-304-5794

Rebekah Wallach, PT
Instructor of Rehabilitation & Regenerative Medicine
Clinical Physical Therapist- PT Clinical Faculty Practice – Tarrytown
Board Certified Orthopedic Clinical Specialist
rw2152@cumc.columbia.edu 914-333-2404

Christopher Kevin Wong, PT, PhD*
Professor of Rehabilitation & Regenerative Medicine
Curriculum Coordinator, Orthopedic Residency
Board Certified Orthopedic Clinical Specialist
ckw@cumc.columbia.edu 212-305-0683

Lisa Yoon, PT, DPT*
Assistant Professor of Rehabilitation & Regenerative Medicine
Board Certified Pediatric Clinical Specialist
Ihy1@cumc.columbia.edu 212-305-5574

Associated Faculty

Contribute to >50% of a Course

New York Presbyterian Hospital-Columbia University Irving Medical Center

New York Presbyterian Hospital- Weill Cornell

Gila Akselrad, PT, DPT*
Staff Physical Therapist II
NYP – CUIMC

Clara Choi, PT, DPT*
Staff Physical Therapist
NYP - Weill Cornell

Danielle Crispin, PT, DPT
Head Physical Therapist
Board Certified Neurologic Clinical Specialist
NYP - CUIMC

Alexandra Diomis, PT, DPT*
Senior Physical Therapist, Assistant Head Supervisor
Vestibular Certified Therapist
NYP - CUIMC

Julia Feng, PT, DPT*
Staff Physical Therapist
NYP - CUIMC

Brian Gugliuzza, PT, MS
Assistant Supervisor, Outpatient Physical Therapy
Guild Certified Feldenkrais Practitioner
Board Certified Orthopedic Clinical Specialist
Board Certified Sports Clinical Specialist
NYP - CUIMC

Shannon Joyner-Wilson, PT, DPT*
Staff Physical Therapist
NYP Weill Cornell

LaRae Klarenbeek-Mitchell, PT, DPT
Area Supervisor
Daniel & Jane Och Spine Hospital
Board Certified Orthopedic Clinical Specialist
NYP – CUIMC

*Program graduate

Alissa Ladas, PT, DPT*
Staff Physical Therapist
Board Certified Neurologic Clinical Specialist
NYP - CUIMC

Shayan Lebastechi, PT, DPT*
Staff Physical Therapist
NYP - CUIMC

Tiffany Mercedes, PT, DPT
Senior Physical Therapist
Board Certified Orthopedic Clinical Specialist
Vestibular Certified Therapist
NYP – CUIMC

Joel Pineda, PT, DPT
Board Certified Neurologic Clinical Specialist
NYP - CUIMC

Christos Raptis, PT, DPT
Senior Physical Therapist
Vestibular Certified Therapist
NYP – CUIMC

Danielle Rayder, PT, DPT*
Advanced Clinician of Outpatient Orthopedics
Board Certified Orthopedic Clinical Specialist
NYP – CUIMC

Kim Stavrolakes, PT, MS
Supervisor, Outpatient Cardiopulmonary Rehabilitation
Board Certified Cardiopulmonary Clinical Specialist
NYP – CUIMC

Melissa Tischler, PT, DPT
Board Certified Neurologic Clinical Specialist
NYP – CUIMC

Geraldine Yu, PT, DPT*
Assistant Supervisor
Board Certified Orthopedic Clinical Specialist
NYP – CUIMC

Associated Faculty

Contribute to >50% of a Course
External to New York Presbyterian Hospital

Elizabeth Antman, PT, DPT*
Board Certified Pediatric Clinical Specialist
Physical Therapist
Children's Specialized Hospital

Karyn Baig, PT, DPT*
Clinical Specialist in Spinal Cord Injury
Kessler Rehabilitation Center

Patricia R. Cavaleri, PT, DPT*
Performing Arts & Dance Medicine Therapy Board Certified Orthopedic Clinical Specialist
NYU Langone

Amy Cooper, PT, DPT*
Staff Physical Therapist
International Academy of Hope (IHope)

Julia Dwyer, PT, DPT*
Board Certified Pediatric Clinical Specialist
Physical Therapist
St. Mary's Hospital for Children

Robert Evander, PhD
Retired
American Museum of Natural History

John Ficucello PT, MS
Supervising Physical Therapist, SCI/Amputee Unit
Helen Hayes Hospital

Jaclyn Franzak, PT, DPT*
ICU Staff Physical Therapist
Board Certified Neurologic Clinical Specialist
NYU Langone Medical Center

Claire Hamnett, PT, DPT*
Board Certified Pelvic Health Clinical Specialist
Instructor, Rehabilitation & Regenerative Medicine Pelvic Floor Physical Therapist
Solstice Physiotherapy

Jennifer Jezequel, PT, DPT*
Board Certified Pediatric Clinical Specialist
Physical Therapist
Hospital for Special Surgery

Jonathan Jezequel, PT, DPT*
Board Certified Orthopedic Clinical Specialist
Staff Physical Therapist
Orthology

Sarah Lloyd, PT, DPT*
Board Certified Sports Clinical Specialist
Director of Clinical Education
Spear

Jeffrey Mannheimer, PT, PhD
Board Certified Cervical & Temporomandibular Therapist
Board Certified in Orofacial Dry Needling
Partner
Delaware Valley Physical Therapy Associates

Nicholas Maroldi, PT, DPT*
Board Certified Orthopedic Clinical Specialist
Certified Hand Therapist
Clinical Lead
Hospital for Special Surgery

Samantha Pernick, PT, DPT*
Board Certified Orthopedic Clinical Specialist
Rehabilitation Supervisor, Physical Therapist
Northwell Health STARS Rehabilitation

Chaya Rajeev PT, DPT*
Board Certified Sports Clinical Specialist
Hospital for Special Surgery

Lauren Said, PT, DPT*
Physical Therapist

Rosa E. Torres-Panchame, PT, DPT
Board Certified Orthopedic Clinical Specialist
Assistant Professor
Hofstra University

Barbara Trencher, PT, DPT, LSVT*
Physical Therapist

Joti Melwani Wong, PT, DPT
Director of Clinical Services
Physical Medicine & Rehabilitation
NYC Health & Hospitals/Metropolitan

Special Lecturers

Clare C. Bassile, PT, EdD
Special Lecturer & Former Associate Professor of Rehabilitation & Regenerative Medicine
Columbia University Programs in Physical Therapy

Risa Granick, PT, PhD
Special Lecturer & Former Program Director and Associate Professor of Rehabilitation & Regenerative Medicine
Columbia University Program in Physical Therapy

Evan Johnson, PT, DPT, MS*
Board Certified Orthopedic Clinical Specialist
Certified Orthopedic Manual Therapist
Assistant Professor of Rehabilitation & Regenerative Medicine
Director of Outpatient Physical Therapy Clinical & Research Services
Clinical Administrator, NYP Och Spine Integrated Program
NYP- 5th Avenue

Debra Clayton Krasinski, PT, PhD
Special Lecturer & Former Program Director and Associate Professor of Rehabilitation & Regenerative Medicine
Columbia University Program in Physical Therapy

Jennifer R. Lehman, PT, DPT
Board Certified Geriatric Clinical Specialist
Site Director, Rehabilitation Therapies
NYP - CUIMC

Lori Quinn, PT, EdD, FAPTA
Professor and Chair
Movement Science & Kinesiology
Teachers College, Columbia University

Robin Winn, PT, MS*
Board Certified Pediatric Clinical Specialist

Staff

Erika Alvarez
Practice Associate
ea2540@cumc.columbia.edu

Jason M Bachan, BA, MS
Program Affairs Coordinator
jb3945@cumc.columbia.edu 212-305-6860

Stephanie Buraczewski, BS
Admissions & Clinical Education Coordinator
sh3284@cumc.columbia.edu 917-520-5651

Aimee DeGrazia, BA
Executive Assistant, Admissions Coordinator
ad4244@cumc.columbia.edu 646-317-0262

Gina Frassetto, MPA
Director, Finance and Administration
gf125@cumc.columbia.edu 212-305-0464

Darlene Hernandez, BA
Practice Coordinator
dh2657@cumc.columbia.edu

Rachel Rivas
Practice Associate
rr3683@cumc.columbia.edu

Kate Rodriguez
Practice Associate

Sheina Rodriguez
Practice Associate
sr4219@cumc.columbia.edu

Rachel Scott
Health Professions Learning and Assessment Specialist
rs4789@cumc.columbia.edu

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 opportunities 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.

The Programs in Physical Therapy's mission and vision is in alignment with the Vision for Excellence in PT Education which aims to ensure that education programs continue to meet high standards; accommodate the needs of students, educators, clinicians, and others who are invested in cultivating the profession's future workforce; and produce providers from diverse populations and backgrounds who have the requisite knowledge, skills, and attitudes to meet the societal need for physical therapist services.

The Vision for Excellence in PT Education document depicts a new Shared Vision Sentence and Vision Statement to reflect achievement of excellence in physical therapy education:

Vision Sentence
Advancing excellence in physical therapy education across the learner continuum to meet societal health needs and optimize patient and client outcomes.

Vision Statement
Excellence in the practice of physical therapy requires a well-developed educational framework for physical therapists and physical therapist assistants. That framework must include strong partnerships among education stakeholders for a shared commitment to the development and application of evidence-based approaches in education and practice. The learning continuum begins with exposure to the profession and progresses through entry-level education programs, post professional or post technical development, and continuing education throughout physical therapists' and physical therapist assistants' careers.

Curriculum Design

Columbia University's DPT curriculum supports the development of competent clinicians who deliver exemplary care.

The curriculum is guided by Mezirow's Transformative Learning Theory (Mezirow 2000; Kitchenham 2008) which suggest that students' learning is a transformational process. Students enter our program as unique beings with pre-requisite knowledge. Our curriculum offers learning experiences that build on challenging previously held knowledge and assumptions resulting in a shift in each students' frame of reference from student to practitioner. This transformational process is facilitated through significant learning experiences that involve mastering foundational knowledge, applying and integrating knowledge, and critically reflecting on the learning process (Fink, 2013).

In establishing the curriculum, the faculty considered various professional documents, including but not limited to:

- The Vision for Excellence in Physical Therapy Education
- Essential competencies for entrance into practice,
- Core Entrustable professional activities for entrance into practice
- The Normative Model of Physical Therapist Professional Education
- The Guide to Physical Therapy Practice
- The Code of Ethics and Core Values for the Physical Therapist
- Clinical Practice Guidelines
- Essential competencies in entry-level neurological PT Education
- Essential competencies for entry-level physical therapist practice for providing care for persons with cancer
- Vestibular EDGE task force recommendations for entry-level physical therapist instruction

The program's curriculum is organized into the following pillars necessary for entry-level practice and the development of student's unique talents through customization of their education:

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

The six curricular pillars with the specific courses that comprise each include:

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. Student Selected Areas of Interest: (including Advanced Seminars & Electives)
   These courses are designed to supplement the Clinical Sciences and allow students to study specialized

clinical practice areas with faculty and/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
Cervicogenic Pain & Temporomandibular Joint Disorders
Foot & Ankle Rehabilitation
Hand, Wrist, and Elbow Rehabilitation
Oncology Rehabilitation
PT Management of the Running Athlete
Pelvic Health Rehabilitation
PT Management of the Performing Artist
Research Practicum I, II, and III
Service Learning
Spinal Cord Injury Spinal Mobility
Sports Rehabilitation
Teaching Practicum Lecture, Lab, Small Group
Topics in Cardiopulmonary Rehabilitation
Vestibular Rehabilitation
Yoga Integrated in Physical Therapy Practice

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.

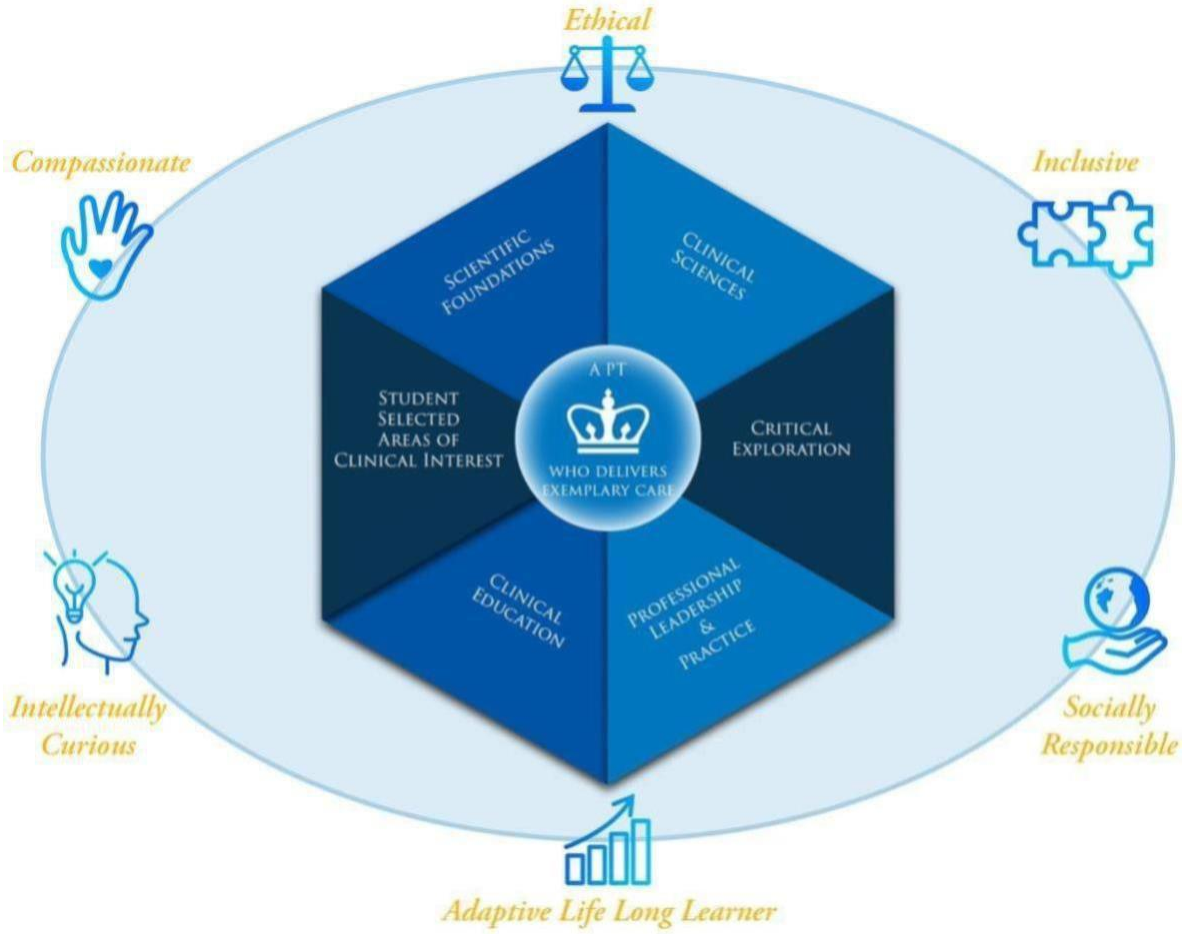
Specific Courses:
Clinical Education Seminars I, II, III, IV
First Clinical Education Experience
Intermediate Clinical Education Experience
Terminal Clinical Education Experience

Select core values that guide physical therapist practice are modeled by faculty and threaded throughout the pillars of the curriculum. These values include being:

ETHICAL	*We commit to ethical practice which includes beneficence, non-maleficence, autonomy, and justice.*
COMPASSIONATE	*We act with kindness, empathy, and caring for all those we serve.*
INCLUSIVE	*We honor the inherent value of every individual's unique story, experience, contribution, and perspective.*
SOCIALLY RESPONSIBLE	*We use our knowledge and services to create a beneficial change through advocacy.*
INTELLECTUALLY CURIOUS	*We have a desire to learn more by finding evidence to answer our questions.*
ADAPTIVE LIFE-LONG LEARNERS	*We strive to continue learning, growing, and developing skills to meet the challenges of evolving global health care systems.*

Figure 1 illustrates our curricular model. In pursuit of excellence in physical therapy, our innovative curriculum organized into 6 pillars with the core values threaded throughout, culminates in physical therapists who provide exemplary care.

