



# DOCTOR OF PHYSICAL THERAPY **Student Handbook**

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Virginia Health Sciences  
at Old Dominion University

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## **DOCTOR OF PHYSICAL THERAPY AT OLD DOMINION UNIVERSITY**

The School of Rehabilitation Sciences offers a course of study leading to the Doctor of Physical Therapy degree (DPT). This degree is designed to prepare students to practice physical therapy in various healthcare settings. Upon successful program completion, the graduate can apply for state licensure as a physical therapist. The degree program is fully accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) through 2029.

The DPT program is a full-time, three-year experience that includes classroom instruction, laboratory instruction and practice, online interactions, readings and homework assignments, discussions, peer-teaching, seminars, and clinical experiences. A variety of health care institutions, agencies, and practice settings are utilized for clinical education experiences.

This handbook describes the curriculum and program policies. We are also subject to University policies, which can be found in the graduate catalog at <https://catalog.odu.edu/graduate/>. The curriculum is subject to revision as needed to keep abreast of current physical therapy research and practice.

### **DPT PROGRAM PHILOSOPHY**

The Doctor of Physical Therapy program at Old Dominion University is founded on the belief that the delivery of physical therapy services should be patient-centered, evidence-informed, and inclusive. The physical therapists' play an indispensable role in improving the health and the total quality of life of those we serve. Physical therapists provide uniquely specialized services which enhance the well-being and functional abilities of a diverse group of patients in a variety of environments.

We believe that a physical therapist's interactions are driven by a profound respect and appreciation for the rights, freedoms, and abilities of other individuals, and by recognition that inspiring students to embrace these values is best done by example. The faculty are dedicated to excellence in professional teaching, research, and service to the profession, to the university, and to the community. We believe that by serving as role models in these capabilities, we can positively guide students in the development of optimal professional behaviors.

Our profession is grounded in the foundation and clinical sciences. The Program is guided by the belief that each student should be guaranteed an education which promotes a standard of excellence in academic achievement, in the attainment of clinical performance skills, and in professional interaction and communication skills. We believe that a curriculum dedicated to excellence must be continually evaluated and modified to reflect the ever-changing needs of the profession. More importantly, the educational program should develop in its graduates the ability to use critical thinking and methods of problem solving which will provide a basis for a lifetime of learning. While preparing our graduates to continue the quest for professional excellence, we endeavor to inspire in them a lifelong commitment to the profession and its advancement.

## **ODU MISSION STATEMENT**

Old Dominion University, located in the City of Norfolk in the metropolitan Hampton Roads region of coastal Virginia, is a dynamic public research institution that serves its students and enriches the Commonwealth of Virginia, the nation, and the world through rigorous academic programs, strategic partnerships, and active civic engagement.

## **ODU VISION STATEMENT**

Old Dominion University will be recognized nationally and internationally as a forward-focused metropolitan university with a collaborative and innovative approach to education and research that spurs economic growth, focuses on student success, engages civic and community partners, and uses its connections with the military and maritime industries and its exceptional strengths and leadership in related areas to provide practical solutions to complex, real world problems.

## **DPT PROGRAM MISSION STATEMENT**

The mission of the Program in Physical Therapy is to prepare graduates to prevent, diagnose, and treat dysfunction and to enhance the well-being of individuals and the community. The program is dedicated to delivering high quality professional education, advancing research, and engaging in responsive service that will lead our graduates to meet the physical therapy needs of society through the 21st century.

## **DEFINITION OF PHYSICAL THERAPY**

The following definition of physical therapy was obtained from the *Guide to Physical Therapist Practice* written by the American Physical Therapy Association. (Revised February 2023)  
*Physical therapy is the care and services provided by or under the direction and supervision of a physical therapist. Physical therapists are the only professionals who provide physical therapy interventions including:*

- 1) Provide services to patients/clients who have impairments, functional limitations, disabilities, or changes in physical function and health status resulting from injury, disease, or other causes.
- 2) Interact and practice in collaboration with a variety of professionals.
- 3) Address risk.
- 4) Provide prevention and promote health, wellness, and fitness.
- 5) Consult, educate, engage in critical inquiry, and administrate.
- 6) Direct and supervise the physical therapy service, including support personnel.

## DPT PROGRAM EXPECTED STUDENT OUTCOMES

Graduates of the Doctor of Physical Therapy Program at ODU will be able to:

- Create evidence-informed and based treatment plans using foundational knowledge and critical thinking skills within the field of physical therapy.
- Assess, diagnose, and appropriately manage the treatment of physical therapy patients.
- Review, understand and contribute to scientific literature.
- Adhere to professional standards while meeting the health care needs of patients/clients and society.

### **DPT Diversity, Equity, Inclusion, Belonging, and Justice Statement**

At Old Dominion University's Doctor of Physical Therapy program, we uphold a strong commitment to Diversity, Equity, Inclusion, Belonging, and Justice as central to our mission and reflective of the values that define us. Our legacy of promoting equality and equal opportunity enriches our community, making us a stronger and more vibrant institution for all students, faculty, and staff. We believe that a diverse and inclusive environment is not just an ideal, but a fundamental aspect of a holistic educational experience that fosters respect, empowerment, and academic excellence. Our program actively embraces these principles by ensuring that all members of our community—regardless of their race, ethnicity, gender, age, sexual orientation, religion, disability, or socioeconomic background—are valued and supported.

Furthering our commitment, we align with Old Dominion University's Office of Institutional Equity and Diversity, which provides resources and guidance to maintain an inclusive atmosphere. More information about these initiatives can be found at <https://www.odu.edu/equity>. Moreover, we are proud to follow the American Physical Therapy Association's (APTA) commitment to enhancing diversity, equity, and inclusion within the profession and the broader society. This commitment not only shapes our educational policies and practices but also prepares our students to become compassionate, culturally competent practitioners. Learn more about the APTA's initiatives at <https://www.apta.org/apta-and-you/diversity-equity-and-inclusion>. By integrating these principles into our program, we strive to create a space where all can belong and thrive.

## PROGRAM FACULTY

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## **CHAIR, SCHOOL OF REHABILITATION SCIENCES**

Patricia Laverdure, OTD, OTR/L, BCP, FAOTA- Associate Professor  
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### **PRIMARY ASSOCIATED FACULTY**

Ryan McCann, PhD, ATC

Lucas Johnson, PT, DPT  
*Board-Certified Clinical Specialist in Sports Physical Therapy (SCS)*

Lisa Koperna, PT, DPT, ATC, PhD  
*Board-Certified Clinical Specialist in Sports Physical Therapy (SCS)*

Karen Royall, PT, DPT

Korrin Vanderhoof, MS, LCSW

Diana Williams, PhD

Additional adjunct faculty serve as lab instructors and guest lecturers.

In addition to the adjunct faculty who share their expertise in specialty areas, we acknowledge the invaluable contributions of the dedicated clinical instructors who mentor students during clinical experiences. The program could not exist without them.



## PROFESSIONAL PREPARATION (DPT) CURRICULUM

### 1ST YEAR    CREDIT    SUMMER SESSION

PT 621	(2)	<u>INTRODUCTION TO PHYSICAL THERAPY</u> Intro to Patient Care Skills
AT 691	(6)	<u>GROSS ANATOMY for REHABILITATION SCIENCES</u>

**8 credits**

### FALL SEMESTER

PT 627	(4)	<u>THEORY &amp; PRACTICE I</u> Foundations of Therapeutic Exercise
PR 630	(1)	<u>MECHANICAL PROPERTIES OF HUMAN TISSUES IN REHABILITATION</u> Histological Properties of Tissues: behavior under stress, healing times
PT 634	(3)	<u>CLINICAL SCIENCES I</u> Biopsychosocial model of patient care and introduction to basic orthopedic, vascular, integumentary, autoimmune, cardiac and pulmonary pathologies
PT 638	(2)	<u>EXERCISE PHYSIOLOGY</u>
PT 640	(3)	<u>PATIENT EVALUATION I</u> Intro to Examination/Evaluation skills
PT 655	(3)	<u>CLINICAL PROBLEM SOLVING I</u> Selected small group work on cases designed to integrate material from other courses in the semester to practice clinical reasoning, goal setting, and creating a patient plan of care. Standardized patient experiences.
PT 665	(3)	<u>BIOMECHANICS/KINESIOLOGY I</u>

**19 credits**

### SPRING SEMESTER

PT 628	(4)	<u>THEORY AND PRACTICE II</u> Modalities of heat and cold, e-stim, integrating with exercise. Burn and wound care.
PT 635	(3)	<u>CLINICAL SCIENCES II</u> Additional pathology: musculoskeletal system, endocrine, pancreatic, hepatic, biliary, renal and GI pathologies.
PT 641	(3)	<u>PATIENT EVALUATION II</u> Musculoskeletal evaluation of spine and extremities
PT 656	(3)	<u>CLINICAL PROBLEM SOLVING II</u> Selected small group work on cases designed to integrate material from other courses in the semester and the previous semester to practice clinical reasoning, goal setting, and creating a patient plan of care.
PT 666	(2)	<u>BIOMECHANICS/KINESIOLOGY II</u> Applications of biomechanical principles, movement & force analysis, EMG
PT 792	(3)	<u>NEUROSCIENCE I</u>

**18 credits**

**45 Total Credits Year 1**

**2ND YEAR    CREDIT    SUMMER SESSION**

PT 669            (4)            CLINICAL EXPERIENCE I  
Full-time supervised clinical practice, 8 weeks in an outpatient setting  
**4 credits**

**FALL SEMESTER**  
**NEUROSCIENCE II**

PT 793            (3)            NEUROSCIENCE II

PT 810            (3)            SCIENTIFIC INQUIRY I  
Begin learning to critically analyze and use scientific literature to improve clinical decision-making and practice

PT 826            (4)            THEORY & PRACTICE III  
Advanced orthopedic evaluation, interventions, manual therapy, orthotics. Advanced therapeutic exercise progression/regression.

PT 836            (3)            CLINICAL SCIENCES III  
Radiology, Pharmacology, Electrophysiologic testing, Burn management, Foot care, Stress management

PT 857            (3)            CLINICAL PROBLEM SOLVING III  
Selected small group work on cases designed to integrate material from other courses in the semester and throughout the curriculum to practice clinical reasoning, goal setting, and creating a patient plan of care with emphasis on musculoskeletal conditions.

PT 884            (3)            CLINICAL TEACHING & PROFESSIONAL COMMUNICATION  
Basic Communication & the Therapeutic Relationship  
Preparation for Teaching/Learning

**19 Credits**

**SPRING SEMESTER**

PT 822            (2)            SCIENTIFIC INQUIRY II  
Continued practice of critical analysis skills, systemic review development

PT 827            (4)            THEORY AND PRACTICE IV  
Interventions for adults with medically complex problems including neurological disorders, and including, advanced acute care.