Figure 1. Programs in Physical Therapy Curricular Model



Overview of the DPT Program

The DPT program encompasses 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 37.5 and a maximum of 45 hours per week and mirror the clinical work schedule.

The DPT program curriculum includes academic preparation and clinical experiences in health care facilities nationwide and abroad. Academic instruction is comprised of didactic courses in the six curricular pillars as described above. Opportunities to explore specialized areas of clinical practice occur in the advanced seminar courses, electives, and Clinical Education Experiences. Select core values that guide physical therapist practice are modeled by faculty and threaded throughout the pillars of the curriculum. Learning is viewed as a dynamic and interactive process requiring active student participation in various educational experiences.

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 in the advanced seminar courses. 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 pillars: *Scientific Foundations, Clinical Sciences, Critical Exploration, Professional Leadership and Practice, Student Selected Areas of Interest, and Clinical Education*. The curricular pillars are 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 lecture, small group activities, classroom discussion, laboratory activities, simulated patient cases/situations, and integrated clinical experiences.

Integration of Scientific Foundations, Clinical Sciences, and Student Selected Areas of Interest

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 Spring Year II courses, students enter their second full-time Clinical Education experience for ten weeks (Summer II). During Fall III, students continue with required core courses and Student Selected Areas of Interest which include 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. These courses have been developed to allow students to gain greater knowledge and skill in specialized areas of clinical practice, teaching, and/or research. As the final integrative course, the Terminal Clinical Experience (Spring III, 18 weeks full-time) helps the students practice, receive feedback, and be assessed in authentic workplace settings to be deemed competent to enter clinical practice as autonomous practitioners.

The remaining curricular pillars 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.

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 Master Project under the guidance of a faculty mentor.

Students who desire a more intensive research experience can take the Research Practicum Elective series, which consists 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 professional meetings and publications.

Integration of Professional Leadership and Practice

The four-part professional leadership and practice course series introduces students to the concepts of professionalism and autonomous physical therapy practice. The first course in Fall I explores the process of professional identity formation, including reflection on attitudes and biases, personality, self-awareness, emotional intelligence, authentic leadership, health & well-being practices, and inclusive excellence. Students broaden their understanding of physical therapy practice, structure, and governance of the American Physical Therapy Association (APTA), the APTA vision and core values. The course also explores structural and racial barriers to health and healthcare. Students have the opportunity to reflect on personal strengths and goals and develop a personal development and professional leadership plan. In Spring I, topics within the second course include health promotion, behavior change theory, motivational interviewing, structural determinants of health, interprofessional teamwork, the role of explicit and implicit bias in the delivery of high-quality care, and reflective practice. In the third course in Spring II, 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. Students develop conflict management strategies and cultural humility as they explore topics including mental health conditions and psychological conditions commonly seen in physical therapy practice and trauma-based care. In Fall III, the fourth and final professional leadership & practice course introduces students to important principles and concepts associated with the management of physical therapy 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. 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 on 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 licensed physical therapists who serve as teachers 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 the full-time Clinical Education experiences and facilitate an understanding of the transition from student to clinician.

The First Clinical Education Experience (8 weeks) and the Intermediate Clinical Education Experience (10 weeks), occur during Fall II and Summer II, respectively. These experiences enable students to apply didactic knowledge in clinical practice settings under licensed physical therapists who serve as teachers. They are 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 Education Experience (18 weeks) consists of either two 9-week or one 18-week clinical education experience depending on the clinical site. 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.

The program's philosophy in assigning clinical placements throughout the curriculum is based upon the trend and direction of physical therapy practice. All students are required to complete one full-time clinical education experience in an in-patient setting. Students may have to leave the city of New York for one or more of their clinical education experiences. Several factors are considered when assigning students to their clinical placements including but not limited to the students' geographical needs and preference, academic performance, professional behaviors, previous clinical experiences, selection of specialization tracks, and level of clinical experience.

Curriculum Outline

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
8300	Clinical Sciences
8500	Professional Leadership and Practice

8600 Clinical Sciences
8700 Critical Exploration
8800 Student Selected Areas of Interest
8900 First and Intermediate Clinical Education Experiences
9000 Clinical Sciences / Specialized Areas of Clinical Practice
9200 Terminal Clinical Education 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.

All full-time clinical education experiences are graded Pass/Fail. Students adhere to their clinical instructors' work schedule at the facilities to which they have been assigned. **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.

Fall Semester (16 weeks including final exams)	Credit Hours	Primary Course Instructor(s)
PHYT M8100 Gross Anatomy	7	Drs. Stacy Kinirons, Robert Evander & Samantha Sawade
PHYT M8115 Applied Physiology	2	Dr. Lobna Elsarafy
PHYT M8125 Kinesiology & Biomechanics I	4	Dr. Rami Said
PHYT M8211 Professional Leadership & Practice I	2	Dr. Laurel Daniels Abbruzzese
PHYT M8301 Examination & Evaluation	3	Drs. Danielle Struble & Wing Fu
PHYT M8704 Evidence-Based Practice I	2	Dr. Wing Fu
Totals	**20**	

Spring I (18 weeks including spring recess & final exams)	Credit Hours	Primary Course Instructor(s)
PHYT M8003 Clinical Education Seminar I	1	Drs. Mahlon Stewart & Jennifer Cunningham
PHYT M8105 Neuroscience	4	Dr. Stacy Kinirons
PHYT M8112 (half a semester) Medical Screening I	2	TBD
PHYT M8126 Kinesiology & Biomechanics II	3	Dr. Wing Fu
PHYT M8212 Professional Leadership and Practice II (half a semester)	2	Dr. Laurel Daniels Abbruzzese
PHYT M8303 PT Procedures	3	Dr. Mahlon Stewart
PHYT M8308 (half a semester) Concepts in Therapeutic Exercise	2	TBD
PHYT M8610 (half a semester) PT Mgt. of Orthopedic Conditions I	2	TBD
PHYT M8705 Evidence-Based Practice II (half a semester)	2	Dr. Wing Fu
Totals	**21**	

Summer I (8 weeks including final exams)	Credit Hours	Primary Course Instructor(s)
PHYT M8310 Physical Modalities	1	Dr. Wing Fu
PHYT M8315 Soft Tissue Mobilization	1	Dr. Kevin Wong
PHYT M8611 PT Mgt. of Orthopedic Conditions II	3	TBD
PHYT M8634 Clinical Geriatrics	2	Dr. Laurel Daniels Abbruzzese
PHYT M8130 Movement Science	2	Dr. Michael Gevertzman
PHYT M9071 Medical Screening II	1	Dr. Clare Hamnett
Totals	**10**	

Fall 11A (7 weeks including final exams)	Credit Hours	Primary Course Instructor(s)
PHYT M8004 Clinical Education Seminar II	1	Drs. Mahlon Stewart & Jennifer Cunningham
PHYT M8601 PT Mgt. of Cardiopulmonary Conditions	3	Dr. Jennifer Cunningham
PHYT M8612 PT Mgt. of Orthopedic Conditions III	3	Dr. Colleen Brough
PHYT M8620 PT Mgt. of the Adult with Neurological Conditions I	3	Drs. Lobna Elsarafy & Michael Gevertzman
PHYT M8636 Orthotics	2	Dr. Samantha Sawade
PHYT M8853 *Research Practicum I Elective*	*1*	*Dr. Ashwini Rao & Faculty*
Totals	**12 (13)**	
Fall IIB (8 weeks)	Credit Hours	Primary Course Instructor(s)
PHYT M8901 First Clinical Education Experience	1	Drs. Mahlon Stewart & Jennifer Cunningham
Totals	**1**	

Spring II (16 weeks including spring recess & final exams)	Credit Hrs	Primary Course Instructor(s)
PHYT M8005 Clinical Education Seminar III	1	Drs. Mahlon Stewart & Jennifer Cunningham
PHYT M8311 PT Mgt. of Integumentary Impairments (1st half of semester)	2	Dr. Danielle Struble-Fitzsimmons
PHYT M8560 Professional Leadership & Practice III	2	TBD
PHYT M8613 PT Mgt. of Orthopedic Conditions IV	4	Dr. Colleen Brough
PHYT M8621 PT Mgt. of the Adult with Neurological Conditions II:	5	Drs. Lobna Elsarafy & Michael Gevertzman
PHYT M8630 PT Mgt. of Pediatric Conditions	4	Drs. Lisa Yoon & Samantha Sawade
PHYT M8637 Prosthetics (2nd half of semester)	2	Dr. Kevin Wong

PHYT M8849 *Service-Learning Elective*	1	*Dr. Samantha Sawade*
PHYT M8854 *Research Practicum II Elective*	*1*	*Dr. Ashwini Rao & Faculty*
Totals	**20 (21)**	
Summer II **(10 weeks)**	Credit Hrs	Primary Course Instructor(s)
PHYT M8902 Intermediate Clinical Education Experience	2	Drs. Mahlon Stewart & Jennifer Cunningham
Totals	**2**	

Fall III (16 weeks including exams & completion of all projects)	Credit Hrs	Primary Course Instructor(s)
PHYT M8007 Clinical Education Seminar IV	1	Drs. Mahlon Stewart & Jennifer Cunningham
PHYT M8217 Professional Leadership & Practice IV	2	TBD
PHYT M8602 PT Management of Cardiopulmonary Conditions II	1	Dr. Jennifer Cunningham
Advanced Seminar (select 1) PHYT M9015 Advanced Seminar in Orthopedics PHYT M9025 Advanced Seminar in Adult Neuro-Rehabilitation PHYT M9035 Advanced Seminar in Pediatrics	4	Drs. Kevin Wong & Rami Said Drs. Lobna Elsarafy & Michael Gervertzman Drs. Lisa Yoon & Samantha Sawade
PHYT M9041 Complex Medical Conditions	1	Dr. Wing Fu
Totals	**9** **(+ min 3)**	
ELECTIVES		
PHYT M8557 Management of the Running Athlete	1	Dr. Colleen Brough
PHYT M8800 Medical Spanish	1	Kathleen Fristensky
PHYT M8812 Vestibular Rehabilitation	1	Dr. Michael Gevertzman & Associated Faculty
PHYT M8815 Pelvic Health Rehabilitation	2	Dr. Claire Hamnett
PHYT M8825 Sports Rehabilitation	1	Dr. Kimberly Smith

PHYT M8830 Hand, Wrist & Elbow Rehabilitation	1	Dr. Nicholas Maroldi (Associated Faculty)

PHYT M8832 Foot & Ankle Rehabilitation	1	Dr. Sarah Lloyd (Associated Faculty)
PHYT M8833 Cervicogenic Pain & Temporomandibular Joint Disorders	2	Dr. Jeffrey Mannheimer (Associated Faculty)
PHYT M8835 PT Management of the Performing Artist	2	Drs. Patti Cavaleri (Associated Faculty), Kynaston Schultz, Marla McReynolds
PHYT M8843 Teaching Practicum: Laboratory	1	Dr. Stacy Kinirons
PHYT M8845 Teaching Practicum: Lecture	1	Dr. Stacy Kinirons
PHYT M8847 Teaching Practicum: Small Groups	1	Drs. Stacy Kinirons, Colleen Brough, Danielle Struble & Rami Said
PHYT M8855 Research Practicum III	1	Dr. Ashwini Rao & Faculty
PHYT M8861 Yoga Integrated in Physical Therapy Practice	1	Dr. Trella Allen
PHYT M8863 Diagnostic Imaging	1	Dr. Michael Johnson & West Point PTs (Associated Faculty)
Spring III (18 weeks)	Credit Hrs	Primary Course Instructor(s)
PHYT M9200 Terminal Clinical Education Experience	3	Drs. Mahlon Stewart & Jennifer Cunningham
Totals	**3**	

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 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 (Part-time ICEs, First, Intermediate and the Terminal Clinical Education Experiences). (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 regarding 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) 1st &
2nd lower level, 3rd & 4th floors

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

William Black Building 1st Floor, Alumni Auditorium (AA); 50 Haven Lounge and Ballroom; and
Herbert Irving Center for Cancer Research Auditorium

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 purpose of this policy is to describe our program's philosophy regarding attendance and participation in required learning activities. As a health professions education program, faculty have a responsibility to ensure graduates of our program develop a professional identity that reflects the ethical principles and core values of our profession.

Students pursuing the DPT degree are seeking to enter a health profession in which full participation in the learning and clinical environments is essential for meeting programmatic and professional obligations. Building the requisite knowledge, skills, attitudes, and behaviors is accomplished by actively engaging in all learning activities in their intended environment (classroom, lab, clinic, community). By prioritizing attendance and participation, learners will fulfill their responsibility to their peers by actively contributing ideas, engaging in discussions, supporting coursework, and optimizing learning.

Just as attendance and participation are mandatory in clinical practice, they are also mandatory across required learning activities (see definitions below). Learners will need to prioritize their cohort's program calendar. Moreover, learners should avoid finalizing personal commitments until course syllabi and program calendars have been published. Please note that, while course syllabi and program calendars are provided in advance, they are subject to reasonable change.

This policy applies to all learners enrolled in the Columbia University Doctor of Physical Therapy Program.

Definitions

Required Learning Activities	These include classes, labs, seminars, case modules, simulation center activities, coaching meetings, clinical education experiences, and off-site learning sessions.
Participation	Participation in required learning activities involves demonstrable engagement and contribution to the learning environment, going beyond mere physical or virtual presence. It encompasses contributing ideas and perspectives, actively listening to others' ideas and perspectives, thoughtfully engaging in discussions with colleagues, and offering constructive feedback.
Attendance	In-person attendance is mandatory for all required learning activities and includes participation for the duration of these activities.
Absence	Missing a required learning activity for any reason that is planned or unplanned, whether it be a single activity (e.g., class or lab) or an entire day of activities.
When a class is moved to virtual (e.g., weather)	Online attendance, with cameras on, is mandatory for all synchronous learning activities.
Excused	Excused absences are approved through the formal review process (see Requesting or Reporting an Absence below). Anticipated, excused absences may be granted for the following reasons: o Attending a professional conference with permission from the program o Participating in a specialized clinical placement or residency interview with permission from the program Unanticipated excused absences may be granted for the following reasons: o Illness or injury, o Personal or family emergencies, o Bereavement Excused absences that are protected by law: o Religious observances The faculty of the Columbia University Doctor of Physical Therapy Program shall accommodate students wishing to observe religious holidays when such observances require students to be absent from class activities. The student is responsible for following the Absence Request and Reporting Process outlined below. o Military service The faculty of the Columbia University Doctor of Physical Therapy Program shall accommodate students in the armed forces, ensuring a seamless integration of their service obligations with their academic pursuits. In recognition of the unique circumstances faced by students engaged in active and reservist military service, including commitments necessary to maintain their status, it is imperative to establish a clear protocol for managing known absences. The student is responsible for following the Absence Request and Reporting Process outlined below. Under certain circumstances, obligations related to military service may necessitate a formal leave of absence or coordination with the Director of the Program to manage longer absences.