PT 837            (3)            CLINICAL SCIENCES IV  
This course focuses on pathologies seen in the acute care environment, pathologies of the nervous system and limb amputations

PT 858            (3)            CLINICAL PROBLEM SOLVING IV  
Selected small group work on cases designed to integrate material from other courses in the semester and throughout the curriculum to practice clinical reasoning, goal setting and creating a patient plan of care with emphasis on neurology, acute care, and multi-complex conditions

PT 842            (3)            PATIENT EVALUATION III  
Examination/evaluation of adults with medically complex problems including neurological disorders, and including, advanced acute care.

PT 881            (3)            PT CASE MANAGEMENT OF SPECIAL POPULATIONS  
IPE concepts, integration of social determinants of health for special populations; aging. Includes small group work for case scenarios and group presentations on a geriatric case study.

**18 credits**

**40 Total Credits Year 2**

### **3RD YEAR**

PT 875 (6) **CLINICAL EXPERIENCE II**  
Full time supervised clinical practice, 12 weeks

**6 Credits**

### **SUMMER SESSION**

### **FALL SEMESTER**

PT 870 (3) **PEDIATRIC REHABILITATION**  
PT 882 (3) **PRACTICE MANAGEMENT**  
Principles and practice of managing and administering physical therapy in various clinical settings. Includes employment and career development

PT 896 (1) **SPECIALIZATION IN PHYSICAL THERAPY**  
Small group experiences with clinicians or faculty to explore selected topics

PT 890 (3) **DIFFERENTIAL DIAGNOSIS SEMINAR**  
Integration of knowledge through application of problem-solving in differential diagnosis

PT 883 (2) **PROFESSIONAL ISSUES IN PHYSICAL THERAPY**  
Identification, analysis and discussion of issues currently facing the physical therapy professional. Includes ethics/legal issues, and the role of physical therapists in health care system in the US.

PT 891 (3) **SEMINAR IN SCIENTIFIC INQUIRY**  
Students will prepare for presentation and publication a scholarly product such as a clinical case report or systematic review. Presentation will be to peers with poster presentation submitted to research event.

**15 credits**

\*\*\* Written and Oral Comprehensive Exams are held at the end of this semester \*\*\*

### **SPRING SEMESTER**

PT 876 (7) **CLINICAL EXPERIENCE IV**  
Full time supervised clinical practice, 14 weeks

**7 Credits**

**28 Total Credits Year 3**

Total Credit Hours in the Curriculum = 116 Credits

### **OPTIONAL COURSE GLOBAL HEALTH STUDY ABROAD**

Students may have the opportunity to enroll in a 1 credit hour global health study abroad opportunity during their time in the program. This would replace PT 896 in Fall of Year 3. Details will be shared about the learning objectives, travel expenses, etc. when relevant opportunities arise.

### HEALTH SCREEN FORM

**INSTRUCTIONS:** answer ALL questions with YES or NO. Do NOT leave any questions unanswered. Explain ALL YES answers on this page or the back of the page.

1. DATE of your last PHYSICAL EXAM \_\_\_\_\_
2. Are you currently taking ANY medications? NO / YES (list)
3. Are you currently PREGNANT? YES / NO / NA
4. Have you ever had SURGERY? NO / YES (Please describe with dates)

5. Do you have any PAST or PRESENT HISTORY of any of the following? Answer each item YES / NO. Explain ALL YES answers on the back of the page.

- |  |   |
|--|---|
| _____ neurological disease or disorder         | _____ muscle disease/disorder             |
| _____ fracture/bony deformity                  | _____ chronic infectious disease/disorder |
| _____ joint disease/disorder                   | _____ seizure disorder                    |
| _____ cardiovascular or heart disease/disorder | _____ diabetes (Type I or Type II)        |
| _____ chronic/recurrent respiratory disorder   | _____ blood pressure abnormality          |
| _____ cancer                                   |   |
| _____ other (specify) _____                    |   |

6. Do you have any PAST or PRESENT HISTORY of trauma, signs/symptoms (diagnosed or undiagnosed) in these parts of the body? Explain ALL YES answers on the back of the page.

- |                                    |                                |
|------------------------------------|--------------------------------|
| _____ head/face/TMJ                | _____ shoulder/shoulder girdle |
| _____ cervical spine               | _____ upper arm/elbow          |
| _____ thorax/sternum/clavicle/ribs | _____ forearm/wrist            |
| _____ abdomen                      | _____ fingers/thumb/palm       |
| _____ thoracic spine               | _____ hip (which side)         |
| _____ lumbar spine                 | _____ knee (which side)        |
| _____ SIJ/pelvis/coccyx            | _____ ankle/foot               |
| _____ internal organs              | _____ other                    |
|                                    | (specify) _____                |

7. Answer ALL QUESTIONS with YES or NO. Explain ALL YES answers on the back.

- \_\_\_\_\_ Have you ever taken steroid medications?
- \_\_\_\_\_ Are 1 or more of your joints hypermobile? Which ones? \_\_\_\_\_
- \_\_\_\_\_ Do you have past/present history of headaches?
- \_\_\_\_\_ Do you have past/present history of vertigo or dizziness?
- \_\_\_\_\_ Do you have past/present history of numbness/weakness in any part of the body?
- \_\_\_\_\_ Do you have past/present history of sensory impairments?

**I understand that objective clinical examination procedures are aimed at reproducing signs & symptoms to make a functional diagnosis, and that having these procedures practiced by fellow students/colleagues on my body could potentially elicit or aggravate present and/or previously undiscovered clinical signs/symptoms. I agree to use good judgment & assume *full responsibility* for my own health & welfare in clinical practice labs and I have been advised of reasonable precautions to exercise in the practice of physical therapy procedures. I will update my health information *immediately* if there are any changes that occur in my health status while in the DPT Program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ACADEMIC ADVISING EXPECTATIONS

### **Academic Advising Description/Definition**

Academic advising is an educational process that, by intention and design, facilitates students' understanding of the meaning and purpose of higher education and fosters their intellectual and personal development toward academic success and lifelong learning (NACADA, 2004).

### **Importance of Academic Advising in Higher Education:**

"The main function of an academic advisor is to bring holistic support to students as they navigate their higher education to post grad journey."

1. Advisors assist in monitoring academic progress.
2. Advisors need to be up to date on University/College policies.
3. Advisors help students find opportunities.
4. Advisors want to see students succeed.

(U.S Department of Education, 2022).

Academic advising provides students with the opportunity to build a relationship with their advisor for the purpose of gaining assistance in planning their educational career, learning the skills needed for academic success, and learning how to access the variety of resources and services available to them at ODU.

Academic advising is a collaborative educational process whereby students and their advisors are partners in meeting the essential learning outcomes, facilitating student academic success and achievement of the students' personal, academic, and career goals. This advisor/student partnership requires participation and involvement of both the advisor and the student as it is built over the student's entire educational experience at the university. Both the student and the advisor have clear responsibilities for promoting a successful partnership.

### **Advisor Responsibilities – What You Can Expect**

- Understand and effectively communicate the importance of the resources that outline the curriculum, graduation requirements, and university and college policies and procedures
- Encourage and guide students as they define and develop realistic goals and strategies that promote self-direction and the maturity required of adult life-long learners.
- Encourage and support students as they gain the skills to develop clear and attainable educational plans.
- Provide students with information about and strategies for utilizing the available resources and services on campus.
- Assist students in understanding the purposes and goals of higher education and its effects on their lives and personal goals.
- Monitor and accurately document students' progress toward meeting their goals.
- Be accessible for meeting with advisees via office hours for advising, telephone, e-mail, or web access.
- Assist students in gaining decision making skills and skills in assuming responsibility for their educational plans and achievements.
- Assist students in working closely with their professors.

### **Advisee Responsibilities**

- Demonstrate initiative to schedule and attend all meetings and maintain regular contact with your advisor each semester.

- Initiate an appointment with your advisor if you score a failing grade or within 2 points of a failing grade on an exam (threshold: 72 points of less if 100 possible points)
- Come prepared to each appointment with learning goals, questions or material for discussion and seek assistance from your advisor if you are experiencing difficulties.
- Be an active learner by participating fully in the advising experience.
- Ask questions if you do not understand an issue or have a specific concern.
- Keep a personal record of your progress toward meeting your goals and organize official documents in a way that enables you to access them when needed.
- Complete all assignments or recommendations from your advisor.
- Gather all relevant decision-making information.
- Clarify personal values and goals and provide advisor with accurate information regarding your interests and abilities.
- Familiarize yourself with your course syllabi.
- Become knowledgeable about college programs, policies, and procedures and follow the professional behavior guidelines established by your program.
- Manage time efficiently and effectively and demonstrate accountability for your decisions.

### **Expected Student Learning Outcomes for the Academic Advising Experience**

- Students will demonstrate the ability to make effective decisions concerning their degree and career goals.
- Students will demonstrate an understanding of the value of the academic institution, professional program, clinical site, and licensing board requirements.
- Students will utilize the available university, college and/or community resources and services to assist them in achieving their academic, personal, and career goals.
- Students will graduate in a timely manner based on their educational plan.

## DOCTOR OF PHYSICAL THERAPY PROGRAM CHECKLIST

STUDENT NAME: \_\_\_\_\_ CLASS OF \_\_\_\_\_

FACULTY ADVISOR: \_\_\_\_\_

The DPT Program requires students to complete the following requirements during the course of the curriculum. It is the student's responsibility to meet with their advisor at the beginning of each fall and spring semester, and to ensure that requirements are completed as necessary. As an activity is completed, date and initial the appropriate box. Some activities will need to be completed more than once.

Activity	Year 1			Year 2		Year 3	
	Sum	Fall	Spring	Fall	Spring	Fall	Spring
Handbook policy signed							
Continuance policy signed							
Professional Behaviors self- assessment completed & reviewed with advisor							
CITI training for Research compliance (Required Fall Year 1)							
APTA membership#_							
CPR certification/ recertification <i>as needed</i>							
Criminal Background Check OSHA & HIPAA training Required annually							
Service Learning Activity <b>1 required</b> (Describe)							
Service Learning Activity (Describe)							
Service Learning Activity (Describe)							
Other Volunteer Event (Describe)							
Other Volunteer Event (Describe)							
Other Volunteer Event (Describe)							
Written Comprehensive Exam							
Oral Comprehensive Exam							

## DEFINITION OF SERVICE LEARNING

### What is Service Learning?

Service learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities. The faculty in the Physical Therapy Program value service and service learning. Students in the program are required to participate in at least one service-learning activity while in the program outside of those service activities required by specific classes. These activities may take several forms.

**Professional service** includes participation in local, state, and national professional organizations to help advance the profession of physical therapy. Examples of student participation in professional service would be acting as a student liaison to APTA Virginia, volunteering for student leadership roles at state or national levels. Additional activities include participating in University, College, or Program recruitment activities or career days at local schools.