	○ Jury duty If a student is called upon to serve as a juror, it is the student's responsibility to make reasoned decisions regarding whether the timing of the jury duty conflicts with academic or professional obligations (clinical education experiences, exams, etc.). If a conflict exists, then it is the student's responsibility to first request a change of date through the court. The student must be conscientious in requesting alternate dates to ensure that the new dates are not academically/professionally conflicting. It is the duty of the student to inform the absence committee by following the Absence Request and Reporting Process, according to the policies below, of anticipated absences due to jury duty as soon as they become known. ○ Subpoena Should a student receive a subpoena, they are responsible for following the Absence Request and Reporting Process outlined below as soon the anticipated absence is known.
Unexcused	Unexcused absences are any absences NOT approved through the formal review process as an excused absence. Excessive tardiness (see below) is also considered as an unexcused absence. A pattern of unexcused absences may result in a professional development report.
Tardiness	Arriving late for a required learning activity. Excessive tardiness is defined as: ○ Arriving more than ten (10) minutes late for any required learning activity on more than two (2) occasions within a single course ○ Arriving more than 15 minutes late for any single required learning activity ○ A pattern of arriving late that is perceived as disrupting the learning environment

Requesting or Reporting an Absence

It is the learner's responsibility to follow the steps outlined below. In the event that an absence is approved (i.e., excused), it is also the learner's responsibility to make up missed work.

Absence	Procedure
Anticipated Absences	It is the learner's responsibility to understand what they will be missing in advance of requesting an absence. This may involve looking at the class calendar and/or course syllabus (if available) and meeting with the relevant course instructor(s). If a student is anticipating a future absence (whether in the classroom or the clinic), they shall submit a completed Absence Reporting Form to the Student Support Team at the beginning of the semester or at least six (6) weeks in advance of the anticipated absence. Please note that requests made with less than six (6) weeks' notice may not be reviewed. In the case of protected absences, learners are responsible for informing the Student Support Team and course coordinator as soon as the anticipated absence becomes known. The Student Support Team will determine if the anticipated absence is excused or unexcused and will notify the learner of their decision within two (2) weeks of receiving the Absence Reporting Form. Learners may appeal the decision made by the Student Support Team to the Program Director. As soon as the decision is determined, it is the responsibility of the learner to communicate this approval to relevant course coordinators and make a plan for any missed activities (see "Consequences of Missing Required Learning Activities" below). Failure to abide by the decision of the Student Support Team or Program Director will result in the absence being unexcused.
Unanticipated Absence	A learner requesting approval for an unanticipated absence will submit an Absence Request Form to the Student Support Team and notify ALL relevant course coordinators (one email to all relevant faculty) BEFORE any required learning activity unless an emergent situation. It is the responsibility of the learner to plan for making up missed coursework.
Unexcused Absence	Learners absent from required learning activities are considered to have an unexcused absence if they have not: o Submitted an Absence Request Form o Obtained approval from the Student Support Committee, and o Communicated with relevant course coordinators regarding their absence
Clinical Education Experiences	Please refer to the Clinical Education Section of the Handbook for detailed policies and procedures regarding absences from clinical education experiences.

Consequences of Missing Required Learning Activities

Making Up Missed Activities or Assessments Due to an Excused Absence
It is the student's responsibility to develop a plan for making up missed work. Making up summative assessments are left to the Course Coordinator's discretion, and faculty may choose to alter the format of a make-up assessment (e.g., change from a written to oral didactic examination). Scheduling a missed assessment will be decided by the faculty member and the student. If arrangements for making up a missed assessment cannot be made prior to the deadline for grade submission, the student will receive an in-complete (IN).

Impact on Course Grades
One unexcused absence: a student may lose a point off their final course score which may or may not affect their final course letter grade.

Two unexcused absences: will result in a reduction in a final course letter grade. (e.g. final course average is an A, two unexcused absences the grade will be changed to an A-, if the final course average is a C+, two unexcused absences the grade will be changed to a F.)

Minimum required time in of lab/seminar
Minimum required time in lab/seminar: To meet program requirements and ensure safe patient care, regardless of whether an absence is excused or not, failure of a student to attend a minimum of 80% of lab/seminar coursework hours in person, may necessitate a withdrawal from the course and the need to take a leave from the program.

Consequences of Excessive Tardiness

Professional Development Report
When it is determined that a student has excessive tardiness as defined above, a professional development report will be completed by the student's advisor. The student will need to meet with their advisor to develop and implement an action plan.

VII. Honor Code

Learners are expected to uphold the Columbia University Programs in Physical Therapy Code of Conduct in their reporting of absences and communications with peers and faculty. Dishonesty in absence requests and/or in reporting of anticipated and unanticipated absences is considered a violation of the honor code and a failure to meet our program's professional standards. Such actions will result in a referral to the Student Support Committee for further investigation, discussion, or remediation. This honor code will be discussed at orientation and students will sign a form indicating they agree to uphold the honor code and policies.

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.

Generative Artificial Intelligence ("AI") Policy

The Program follows the guidance of Columbia University's Generative AI policy. Students risk potential academic integrity violations and confidentiality/privacy violations with improper or unauthorized use of generative AI tools (such as OpenAI's Chat GPT, Google's Bard, and others). Two key attributes of these tools are the risk that an input could potentially become public, and the risk that the output may be biased, misleading, or inaccurate. As a result, the improper use of AI presents risks related to information security, data privacy, copyright, academic integrity, and bias.

Students should assume that the use of AI to produce academic work is forbidden unless it is explicitly permitted by expectations detailed in a course syllabus or in explicit assignment instructions. When AI is allowed for academic coursework, students must disclose that the work was based on or derives from the use of Generative AI, confirm that the output is accurate, and confirm that they are not plagiarizing or otherwise violating another party's intellectual property rights as specified in the University policy.

Under no circumstances is AI permitted for use in clinical applications such as, but not limited to, completing clinical documentation. The Program acknowledges that there may be applications for the use of AI in clinical environments, but students will be responsible for adhering to clear, written institutional policies that govern how AI is used in that environment. In the absence of written policies, students are prohibited from using AI in clinical care without exception. If a student finds themselves in a situation where they are asked to use AI for clinical purposes in the absence of clear, written policies, they should refuse by stating that the Program forbids their using AI in the clinical environment. The student should report any such request to the Director(s) of Clinical Education to receive support and guidance from the Program.

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 Section of this 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 PART IX: FORMS), 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 (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.

COURSE

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 has an unanticipated absence the students must: submit an Absence Request Form to the Student Support Team and notify ALL relevant course coordinators (one email to all relevant faculty) BEFORE any required learning activity unless an emergent situation. It is the responsibility of the learner to plan for making up missed coursework.

- 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.

- The missed written or practical exam must be completed within three days of returning to classes.

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, Infractions & Code of Conduct) 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 required to complete formal course evaluations at the end of each semester through Qualtrics. Final exam grades will not be released until a minimum of 90% of students have completed the course evaluations.

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, 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 maximize the student learning experience and prepare students in becoming autonomous practitioners.

COMMUNICATION

E-mail

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.

(uni@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 daily 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 our 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. For additional guidance related to full-time clinical education experiences, refer to the Clinical Education Handbook.

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 submitted to the Program Affairs Coordinator, 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)

Confidentiality of Records and Other Personal Information

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, DPT Program Director – 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
7. Dr. James McKeirnan, Interim Dean of the Vagelos College of Physicians & Surgeons – jmm23@cumc.columbia.edu
8. Commission on Accreditation in Physical Therapy Education (CAPTE) - 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 Academic Support

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.

Early Professional Identity Formation and Master Adaptive Learner Sessions
During orientation week, all DPT I students attend seven sessions that collectively support students in answering four fundamental questions as they enter the profession:

1. Who are we as physical therapists? (Values, ethics, mission, and professional identity)
2. How do professionals learn and grow? (Master Adaptive Learner framework and learning science)
3. How do we work with and support others? (Community and feedback)
4. How do we make professional decisions under real-world constraints? (Prioritization, time management, and adaptation)

The sessions are intentionally sequenced so that students move from understanding professional expectations, to understanding how professionals learn, to receiving and using feedback, and finally to applying these concepts in managing their own learning and professional development.

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 recommendations 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/or 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.

Health Professions Education Learning Specialist (HPELS)

All incoming students will meet virtually with the HPELS prior to the start of the first semester.

Referrals and Individual Meetings with the Health Professions Education Learning Specialist

The Health Professions Education Learning Specialist (HPELS) provides academic learning support to Doctor of Physical Therapy students through both universal and individualized services. All incoming students meet with the HPELS prior to the start of the program, ensuring early introduction to available learning support. Throughout the program, the HPELS offers consultative and ongoing coaching, documents meetings in the program's secure SharePoint system, and collaborates with the Student Support Team, program leadership, teaching and advising faculty as needed to support student success.

The Student Support Team serves as the central coordinator for academic support referrals, meeting regularly to review concerns, determine which students require HPELS engagement, and integrate services with peer tutoring and other resources. The Admissions Team identifies incoming students who may benefit from early support based on admissions-related indicators and shares this information with the HPELS. Faculty, advisors, and program leadership also play a critical role by identifying students who demonstrate academic difficulty during the semester and initiating referrals.

Students may be referred to the HPELS for a variety of reasons, including mandatory onboarding requirements for new students, pre-term or in-term academic risk indicators, or emerging performance concerns.

When a referral is made for a mandatory meeting, the student will be emailed and the HPELS cc-d, after which the HPELS sends a booking link inviting the student to schedule a meeting. Students who meet automatic referral thresholds must respond to the invitation within two business days and schedule a meeting
to take place within a week.

Students are also welcome to self-refer to discuss their learning strategies or academic approach by emailing the HPELS directly.

Meeting notes and associated email outreach are documented, and meeting notes are shared with the student
for approval prior to their secure filing, in alignment with the Family Educational Rights and Privacy Act (FERPA). Documentation is limited to information necessary for academic support and excludes any sensitive personal information unless the student specifically agrees to its inclusion.

At the end of each term, the HPELS and Student Support Team review student progress to determine whether continued support is recommended for the next term.

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

Pregnancy

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 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 (gf125@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, gf125@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

Inherent to participating in laboratory activities and clinical experiences, students may be exposed to potential health risks. We foresee these risks as minimal. 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. For additional information regarding injuries sustained in a full-time clinical education experience, refer to the Clinical Education Handbook.

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

If a student sustains an injury, e.g. upper extremity, lower extremity, neck or back, or has a medical condition which requires continuous medical attention or surgery prior to returning to class or 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 Clinical Education 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.

Calibration and Safety Check of Laboratory Equipment; Use and Maintenance of Equipment

The program hires Medicanix, Inc. to do an annual inspection of equipment used in the Physical Modalities course. For our ultrasound machines, the company technician does an inspection and a calibration. For our TENS/NMES units and iontophoresis units, the technician does an electrical safety inspection.

Medicanix, Inc.
281 Fields Lane, Suite 2B Brewster, New York, 10509
Phone 203-324-3711 | Fax (203) 612-5417

Routine inspection of all equipment (high/low tables, assistive devices, manual wheelchairs, floor mats, BP cuffs, therex equipment, etc…) is done on a regular basis by faculty, a minimum of 3x/year. If found to be unrepairable, the item(s) is discarded and replaced with new purchase of the item(s). If repairable, the manufacturer is contacted for repair.

Fire Safety & Evacuation:

Fire pulls are located near either staircase on the 3rd 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 168th Street. Stairway C leads down to the 2nd floor and out onto 169th 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 159th Street to West 168th Street, Riverside Drive to Amsterdam Avenue, and from West 168 Street to 181 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

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 fromfriends
- 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:

   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 (33rd Precinct): 212-927-3200 or 911

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 12 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.

Interrupting Your Studies

The term Withdrawal is inclusive of both Withdrawn Students and Students Taking a Leave of Absence.

Withdraw

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 in the leave of absence portal that the student completes. 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.

Leave of Absence

Leave of Absence generally refers to scenarios where a student demonstrates compelling reasons and necessity to interrupt their studies. There are multiple leave of absence types a student may pursue or otherwise be subject to, including those arising from Voluntary and Involuntary circumstances.

A student who must interrupt study temporarily to take a leave of absence (academic, medical or other) should review the Student Financial Services Withdraw or Request a Leave of Absence Page for important information.

Leaving school on a temporary or permanent basis may change the amount you are responsible to pay for your time in class, the amount of financial assistance you receive and other areas where your education costs may be impacted. Visit the **Financial Implications of Leaving School.**

Students requesting a leave of absence or withdrawal must submit a Withdrawal and Leave of Absence Notification Request Form. Students will receive an email confirmation at their University email address that serves as documentation of successful submission. Students should also notify the Program Director.

1. Academic Leave of Absence: Students who fail one course (NOT more than one course) may apply for an academic leave of absence. If granted, the student would return the following academic year to repeat the course. *See Grades & Points section of the Student Handbook for details.*

2. Medical Leave of Absence: Students who have a medical challenge that limits their ability to continue their studies may apply for a 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 medical challenge. 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): Students who have extraordinary circumstances that arise that interrupt their studies, may apply for a leave of absence. At the discretion of the Program Director, supporting documentation may be requested from the student to substantiate such a request.

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 mental health 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.

Awarding of the Degree and Graduation Ceremonies

Columbia University awards degrees 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 Service

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 at 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 Equity and Justice in Curricular Affairs. 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.

Non-Discrimination Policy

Columbia University is committed to providing a learning, living, and working environment free from prohibited discrimination and harassment and to fostering a nurturing and vibrant community founded upon the fundamental dignity and worth of all of its members. Each individual has the right to work and learn in a professional atmosphere that promotes equal employment opportunities and prohibits discrimination and harassment. All employees, applicants for employment, interns (paid or unpaid), students, contractors and people conducting business with the University are protected from prohibited conduct.

The University does not tolerate unlawful discrimination, harassment, sexual assault, domestic violence, dating violence, stalking, or sexual exploitation and all such conduct is forbidden by Columbia University Policy.

The University strongly encourages those who have experienced, witnessed, or become aware of conduct that violates EOAA Policies & Procedures to come forward promptly so that the University can take appropriate steps to prevent such conduct from occurring in the future and to ameliorate its effects. The University will protect the privacy of those who come forward to the extent possible and permissible by law.
Nothing in University Policy and EOAA Policies & Procedures shall be construed to abridge academic freedom and inquiry, principles of free speech, or the University's educational mission.

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 club's 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: CLINICAL EDUCATION

Introduction

Clinical Education Program Philosophy

Clinical education is a key element in the professional education of physical therapists. Columbia University's Doctor of Physical Therapy (DPT) Program views clinical education as a collaborative process.

A partnership between the University and its clinical affiliates is essential in educating practitioners capable of responding effectively to patients' needs and the challenges of contemporary healthcare. The goal of integrating academic learning into clinical practice can only be accomplished by establishing a strong link between the faculty, students, and clinical educators.

Our faculty believes that the opportunity to practice and develop skills in a direct patient care environment is a privilege and appreciates the commitment of time, resources, and effort our clinical affiliates extend in guiding and mentoring our students. Clinical experiences are designed to give each student a broad base of clinical exposure and opportunity to acquire entry-level skills within a supportive environment. We recognize cultural and individual differences and encourage students to develop their own clinical style within the accepted parameters of ethical and legal clinical practice.

The purpose of this section of the handbook is to serve as a resource, providing students with information about the policies and procedures for Columbia University's Doctor of Physical Therapy Clinical Education Program.

Columbia DPT Program Goals and Expected Clinical Education Outcomes

Upon completion of the 3-year curriculum, students will have met the following objectives:

- Development of critical analysis and decision-making skills and the ability to integrate academic course work and clinical experience within an evidence-based framework.
- Development of clinical skills necessary to practice competently and effectively in a variety of settings.
- Capacity to continually refine practice skills, post-graduation, through continuing professional education and integration of new scientific information.
- Provision of lifelong learning skills necessary to anticipate future changes in the delivery of physical therapy in response to societal needs.
- Assume an active role in the development of their own critical inquiry, which ultimately facilitates initiating the process of specialization.

Additional information regarding the Columbia University DPT program and curriculum is available on the program website: https://www.vagelos.columbia.edu/education/academic-programs/programs-physical-therapy

Clinical Education Team

Directors of Clinical Education (DCE)
Dr. Mahlon Stewart, E-mail: ms2952@cumc.columbia.edu
Dr. Jennifer Cunningham, E-mail: jc6665@cumc.columbia.edu

The DCE holds a faculty (academic or clinical) appointment and has administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the academic program. The DCEs serve as a liaison between the physical therapy program and the clinical education site. The DCEs, in cooperation with other academic faculty, establish clinical education site and facility standards, select and evaluate clinical education sites, and facilitate ongoing development of clinical education sites and clinical faculty. The DCE's primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. These activities include but are not limited to the following:

- Developing, monitoring, and refining the clinical education component of the curriculum including clinical education seminars and full-time clinical experiences
- Selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice
- Assigning students to clinical placements that are congruent with their learning needs
- Ensuring student readiness for the clinical setting by evaluating students' performance in cooperation with other faculty, and determining their ability to integrate didactic material and demonstrate safe practices
- Educating students, clinical and academic faculty about clinical education
- Maximizing available resources for the clinical education program
- Facilitating quality learning experiences for students during clinical education
- With the SCCEs, CI and student, problem solving and addressing conflict as needed and assisting in planning alternative, remedial, accommodative or challenging learning experiences as indicated
- Determining the grades for clinical education courses based on data from a variety of sources (CPI ratings, CPI summative comments, SCCE/CI subjective comments, incident reports, visit notes, action plans, completed assignments)
- Actively engaging core faculty in clinical education planning, implementation, and assessment
- Representing the academic program at local and national meetings

Clinical Education Coordinator

Stephanie Henkin Buraczewski: E-mail: sh3284@cumc.columbia.edu

A primary role of the Clinical Education Coordinator is to manage the Clinical Education Database (Exxat) including contact information, placement details, and contract status for each clinical partner. The database also includes contact and compliance information for all Columbia DPT students. The Clinical Education Coordinator oversees all major mailings including the annual schedule request, site selection surveys, confirmation packets, and faculty site assessment schedules. The Clinical Education Coordinator manages data entry of student and instructor information into the APTA CPI 3.0.

Columbia University Core Faculty

Members of the core faculty include those individuals appointed to and employed primarily in the program. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. Members of the core faculty typically have full-time appointment. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs.

Responsibilities Include:

- Ensuring student readiness for the clinical setting by evaluating students' performance, in cooperation with the DCE team, to determine their ability to integrate didactic material and demonstrate safe practices
- Participating in site visitation and calls and submitting site visitation reports in Exxat in a timely fashion
- With the DCE team, assisting in planning alternative, remedial, or accommodative learning experiences as indicated
- Participating in regular discussion with clinical education faculty in meetings throughout the year

Site Coordinator of Clinical Education (SCCE)

The SCCE has specific qualifications and is responsible for coordinating the assignments and activities of students at the clinical education site. The SCCE is often a physical therapist or physical therapist assistant. In some cases non-physical therapist professionals who possess the skills to organize and maintain appropriate clinical education programs will serve as the SCCE. The SCCE should be experienced as a clinician and clinical educator, interested in working with students, possess good interpersonal communication and organizational skills, knowledgeable about the clinical site and its resources and serve as a consultant in the evaluative process. The SCCE demonstrates knowledge of contemporary issues of clinical practice, management of the clinical education program, educational theory and issues in health care delivery. The SCCE demonstrates ethical and legal behavior and conduct that meets or exceeds the expectations of members of the profession of physical therapy.

Responsibilities Include:

- Completing the schedule request form, delineating clinical placements available to Columbia DPT students for the following year.
- Updating the Clinical Site Information Form (CSIF) each year
- Communicating with the academic program regarding any pre-requisites or changes in facility polices that

affect students

- Working with the clinical education team to execute and update clinical affiliation agreements
- Assigning and monitoring Clinical Instructors (CIs)
- With the DCEs, CI and student, problem solving and addressing conflict as needed and assisting in planning alternative, remedial, accommodative or challenging learning experiences as indicated

Clinical Instructor (CI)

The Clinical Instructor (CI) is the direct supervisor and mentor for students in the clinical environment. The CI demonstrates clinical competence and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy. One year of clinical experience is required as minimal criteria for serving as the CI, and they are evaluated on their ability to perform their responsibilities (see below) through student evaluations, evaluations by faculty at midterm site visits, and through communications with the Director(s) of Clinical Education. The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching. The CI holds a valid license as required by the state in which the individual provides physical therapy services. The CI provides physical therapy services that are consistent with the respective state practice act and interpretive rules and regulations. The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, ADA, and informed consent.

Responsibilities Include:

- Directly supervise and instruct the student during the clinical education experience.
- Alter learning experiences based on the student's level of competence and developmental needs or interests.
- Inform students of all pertinent policies and procedures specific to the facility to ensure compliance.
- Provide students with an appropriate level of supervision to ensure patient safety and high quality of care.
- Provide critical feedback in order to enhance the student's current level of competence.
- Provide a formal evaluation of the student's knowledge, skills, and behavior at mid-term and at the completion of the clinical experience using the APTA Clinical Performance Instrument (CPI 3.0).
- Communicate with the DCE to identify any student performance concerns prior to midterm.
- Discuss the student's performance with a member of the DCE team or a faculty member at a mutually agreed upon in-person site visit or phone/video conference.
- Demonstrate clinical competence, adhering to legal practice standards and demonstrate ethical behavior.

Rights and Responsibilities of Clinical Education Faculty (SCCE's and CI's)

The rights, privileges and responsibilities of clinical education faculty and policies and procedures related to clinical education are delineated and communicated to all program faculty and are included in the placement mailings with each student assignment. Obligations of both the clinical faculty and university are outlined in the Memorandum of agreement established with each clinical site. Policies are also outlined below.

1. The Clinical Facility will afford learning opportunities through a program of clinical education experience in physical therapy to students in Columbia's Program in Physical Therapy. The clinical education objectives, the variety of clinical experiences, the method of supervision and student education, and the number of students to participate in the program shall all be determined by agreement between the University and the Clinical Facility.
2. The Clinical Facility will advise the students and the University of any policies and procedures (including professional behavior and dress code) of the Facility, which it will require the students to observe.
3. The Clinical Facility will complete the forms provided by the University relating to the clinical education of the students.
4. The Clinical Education faculty members have the right and responsibility to provide feedback to the department regarding the physical therapy program, curriculum and student performance. Sites are provided the opportunity to telephone the DCE at any time. Each site is contacted during a student rotation to solicit feedback re: student performance, academic preparation for the experience and curricular comments.
5. The Clinical Facility will advise the University at the earliest possible time of any deficit noted in an assigned student's ability to progress toward achievement of the stated objectives of the clinical placement. The Clinical Facility reserves the right to request withdrawal from the facility of any student whose performance proves unacceptable.
6. The affiliating sites have the right to require additional criteria to accept students. (i.e. additional malpractice insurance, an individual pre-placement interview, specific health requirements, criminal background checks, etc.) Prerequisites should be communicated with the school when placements are offered and will be shared with the student that is placed at the facility. It is the student's responsibility to ensure that all pre-requisites are completed in a timely fashion.
7. At the conclusion of each clinical education experience, the Clinical Education faculty will receive documentation from the program confirming the number of clinical instruction hours completed. Columbia University has been approved as an Authorized Provider by the New York State Board of Physical Therapy. New York CIs may claim .5 CEUs for every 2 weeks of an affiliation. Additional NY CEU information is found here: http://www.op.nysed.gov/prof/pt/ptceapplicantinfo.htm. New Jersey provides 1 credit for every 40 hours with a maximum of 4 CEs for every biennial registration period. Clinicians in states outside of New York and New Jersey should check the state-specific guidelines for claiming CEU credits.
8. The Clinical Education faculty has the right to bring a complaint against the program and/or DCE by contacting the program director who depending on the nature of the complaint can render a decision or if necessary, communicate the complaint to the Chair of the Department of Rehabilitation and Regenerative Medicine under whose administrative purview the program resides. Clinical education faculty can also contact Columbia University, Office of University Compliance.

Clinical Education faculty (SCCE's and CI's) do not have faculty status at this institution and therefore are not eligible for the rights and privileges afforded core faculty. This is consistent with other clinical departments at Columbia University.

Clinical Education in the Columbia DPT Curriculum

The clinical education component of the Doctor of Physical Therapy degree program includes three blocks of full-time clinical education of increasing length over three years. During these blocks of clinical practice, each student will have experiences with patients/clients across the lifespan in a variety of settings that encompass a range of conditions, from acute to chronic. Learning opportunities should address a wide range of patients, reflecting the practice patterns in the Guide to Physical Therapist Practice. As students progress through increasingly complex decision making during these courses, performance expectations increase from Advanced Beginner performance to Entry-Level performance or beyond. Each student must have at least one clinical experience in an inpatient setting (adult or pediatric acute care, acute rehabilitation or sub-acute rehabilitation, skilled nursing or long-term care). Additional experiences should occur in available levels of patient care:

Primary care—Integrated, accessible health care by clinicians accountable for: 1) addressing a large majority of personal health care needs, 2) developing a sustained partnership with patients, and 3) practicing within the context of family and community. Examples include: acute trauma triage and examination, early intervention, a collaborative primary care team that addresses loss of physical function, community based organizations for patients with chronic disorders, occupational health services in the workplace.

Secondary care—Care of patients with musculoskeletal, neuromuscular, cardiopulmonary, or integumentary conditions initially treated by another health care practitioner and then referred to a physical therapist.

Tertiary care—Highly specialized, complex, and technology-based care (heart-lung transplants, burn units) or specialized services (spinal cord injury or closed head trauma).

Clinical Education Experiences

There are a total of thirty-six (36) weeks of full-time clinical education experiences in the curriculum.

	First Clinical Education Experience PHYT M8901	Intermediate Clinical Education Experience PHYT M8902	Terminal Clinical Education Experience(s) PHYT M9200
Timeframe	FALL DPT I	SUMMER DPT II	SPRING DPT III
Time Frame	8 weeks	10 weeks	18 weeks or 9 weeks x 2

	First Clinical Education Experience PHYT M8901	Intermediate Clinical Education Experience PHYT M8902	Terminal Clinical Education Experience(s) PHYT M9200
Performance Level Expected	Advanced Beginner	Intermediate	Advanced Intermediate by week 9; Entry-Level by week 18

First Clinical Education Experience – PHYT M8901

Students in good academic standing who have satisfactorily completed all prerequisite professional courses are assigned to a clinical center for an eight-week clinical education experience. This is the student's first opportunity to perform supervised practice of newly acquired clinical skills in a direct patient care environment on a full-time basis.

Intermediate Clinical Education Experience – PHYT M8902

Students in good academic standing who have satisfactorily completed all prerequisite professional courses are assigned to a clinical center for a ten-week full-time clinical education experience. This affiliation provides the student with an opportunity to further develop skills used in the First Clinical Education Experience and to practice new skills in a direct patient care environment.

Terminal Clinical Education Experience(s) – PHYT M9200

Students in good academic standing who have satisfactorily completed all prerequisite professional courses are assigned to a clinical site(s) for a total of eighteen-weeks of full-time clinical education. This final clinical education experience provides the student with an opportunity to further develop skills used in the First Clinical Education Experience and the Intermediate Clinical Education Experience and to practice new skills in a direct patient care in preparation for entry-level practice. Students will be assigned to one or two clinical sites for a total of 18 weeks. Students may be placed in one or two different clinical practice areas, e.g. one pediatrics rotation for the length of the Terminal Clinical Education Experience vs. one pediatrics rotation followed by an orthopedics rotation.

Clinical Education Seminars

Clinical Education Seminar I – PHYT M8003 (Spring Year I)

This course includes an overview of the clinical education program, policies and procedures, and the site selection process. Students participate in training sessions required for the clinic including Health Insurance Portability and Accountability Act (HIPAA) and Blood-borne Pathogens/ Infection Control training. Students are introduced to the practice sites available for the First Clinical Education Experience and participate in the placement process.

Clinical Education Seminar II – PHYT M8004 (Fall Year II)

This course reviews more detailed expectations for the First Clinical Education Experience. Students set individualized goals and fulfill clinical site prerequisites. Students participate in training required for use of the Clinical Performance Instrument 3.0. Sessions will also address sharing and soliciting feedback and preparing

a clinical in-service or project. Students are introduced to the practice sites available for their Intermediate Clinical Education Experience and prepare for the placement process.

Clinical Education Seminar III – PHYT M 8005 (Spring Year II)

This course offers an opportunity to reflect on the challenges and highlights of the first clinical education experience. Facilitated discussions address topics such as initiative, communication and problem solving in clinical scenarios. Expectations for the Intermediate Clinical Education Experience are discussed. Students set individualized goals and fulfill clinical site prerequisites. Specialized Terminal Clinical Education Experience opportunities are introduced and discussed. Students are also introduced to the practice sites available for Terminal Clinical Education Experiences and prepare for the placement process.

Clinical Education Seminar IV – PHYT M8006 (Fall Year III)

This course offers an opportunity to reflect on the challenges and highlights of the second clinical education experience. Expectations for the Terminal Clinical Education Experiences are discussed. Students set individualized goals and fulfill clinical site prerequisites. This final seminar also reviews resume writing, interviewing techniques, and an overview of the National Physical Therapy Examination (NPTE).

Affiliation Agreements with Clinical Facilities

Any facility providing physical therapy services may initiate the affiliation agreement process with the Columbia University Physical Therapy Program by contacting one of the Directors of Clinical Education (DCEs) and the Clinical Education Coordinator. The DCEs also may approach a facility to explore the possibility of an affiliation agreement with Columbia University. Every effort is made to ensure that the clinical center has the potential to meet DPT students' learning needs. These efforts may include:

- Direct communication with center staff
- Review of center mission, philosophy, and self-assessments
- Site visits to the center to gather first-hand impressions of the care provided

The following factors are given considerable consideration:

- Congruence with School Mission, Vision, and Educational Philosophy.
- Variety of learning experiences to be offered.
- Needs of the School for particular types of learning experiences.
- Experience in providing clinical experiences to other PT and PTA programs.
- Number of staff who have served as clinical instructors for students in other educational programs.
- Specialized programs and/or number of ABPTS specialists on staff.
- Potential for strong professional role models in the center.
- Evidence of continuing professional development by the staff.
- The facility's physical plant (cleanliness, equipment/space available, etc.).

Upon collection of this information the DCEs may take the following actions:

- Initiate an affiliation agreement.
- Consult with the Site Coordinator of Clinical Education (SCCE) to determine potential for improvement of weaknesses identified. The DCEs and SCCE must agree on a plan for improvement before proceeding with the affiliation agreement process.
- Determine that the center does not have potential to meet the criteria for learning opportunities. (In this case, the affiliation agreement process would not be initiated.)