**Community service** learning fulfills a community need related to the practice of physical therapy. Examples of this type of service include presenting information to community groups who demonstrate/request a need, participating in free health clinics, screening events or community wellness programs, and volunteering at an aid station during an athletic or Special Olympics event.

Other types of **volunteer service** may be unrelated to physical therapy. Examples of these would be participating in Old Dominion University's Community Day of Caring where a student may help clean up a park or gathering donations and/or running in the annual breast cancer "Race for the Cure". We applaud these worthy causes because they enrich a person's experiences in the community and help others. They are not, however, in the category of service learning.



## **PROGRAM IN PHYSICAL THERAPY TECHNICAL STANDARDS**

These technical standards describe essential functions needed to complete the educational program and perform the job of a physical therapist. An individual not possessing one or more of these capabilities will not be admitted to the program unless reasonable accommodations can be made that allow the person to perform all required tasks within a standard period used in the profession.

Deficiencies in knowledge, skill, judgment, integrity, character, professional attitude or demeanor which may jeopardize patient care and/or safety may be grounds for course/internship failure and possible dismissal from the Program.

**Applicants/Students admitted to the DPT program must possess aptitudes, abilities, and skills in the following five areas:**

### **1. Observation**

Students must be able to observe and identify anatomic structures to distinguish different tissues in a limited time period. A student must be able to observe a patient accurately at a distance and close at hand, noting nonverbal as well as verbal signals. Specific vision-related requirements include, but are not limited to the following abilities: skin integrity; visualizing and discriminating findings on radiographs and other medical imaging tools; reading written and illustrated material; observing demonstrations in the classroom, including multimedia presentations; observing and differentiating changes in body movement; observing anatomic structures; discriminating numbers and patterns associated with diagnostic instruments and tests, such as sphygmomanometers and electrocardiograms, and using instruments competently, such as stethoscope, monofilaments, etc.

### **2. Communication**

Students must be able to relate effectively and sensitively with peers, patients/clients and faculty. A student must be able to communicate clearly with patients in order to elicit information, describe accurately changes in mood, activity and posture, and perceive verbal as well as nonverbal communications. Communication includes not only speech but also reading and writing. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively, and efficiently in oral and written English with all members of the health care team. Specific requirements include but are not limited to the following abilities: communicating rapidly and clearly with the medical team on rounds; eliciting a thorough history from patients; and communicating complex findings in appropriate terms to patients and to various members of the health care team (fellow students, physicians, nurses, aides, therapists, social workers, and others). Students must learn to recognize and respond promptly and appropriately to emotional communications such as sadness, worry, agitation, and lack of comprehension. Each student must be able to read and to record observations and plans legibly, efficiently and accurately in documents such as the patient record. Students must be able to prepare and communicate concise but complete summaries of individual encounters. Students must be able to complete forms according to directions in a complete and timely fashion.

### **3. Sensory and Motor Coordination or Function**

Students must have sufficient sensory function to palpate (touch/feel) pulses and body tissues, feel resistance to movement, discern hot and cold, and auscultate (listen) lungs and heart. A student must have adequate gross motor function (movement, strength, balance and coordination) to perform such tasks as cardiopulmonary resuscitation, lifting people's limbs, assistance with transfers and gait, moving and positioning patients, and getting down to and up from the floor without assistance. A student must have adequate fine motor function to manipulate instruments such as a sphygmomanometer, goniometer, and therapeutic modality equipment. Students must be able to respond promptly to urgencies within the hospital or clinic and must not hinder the ability of co-workers to provide prompt care.

### **4. Intellectual-Conceptual Integrative and Quantitative Abilities**

These abilities include measurement, calculation, reasoning, analysis, judgment, numerical recognition, and synthesis. Problem solving, a critical skill demanded of physical therapists, requires all of these intellectual abilities, and must be performed quickly, especially in emergency situations. Students must be able to identify significant findings from history, physical examination, and laboratory data and graphs, provide a reasoned explanation for likely therapy, recalling and retaining information in an efficient and timely manner. The ability to incorporate new information from peers, teachers, and the medical literature in formulating treatment and plans is essential. Good judgment in patient assessment, diagnostic and therapeutic planning is essential; students must be able to identify and communicate the limits of their knowledge to others when appropriate.

### **5. Behavioral Attributes**

Empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation are all personal qualities that are required. Students must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities, and the development of mature, sensitive and effective relationships with peers, patients/clients and faculty. At times, this requires the ability to be aware of and appropriately react to one's own immediate emotional responses. For example, students must maintain a professional demeanor and organization in the face of long hours and personal fatigue, dissatisfied patients, and tired colleagues. Students must be able to develop professional relationships with patients, providing comfort and reassurance when appropriate while protecting patient confidentiality. Students must possess adequate endurance to tolerate physically taxing workloads and to function effectively under stress. Students must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Students are expected to accept appropriate suggestions and criticism in a respectful manner and if necessary, respond by modification of behavior.

For further information on technical standards and the Americans with Disabilities Act, please contact the Office of Educational Accessibility:

1021 Student Success Center | Norfolk, Virginia 23529 | E: [OEA@odu.edu](mailto:OEA@odu.edu) | P: 757-683-4655; Fax 757-683-5356 | <http://www.odu.edu/educationalaccessibility> |

**OLD DOMINION UNIVERSITY  
PROGRAM IN PHYSICAL THERAPY**

**POLICY ON MANAGEMENT OF COMPLAINTS**

The Program in Physical Therapy adheres to the University Student Complaint Procedure as published in the Graduate Catalog under Policies and Procedures [University Policies & Procedures < Old Dominion University \(odu.edu\)](#)

No student who files a complaint shall be subject to any form of retaliation by any person, department, program, or college.

**Informal Resolution.** Students must first attempt to resolve complaints informally. Given the nature of complaints covered by this procedure, it is expected that in all but the most unusual circumstances, students will first raise the issue with the faculty member. In the event this is not feasible, the student will contact the Program Director. The Program Director will meet with a student to discuss any complaints or concerns relating to the Program, and possible resolutions. The Program Director will document informal complaints and resolutions in a complaint form and complaint log kept in a confidential file in the Program Director's office.

**Formal Complaint.** If the issue is not resolved informally, the student may contact the Department Chair to initiate the formal complaint procedure. At this point the complaint must be in writing and contain:

- a. The student's name and University Identification Number
- b. The faculty member's name and the course subject area prefix and number
- c. A detailed description of the nature of the complaint
- d. A detailed description of attempts at informal resolution with the faculty member and the faculty member and/or Program Director
- e. A detailed description of the relief sought.

The formal complaint procedure will continue with an investigation, decision, and if applicable an appeal procedure as described in the Graduate Catalog referenced above.

**COMMISSION ON ACCREDITATION OF PHYSICAL THERAPY EDUCATION**

The ODU Program in Physical Therapy is fully accredited by CAPTE. Any person may submit to CAPTE a complaint about an accredited or developing program. Should a student have concerns related to the Program and wish to register a complaint with CAPTE they may do so by following the Procedure outlined in Part 11 of the CAPTE Rules of Practice and Procedure Accreditation Handbook which can be accessed at: <http://www.capteonline.org/Complaints/>. Additionally, CAPTE can be notified via the contact information listed below.

American Physical Therapy Association  
Attention: Accreditation Department  
1111 North Fairfax Street  
Alexandria, VA 22314-1488  
Fax: 703/706-3387

Email at [accreditation@apta.org](mailto:accreditation@apta.org)

**OLD DOMINION UNIVERSITY  
PROGRAM IN PHYSICAL THERAPY**

**POLICY ON AUTHORSHIP**

When working in a collaborative group, the individual (faculty or student) who develops the basic idea for the research and oversees completion of the project with significant contribution to the writing and editing, will generally be the first author on research reports resulting from that idea. This can be altered if the individual who develops the idea agrees to willingly surrender that first author position to a colleague for reasons such as major contributions to collecting the data and performing the major aspects of work on the project.

To be listed as an author requires substantial contribution to the research project. Authors should contribute to at least 2 out of 3 of the following parts of the research enterprise: (1) the conception and design of the study, (2) data collection, analysis, or interpretation, and (3) writing/editing and final approval of the submitted version.

For publications/presentations that are a part of a thesis or dissertation the student is the primary author unless they relinquish this status in writing.

Students receiving remuneration for performing duties as part of a research project are not automatically considered to be an author on a research paper or presentation.

Issues of order of authorship should be settled very early during discussions about collaboration for performing research. This is true both of research between colleagues in the school or research involving students under the supervision of faculty or involving students in completing research projects, theses or dissertations.

Disputes regarding authorship will be brought to an ad hoc committee consisting of 2 faculty and 2 students not involved in the research. The committee will determine what the outcome should be for authorship.

**OLD DOMINION UNIVERSITY  
PROGRAM IN PHYSICAL THERAPY**

**POLICY ON STUDENT INCIDENT / INJURIES**

Any student or faculty involved in an incident that results in injury related to laboratory or classroom experiences must adhere to the following:

1. In case of emergency, someone should be designated to call for emergency services for an ambulance. ODU Campus Security can be reached by dialing “683-4000” for quick security response. On-campus phones can dial 1-4000.
2. Any incident must be reported immediately to the faculty responsible for the class or lab activity and the Graduate Program Director. If immediate medical attention is needed, the student should seek this care as appropriate before completing a program medical incident form. It should be completed and signed by the student involved and signed by a faculty member. If referral for treatment is indicated, the treatment facility should complete items 14-17. The paper copies of the form should be sent to the GPD.
3. The student affected should follow the organizational processes below and fill in the ODU risk management incident report form.
  - a. Incident report found online here: [incident report form](#)
    - i. Select ‘Injury Non-Employee’ as incident type and attach all documentation related to the incident.
    - ii. The student should file through their personal health insurance for any treatment costs as students do not qualify for Workers Compensation.
    - iii. Form is also available visiting [www.odu.edu/riskmanagement/forms](http://www.odu.edu/riskmanagement/forms) -->Forms --> Online Forms -->Incidents- Incident Report.
  - b. The student advisor and Graduate Program Director should be notified when these forms are filled in and submitted.
  - c. For any questions and/or concerns, please contact:
    - i. Office for Compliance and Risk Management
      1. Main: (757) 683-4009
      2. [risk@odu.edu](mailto:risk@odu.edu)
      3. Website: [www.odu.edu/riskmanagement](http://www.odu.edu/riskmanagement)
4. All completed incident forms should be returned to the Graduate Program Director within seven (7) days of the incident.
5. Students who need follow-up care should call Student Health Services at 683-3132. After hours assistance may be obtained from the Nurse Practitioner on call for Student Health Services by calling ODU Campus Security at 683-4000 and having the Nurse Practitioner paged. Students are responsible for expenses associated with laboratory incidents. Any incident that occurs off campus during an educational experience should be treated following the same procedure as above for on-campus incidents.

## REPORTING INCIDENTS DURING CLINICAL EDUCATION EXPERIENCES

The following steps should be taken if a student sustains an injury or is involved in any incident during the clinical education experience that has potential professional liability or legal implications,

1. If the CI is not present at the time of the incident, then the student should immediately notify the CI and follow the clinical education site's procedures regarding reporting. If indicated, the student should seek immediate treatment at the closest appropriate healthcare facility.
2. The student should notify the DCE or A-DCE of the incident as soon as possible, following completion of the clinical education site's procedures. The DCE or A-DCE will notify the Graduate Program Director or other designated representative of the incident.
3. The student, with CI assistance as indicated, should review the Old Dominion University College of Health Sciences Medical Incident Report Form and complete it if appropriate (e.g., injury or occupational exposures). The form is available on Exxat Prism, on the ODU DPT Exxat website, or upon request from the DCE or A-DCE.
4. The student, with CI assistance as indicated, should complete the Generic Incident Report (ODU Risk Management online form available at <https://www.odu.edu/risk-management/forms>). If completed in Step 3, the ODU COHS Medical Incident Report Form should be attached to the Generic Incident Report at the time of submission.
5. The student must provide the DCE or A-DCE with a copy of the completed Generic Incident Report and, if applicable, the ODU COHS Medical Incident Report Form. The program will retain copies in the student's record.
6. The GPD, DCE, A-DCE, and/or Office of Risk Management will follow-up with the student as needed.

**OLD DOMINION UNIVERSITY  
PROGRAM IN PHYSICAL THERAPY**

**MEDICAL INCIDENT REPORT**

(Include accidents, exposure to hazardous substance or disease.)

1. PLEASE PRINT

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

UIN: \_\_\_\_\_

2. OCCURRENCE DATE: \_\_\_\_\_

Day of Week: \_\_\_\_\_

3. OCCURRENCE TIME: \_\_\_\_\_ AM / PM

4. REPORT DATE: \_\_\_\_\_

5. LOCATION OF OCCURRENCE: \_\_\_\_\_

6. ACTIVITY INVOLVED (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Lifting patient              | <input type="checkbox"/> Transport patient                       |
| <input type="checkbox"/> Lifting other                | <input type="checkbox"/> Transport equipment                     |
| <input type="checkbox"/> Invasive procedure/injection | <input type="checkbox"/> Equipment use/repair                    |
| <input type="checkbox"/> Other patient care           | <input type="checkbox"/> Walking                                 |
| <input type="checkbox"/> Non-work activity            | <input type="checkbox"/> Hazardous substance/Infectious Exposure |

Explain:

Other:

7. TYPE OF INJURY (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> No apparent injury  | <input type="checkbox"/> Foreign body     |
| <input type="checkbox"/> Laceration/Abrasion | <input type="checkbox"/> Strain/sprain    |
| <input type="checkbox"/> Puncture            | <input type="checkbox"/> Fracture         |
| <input type="checkbox"/> Burn                | <input type="checkbox"/> Amputation       |
| <input type="checkbox"/> Bruise/crush        | <input type="checkbox"/> Electrical shock |
| <input type="checkbox"/> Bite/scratch        |   |
| <input type="checkbox"/> Other:              |   |

Explain:

8. PART of BODY (check all that apply)

<u>LEFT</u>	<u>RIGHT</u>		<u>LEFT</u>	<u>RIGHT</u>	
_____	_____	Head	_____	_____	Elbow
_____	_____	Eye	_____	_____	Hand
_____	_____	Ear	_____	_____	Finger(s)
_____	_____	Face	_____	_____	Wrist
_____	_____	Neck	_____	_____	Leg
_____	_____	Chest	_____	_____	Groin
_____	_____	Abdomen	_____	_____	Knee
_____	_____	Back	_____	_____	Foot
_____	_____	Arm	_____	_____	Toe(s)
_____	_____	Shoulder	_____	_____	Ankle

9. POSSIBLE CAUSES (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Unclear as to Policy/Procedure        | <input type="checkbox"/> Unaware of safety hazard  |
| <input type="checkbox"/> Patient initiated occurrence          | <input type="checkbox"/> Foreign material on floor |
| <input type="checkbox"/> Equipment defect/malfunction/handling | <input type="checkbox"/> Improper Body mechanics   |
| <input type="checkbox"/> Poor illumination                     |  |
| <input type="checkbox"/> Other                                 |  |

Explain:

10. WAS A FACULTY MEMBER (OR DIRECTOR/ASSOCIATE DIRECTOR OF CLINIC EDUCATION DURING CLINICAL EXPERIENCES) NOTIFIED AT TIME OF OCCURENCE?

\_\_\_\_ Yes

\_\_\_\_ No

11. DESCRIPTION OF OCCURRENCE

12.

Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

13. DESCRIBE MEASURES TAKEN TO PREVENT REOCCURRENCE:



14. IMMEDIATE TREATMENT

- No treatment necessary
- Employee health
- Emergency room
- Other
- First-aid
- Refused treatment
- Hospital/Medical Center

Explain: \_\_\_\_\_

15. WAS STUDENT REFERRED TO PHYSICIAN?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Treatment Facility: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Brief Description of Rx: \_\_\_\_\_

OR

If incident is a blood or body fluid exposure, please adhere to Blood-Borne Pathogen Post Exposure guidelines. Document only as directed.

16. DISPOSITION

- Return to school
- Released to home
- Hospitalized
- Fatality
- Other

Name of hospital: \_\_\_\_\_

Explain: \_\_\_\_\_

17. TIME LOST:

- Yes
- No

Estimated absence (hours, days, weeks): \_\_\_\_\_

18. SIGNATURES

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

Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Course Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**OLD DOMINION UNIVERSITY  
PROGRAM IN PHYSICAL THERAPY  
PROFESSIONAL BEHAVIORS ASSESSMENT**

Student Name: Click or tap here to enter text.

Graduation Year: Click or tap here to enter text.

Advisor: Click or tap here to enter text.

Date: Click or tap to enter a date.

Directions: 1. Read the description of each Professional Behavior.

1. Become familiar with the behavioral criteria described in each of the levels.
2. Self - assess your performance continually, relative to the Professional Behaviors, using the behavioral criteria.
  3. Each fall semester, complete this form.
    - a) **Using a Highlighter Pen**, highlight all criteria that describes behaviors you demonstrate in Beginning (column 1), Intermediate (column 2), Entry Level (column 3) or Post-Entry Level Professional Behaviors.
    - b) Identify the level within which you predominately function.
    - c) Document specific examples of when you demonstrated behaviors from the highest level highlighted.
    - d) For each Professional Behavior, list the areas in which you wish to improve.
  4. Email your self-assessment to your advisor prior to your advising meeting. Please save the document with your **last name, first initial, year\_ Professional Behaviors Self Assessment**. (Doe\_J\_2021\_ Professional Behaviors Self Assessment). Discuss your self- assessment with your advisor, specifically seeking his/her feedback during your fall advising session.
  5. Have your advisor sign that they have read and discussed your self-assessment; your advisor will place a copy in your electronic file.

\*\*Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities.

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

<b>Beginning Level:</b>	<b>Intermediate Level:</b>	<b>Entry Level:</b>	<b>Post-Entry Level:</b>
<ul style="list-style-type: none"> <li>❖ Raises relevant questions</li> <li>❖ Considers all available information</li> <li>❖ Articulates ideas</li> <li>❖ Understands the scientific method</li> <li>❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)</li> <li>❖ Recognizes holes in knowledge base</li> <li>❖ Demonstrates acceptance of limited knowledge and experience in knowledge base</li> </ul>	<ul style="list-style-type: none"> <li>❖ Feels challenged to examine ideas</li> <li>❖ Critically analyzes the literature and applies it to patient management</li> <li>❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas</li> <li>❖ Seeks alternative ideas</li> <li>❖ Formulates alternative hypotheses</li> <li>❖ Critiques hypotheses and ideas at a level consistent with knowledge base</li> <li>❖ Acknowledges presence of contradictions</li> </ul>	<ul style="list-style-type: none"> <li>❖ Distinguishes relevant from irrelevant patient data</li> <li>❖ Readily formulates and critiques alternative hypotheses and ideas</li> <li>❖ Infers applicability of information across populations</li> <li>❖ Exhibits openness to contradictory ideas</li> <li>❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently</li> <li>❖ Justifies solutions selected</li> </ul>	<ul style="list-style-type: none"> <li>❖ Develops new knowledge through research, professional writing and/or professional presentations</li> <li>❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process</li> <li>❖ Weighs information value based on source and level of evidence</li> <li>❖ Identifies complex patterns of associations</li> <li>❖ Distinguishes when to think intuitively vs. analytically</li> <li>❖ Recognizes own biases and suspends judgmental thinking</li> <li>❖ Challenges others to think critically</li> </ul>

*I function predominantly in the **beginning/intermediate/entry/post entry** level.*

*Examples of behaviors to support my self assessment:*

Click or tap here to enter text.

*Regarding this Professional Behavior, I would like to improve in the following ways:*

Click or tap here to enter text.

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

<b>Beginning Level:</b>	<b>Intermediate Level:</b>	<b>Entry Level:</b>	<b>Post Entry Level:</b>
<ul style="list-style-type: none"> <li>❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</li> <li>❖ Recognizes impact of non-verbal communication in self and others</li> <li>❖ Recognizes the verbal and non-verbal characteristics that portray confidence</li> <li>❖ Utilizes electronic communication appropriately</li> </ul>	<ul style="list-style-type: none"> <li>❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</li> <li>❖ Restates, reflects and clarifies message(s)</li> <li>❖ Communicates collaboratively with both individuals and groups</li> <li>❖ Collects necessary information from all pertinent individuals in the patient/client management process</li> <li>❖ Provides effective education (verbal, non-verbal, written and electronic)</li> </ul>	<ul style="list-style-type: none"> <li>❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</li> <li>❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing</li> <li>❖ Maintains open and constructive communication</li> <li>❖ Utilizes communication technology effectively and efficiently</li> </ul>	<ul style="list-style-type: none"> <li>❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning</li> <li>❖ Effectively delivers messages capable of influencing patients, the community and society</li> <li>❖ Provides education locally, regionally and/or nationally</li> <li>❖ Mediates conflict</li> </ul>

I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self-assessment:

[Click or tap here to enter text.](#)

Regarding this Professional Behavior, I would like to improve in the following ways:

[Click or tap here to enter text.](#)