If the DCEs decide to initiate an affiliation agreement, the potential clinical center will be provided with the following documents:

- A template of Columbia's Clinical Placement Agreement.
- A copy of the Columbia DPT curriculum
- A certificate of insurance for the current year
- An overview of the Columbia Clinical Education Program Policies and Procedures

Each clinical education affiliation site must complete a Memorandum of Agreement before a student may be assigned to the site for a clinical experience. The Memorandum of Agreement between a clinical facility and Columbia University is a signed legal contract detailing the terms of the relationship. The Site Coordinator of Clinical Education (SCCE) and the DCEs work with their respective legal representatives to agree upon contractual terms. The DCE and/or Clinical Education Coordinator remains in contact with the clinical facility throughout the legal process of affiliation: contract negotiations average six months, however can range from 1-12 months to complete. Some contract negotiations are unsuccessful for a variety reasons.

Establishing New Clinical Sites

A primary goal for the DCEs is to develop relationships with sites that demonstrate excellence in clinical care and provide quality-learning experiences. Students may also be interested in establishing relationships with clinical facilities that are not current Columbia University clinical affiliates. A student interested in a clinical placement at a facility that is not a Columbia affiliate should inform the DCEs as early as possible to allow adequate time to investigate opportunities and coordinate the experience. The DCEs receive many requests each year to establish clinical education relationships with new sites. In special circumstances, and only with the approval of the DCE, a student may be permitted to contact a facility to determine if they are able to accommodate students for a clinical experience. In these special circumstances, all communication must be pre-approved by and in consultation with a DCE.

If the SCCE agrees to accommodate a student from Columbia:

1. Complete the Clinical Education New Contact Report in its entirety (posted to Exxat).
2. Submit the new contact to the DCE(s) electronically.

The DCE will then contact the facility and follow the steps outlined under "Affiliation Agreements with Clinical Facilities." If the facility meets the guidelines for clinical education sites, the DCE will take the necessary steps to establish a contract, which delineates the relationship with the facility. If the contract is successfully completed, the student who initiates this process will have priority for this placement. Note: There is no guarantee that Columbia University will be able to agree upon contractual terms with a new or current clinical education affiliate.

Clinical Site Selection Process

Columbia University has clinical education agreements with facilities across the United States. Students may have the opportunity to affiliate in a variety of clinical settings including: private practices, rehabilitation centers, acute care facilities, skilled nursing facilities, schools and children's hospitals, and home care. Rotations in these facilities may include inpatient or outpatient experiences in the following areas: orthopedics, sports medicine, neurological rehabilitation, medical/surgical, cardiopulmonary, oncology, dance/performing arts, and pediatrics. A list of all clinical sites currently affiliated with Columbia's Program in Physical Therapy can be found on the Exxat Database.

Students should NOT contact a current affiliate unless placed at that site or directed to do so by the Directors of Clinical Education (DCE).

Each year the DCEs send placement requests to all of Columbia University's clinical affiliates one year in advance of the coming clinical education year. After the responses to these requests are compiled, the DCEs will give students a list of all placement options ("wishlist") for the First Clinical Education Experience, the Intermediate Clinical Education Experience, or the Terminal Clinical Education Experience as appropriate. Students with geographic needs that are not met by the wishlist will work with the DCE team to find feasible placements and will be required to complete the Student Request for Clinical Site form (Forms). During the selection process, students should review facility files provided on the Exxat Database and discuss potential selections with their assigned DCE. The APTA Physical Therapist Student Evaluation of the Clinical Experience and Clinical Instructor forms completed by students who have previously affiliated at the site are a good source of information.

After reviewing the list and conducting research on clinical sites, students will complete a wishlist on the Exxat Database with a ranking of their top ten to fifteen choices (number to be determined by the DCE Team and may vary between clinical experience placements) along with rationales for their selections. The DCEs will review these wishlists, surveys, students' academic records, professional behavior records, performance in practical exams and previous clinical experiences. The DCEs will consider a student's advanced specialty track when assigning final Terminal Clinical Education Experiences. The DCEs will also solicit feedback from faculty in assigning all placements. The following are examples of professional behaviors that will be considered in assigning placements:

- Attendance
- Punctuality
- Compliance with clinical education deadlines
- Communication skills
- Initiative
- Flexibility
- Ability to respond to constructive feedback
- Self-reflective practice
- Adherence to policies and procedures
- Helpfulness to other students/staff/faculty
- Positive attitude

The DCEs will be making every effort to ensure student/site compatibility and fairness in the selection process. Clinical education assignments are made without regard for race, color, marital status, gender, sexual orientation, religion, national origin or disability. Accommodations approved by the Office of Disability Services will be considered. Students must discuss their accommodations and unique circumstances with the DCEs prior to the site-selection process. Specific information concerning rotation(s), housing, parking, medical and background check requirements, clinical site contacts etc. will be provided after placement decisions are made.

It is the students' and DCE's responsibility to ensure that, wherever possible, redundancy does not occur in the clinical rotations. Similarly, it is not preferable for students to be placed in clinical sites where they have pre-established relationships through volunteering/shadowing, work history, or receipt of treatment services. All students must complete one inpatient clinical experience per Program requirements. The opportunity to affiliate in acute care, inpatient rehabilitation, skilled nursing and specialty settings is beneficial to give students the necessary skills, knowledge, and flexibility needed to secure entry-level employment. Students may have the opportunity to work in two different practice areas during a clinical assignment.

The competition for clinical placement sites is significant and the program cannot guarantee that all students will be placed in a facility in New York City for a given clinical experience. While many placement sites are local and accessible by public transportation, having use of a car during the First Clinical Education Experience, the Intermediate Clinical Education Experience, and the Terminal Clinical Education Experience will expand the number of clinical sites at which a student can be placed. **Note: students may need to travel up to 1.5 hours to reach their assigned clinical site.**

Students may also request or be asked to leave the metropolitan area for clinical placement(s). In some cases, a clinical site may offer housing (either free or for a fee) or assistance in locating housing. If this is not the case, it is the students' responsibility to arrange for housing in reasonable geographical proximity of the clinical site. All expenses incurred in travel, housing and parking are the sole responsibility of the student.

Terminal Clinical Education Experience Placements

A growing number of Terminal Clinical Education Experience placements have unique site requirements including the submission of a resume, applications, reference letters, and interview requirements. Clinical sites may begin this process a year in advance of the Terminal Clinical Education Experience start date. Some sites coordinate the interview schedules directly with the student, others are arranged through the Directors of Clinical Education. In these circumstances, students from a large number of physical therapy programs are competing for a small number of placements. Although the DCEs may recommend a student for a placement, the clinical site makes the final decision.

Unanticipated Cancellations by Clinical Facility

In the case where the clinical site is unable to accommodate a student and must cancel their offer, the clinic will be removed from the list of available clinical facilities. If a student has been scheduled to go to that clinic, the DCE will call any unused sites for availability. If the DCE is unable to locate a clinic from the unused sites, he/she will contact clinics from the master list of contracted facilities. The DCE will make every attempt to place the student in a clinic in time for the official start date. In the event the student has a delayed start, additional days will be added to the end of the experience to ensure the student completes the required time.

International Clinical Education Placement Policy

Students with a cumulative GPA of at least a 3.5, history of success in prior clinical experiences, and who consistently meet professional behavior expectations are eligible to participate in an international clinical placement.

Students can do no more than 1 clinical experience outside the United States totaling no more than 18 weeks. This placement can only occur after the student has successfully completed the First Clinical Education Experience.

In countries where English is not the primary language, the host institution must be able to communicate in English or the student must be fluent in the language that is commonly spoken. The SCCE and/or the CI must also be able to communicate with the DCEs in English.

Eligibility for Clinical Education

Inherent to being in a clinical setting, students may be exposed to potential health risks. It is imperative that all students comply with required training modules and health clearance procedures in order to minimize risk and optimize student and patient safety. While the majority of the prerequisites listed below are required of all students for all clinical experiences, some sites have unique and specific prerequisites such as criminal background checks, drug screens, interviews, and/or specific health forms. Students should confirm all prerequisites with the Clinical Education Administrative Coordinator and/or SCCE before paying for extra tests.

Academic Standing

Students need to be in good academic standing with a minimum GPA of 3.00 and a satisfactory record of professional behavior to participate in the clinical education program.

Health Insurance Portability and Accountability Act (HIPAA)

Students are required to complete Columbia University Medical Center's HIPAA training for clinical personnel to be eligible to participate in the clinical education component of the curriculum.

Infection Control/Blood Borne Pathogens

Students must attend the infection control/blood borne pathogens training provided by the Columbia Student Health Services before participating in the clinical education component of the curriculum.

Cardiopulmonary Resuscitation Certification (CPR)

Students are required to maintain active certification in Basic Life Support (BLS)/Cardiopulmonary Resuscitation for Healthcare Providers in order to participate in clinical experiences. Training courses must include an in-person skills component unless a public health emergency prevents in-person training.

Health Requirements

Students are required meet all Columbia University Student Health Service guidelines including, but not limited to, necessary tests and immunizations prior to all part time and full-time clinical education experiences. Student compliance with all health requirements is documented on the Columbia University Student Health form which must be uploaded to Exxat prior to each clinical education experience. Students may also need to complete additional site-specific health clearances. Once a clinical assignment is confirmed, it is the student's responsibility to contact the designated staff at their assigned clinical site to obtain information concerning these requirements and to ensure that they are met prior to the start date of the clinical experience. Facility-specific health forms may be completed by Columbia University's Student Health Service located at 60 Haven Avenue. It is the students' responsibility to ensure that all health requirements are met including, but not limited to, necessary tests and immunizations. Failure to provide a facility with requested health information may result in a delay or cancellation of a clinical experience.

Essential Functions

All students must sign the Essential Functions Document. If a change occurs in a student's ability to meet these essential functions, it may impact clinical placement.

Health Insurance

Students are required to provide evidence of current major medical health insurance coverage upon request.

Professional Liability Insurance

Columbia University provides each student with professional liability insurance. The DCE will provide each clinical site with a copy of the insurance certificate prior to the start date of an affiliation. The SCCE and the student must report to the DCE, as soon as possible, any potential or actual legal action involving a student.

Personal Interview

A personal interview, conducted by the SCCE or department manager, may be required prior to being accepted for a clinical education experience.

Student Data Form

Students are required to complete the student data form with up-to-date contact information prior to each placement.

Drug Screening

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 Irving 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 and is incorporated into the Student Handbook for each incoming class.

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.

Criminal Background Checks/Fingerprinting

Students may be required to submit to background checks including, but not limited to social security number traces, criminal background checks, Office of Inspector General (OIG) Sanctions List, and/or a violent sex offender and predator registry searches in order to participate in a clinical affiliation. It is the student's responsibility to inquire about finger printing, and/or criminal background check requirements at their assigned clinical site(s). Once these requirements have been identified, it is the student's responsibility to provide the necessary documentation of these checks to their assigned site in a timely manner. Typically, students will be referred to a third-party vendor to request the background check and are responsible for any associated expenses and paperwork. The student must complete the background check prior to the deadline established by their clinical site. If the assigned clinical site does not provide a deadline, the student is required to submit this documentation no later than two weeks prior to the affiliation start date.

Clinical affiliates have the right to establish criteria that may exclude a student from placement at their facility. Students found to have disqualifying criminal convictions or positive drug screens may be prohibited from affiliating at a particular site. Should a clinical affiliate refuse to place a student based on the outcome of either the background check or the drug screen, the program cannot guarantee alternate clinical placements.

Columbia has a contract with CastleBranch to facilitate student online ordering of comprehensive Criminal Background Checks at a group rate fee paid by the student. You may also order a criminal background check through your local police department. The process involves being fingerprinted, but may save you money.

New Jersey: http://www.nj.gov/njsp/about/serv_chrc.html#instruct

New York: http://www.criminaljustice.ny.gov/ojis/recordreview.htm

Students without U.S. Social Security Numbers

Some U.S.-based facilities require students to have a U.S. social security number in order to obtain clearance to participate in a clinical education experience. It is the student's responsibility to inform the Directors of Clinical Education (DCEs), prior to site selection, if they do not have a U.S. social security number. The DCEs will make every effort to advise students about sites that require a U.S. social security number, however there may be situations where facility policies change and an alternate placement needs to be identified.

Information Shared with Clinical Facility

The student-specific Compliance section of the Exxat database is used by the DCEs, the Clinical Education Coordinator, and students as the primary repository for information shared with clinical facilities. Students provide written permission for the DCEs and the Clinical Education Coordinator to access and review their Compliance documents in Exxat, and they manually activate a feature in Exxat allowing sites to access the same information.

While students provide permission for facilities to access this information, the process of sharing student information with clinical facilities is typically facility dependent as each facility has its own requirements for students and its own process for handling that information. Overall, in the absence of an attestation sent from the DCEs, it is the student's responsibility to ensure that all facility-specific required information be completed and/or sent to their respective facility for onboarding and for clearance in a timely manner to begin their full-time clinical experience on time. The method of delivering that information is facility-dependent and can include the use of student-to-site e-mail and in some cases secure onboarding portals.

All information and records pertaining to the students clinical or academic performance is kept confidential, and all health-related information is shared with sites only with the permission of the student. If a site requires an attestation from the DCEs that the student complies with their site-specific requirements, the student is asked to store all pertinent documentation in Exxat in a section that is not shared with sites, but where the clinical education coordinators can access and produce the documentation in the event of an audit.

Student information typically shared with clinical sites includes some or all of the following:

1. Student Health Form/Health Assessment (either Columbia's Health Form which is an attestation completed by Columbia Student Health or a site-specific health form) which includes evidence that the student complies with current immunization requirements (Measles, Rubella, Varicella and Mumps), baseline QuatiFERON GOLD+ tuberculosis test or negative chest x-ray in the case of a positive test, immunity to Hepatitis B, proof of seasonal flu vaccine (by November 1 each year), documentation of baseline Hepatitis C antibody, 9-panel urine toxicology screening, and respiratory clearance in preparation for N-95 respirator fit testing. Any site-specific requirements that differ (ex. requirement for a 10-panel urine toxicology v. 9-panel), and that have time-to-experience requirements (ex. tests within 60 days from the start of an experience) are obtained by the student in coordination with Columbia Student Health.
2. Proof of immunization history
3. N-95 respirator fit test results
4. An attestation by the clinical education coordinator that the student meets all site requirements (the attestation may include student information such as dates for required immunizations)
5. Evidence of current HIPAA training
6. Evidence of New York State-Approved Infection Control and Barrier Precautions training
7. Evidence of current AHA CPR/Basic Life Support training
8. Student Data Sheet which outlines the student's goals for the clinical education experience, their preferred learning style, their self-assessed areas of strength and areas where they feel they may need more guidance, courses completed to date, and their local contact information.
9. Criminal Background Check
10. Fingerprinting

11. Evidence of completion of site-specific on-boarding modules and/or training

On-Site Policies and Procedures

Travel

Students are expected to travel up to 1.5 hours to reach their assigned clinical site. All expenses incurred in travel are the student's sole responsibility. Students should research and assure that they will be able to travel to any and all facilities listed on their site selection survey prior to confirmation of placements.