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

<p><b>Beginning Level:</b></p> <ul style="list-style-type: none"> <li>❖ Recognizes problems</li> <li>❖ States problems clearly</li> <li>❖ Describes known solutions to problems</li> <li>❖ Identifies resources needed to develop solutions</li> <li>❖ Uses technology to search for and locate resources</li> <li>❖ Identifies possible solutions and probable outcomes</li> </ul>	<p><b>Intermediate Level:</b></p> <ul style="list-style-type: none"> <li>❖ Prioritizes problems</li> <li>❖ Identifies contributors to problems</li> <li>❖ Consults with others to clarify problems</li> <li>❖ Appropriately seeks input or guidance</li> <li>❖ Prioritizes resources (analysis and critique of resources)</li> <li>❖ Considers consequences of possible solutions</li> </ul>	<p><b>Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Independently locates, prioritizes and uses resources to solve problems</li> <li>❖ Accepts responsibility for implementing solutions</li> <li>❖ Implements solutions</li> <li>❖ Reassesses solutions</li> <li>❖ Evaluates outcomes</li> <li>❖ Modifies solutions based on the outcome and current evidence</li> <li>❖ Evaluates generalizability of current evidence to a particular problem</li> </ul>	<p><b>Post Entry Level:</b></p> <ul style="list-style-type: none"> <li>❖ Weighs advantages and disadvantages of a solution to a problem</li> <li>❖ Participates in outcome studies</li> <li>❖ Participates in formal quality assessment in work environment</li> <li>❖ Seeks solutions to community health-related problems</li> <li>❖ Considers second and third order effects of solutions chosen</li> </ul>
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I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self-assessment:

[Click or tap here to enter text.](#)

Regarding this Professional Behavior, I would like to improve in the following ways:

[Click or tap here to enter text.](#)

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

<b>Beginning Level:</b>	<b>Intermediate Level:</b>	<b>Entry Level:</b>	<b>Post Entry Level:</b>
<ul style="list-style-type: none"> <li>❖ Maintains professional demeanor in all interactions</li> <li>❖ Demonstrates interest in patients as individuals</li> <li>❖ Communicates with others in a respectful and confident manner</li> <li>❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons</li> <li>❖ Maintains confidentiality in all interactions</li> <li>❖ Recognizes the emotions and bias that one brings to all professional interactions</li> </ul>	<ul style="list-style-type: none"> <li>❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions</li> <li>❖ Establishes trust</li> <li>❖ Seeks to gain input from others</li> <li>❖ Respects role of others</li> <li>❖ Accommodates differences in learning styles as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>❖ Demonstrates active listening skills and reflects back to original concern to determine course of action</li> <li>❖ Responds effectively to unexpected situations</li> <li>❖ Demonstrates ability to build partnerships</li> <li>❖ Applies conflict management strategies when dealing with challenging interactions</li> <li>❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</li> </ul>	<ul style="list-style-type: none"> <li>❖ Establishes mentor relationships</li> <li>❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction</li> </ul>

I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self-assessment::

[Click or tap here to enter text.](#)

Regarding this Professional Behavior, I would like to improve in the following ways:

[Click or tap here to enter text.](#)

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

<b>Beginning Level:</b>	<b>Intermediate Level:</b>	<b>Entry Level:</b>	<b>Post Entry Level:</b>
<ul style="list-style-type: none"> <li>❖ Demonstrates punctuality</li> <li>❖ Provides a safe and secure environment for patients</li> <li>❖ Assumes responsibility for actions</li> <li>❖ Follows through on commitments</li> <li>❖ Articulates limitations and readiness to learn</li> <li>❖ Abides by all policies of academic program and clinical facility</li> </ul>	<ul style="list-style-type: none"> <li>❖ Displays awareness of and sensitivity to diverse populations</li> <li>❖ Completes projects without prompting</li> <li>❖ Delegates tasks as needed</li> <li>❖ Collaborates with team members, patients and families</li> <li>❖ Provides evidence-based patient care</li> </ul>	<ul style="list-style-type: none"> <li>❖ Educates patients as consumers of health care services</li> <li>❖ Encourages patient accountability</li> <li>❖ Directs patients to other health care professionals as needed</li> <li>❖ Acts as a patient advocate</li> <li>❖ Promotes evidence-based practice in health care settings</li> <li>❖ Accepts responsibility for implementing solutions</li> <li>❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings</li> </ul>	<ul style="list-style-type: none"> <li>❖ Recognizes role as a leader</li> <li>❖ Encourages and displays leadership</li> <li>❖ Facilitates program development and modification</li> <li>❖ Promotes clinical training for students and coworkers</li> <li>❖ Monitors and adapts to changes in the health care system</li> <li>❖ Promotes service to the community</li> </ul>

I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self-assessment:

[Click or tap here to enter text.](#)

Regarding this Professional Behavior, I would like to improve in the following ways:

[Click or tap here to enter text.](#)

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

<b>Beginning Level:</b>	<b>Intermediate Level:</b>	<b>Entry Level:</b>	<b>Post Entry Level:</b>
<ul style="list-style-type: none"> <li>❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics</li> <li>❖ Demonstrates awareness of state licensure regulations</li> <li>❖ Projects professional image</li> <li>❖ Attends professional meetings</li> <li>❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</li> </ul>	<ul style="list-style-type: none"> <li>❖ Identifies positive professional role models within the academic and clinical settings</li> <li>❖ Acts on moral commitment during all academic and clinical activities</li> <li>❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making</li> <li>❖ Discusses societal expectations of the profession</li> </ul>	<ul style="list-style-type: none"> <li>❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</li> <li>❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity</li> <li>❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</li> <li>❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</li> <li>❖ Discusses role of physical therapy within the healthcare system and in population health</li> <li>❖ Demonstrates leadership in</li> <li>❖ collaboration with both individuals and groups</li> </ul>	<ul style="list-style-type: none"> <li>❖ Actively promotes and advocates for the profession</li> <li>❖ Pursues leadership roles</li> <li>❖ Supports research</li> <li>❖ Participates in program development</li> <li>❖ Participates in education of the community</li> <li>❖ Demonstrates the ability to practice effectively in multiple settings</li> <li>❖ Acts as a clinical instructor</li> <li>❖ Advocates for the patient, the community and society</li> </ul>



I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors that support my self-assessment:

Click or tap here to enter text.

Regarding this Professional Behavior, I would like to improve in the following ways:

Click or tap here to enter text.

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

<b>Beginning Level:</b>	<b>Intermediate Level:</b>	<b>Entry Level:</b>	<b>Post Entry Level:</b>
<ul style="list-style-type: none"> <li>❖ Demonstrates active listening skills</li> <li>❖ Assesses own performance</li> <li>❖ Actively seeks feedback from appropriate sources</li> <li>❖ Demonstrates receptive behavior and positive attitude toward feedback</li> <li>❖ Incorporates specific feedback into behaviors</li> <li>❖ Maintains two-way communication without defensiveness</li> </ul>	<ul style="list-style-type: none"> <li>❖ Critiques own performance accurately</li> <li>❖ Responds effectively to constructive feedback</li> <li>❖ Utilizes feedback when establishing professional and patient related goals</li> <li>❖ Develops and implements a plan of action in response to feedback</li> <li>❖ Provides constructive and timely feedback</li> </ul>	<ul style="list-style-type: none"> <li>❖ Independently engages in a continual process of self evaluation of skills, knowledge and abilities</li> <li>❖ Seeks feedback from patients/clients and peers/mentors</li> <li>❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</li> <li>❖ Uses multiple approaches when responding to feedback</li> <li>❖ Reconciles differences with sensitivity</li> <li>❖ Modifies feedback given to patients/clients according to their learning styles</li> </ul>	<ul style="list-style-type: none"> <li>❖ Engages in non-judgmental, constructive problem-solving discussions</li> <li>❖ Acts as conduit for feedback between multiple sources</li> <li>❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients</li> <li>❖ Utilizes feedback when analyzing and updating professional goals</li> </ul>

I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self-assessment:

[Click or tap here to enter text.](#)

Regarding this Professional Behavior, I would like to improve in the following ways:

[Click or tap here to enter text.](#)

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

<b>Beginning Level:</b>	<b>Intermediate Level:</b>	<b>Entry Level:</b>	<b>Post Entry Level:</b>
<ul style="list-style-type: none"> <li>❖ Comes prepared for the day's activities/responsibilities</li> <li>❖ Identifies resource limitations (i.e. information, time, experience)</li> <li>❖ Determines when and how much help/assistance is needed</li> <li>❖ Accesses current evidence in a timely manner</li> <li>❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards</li> <li>❖ Self-identifies and initiates learning opportunities during unscheduled time</li> </ul>	<ul style="list-style-type: none"> <li>❖ Utilizes effective methods of searching for evidence for practice decisions</li> <li>❖ Recognizes own resource contributions</li> <li>❖ Shares knowledge and collaborates with staff to utilize best current evidence</li> <li>❖ Discusses and implements strategies for meeting productivity standards</li> <li>❖ Identifies need for and seeks referrals to other disciplines</li> </ul>	<ul style="list-style-type: none"> <li>❖ Uses current best evidence</li> <li>❖ Collaborates with members of the team to maximize the impact of treatment available</li> <li>❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</li> <li>❖ Gathers data and effectively interprets and assimilates the data to determine plan of care</li> <li>❖ Utilizes community resources in discharge planning</li> <li>❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate</li> <li>❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities</li> </ul>	<ul style="list-style-type: none"> <li>❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc)</li> <li>❖ Applies best evidence considering available resources and constraints</li> <li>❖ Organizes and prioritizes effectively</li> <li>❖ Prioritizes multiple demands and situations that arise on a given day</li> <li>❖ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care</li> </ul>

I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self-assessment:

[Click or tap here to enter text.](#)

Regarding this Professional Behavior, I would like to improve in the following ways:

[Click or tap here to enter text.](#)

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

<b>Beginning Level:</b>	<b>Intermediate Level:</b>	<b>Entry Level:</b>	<b>Post Entry Level:</b>
<ul style="list-style-type: none"> <li>❖ Recognizes own stressors</li> <li>❖ Recognizes distress or problems in others</li> <li>❖ Seeks assistance as needed</li> <li>❖ Maintains professional demeanor in all situations</li> </ul>	<ul style="list-style-type: none"> <li>❖ Actively employs stress management techniques</li> <li>❖ Reconciles inconsistencies in the educational process</li> <li>❖ Maintains balance between professional and personal life</li> <li>❖ Accepts constructive feedback and clarifies expectations</li> <li>❖ Establishes outlets to cope with stressors</li> </ul>	<ul style="list-style-type: none"> <li>❖ Demonstrates appropriate affective responses in all situations</li> <li>❖ Responds calmly to urgent situations with reflection and debriefing as needed</li> <li>❖ Prioritizes multiple commitments</li> <li>❖ Reconciles inconsistencies within professional, personal and work/life environments</li> <li>❖ Demonstrates ability to defuse potential stressors with self and others</li> </ul>	<ul style="list-style-type: none"> <li>❖ Recognizes when problems are unsolvable</li> <li>❖ Assists others in recognizing and managing stressors</li> <li>❖ Demonstrates preventative approach to stress management</li> <li>❖ Establishes support networks for self and others</li> <li>❖ Offers solutions to the reduction of stress</li> <li>❖ Models work/life balance through health/wellness behaviors in professional and personal life</li> </ul>