Students traveling to international clinical sites, once their itineraries are finalized, must register their travel plans with Columbia University's Global Travel Portal (International SOS) at http://globaltravel.columbia.edu/ . Columbia University works with International SOS to assists students and faculty with relevant resources in the case of an emergency. Those resources include 24-hour worldwide emergency medical and evacuation services, and support in case of passport loss or theft. In addition, a copy of the student's itinerary and emergency contact information must be provided to the Directors of Clinical Education prior to departure. That information will be shared with the Program Director in order to keep track of students on learning assignments outside of the country.

Students traveling abroad are encouraged to review Columbia University's International Travel Planning Policy here:

https://universitypolicies.columbia.edu/content/international-travel-planning-policy

Housing/Parking

Students are responsible for securing their housing and parking when assigned to a clinical site. Some facilities offer free or reasonably priced housing or will assist in finding off-site housing. All housing and parking expenses incurred during a clinical education experience are the student's sole responsibility.

Attendance and Punctuality

Students are required to work a minimum of 37.5 hours per week and a maximum of 45 hours a week unless otherwise approved by DCE in all full-time clinical education experiences. All students follow the work schedule of their CI(s). This may include evenings, weekend days and holidays. It is the student's responsibility to notify the DCE if they cannot work a weekend day due to religious observance.
If a student is anticipating a future absence (whether in the classroom or the clinic), they shall submit a completed Absence Reporting Form to the Student Support Team at the beginning of the semester or at least six (6) weeks in advance of the anticipated absence. Please note that requests made with less than six (6) weeks' notice may not be reviewed. See "Attendence Section" of the Student Handbook for additional details.

Students may be required by their clinical site and/or DCE to submit supporting documentation for clinical absences. A student is required to make up time for any absence(s). If the clinical site is unable to add days to the clinical experience for purposes of making up time, or if there is a Columbia University Programs in Physical Therapy academic course conflict, the student will work with the DCE to develop a suitable make-up plan that fulfills program requirements.

Daily attendance and punctuality are mandatory in each clinical experience. It is recommended that students arrive at their assigned facility at least 30 minutes prior to start time to organize and prepare for the day. A student, who cannot be present in clinic or anticipates being late, must notify the SCCE or the CI as early as possible.

Patients' Rights

Students and clinical faculty will introduce all students working with patients as students. At no time shall this information be hidden from the patient. Patients have the right to refuse treatment by the student at any time. There will be no negative consequences to the patient or the student if the patient refuses to participate in any teaching activity or treatment.

Electronic Devices & Columbia Email

Portable music/media players and cellular phones may not be used during business hours. All electronic devices should be removed from the body and placed in a secure location prior to entering the clinical facility (even prior to official work hours). Personal calls should be made/received only during a scheduled break in non-clinical areas.

Note: All students are required to check their Columbia email address daily while out on their full-time clinical experiences. The Clinical Education Team will send time-sensitive information primarily through Columbia e-mail.

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. Students shall not post any patient information, photographs of patients, or commentary about patients on social media site even if they think the information is "de-identified" or visible only to a restricted audience.

In rare circumstances, students may be asked to contribute to the official social media account(s) of their clinical affiliate. Students who participate in this official capacity must abide by all HIPAA and clinical affiliate guidelines, including the requirement for the patient's written authorization.

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.

Dress Code

The students within the Programs in Physical Therapy will frequently participate in learning activities within the New York Presbyterian Healthcare System. This opportunity is a privilege, and we must comply with policy & procedures instituted within NYP.

Students and Faculty will maintain a professional image, which includes attire and grooming.

General Requirements:

Clothing: Recommended acceptable attire includes collared shirts, slacks, blouses, and sweaters. Skirts are permitted as required by a student's religious or cultural beliefs. The following are not appropriate for the clinical environment: jeans, overalls, sweatshirts, sweatpants, shorts, leggings, halter or tank tops, non-collared t-shirts, workout clothes, caps, bandanas, and baseball hats.

Laboratory Jacket: A short white laboratory jacket should be worn at all times with the name pin over left breast jacket pocket. If a white jacket is not a facility requirement, the student must wear the name pin affixed to the shirt.

Footwear: Supportive and protective low-heeled shoes with non-skid soles. Athletic shoes are acceptable when approved by the SCCE. Sandals or open-toed shoes are not acceptable.

ID Badge: The New York-Presbyterian Hospital Identification badge OR Columbia University ID badge must be clearly visible above the waist at all times to facilitate identifications of staff by patients, public and other staff members. Failure to wear the badge is a violation of New York State Public Health Law.

Personal Hygiene: All professional staff including students must practice regular good personal hygiene, be free of odor and wear clean, undamaged clothes in order to comply with hospital standards.

Hair: Facial hair must be neatly trimmed so as not to interfere with the seal of the respirator used as personal protective equipment. Hair must be neat, clean and not a safety obstacle.

Piercing: No visible body or facial piercing permitted, other than ears and those required by employee's religious or cultural beliefs in accordance with NYP Human Resources Dress Code Policy.

Jewelry: Jewelry must be modest: a single ring and a wristwatch. No hoop or dangling earrings, multiple rings, dangling bracelets, and long necklaces.

Body Scents/ Make-up: Cologne or perfume, if used, should be applied in moderation. Make-up must be modest.

Tattoos: Offensive tattoos must be covered in accordance with NYP Human Resources Dress Code Policy. Offensive is defined as "upsetting, insulting or irritating; causing anger, resentment or moral outrage" to patient, family and staff.

Work-related Injuries

A student who is injured in the clinic must notify the CI, SCCE and DCE and complete an incident report (Forms). Students should keep a copy of the incident report and submit a copy to the DCE. Physician clearance must be obtained and a copy of this clearance submitted to both the DCE and SCCE prior to resuming clinical work. Students may be asked to complete a Physical Capacities Form (Forms). The student should have a clear understanding of their health insurance policy prior to starting their affiliation, as care rendered by the affiliating institution may not be covered by the policy.

Non-work-related Injuries

A student who is injured outside of the clinic must notify the CI, SCCE and DCE but does not need to complete an incident report. Physician clearance must be obtained and a copy of this clearance submitted to both the DCE and SCCE prior to resuming clinical work. As in work-related injuries, students may be asked to complete a Physical Capacities Form (Forms).

Pregnancy/Postpartum

Pregnancy may result in changes to a 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 (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)

Unsafe Practices, Unprofessional Behaviors, and Mistreatment

The Programs in Physical Therapy have developed ongoing mechanisms to monitor & enhance student safety within the learning environment which includes all educational settings, both on & off the CUIMC campus. These environments include the classroom, laboratory and clinic.

Students who wish to report unsafe practices, unprofessional behavior or conduct of a clinical instructor (CI) or clinical site, and/or student or patient mistreatment in the clinic, may submit an anonymous report through the Programs in Physical Therapy here, but are encouraged to contact the Directors of Clinical Education for direct reporting. Student reports of unsafe practices, unprofessional behaviors, and/or mistreatment in the clinic are maintained by the Program in the Exxat database.

In Case of Emergency

The following is a list of numbers students may call in the case of emergency:

Contact	Number
Police	**911**
Columbia University Health Sciences Security	**212-305-8100**
Student Health Service (line is answered 24/7)	**212-305-3400**
Dr. Jean Fitzpatrick	**212-305-2814 (office)** **845-304-2445 (cell)**

Students should consult the Student Health Policy Statement for specifics regarding emergency care.

Clinical Site Visitation and Communication

Students are responsible for filling out their CI/Schedule Details on Exxat including the name of their CI, clinical schedule, and updated contact information (phone number and e-mail address) within the first 5 days of their clinical education experience. This communication is essential for early scheduling of clinical site visitation by the faculty. Students should review their e-mail daily during clinical education experiences to

maintain adequate communication with the DCE Team and for program information.

The faculty believes that site visitation is an essential component of quality clinical education. The objective of a site visit is to meet with the affiliating student, their CI, and the SCCE. Visits are conducted by the DCEs and other faculty members. Patient treatment time is always a priority. Therefore, we make every attempt to schedule visits at a time that is convenient for the CI and SCCE. If in-person site visitation is not possible, a telephone or video conference will be conducted. Visits/calls are typically scheduled near students' midterm review. Meeting with staff and students can enrich the clinical experience for all involved. The DCE or faculty member can gain important information about student performance, facility programming, staffing and changes. During the site visit/call, program faculty and the DCEs may discuss potential learning opportunities and provide feedback to the student and clinical instructor in order to clarify expectations, promote communication and enhance the clinical experience. The facility staff can learn about the academic program including new developments in curriculum or faculty. This exchange of information helps foster and enhance the relationship between the clinical facility and the academic program thereby, creating a clinical education partnership.

It is the CI/SCCE's responsibility to inform the DCE of any and all student performance issues, which are adversely affecting patient care or successful completion of the clinical experience. It is the DCE's responsibility to serve as a mediator to rectify these issues and will meet with the clinical educators and student as needed to make recommendations to achieve acceptable resolution. In some cases, the DCE may develop an individualized learning contract for the student. The learning contract is a document that specifies goals to achieve a successful outcome for the remainder of the clinical experience and details consequences of not meeting those goals. The learning contract is reviewed and signed by the student, the CI, the SCCE, and the DCE to ensure all parties are aware of and agree on performance requirements in the document.

Evaluation of Student Performance

APTA Clinical Performance Instrument (CPI) 3.0

Evaluation of student performance is formative in nature rather than summative. This requires a commitment to the exchange of feedback, formal and informal, verbal and written, among the student, CI, SCCE, and DCE throughout the clinical experience. In the First Clinical Education Experience, the Intermediate Clinical Education Experience, and the Terminal Clinical Education Experience, the CI will complete both a midterm and final written performance evaluation, using the APTA Physical Therapist Clinical Performance Instrument (CPI) 3.0, and schedule meetings with the student to review and discuss the feedback contained in these evaluations. The student will also complete a written self-evaluation using the CPI 3.0 at both midterm and final, which will be reviewed by the CI and discussed during midterm and final reviews. A link to the CPI 3.0 site can be found on the Clinical Education Exxat Database website. All students must complete the APTA CPI 3.0 training module and submit the certificate of completion prior to the first clinical education experience. Clinical Instructors are also required to complete the APTA CPI 3.0 training prior to using this assessment tool.

APTA CPI 3.0 Training Site (Student): American Physical Therapy Association: APTA CPI 3.0 – PT Student Training

APTA CPI 3.0 Training Site (CI and SCCE): American Physical Therapy Association: APTA CPI 3.0 – CI/SCCE Training

APTA CPI 3.0 Site: Home Page - CompetencyAI (apta.org)

Grading Policy

All students participating in the First Clinical Education Experience, the Intermediate Clinical Education Experience, and the Terminal Clinical Education Experience will be evaluated by their clinical instructor(s) using the APTA's Physical Therapist Clinical Performance Instrument (CPI) 3.0. Students are expected to complete all assignments outlined on the course syllabi and meet specific performance criteria delineated in the grading policy section of the clinical education course syllabi and based upon definitions from the CPI 3.0 Rating Scale.

The DCE(s) read all CPIs at the midterm and end of the clinical experience and it is their sole responsibility to assign the student a grade. Grades are assigned on a Pass/Fail (P/F) basis. To determine the grade in a clinical education course, the DCE reviews the clinical instructor's assessment of the student on the CPI 3.0 rating scale for each of the 12 performance criteria and all comments to verify that they meet or exceed the standards established for successful completion of the clinical experience. The DCE also reviews these areas in the student's CPI self-evaluation to confirm that there is consensus between clinical instructor and student ratings. The DCE initiates communication with the clinical instructor and/or student for clarification of any criteria that do not meet expectations or those that demonstrate unacceptable variation between instructor and student ratings. The DCE may override a clinical instructor's assessment of a student's clinical performance if there is substantial evidence that the performance evaluation lacked objectivity or if the student did not have ample opportunity to practice and perform the task(s) within a specific performance criteria.

Unsatisfactory Student Performance

In the event that a clinical instructor feels that a student is not making adequate progress towards achieving the expected performance criteria, both the SCCE and DCEs should be notified right away. The DCE will discuss the concerns with the CI and student separately to gather information that will be used to develop a plan of action. Depending on the nature of the concerns, several options may be pursued:

For example:

1. The DCE may facilitate a conversation between the CI and student to clarify expectations.
2. The DCE may develop a learning contract in conjunction with the CI, student and SCCE that includes specific learning objectives to be addressed within a specified time frame of the clinical experience.
3. In addition to (#2) the DCEs may develop a remediation plan that requires consultation with the DCE and/or faculty outside of clinic time. [e.g., Meetings to discuss professional issues with the DCE; skill-based assignments/tutorials with faculty that have expertise in the content area]
4. If progress is being made, but more time is needed to achieve the stated objectives, an extension of clinical time (1-2 weeks) may be offered at the discretion of the DCE, SCCE and CI.

   If goals outlined in a learning contract are not met within the prescribed time frame, the student is unsuccessful in the clinical experience. They will be given a grade of "Incomplete" for the course and will need to repeat the clinical experience. (Refer to Student Handbook for specifics regarding INC grades).

The DCE team will share the unsuccessful clinical performance outcomes with members of the Academic Progress & Promotion Committee. Students may be granted permission to continue with academic coursework

and must repeat the full length clinical experience at the next scheduled clinical education time period. This will result in an extension of the three year curriculum in order to complete the full time clinical education requirements.

Upon successful completion of the repeated clinical experience, the grade of incomplete (I) will be converted to a pass (P). Students will not be given an additional opportunity to extend or repeat ANY future clinical experience.

Students who do not achieve the passing criteria by the end of the repeat clinical experience will receive an F for the course and may be dismissed from the program.

Early Termination of a Clinical Experience

The clinical facility and/or the DCE team reserves the right to remove a student from a clinical experience if there is evidence that the:

- Student is behaving in an unprofessional manner
- Student is clinically unsafe
- Student is clinically dishonest
- Instructor is not clinically competent
- Instructor practices in an unethical/unprofessional manner

If a student's performance is the basis for early termination of a clinical experience, the student will be unsuccessful in the clinical experience. They will be given a grade of "Incomplete" for the course and will need to repeat the clinical experience. (Refer to Student Handbook for specifics regarding INC grades).

The DCE team will share the unsuccessful clinical performance outcomes with members of the Academic Progress & Promotion Committee. Students may be granted permission to continue with academic coursework and must repeat the full length clinical experience at the next scheduled clinical education time period. This will result in an extension of the three year curriculum in order to complete the full time clinical education requirements.

Upon successful completion of the repeated clinical experience, the grade of incomplete (I) will be converted to a pass (P). Students will not be given an additional opportunity to extend or repeat ANY future clinical experience.

Behaviors that are considered unprofessional would be behaviors that do not adhere to the physical therapy core values of altruism, excellence, caring, ethics, respect, communication, and accountability. Professional behaviors are also exhibited by consistent attendance and prompt arrival, compliance with the facility dress code, coming prepared with necessary equipment, accepting constructive feedback, demonstrating initiative, exhibiting cultural sensitivity, and effective communication with all constituents. Additional information regarding standards for behavior can be found within this handbook: Part III – Learning Environment.

Clinically Unsafe Student

A clinical instructor, in consultation with the SCCE and the DCE, has the right and the obligation to dismiss

any student who is judged to be clinically unsafe. Students should be given the opportunity to correct unsafe practice in a reasonable length of time, however, situations can arise when the level of unsafe practice is too extreme and dismissal is necessary to preserve patient safety.

Clinical Dishonesty

Clinical dishonesty includes, but is 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 Code of Ethics or Guide for Professional Conduct.
- 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.

A student who is accused of clinical dishonesty may be removed from the clinic until all details of the situation are collected and a determination is made verifying or disconfirming the act(s).