I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self-assessment:

[Click or tap here to enter text.](#)

Regarding this Professional Behavior, I would like to improve in the following ways:

[Click or tap here to enter text.](#)

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

<b>Beginning Level:</b>	<b>Intermediate Level:</b>	<b>Entry Level:</b>	<b>Post Entry Level:</b>
<ul style="list-style-type: none"> <li>❖ Prioritizes information needs</li> <li>❖ Analyzes and subdivides large questions into components</li> <li>❖ Identifies own learning needs based on previous experiences</li> <li>❖ Welcomes and/or seeks new learning opportunities</li> <li>❖ Seeks out professional literature</li> <li>❖ Plans and presents an in- service, research or cases studies</li> </ul>	<ul style="list-style-type: none"> <li>❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</li> <li>❖ Applies new information and re-evaluates performance</li> <li>❖ Accepts that there may be more than one answer to a problem</li> <li>❖ Recognizes the need to and is able to verify solutions to problems</li> <li>❖ Reads articles critically and understands limits of application to professional practice</li> </ul>	<ul style="list-style-type: none"> <li>❖ Respectfully questions conventional wisdom</li> <li>❖ Formulates and re-evaluates position based on available evidence</li> <li>❖ Demonstrates confidence in sharing new knowledge with all staff levels</li> <li>❖ Modifies programs and treatments based on newly-learned skills and considerations</li> <li>❖ Consults with other health professionals and physical therapists for treatment ideas</li> </ul>	<ul style="list-style-type: none"> <li>❖ Acts as a mentor not only to other PT's, but to other health professionals</li> <li>❖ Utilizes mentors who have knowledge available to them</li> <li>❖ Continues to seek and review relevant literature</li> <li>❖ Works towards clinical specialty certifications</li> <li>❖ Seeks specialty training</li> <li>❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)</li> <li>❖ Pursues participation in clinical education as an educational opportunity</li> </ul>

I function predominantly in the **beginning/intermediate/entry/post entry** level.

Examples of behaviors to support my self- assessment:

[Click or tap here to enter text.](#)

Regarding this Professional Behavior, I would like to improve in the following ways:

[Click or tap here to enter text.](#)

**Professional Development Plan:**

**Based on my self-assessment of my Professional Behaviors and the areas I have identified for improvement, I am setting the following goals:**

**To accomplish these goals, I will take the following specific actions:**

By typing my name below, I indicate that I have completed this self-assessment and sought feedback from my CI regarding my self-assessment.

Student Signature: Click or tap here to enter text.      Date: Click or tap to enter a date.

Advisor feedback/suggestions.

Advisor signature: Click or tap here to enter text. Date: Click or tap to enter a date.

## **EXPECTED PROFESSIONAL BEHAVIORS**

All students are required to adhere to the APTA Professional Code of Conduct and Code of Ethics (see APTA website at [www.apta.org](http://www.apta.org)) and Core Values for the Physical Therapist at <https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant>

Examples of expected professional behavior include:

1. Being on time and prepared for class; completing assignments in a timely manner; participating in class.
2. Adhering to the dress code for laboratory, clinical, and other school related functions.
3. Interacting respectfully with classmates, faculty, clinicians, colleagues, patients, clients, and family members or caregivers.
4. Wisely using social media (Refer to Social Media Policy). Consider that posts, blogs, tweets, and pictures represent you and the Program and influence how your character is perceived by others.
5. Proactively communicate any special needs, or absences.

Failure to demonstrate appropriate professional behaviors may be grounds for grade reduction or failure of a course or dismissal from the DPT Professional Program.

## **PHYSICAL THERAPY CLUB**

The Physical Therapy (PT) Club is a recognized Old Dominion University student organization comprised of students enrolled in the DPT Program. The mission of the PT Club is to enhance the awareness of the physical therapy profession in the community, volunteer for local charitable organizations, and facilitate mentorship among students and faculty in the physical therapy program.

The Ethnic and Cultural Alliance is a sub-group of the PT Club comprised of underrepresented students in the physical therapy program.

The PT Club holds meetings at least once per semester and sponsors a social event once per semester. Previous events have included a self-defense course, fall Halloween party, Angel Tree sponsorships, canned food drives, Relay for Life events, Race for the Cure events, fundraisers for the PT Foundation, and fall and spring formals.

The PT Club elects officers each fall consisting of: President, Vice-President, Secretary, Treasurer, Class Historian, and Social Chair. In addition, each class elects a class representative in the fall of the first year. DPT 1 and DPT 2 students are eligible to run for officer positions. Dr. Mariano serves as the advisor to the PT Club.

## CODE OF STUDENT CONDUCT

The program follows the ODU Code of Student Conduct. The 2024-2025 is outlined and available on <https://www1.odu.edu/about/monarchcitizenship/student-conduct>. In addition, expected student conduct is documented in the Code of Student Conduct found in the Policy and Procedures of the ODU Graduate Catalog (<http://www.odu.edu/about/policiesandprocedures/bov/bov1500/1530>)

## HONOR CODE/ PLAGIARISM

When you register each semester for your courses you are also signing an Honor Code Pledge to uphold Old Dominion University's Honor System.

"I pledge to support the Honor System of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community it is my responsibility to turn in all suspected violations of the Honor Code. I will report to a hearing if summoned."

Plagiarism: A student will have committed plagiarism if he or she reproduces someone else's work without acknowledging its source. Plagiarism includes making simple changes to borrowed materials while leaving the organization, content or phraseology intact. Plagiarism also occurs in a group project if one or more of the members of the group does none of the group's work and participates in none of the group's activities but attempts to take credit for the work of the group.

"Zero" (0) is:

- a. the Program in Physical Therapy's tolerance for plagiarism or cheating of any kind, and
- b. the grade that will be assigned for any plagiarized work.

Cases will be reported to the University Hearing Officer, and the instructor may assign the student a grade of F for the course, regardless of the numerical average accumulated by the student for work that was not plagiarized.

Students who are unsure of the meaning of "cheating" or "plagiarizing" should visit the web site of the Old Dominion Honor Council; page 20 of the ODU Graduate catalog.

## OBJECTIVES OF THE STUDENT CONDUCT SYSTEM

- a. Create an environment that provides the best opportunity for academic inquiry and learning.
- b. Assure students a fundamentally fair opportunity to resolve allegations when they have been accused of violating the Code.
- c. To protect members of the University community from harm resulting from the misconduct of the few students who fail to respect the right of others; and
- d. To help ensure order in the University community.



## SOCIAL MEDIA POLICY

The program follows the university guidelines for social media <https://www.odu.edu/university-communications/social-media>

The university guidelines include:

- Use good judgment about content and respect privacy laws. Do not include confidential information about the ODU, its staff, or its students.
- You may not post any content that is threatening, obscene, a violation of intellectual property rights or privacy laws, or otherwise injurious or illegal.
- Representation of your personal opinions as being endorsed by the University or any of its organizations is strictly prohibited. You may not use the ODU name to promote any opinion, product, cause, or political candidate.
- By posting content to any social media site, you agree that you own or otherwise control all of the rights to that content or that your use of the content is protected under fair use guidelines. In addition, you may not knowingly provide misleading or false information, and you indemnify and hold the University harmless for any claims resulting from the content.
- While ODU does not regularly review content posted to all officially recognized social media sites, it shall have the right to remove any content for any reason, including but not limited to, content that it deems threatening, obscene, a violation of intellectual property rights or privacy laws, or otherwise injurious or illegal.
- When using or posting online material that includes direct or paraphrased quotes, thoughts, ideas, photos, or videos, include citations whenever possible. Provide a link to the original material if possible and/or applicable.
- Do not use information and/or engage in activities that may violate local, state, or federal laws, and regulations.

*\*The DPT program may take and use photographs and/or videos of students for marketing, promotional materials, classroom teaching, or other official purposes.*

## **PROGRAM IN PHYSICAL THERAPY POLICY ON GRADING**

The Program in Physical Therapy utilizes the following grading scale:

A = 90 and above

B = 80 to 89

C = 70 to 79

F = 69 and below

No pluses or minuses will be given. Rounding of final grades will be at the discretion of the Course Coordinator for each course.

Clinical education courses will be graded pass/fail.

## **GRADUATION REQUIREMENTS**

In addition to satisfactorily completing the didactic and clinical education curriculum, students must pass both written and oral comprehensive examinations prior to graduation. These exams are given at the end of the fall semester of program year three. The procedure for this exam is provided in the Doctor of Physical Therapy (DPT) Comprehensive Examination Policy and Procedure.

## **DOCTOR OF PHYSICAL THERAPY (DPT) COMPREHENSIVE EXAMINATION POLICY AND PROCEDURE**

One requirement for graduation from the Doctor of Physical Therapy Program (DPT) is the successful completion of a comprehensive examination. The comprehensive examination is given at the end of the fall semester of year 3, prior to beginning the final, full-time clinical experience in the spring semester.

The comprehensive examination consists of 2 components – a written and an oral component.

***Successful completion of the written component is required before proceeding to the oral component.***

***Successful completion of both components is required before proceeding to the final clinical experience.***

### **Written Component:**

1. The written examination is structured to simulate the National Physical Therapy Examination (NPTE) and is intended to determine preparedness for the final clinical experience and the licensure examination. The ODU DPT Program uses the Practice Exam Assessment Tool (PEAT) for the written component of the comprehensive examination.
  - a. The written examination will be administered in the same format as the NPTE exam via computer in a secure testing environment at ODU
  - b. A maximum allotted time of 5 hours with one scheduled 15-minute break after section 2. Three unscheduled breaks are allowed after each section but the examination timer continues to elapse, which is identical to the administration of the NPTE.
2. Passing score:
  - a. The examination is graded as pass/fail. The passing score has been set at 600 to align with the NPTE. Scores of 580 or greater will be considered a passing score for the written component of the comprehensive examination and the student will be allowed to progress to the oral component.
    - i. Students who score **600 or greater** will be qualified to apply for early testing (taking the NPTE prior to graduation) if permitted by state regulations.
    - ii. Students who score between **580 and 599** will NOT be allowed to apply for early testing (taking the NPTE prior to graduation)
      1. An exception will be considered if the student repeats the PEAT exam PRIOR to the FSBPT deadline for validation of graduation AND scores 600 or greater on the repeat exam.
  - b. Scores of **579 and below** will be considered failure of the written component.
    - i. The student will NOT progress to the oral component of the examination.
    - ii. The student's spring clinical experience will be postponed.
    - iii. The student will no longer be eligible for May degree conferral.\*
      1. The student will need to register for 1 credit hour during the semester of degree conferral per university policy.
    - iv. The student will enter a period of remediation with a repeat PEAT exam to be administered in approximately 60 days.
    - v. If the student scores 580 or higher on the second PEAT exam, they progress to the oral component of the examination.
    - vi. If the student scores 579 or below they will be dismissed from the program.\*\*

### **Oral Component:**

1. The oral component will consist of a scenario-based discussion with 2-3 students and 3 examiners. Two (2) scenarios will be completed during the examination.
2. Passing score:
  - a. The examination is graded as pass/fail. An overall score of 70% on all scenarios is considered passing.
    - i. Students are scored individually by each examiner. Scores of the 3 examiners are averaged to determine final score.
  - b. An overall score of 70% and above will be considered passing for the oral component and the student will have successfully completed the comprehensive examination.
    - i. The student will progress to the final clinical experience.
  - c. An overall score of 69% or below will be considered a failure of the oral component
    - i. Remediation will begin.
    - ii. Oral examination will be repeated individually with 2 examiners following the same structure and rules as the initial testing prior to the scheduled clinical experience start date.
    - iii. For the retake a score of 70% or greater will be considered passing the oral component and successfully completing the comprehensive examination
      1. The student will progress to their final clinical experience
      2. If a longer remediation period is required, the student will register for 1 credit hour during the summer session if requirements for degree conferral are NOT completed by May graduation date.
    - iv. A score of 69% or below on the repeat oral exam will result in dismissal from the program. \*\*

\*ODU has degree conferral dates in January, March, May, June, August, October, and December. Degree conferral other than May will be determined on an individual basis, based on the completion of requirements for the DPT degree, including successful completion of comprehensive examination and final clinical experience. Final clinical experience location and dates are subject to clinical site availability and may impact degree conferral date.

\*\*Any student who is dismissed from the program for unsuccessful completion of the comprehensive examination can appeal the decision as outlined in the graduate catalog.

**OLD DOMINION UNIVERSITY  
PROGRAM IN PHYSICAL THERAPY  
POLICY ON CONTINUANCE**

1. Students must maintain a 3.0 GPA to remain in good academic standing in the program. Any student experiencing academic difficulty should reach out to the course instructor first, then to their advisor and/or the Graduate Program Director (GPD) as soon as possible. The advisor will communicate the student's academic situation to the GPD for review and collectively develop an appropriate course of action.
2. Any student who accumulates more than 2 C's during the program will meet with their advisor who will communicate the student's academic situation to the GPD for review and collectively develop an appropriate course of action.
3. Any student receiving an "F" in any course in the curriculum will meet with the GPD to determine an appropriate course of action. Possible actions may include remediation followed by repeating the course the following year, or dismissal from the program.
4. Any student with a GPA below 3.0 will be placed on academic probation as per University policy ([Graduate Policies & Procedures < Old Dominion University \(odu.edu\)](#)). Students on academic probation have 12 credits hours to bring their overall GPA up to 3.0. For students in this program, the next twelve credits will be taken in one semester. Students who are unable to increase their GPA to 3.0 after the completion of twelve credits will be suspended from the University.
5. A suspended student may follow the ODU Graduate Continuance Policy to apply for reinstatement. ([Graduate Policies & Procedures < Old Dominion University \(odu.edu\)](#)). Reinstatement is not automatic.
6. Because the curriculum is designed to integrate information across courses, a student who withdraws from a class for any reason **must** withdraw from every class in the same semester. Students will follow the withdrawal guidelines outlined in the ODU Graduate Catalog. Please consult with your advisor and the GPD prior to withdrawing.
7. Any student who leaves the program for any reason is required to communicate in writing to the GPD. GPD will complete and submit any necessary forms to the Graduate School.
8. If a leave of absence for either medical or personal reasons is needed, the student will contact their faculty advisor who will communicate the student's situation to the GPD for review and collectively develop an appropriate course of action. Requests of this nature will be reviewed/approved on a case-by-case basis.
9. As stated in the Clinical Education Handbook, a student who fails a clinical education course may repeat that course at the discretion of the Director of Clinical Education (DCE). Two failed clinical education courses will result in dismissal from the program.
10. Failure to demonstrate appropriate professional behaviors as described in the Student Handbook and the APTA Code of Ethics may be grounds for grade reduction or failure of a course or possible dismissal from the DPT Professional Program.

**Continuance Committee**

The program has a Continuance Committee of 3-5 faculty members who, under the direction of GPD, may be directed to review any situation relative to a student's progress in the program and provide recommendations to the GPD as to the plan of action. The GPD, in consideration of the Continuance Committee recommendations, will decide the final plan of action. In the event of a voluntary separation from the program or dismissal, the GPD will submit the necessary documentation through the appropriate administrative channels to the Graduate School.

Revised May 15, 2023

**OLD DOMINION UNIVERSITY  
PROGRAM IN PHYSICAL THERAPY  
POLICY ON ATTENDANCE**

**UNIVERSITY ACADEMIC CALENDAR AND FINAL EXAM SCHEDULE**

Students are required to adhere to the schedules set by the University Academic Calendar and the DPT Program. The University Academic Calendar provides important dates such as the start and end of semesters, add/drop deadlines for courses, final exam periods, and commencement information. The DPT Program is a professional program which may require student attendance on dates that do not align with the University calendar, e.g. students follow the schedule of their clinical education site when off-campus during a clinical education experience. The University's Academic Calendar is available online at <https://www.odu.edu/academics/calendar>. The Program will provide students with reasonable and advanced notice for final exams, special events, and clinical education schedules. Students must be prepared to be on-campus throughout the entire final exam period as listed on the University calendar. The Program will provide students with a detailed final exam schedule when able.

**ATTENDANCE**

Attendance in all courses is required, including lecture, laboratory, and clinical education sessions. As a professional education program, these policies should be considered within the context of professional responsibility and behavior. This program prepares students for professional clinical practice as a physical therapist which requires timeliness, dependability, respect for client's time, and responsible behavior. Attendance of all classes, labs, and clinical education sessions is required for the following reasons:

- Class lectures include information and discussions which cannot be replicated at another time including presentations by outside experts and guests.
- Laboratory sessions require equipment and physical area set-up that cannot be replicated. This includes demonstration of techniques, dyad learning opportunities, observation and practice of clinical skills which includes feedback from skilled instructors. These opportunities should not be missed and cannot be performed in another fashion. Additionally, the student's partner is then penalized by the student's absence as skills are practiced and instructed in pairs.
- Attendance during clinical education is mandatory and is reflective of the student's ability to function as a physical therapist. See the clinical education section for specific details of the clinical education procedure.

**SEMESTER SCHEDULE**

A calendar of classes and educational experiences for each semester will be provided to the students as soon as possible by the instructors of each class and the program. Every effort will be made to adhere to this schedule. Situations may arise in which classes and learning experiences must be rescheduled. This often arises with patient/client visits, interprofessional education events, or collaboration with outside organizations such as clinics or hospitals. Students must be flexible with their schedules and adapt to these changes. This program must be considered the priority of the student and any changes in curricular schedule must be accommodated. Every effort will be made to keep these rescheduled experiences within the Monday to Friday 8 am to 5 pm time frame.

Students who will miss class are responsible for informing the instructor of that class via email and cc'ing the Conduct Officer of the program. All absences must be approved by the instructor who will inform the Conduct Officer or the absence will count as unexcused. It is the discretion of the faculty member or the Conduct Officer as to determine an excused vs unexcused absence.

## **NOTICE OF ABSENCE OR TARDINESS**

Students must provide prompt and professional communication to course instructors, and/or the faculty advisor, and Program Director if personal reasons or extenuating circumstances\* prevent the student from attending class or adhering with the course schedule. Students should initiate communication at the earliest opportunity to provide a detailed description of the circumstance and its impact on the student's ability to fulfill academic obligations. Faculty will collaborate with the student to provide reasonable accommodations and support. Failure to provide adequate notice of absences may lead to negative academic consequences (e.g., an Incomplete in a course, failure to progress to a clinical education experience as scheduled) and/or disciplinary action by the Program.

*\*Extenuating circumstances are significant and often unpredictable life events which may include serious health issues with student and/or family, accidents, family emergencies, bereavement, legal obligations, military obligations, religious observation, significant life events (childbirth, marriage etc.)*

## **EXCUSED ABSENCES**

Students are allowed 2 excused absences per academic year. For all absences after 2 excused absences or 1 unexcused absence, the student will be required to meet with the Conduct Officer to determine the reasons for these absences. Any repercussions of these absences will be determined by the Conduct Officer and can include: a conduct letter in permanent file, point deduction from the class, lowering a letter grade, suspension, or dismissal from the program. A single absence can cover more than one class if the circumstances dictate, but all faculty involved should be notified. Determining the number of absences assigned will be at the discretion of the Conduct Officer.

Revised August 1, 2024



## **CLASS AND LABORATORY INFORMATION**

Students accepted into the Program are responsible adults seeking a professional education and are responsible for their own actions. If a student misses a class due to an emergency, then it is the student's responsibility to discuss make-up requirements for assignments missed during class or lab sessions with the instructor. It is imperative that students remain up-to-date in their class work in all classes due to the intense nature of the program. Please refer to each individual class syllabus for any additional expectations required by the instructor.

### **STUDENT ACCESS TO HEALTH SCIENCES 2 BLDG., PT LABS, & EQUIPMENT**

The physical therapy student roster list is given to Campus security each year. Students will be allowed liberal access, seven days a week to the Health Sciences 2 Bldg. by contacting the Campus Security office (757- 683-4000) during those times in which the building is locked.

### **RULES FOR STUDENT USE OF PHYSICAL THERAPY LABS**

1. PT students may use the PT labs whenever they are not in use for lectures or lab. **PLEASE ENSURE THAT THE PT LAB DOORS ARE SHUT AFTER USE.**
2. No equipment or supplies should be removed from the premises at any time.
3. The student using the lab is responsible for shutting the lab door when done and returning all items to their original place. Please clean up after yourselves!
4. Eating and drinking are NOT ALLOWED in the PT lab. Equipment can become damaged; mice/insects will be attracted to any can or food that is left in the labs. You may bring water bottles to the lab.
5. Students are only permitted to use therapeutic equipment if a licensed physical therapist is present to supervise. Safety is of the utmost importance.
6. Students are to leave the PT labs neat, clean and sanitized when they are finished using the facilities. Please return all mat tables to their upright position, pillows in place, furniture moved back to their original place, and equipment put away.
7. Please report any personal injuries or equipment problems to the course coordinator, instructor or GPD immediately. Equipment that becomes broken, faulty, or inoperable should be reported immediately.
8. Students are prohibited from using physical therapy equipment to treat friends, family members, or themselves.