In the event that there is a blatant disregard of policies and procedures, laws, or code of ethics, a student will be removed from the clinic and shall receive a failing grade for the clinical experience.

Instructor Competence

A student who has a concern about the competence or ethical conduct of his/her clinical instructor should raise their concerns with the DCE. The DCE will investigate the concerns and intervene as appropriate. If a competent, ethical, licensed instructor is not available to serve as clinical instructor, the student may need to be removed from the clinical experience.

Maximum Semester Allowance

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

Extended Clinical Education Fee

Candidates for the DPT degree who are permitted to complete requirements in more than the required three year sequence (8 semesters) shall be charged an Extended 3 Year Tuition Rate of $1000.00 for each semester while not part of the regular curriculum of the DPT program. 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.

Confidentiality of Student Records

All information and records pertaining to the student's clinical or academic performance is kept confidential. Student records are not shared with outside parties, including past or future clinical sites.

Evaluation of the Clinical Education Site

Students are required to complete the American Physical Therapy Association "Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction" for each clinical education experience. The instrument includes two sections. Section I and II are completed at the conclusion of the clinical education experience. The evaluations are available on the Exxat Database and are known as PTSE I and PTSE II. The PTSE I is viewable by future students but the PTSE II is private and only viewable to the DCEs.

Evaluation of the Directors of Clinical Education

Students are encouraged to complete anonymous evaluations of the Directors of Clinical Education. Student feedback will be incorporated with multiple evaluators (clinical partners and faculty) to enhance DCE performance and to refine the University's clinical education program.

PART V: 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 96 credits, which includes all required academic coursework and a minimum of 3 credits from elective courses.

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) may be permitted to take an academic leave of absence and return the following academic year to repeat the course. Students required to repeat a course must pay University fees along with a reduced tuition rate. The failing grade and new grade will appear on the student's transcript but the new grade will be used to calculate the GPA. 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 an 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 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 exams in each clinical course. To successfully pass a practical exam, a student must demonstrate critical safety elements throughout and earn a minimum score of 80%. Critical safety elements are determined by Course Coordinators and include knowledge of and adherence to clinical practice guidelines to ensure patient safety and safe application of patient/client care (e.g., contraindications, handling, guarding, and positioning). A student who does not demonstrate critical safety elements or earns below an 80% on a practical exam is required to meet with the course coordinator(s) to discuss remediation and must retake the practical exam. The details of the remediation and retake exam are at the discretion of the Course Coordinator. Students must demonstrate critical safety elements throughout and earn ≥80% on the retake to pass. A score of 80% is recorded for the retake exam and applied to compute the final course grade. A student is given only one retake practical exam opportunity for any one course. Therefore, failure of a retake practical exam or failure of an additional practical exam in the course will result in a failing course grade. Within the three-year DPT curriculum, a maximum of 3 retake practical exams will be permitted for a given student. A student that fails 2 practical exams will be required to meet with the Course Coordinator(s) and their Faculty Advisor to determine remediation and review the practical exam retake policy. A student that fails 3 practical exams will be required to come before the Academic Progress and Promotion Committee. A student that fails a 4th practical exam 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 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. If the clinical education experience is extended or repeated beyond eight semesters, the student must register for PHYTM 9201, Continuing Clinical Internship, and shall be charged a tuition rate of $500. 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. Students on fulltime clinical education experiences 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 Section of this 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 Coordinator 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 first assessment in the following didactic semester OR the start of a clinical education experience. 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.

Student Support Team

The ultimate concern of the Student Support Team (SST) is to foster student academic success and retention by bridging the gap between classroom and clinical instruction for students that may need additional support.

The SST consists of the Associate Director of Student Retention & Advancement, the Director for Equity and Justice in Curricular Affairs; the faculty liaison for the Office of Disability Services, and the Educational Learning Specialist. The Program Director is not a member of the SST but attends and participates in the meetings as an ex-officio member.

Referral to the SST is made by either the student's academic advisor, the Educational Learning Specialist, or the Academic Progress and Promotions Committee. The SST works directly with the student to develop **Student Success Plans (SSP)** and/or to connect the student with additional university resources as appropriate.

Academic Progress and Promotion

The ultimate concern of the Academic Progress and Promotion Committee (APPC) is the student's ability to competently practice physical therapy and ultimately, the welfare of the patient/client. The APPC consists of a chairperson, appointed by the Program Director; the Directors of Clinical Education, and select faculty members that represent the foundational and clinical course content areas. The Program Director is not a member of the APPC but attends and participates in the meetings as an ex-officio member. The APPC serves as the primary

decision-making body of the DPT program and forwards its decision to the Program Director.

The APPC meets regularly to review student progress and determine academic standing. As part of its evaluative function, the APPC reviews the progress of each student by a thorough assessment of the student's record and appraisal of:

- Academic Performance (Written Exams, Skills Checks, Lab Practical Grades, Course Grades)
- Clinical Education Experience Performance
- Attitudes (Professional Behaviors)

The APPC will also consider recommendations and/or evidence of progress on SSPs as reported by the SST.

The APPC arrives at its decisions regarding academic standing based upon a majority vote of those present, with a quorum of two thirds of the committee. The APPC Chairperson will cast no vote, except in the event of a tie.

Faculty members with a conflict of interest will recuse themselves from voting on the academic standing of students as appropriate. The APPC will submit its decision to the Program Director, who will render a final decision.

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 receivenotification 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 University Policies. See also Dean's Discipline.

Withdrawal: A student may be withdrawn from the program at the discretion of the APPC. Possible reasons for withdrawal may include but are not limited to the following:

- Inability to demonstrate the Essential Functions, with or without reasonable accommodations, as delineated by the Program
- Students who fail one course within a semester are withdrawn from the Program but are permitted to return the following academic year to retake the course
- 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
- Being 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 APPC

The Faculty of the Programs in Physical Therapy reserves the right to dismiss, or to deny admission, registration, readmission, or graduation to any student who in the judgment of the Faculty of the Programs in Physical Therapy is determined to be unsuited for the study or practice of Physical Therapy. These decisions may be based on factors including but not limited to academic and/or professional integrity.

Academic Standing Appeals Process

The DPT program faculty encourages open student-faculty communication to affect a mutually satisfactory solution to problems relating to academic matters, including course grades, 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 course coordinator or the APPC that affects their academic standing in the program and wishes to appeal the decision, must notify the Program Director in writing, within seven days of receiving the decision, to request an appeal hearing before the Health Professions Education Academic Appeals Committee (HPE ACC). Within this request, the student **MUST** indicate they believe that one of the following reasons to appeal a course grade has occurred:

- **Procedural Errors**: Errors in the grading process, such as miscalculations or deviations from the established grading policy. This reason should only be utilized after the student has brought the potential miscalculation to the instructor's attention and the student believes an error still exists.

- **Bias or Discrimination**: If a student believes that bias or discrimination influenced their grade (e.g., based on race, gender, or other protected characteristics), they may file an appeal.

- **Arbitrary or Capricious Grading**: Grading appears inconsistent with a student's performance or doesn't follow standard evaluation criteria.

It should be noted that if a student is appealing an APPC 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. Health Professions Education Academic Appeals Committee (HPE ACC)

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 HPE ACC decision. **The statement should include the grounds for appeal and the specific request being made of the HPE ACC.** The HPE ACC will review the student's written statement and reconvene. The student will attend this meeting to explain their situation, what specific request they are asking from the HPE ACC, and be present for any possible clarifying questions. Students are always free to consult an attorney, but they may not have an attorney present during any hearing or at any appeal. The HPE ACC will then issue a final decision and submit it 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. VP&S Academic Appeals Committee – For All VP&S Education Programs

A student must notify the Program Director in writing within 7 days of the decision by the HPE ACC that they are requesting an additional level of review. The Program Director will then notify the Chair of the Academic Appeals Committee.

Composition

The Academic Appeals Committee is established to provide a fair and independent review process for students across all academic programs at the Vagelos College of Physicians and Surgeons (VP&S), not limited to the MD program. The committee serves as an appellate body for students seeking review of disciplinary or academic decisions made by Academic Review Committees or equivalent bodies within their degree program. This process ensures equity, and due process in academic and professional matters.

The Academic Appeals Committee is made up of a minimum of five faculty members including at least one representative from the Faculty Council appointed by the Executive Vice President for Health and Biomedical Sciences and Dean of the Faculties of Health Sciences and Medicine or their designee- none of whom are on the APPC or Student Competency Committees for a given degree program at VP&S; a member of the Columbia University Center for Student Success and Intervention (CSSI) and as an ex-officio members/dean representative from the program's Student Affairs and diversity inclusion and belonging Offices.

Functions

The VP&S Academic Appeals Committee is responsible for reviewing disciplinary and academic decisions made by the HPE AAC, if requested by a student. Prior to a final decision on the adverse action appeal, the Academic Appeals Committee will conduct a fact-finding hearing that allows a student to present their viewpoint either in person or written and allows them to bring along a VP&S faculty member or advisory dean. Students are always free to consult an attorney, but they may not have an attorney present during any hearing or at any appeal. The student need not be present to hear other witnesses and there is no formal cross-examination of witnesses or objecting to evidence. The Academic Appeals Committee will represent the Faculty in these matters when there is an appeal. The Academic Appeals Committee will render a final decision and notify the student in writing. If the Committee hearing the appeal reaffirms the original decision, the student may, if desired, request an additional level of review.

A student must notify the Program Director in writing within 7 days of the decision by the HPE ACC that they are requesting an additional level of review. The Program Director will then notify the Chair of the Academic Appeals Committee.

3. Dean for the Faculty of Medicine or their designee as the Appellate Officer

A student may appeal the decision of the VP&S Academic Appeals Committee within seven days of notification to the Dean of the Faculty of Medicine or their designee, who serves as the Appellate Officer and renders the final decision. No further appeals are permitted 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 may 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 VI:
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 and was last updated December 14th, 2021. These core values are now part of the APTA's Code of Ethics (see Appendix B) and Guide for Professional Conduct (see Appendix C).

1. **Accountability** is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.

2. **Altruism** is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.

3. **Collaboration** is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration with the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.

4. **Compassion and 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.

5. **Duty** is the commitment to meeting one's obligations to provide effective physical therapistservices to patients and clients, to serve the profession, and to positively influence the health of society.

6. **Excellence** in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

7. **Inclusion** occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

8. **Integrity** is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

9. **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.

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 SECTION IX: FORMS). 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 student's 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 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 B), which now includes the Guide for Professional Conduct (see Appendix C). 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 accommodations. These essential functions must be performed safely, consistently, and efficiently 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 VII: 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.
- Disciplinary Infraction (non-academic): The Program Director/Vice 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/their 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/their 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.

Academic Infraction Policy:

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 University Life's Center for Student Success and Intervention (CSSI),

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 CSSI provides notetaking 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 CSSI 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 University Life's Center for Student Success and Intervention (CSSI), 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.

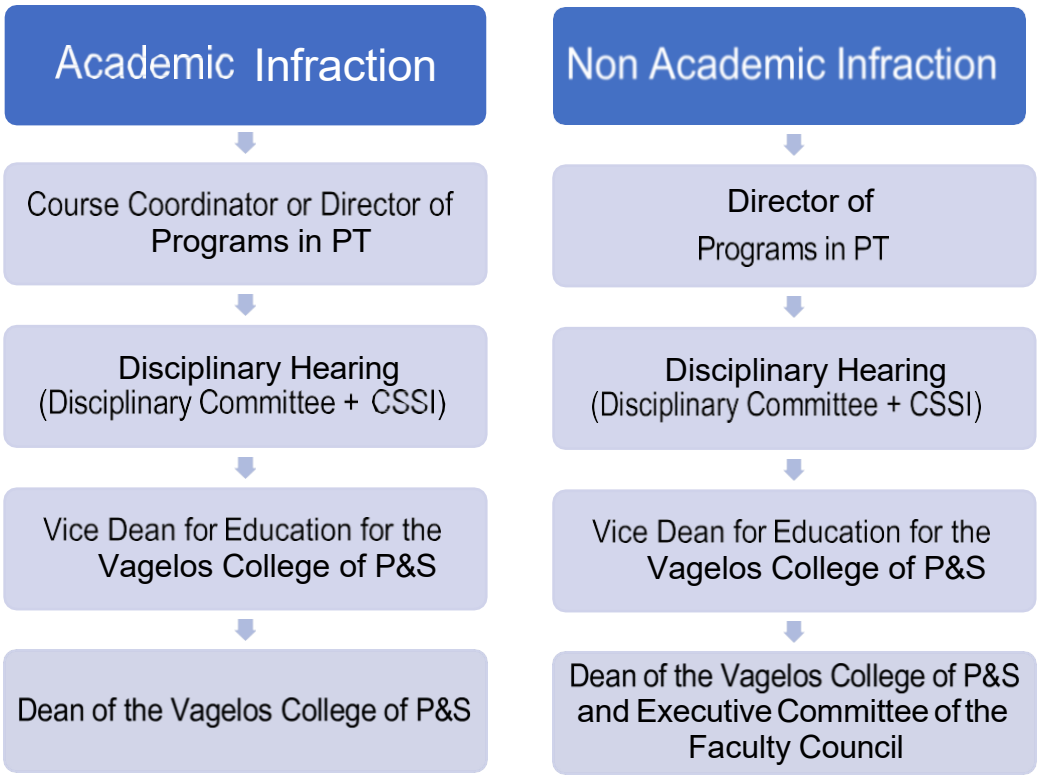
The hearing is a fact-finding, not an adversarial courtroom-type proceeding; the student may not be present to hear other witnesses, and there is no formal cross-examination of witnesses or objecting to evidence. In addition,

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 University Life's Center for Student Success and Intervention 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 University Policies 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 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 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 E 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 "University Policies."

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 ofConduct)
- Policies on Alcohol and Drugs
- Policies and Procedures on Discrimination and Harassment
- Gender-Based Misconduct Polices 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 VIII: 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 coordinateorientation 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 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 though 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-on-one with the 12th grade students on the cumulative Lang Student Expo project. As mentors, the DPT students help their mentees formulate their projects, practice public speaking, and make plans for college.

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

liaison 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 program awards are acknowledged at PT Convocation:

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.

Programs in Physical Therapy, Award for Excellence in Teaching
This award recognizes a student or students who has shown outstanding dedication to student learning through innovative, impactful, and inclusive teaching practices.

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

Mushin & Snow Endowment Awards

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.

William Benham Snow has endowed one scholarship to a physical therapy student.

All second-year DPT students are eligible to be considered. Faculty nominate students for this award during the Summer Faculty Meeting. The nominating faculty member will propose their nominee and faculty vote for 2 awardees ($1500/each). These are one-time awards that are distributed in the Fall semester of the third year.

Candidates should be students who have demonstrated significant growth during their tenure within the program, in both didactic and clinical settings. Candidates are mature adult learners who actively contribute to the class culture through exceptional professionalism and interpersonal skills, and who demonstrate responsibility and accountability for their learning experience.

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. In December, the DPT program hosts 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.

Limitations of the Student Handbook

This handbook is intended to provide information for the guidance of Columbia University Doctor of Physical Therapy students. While every effort has been made to ensure the accuracy of the information contained herein, accuracy cannot be absolutely guaranteed, and anyone who needs to rely on any particular matter is advised to verify it independently. The contents of this handbook are subject to change, and the Program reserves the right to depart without notice from any policy or procedure referred to in this handbook, or to revise and amend this handbook, in whole or in part, at any time. This handbook is not intended to and should not be regarded as a contract between the University and any student or other person.

PART IX: 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 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 theordering 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 and 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. The APTA Guide for Professional Conduct and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

This Code of Ethics describes the desired behavior of physical therapists in their multiple roles (eg, management of patients and clients, consultation, education, research, and administration), addresses multiple aspects of ethical action (individual, organizational, and societal), and reflects the core values of the physical therapist (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, 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 and Caring, 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 and clients.
(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

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

2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.
2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient and 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: Collaboration, Duty, Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or 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 and 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 and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

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 or client continues to need physical therapist 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 and 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 and clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist 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 and 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 therapist 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 under- utilization of physical therapist 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

Principe 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

Appendix D: Pre-Clinical Drug Testing Policy & Procedure

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 ad 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 9-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, theresults 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

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, 2nd Floor, call 305-HELP, Option 5, or email 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 Counseling Services at 212-305-3400 (days) OR (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, University Policies, 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 2027

2024-2025		
Year 1		
FALL I: Sept 3 – December 20, 2024 **16 weeks including final exams**		
Mon-Thu	Aug 26 – 29	Class of 2027 Orientation
Mon	Sept 2	Labor Day (Holiday)
Tue	Sept 3	Fall Semester Classes Commence
Tue	Nov 5	Election Day (Holiday)
Wed-Fri	Nov 27–29	Thanksgiving (Holiday)
Wed	Dec 11	Last Day of Classes
Fri – Fri	Dec 13 – 20	Final Exam Period
Mon- Mon	Dec 23 – Jan 20	Winter Recess
SPRING I: January 21 – May 9, 2025 **16 weeks including spring recess and final exams**		
Tue	Jan 21	Spring Semester Classes Commence
Thu - Fri	Feb 13- 15	CSM – Texas
Fri	March 14	End of first ½ of Spring Semester
Mon - Fri	Mar 17-21	Spring Recess
Thurs	March 24	Start of second ½ of Spring Semester
TBA	March/April	White Coat Ceremony
Fri	May 2	Last Day of Classes
Mon – Fri	May 5 - May 9	Final Exam Period
Mon – Fri	May 12 - 26	Program Recess
SUMMER I: May 27– July 18, 2025 **8 weeks including final exams**		
Tues	May 27	Summer Semester Classes Commence
Thur	June 19	Juneteenth (Holiday)
Fri	July 4	Independence Day (Holiday)
Fri	July 11	Last Day of Classes
Mon - Fri	July 14 – July 18	Final Exam Period
Mon – Mon	July 21 – Sept 1	Program Recess

2025 - 2026		
Year 2		
FALL II: Part A Didactic: Sept 2 - October 24, 2025 **8-week session including final exams** **Part B: First Clinical Education Experience: October 27 – December 19, 2025** **8 weeks full-time**		
Tues	Sept 2	Fall Semester Classes Commence
Fri	Oct 17	Last Day of Classes
Mon - Fri	Oct 20 – 24	Final Exam Period
Mon	Oct 27	First Clinical Education Experience I Commences
Fri	Dec 19	First Clinical Education Experience Ends
Mon - Mon	Dec 22 – Jan 19	Winter Recess
Spring II: January 20 – May 8, 2026 **16 weeks including spring recess and final exams**		
Tue	Jan 20	Spring Semester Classes Commence
Thu- Fri	Feb 12-14	CSM – Anaheim
Fri	March 13	End of first ½ of Spring Semester
Mon – Fri	Mar 16 – 20	Spring Recess
Mon	March 23	Start of second ½ of Spring Semester
Fri	May 1	Last Day of Classes
Fri – Fri	May 4 – May 8	Final Exam Period
Mon – Fri	May 11 – May 25	Program Recess
Summer II **Intermediate Clinical Education Experience: May 26 – July 31, 2026** **10 weeks full-time**		
Tues	May 26	Intermediate Clinical Education Experience Commences
Fri	July 31	Intermediate Clinical Education Experience Ends
Mon - Mon	Aug 3 – Sept 7	Summer Recess

2026 – 2027		
Year 3		
FALL III: Sept 8– December 23, 2026 **16 weeks including final exams**		
Tue Tue Wed – Fri Fri Mon – Wed Mon - Fri	Sept 8 Nov 3 Nov 25 – 27 Dec 18 Dec 20 – Dec 22 Dec 23 – Jan 3	Fall Semester Classes Commence Election Day (Holiday) Thanksgiving (Holiday) Last Day of Classes* Final Exams Winter Recess
*Many of the courses have scheduled projects, presentations and other related activities in lieu of final examinations.		
SPRING III 2026 **18 wks: January 4 – May 7, 2027** **9 wks A: January 4 – March 5, 2027** **9 wks B: March 15 – May 14, 2027** **Terminal Clinical Education Experience: Dates vary by clinical site and length of experience (9 or 18 weeks)**		
Mon Fri Tue Wed	Jan 4 May 14 May 18 May 19	Terminal Clinical Education Experience Commences Terminal Clinical Education Experience Ends Program Convocation & Awards Ceremony University Commencement

Appendix K: 3-Year Calendar, Class of 2028

2025-2026		
Year 1		
FALL I: Sept 2 – December 17, 2025 **16 weeks including final exams**		
Mon-Thu	Aug 25 – 28	Class of 2027 Orientation
Mon	Sept 1	Labor Day (Holiday)
Tue	Sept 2	Fall Semester Classes Commence
Tue	Nov 4	Election Day (Holiday)
Thurs	Nov 20	Physical Therapy Research Colloquium
Wed-Fri	Nov 26–28	Thanksgiving (Holiday)
Wed	Dec 10	Last Day of Classes
Fri – Fri	Dec 12 – 19	Final Exam Period
Mon- Mon	Dec 18 – Jan 19	Winter Recess
SPRING I: January 20 – May 8, 2026 **16 weeks including spring recess and final exams**		
Tue	Jan 20	Spring Semester Classes Commence
Thu- Fri	Feb 12-14	CSM – Anaheim
Tues	March 10	End of first ½ of Spring Semester
Wed	March 11	Start of second ½ of Spring Semester
Mon – Fri	Mar 16 – 20	Spring Recess
Sun	March 29	White Coat Ceremony
Fri	May 1	Last Day of Classes
Mon – Fri	May 4 – May 8	Final Exam Period
Mon – Fri	May 11 – May 25	Program Recess
SUMMER I: May 26– July 17, 2026 **8 weeks including final exams**		
Tues	May 26	Summer Semester Classes Commence
Fri	June 19	Juneteenth (Holiday)
Fri	July 3	Observance of Independence Day
Fri	July 10	Last Day of Classes
Mon - Fri	July 13 – July 17	Final Exam Period
Mon – Mon	July 20 – Sept **7**	Program Recess

2026 - 2027		
Year 2		
FALL II: Part A Didactic: Sept 8 - October 30, 2026 **8-week session including final exams** **Part B: First Clinical Education Experience: November 2 – December 23, 2026** **8 weeks full-time**		
Tues	Sept 8	Fall Semester Classes Commence
Fri	Oct 23	Last Day of Classes
Mon - Fri	Oct 26 – 30	Final Exam Period
Mon	Nov 2	First Clinical Education Experience I Commences
Tue	Dec 22	First Clinical Education Experience Ends
Wed - Mon	Dec 23 – Jan 18	Winter Recess
Spring II: January 19 – May 9, 2027 **16 weeks including spring recess and final exams**		
Tue	Jan 19	Spring Semester Classes Commence
Thu- Fri	Feb 4-6	CSM – Philadelphia
Fri	March 12	End of first ½ of Spring Semester
Mon – Fri	Mar 15 – 19	Spring Recess
Mon	March 22	Start of second ½ of Spring Semester
Fri	April 30	Last Day of Classes
Mon – Fri	May 3 – May 7	Final Exam Period
Mon – Fri	May 10 – May 23	Program Recess
Summer II **Intermediate Clinical Education Experience: May 24 – July 30, 2027** **10 weeks full-time**		
Monday	May 24	Intermediate Clinical Education Experience Commences
Fri	July 30	Intermediate Clinical Education Experience Ends
Mon – Mon	Aug 2 – Sept 6	Summer Recess

2027 - 2028		
Year 3		
FALL III: Sept 7– December 23, 2027 **16 weeks including final exams**		
Tue	Sept 7	Fall Semester Classes Commence
Tue	Nov 2	Election Day (Holiday)
Thur	Nov 18	PT Research Colloquium
Wed – Fri	Nov 24 – 26	Thanksgiving (Holiday)
Fri	Dec 17	Last Day of Classes*
Mon – Wed	Dec 20 – Dec 22	Final Exams
Thur- Sun	Dec 23 – Jan 2	Winter Recess
*Many of the courses have scheduled projects, presentations and other related activities in lieu of final examinations.		
SPRING III 2028 **18 wks: January 3 – May 5, 2028** **9 wks A: January 3 – March 3, 2028** **9 wks B: March 13 – May 12, 2028** **Terminal Clinical Education Experience: Dates vary by clinical site and length of experience (9 or 18 weeks)**		
Mon	Jan **3**	Terminal Clinical Education Experience Commences
Fri	May 12	Terminal Clinical Education Experience Ends
Tue	May 16	Program Convocation & Awards Ceremony
Wed	May 17	University Commencement

Appendix K: 3-Year Calendar, Class of 2029

2026-2027		
Year 1		
FALL I: Sept 8 – December 22, 2026 **16 weeks including final exams**		
Mon-Fri	Aug 31 – Sept. 4	Class of 2029 Orientation
Mon	Sept 7	Labor Day (Holiday)
Tue	Sept 8	Fall Semester Classes Commence
Tue	Nov 3	Election Day (Holiday)
Thurs	Nov 19	Physical Therapy Research Colloquium
Wed-Fri	Nov 25–27	Thanksgiving (Holiday)
Wed	Dec 16	Last Day of Classes
Fri – Tues	Dec 18 – 22	Final Exam Period
Wed- Mon	Dec 23 – Jan 18	Winter Recess
SPRING I: January 19 – May 7, 2027 **16 weeks including spring recess and final exams**		
Tue	Jan 19	Spring Semester Classes Commence
Thu- Fri	Feb 4-5	PROGRAM CLOSED: CSM – Philadelphia
Tues	March 9	End of first ½ of Spring Semester
Wed	March 10	Start of second ½ of Spring Semester
Mon – Fri	Mar 15 – 19	Spring Recess
Sun	April 4	White Coat Ceremony
Fri	April 30	Last Day of Classes
Mon – Fri	May 3 – May 7	Final Exam Period
Mon – Fri	May 10 – May 23	Program Recess
SUMMER I: May 24– July 16, 2027 **8 weeks including final exams**		
Mon	May 24	Summer Semester Classes Commence
Fri	June 18	Observance of Juneteenth
Mon	July 5	Observance of Independence Day
Fri	July 9	Last Day of Classes
Mon - Fri	July 12 – July 16	Final Exam Period
Mon – Mon	July 19 – Sept 5	Program Recess

2027 - 2028		
Year 2		
FALL II: Part A Didactic: Sept 7 - October 29, 2027 **8-week session including final exams** **Part B: First Clinical Education Experience: November 1 – December 23, 2027** **8 weeks full-time**		
Tues	Sept 7	Fall Semester Classes Commence
Fri	Oct 22	Last Day of Classes
Mon - Fri	Oct 25 – 29	Final Exam Period
Mon	Nov 1	First Clinical Education Experience I Commences
Thu	Dec 23	First Clinical Education Experience Ends
Fri - Mon	Dec 24 – Jan 17	Winter Recess
Spring II: January 18 – May 5, 2028 **16 weeks including spring recess and final exams**		
Tue	Jan 18	Spring Semester Classes Commence
Thu- Fri	Feb 10-11	PROGRAM HOLIDAY: CSM – Chicago
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
Fri	April 28	Last Day of Classes
Mon – Fri	May 1– May 5	Final Exam Period
Mon – Fri	May 8 – May 21	Program Recess
Summer II **Intermediate Clinical Education Experience: May 22 – July 28, 2028** **10 weeks full-time**		
Monday	May 22	Intermediate Clinical Education Experience Commences
Fri	July 28	Intermediate Clinical Education Experience Ends
Mon – Mon	July 31 – Sept 4	Summer Recess

2028 - 2029		
Year 3		
FALL III: Sept 5– December 19, 2028 **16 weeks**		
Tue Tue Thur Wed – Fri Tues Wed -Mon	Sept 5 Nov 7 Nov 16 Nov 22– 24 Dec 19 Dec 20 – Jan 1	Fall Semester Classes Commence Election Day (Holiday) PT Research Colloquium 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.		
SPRING III 2029 **18 wks: January 2 – May 4, 2029** **9 wks A: January 2 – March 2, 2029** **9 wks B: March 12 – May 11, 2029** **Terminal Clinical Education Experience: Dates vary by clinical site and length of experience (9 or 18 weeks)**		
Mon Fri Tue Wed	Jan 2 May 11 May 15 May 16	Terminal Clinical Education Experience Commences Terminal Clinical Education Experience Ends Program Convocation & Awards Ceremony University Commencement

Clinical Education Experience dates are subject to change. Facilities may request an alternate start/ end date or require an extension in order to accommodate a scheduled vacation period. Students may also require extensions in order to make-up for missed days or to meet specified objectives.

PART X: FORMS

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 168th Street, 3rd 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.

Print Name: _____ **Date:** _____

Signature: _____

(Patient or person authorized to sign)

If the person consenting is not the patient, please print name and state the relationship to patient:

_____

Witness' Statement: I have witnessed the patient or person authorized to sign for the patient voluntarily sign this form.
Signature: _____ Print Name: _____ Date: _____

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

_____

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 Standards & Satisfactory Academic Progress*. 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.

_____ _____

Print Name Student Signature

New Contact Form

Student Name (year):
Student e-mail address:

Clinical Education - New Contact Report

Please fill out this form if you have initiated contact with a facility regarding establishing a Clinical Affiliation Contract with Columbia.

Facility	
Address	
Website	

Contact Person/SCCE	
Contact phone # and fax #	
Contact e-mail	

Rotation Available	
Dates Available	

Summary of what has been discussed	

Description of facility (typical case load; number of therapists on staff; variety of diagnoses; experience with clinical education, etc.):	

I have forwarded the above information to the DCE:	☐ Dr. Stewart ☐ Dr. Cunningham (please check 1)

Student Request for Clinical Site Form

Student Request for Clinical Site: Current Columbia Clinical Partners

I, _____, have requested that the Columbia Clinical Education team contact a clinical site on my behalf for a potential clinical education experience. The details are as follows:

Site Name (if known) or Location Area (be specific): _____

Type of Placement (inpatient or outpatient): _____

Clinical Education Experience (First, Intermediate, Terminal): _____

I understand that by completing and signing this form, should the Clinical Education team procure a slot on my behalf, I will accept the placement by listing this offering as my first choice on the related placement Wishlist.

Student Signature: _____

Student Name: _____

Date: _____

Columbia University Program 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 8-12 hr 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 8-12 hr 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. Sample 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:

_____

_____

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

A) No restrictions ☐
B) Yes - Please explain:

_____

_____

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

A) No restrictions ☐
B) Yes - Please explain:

_____

_____

8) 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, strengh manual muscle test, soft tissue massage, and spinal mobilization.

A) No restrictions ☐
B) Yes - Please explain:

_____

_____

Light Duty _____ Full Duty _____

Physician's name (please print) _____

Address: _____

Phone: _____

Physician's Signature: _____ Date:_____

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 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_____