Violation of these rules will result in **TERMINATION OF THE PRIVILEGE OF UNLIMITED ACCESS TO THE LABS AND EQUIPMENT** for that student who abuses the privilege.

## STANDARDS FOR STUDENT GROOMING AND PROFESSIONAL DRESS

Your physical appearance should reflect pride in who you are, what you do, and all that you represent. As a Student Physical Therapist (SPT), you will represent Old Dominion University, the Program in Physical Therapy, the physical therapy profession, and yourself across a variety of settings and circumstances. You are expected to present a neat, clean, well-groomed, professional appearance consistent with the traditional dignity of healthcare professions.

Failure to adhere to stated policies for grooming and dress will be considered a violation of program and University standards. Students will be dismissed if attire is inappropriate, and an unexcused absence will be recorded. If you have specific questions, consult the faculty member responsible for the educational experience in advance of the class or event. Exceptions will be made for students based on medical needs or cultural customs.

Practiced daily, professional dress should become second nature. Academic and clinical faculty will direct you to adapt your style of dress as appropriate, but the following standards are expected and enforced under most circumstances in the skills lab or patient care setting.

### EXPECTATIONS OF PROFESSIONAL ATTIRE

Laboratory Attire, Clinical Attire, and Business Attire are subsets of Professional Attire.

- All attire should cover your midsection, gluteal fold, and chest/cleavage.
  - All attire **MUST** continue to cover these areas whether you are sitting, standing, reaching as high as possible overhead, bending over to touch your toes, squatting.
  - Draping is expected when these regions are being addressed in lab.
- Tops must be of a length that can be tucked into and remain in bottoms OR continue to cover your torso if designed to be worn untucked.
- Generally, bottoms should be at least knee-length when standing and cover your thighs when sitting; laboratory attire is often an exception to this standard.
- Undergarments should not be visible under clothes.

### **LABORATORY ATTIRE (gender neutral)**

**Laboratory – Anatomy:** Students are to always wear gloves while working with cadavers. Protective eyewear is also recommended. Students should wear clothing which will weather the lab environment. A lab coat or a change of clothing is recommended. No open-toed shoes are allowed in the cadaver lab.

### **Laboratory – PT Skills:**

- *Tops:* sleeveless, short-sleeved, and long-sleeved tops are permitted but should cover midsection, chest/cleavage.
- *Bottoms:* athletic shorts or compression shorts (i.e. NOT denim or cargo-type shorts) that allow free movement, maintain modesty, and provide adequate coverage of undergarments.
  - Leggings do not easily allow inspection or palpation of the lower extremities due to their tight fit; they should be avoided for labs focusing on lower extremity exam or treatment.
- *Undergarments:* a sports bra (BLACK OR NAVY BLUE)
  - For spine examination or intervention, the bra needs to fasten at the back and/or have thin straps.
  - One-piece swimsuits and two-piece bathing suit tops are NOT acceptable.

- *Footwear*: shoes should be clean with a closed-toe and non-slip sole; sandals are permitted for foot/ankle examination or intervention.
- *Other*: sweatpants, sweatshirts, etc. are allowed over lab clothes when desired and appropriate.

### **BUSINESS CASUAL/CLINICAL ATTIRE**

- Name tags identifying the student as “student physical therapist” must be always worn and be easily visible to others.
- *Tops*: Short or long-sleeved shirts, sweaters, or blouses that maintain modesty and provide coverage with movement. Camisoles or undershirts may be used as needed.
  - “Golf” or “polo” type shirts are allowed by many clinical instructors and host facilities.
  - If a dress shirt and tie are required by your clinical instructor, please make sure the tie can be tucked out of the way during treatment sessions.
- *Bottoms*: Dresses, skirts, or slacks that are free of rips and allow the movements necessary when providing patient care, such as squatting, bending, kneeling.

### **PROFESSIONAL/BUSINESS ATTIRE**

You are expected to demonstrate good judgment and taste. Courtesy to others and consideration of your professional image should be the factors that are used to assess whether you are dressing in business attire that is appropriate. Business attire is recommended for the White Coat Ceremony, graduation events, interviews, oral examinations, etc. Traditionally, business attire is:

- a sport coat or suit jacket with matching or coordinating bottoms (slacks, pants, skirts)
- dress shirt and tie (if applicable)
- a modest dress
- shoes in a variety of styles (flats, heels, loafers, oxfords, etc.)

### **SETTING-SPECIFIC GUIDELINES**

Classroom: The Health Sciences Buildings are on the main campus of our urban university with a diverse undergraduate and graduate student population. Casual attire is permitted, but please be considerate since the building houses professional programs, community-facing clinics and you are a professional student.

On-campus visits by guests: Standard CLINICAL or BUSINESS ATTIRE may be required when a guest speaker is visiting. When clients from the community visit the skills lab, please wear CLINICAL ATTIRE unless otherwise directed by your instructor.

Off-campus visits by students: If you are expected to provide care to a patient or client (simulated or actual), a minimum of CLINICAL ATTIRE is required. Examples include but are not limited to standardized patient experiences, Interprofessional Clinic visits, fall risk assessments, and Eastern Shore health fairs.

If you are attending an event, a minimum of CLINICAL ATTIRE is required. Examples include but are not limited to IPE Day or Seminar; district, state, or national APTA meetings and conferences; continuing education courses. If you are presenting at an event, PROFESSIONAL/BUSINESS ATTIRE is expected.

Clinical Experiences: Students are expected to abide by the policies and procedures of the assigned facility during clinical education experiences. The Program suggests the following:

- Lab coat may be required by your clinical instructor or host facility

- Scrub wear and head coverings may be worn according to assigned clinical facility policies/procedures
- Footwear should be clean and closed toe with non-slip sole and adequate support
  - Leather, non-mesh uppers are often required in hospital or rehab settings
  - Boots (cowboy, riding, rain, etc.), high heels, and sandals are not permitted
- No t-shirts with emblems and/or signs; University or facility specific logos may be appropriate
- No denim or athletic wear unless allowed by your clinical site (e.g. athletic wear in pediatrics or sports medicine settings, “jeans day” for fundraiser)

Grooming, Hygiene, Use of Accessories in Patient Care Environments (Lab, Clinic, Community)

- Groom hair in a neat, clean, and conservative style
  - This includes facial hair (e.g. beards, mustaches, sideburns)
  - Hair should be tied back or styled up and away from the face
- Groom nails to not be visible over the tips of fingers
  - Only neutral colors of nail polish are permitted in some medical settings
  - Artificial nails, extenders, and gel polish are not permitted in most medical settings due to possible association with bacteria/yeast
- Limit accessories to appropriate style and amount
  - Head: hats, caps, visors, and other head coverings should not be worn indoors unless required for medical or cultural reasons
  - Ears: a single pair of stud earrings is permitted
  - Wrists: a watch is permitted; a watch with a second hand or timer is recommended
  - Hands: only wedding rings permitted; use judgment regarding rings if wearing gloves
  - Other piercings: host facility may require you to remove or cover jewelry
- Avoid excessive cologne or perfume
- Use cosmetics in a conservative manner
- No gum chewing unless in designated areas
- No cell phone use unless in designated areas or approved by your instructor
- Host facilities may require that tattoos be covered

## **LABORATORY SESSION ETIQUETTE PT SKILLS LAB**

When lab sessions are scheduled, you are expected to arrive on time dressed and ready for lab. This means that lab clothes must be on (including name tags) and you are ready to participate in the session at the designated time. If a lab follows a lecture, you will have 10 minutes to change. In that case you may want to consider dressing for lab prior to lecture so that you are not rushed during the break. We suggest that you keep extra lab clothes and your FirstHand kit in your locker so it may be accessible at any time. Please label your FirstHand kit, textbooks, etc. as all student items look similar.

As responsible students we probably don't need to remind you - BUT - please bathe daily and wash your lab clothes frequently so that perspiration does not become offensive.

We will require that you frequently change your lab partner. You will eventually be treating different types of patients and the more exposure you have to different body types, the more comfortable you will be in the clinic. You will experience laboratory practical examinations that will involve other classmates as well as "simulated patients" and examinations/interventions of PT faculty during the curriculum.

## CLINICAL EDUCATION

Full-time clinical education courses in the Doctor of Physical Therapy program in the School of Rehabilitation Sciences at Old Dominion University empower students to develop clinical competencies in practice and management of the physical therapy client in a variety of clinical practice settings. Clinical learning takes place during three full-time clinical education experiences offered at off-campus locations in the United States and abroad. These courses are Clinical Experiences I (beginning), II (intermediate), III (terminal). A clinical education course is 8, 12, or 14 weeks on a full-time basis. All students are required to complete two clinical education core courses in clinical areas specific to general medical-surgical/medically complex (inpatient settings) and general orthopedics/general outpatient. All students are required to complete one elective course. Electives may focus on a physical therapy specialty or be completing another core practice area in a different venue. Specific details of these categorized setting lists are listed in ODU DPT Clinical Education Handbook and Exxat Prism through which the Director and Associate Director of Clinical Education manage and administer the clinical education component of the DPT curriculum.

The Director of Clinical Education (DCE) is the core faculty member who has administrative oversight of all full-time clinical education assignments in collaboration with input from stakeholders. The Associate Director of Clinical Education (ADCE) is also a core faculty member responsible for assisting with clinical education and is responsible for the first full time clinical education experience. Professional development of student physical therapists through clinical education experiences is supported by clinical sites and clinical faculty in several states throughout the United States and abroad. Students are responsible for all health and training requirements, travel, apparel, and lodging/accommodation costs associated with clinical education.

Students will be assessed using the Clinical Internship Evaluation Tool (CIET). Students are required to complete midterm and final self-assessments using the CIET and discuss both self-assessments with assigned Clinical Instructor(s). The Clinical Instructor(s) will provide the students with a formative evaluation at midterm and a summative evaluation at the conclusion of the clinical education experience. The DCE/ADCE will utilize the final, summative CIET evaluation as a primary means of determining each student's final course grade. The assignment of grades is the sole responsibility of the DCE/ADCE, however CI feedback from is critical in determining a final grade.

Students are advanced-trained and encouraged to develop technological skills required to utilize assessment and data management components of Exxat Prism, CastleBranch Corporation, and other site-based standardized clinical education tools/forms used in conjunction with the DCE/ADCE and clinical faculty to evaluate, manage documents and self-assess clinical performance behaviors.

## **POLICY AND PROCEDURE FOR CLINICAL EDUCATION COMPLIANCE**

### **BACKGROUND**

ODU DPT has established minimum health, background, and training verifications for all students participating in full-time clinical education experiences. Some clinical partners may require additional paperwork and verifications including urine drug screens, background checks or TB tests completed closer to start dates, etc. Failure to adhere to clinical education requirements and processes may result in delayed start dates or canceled placements. Students not completing clinical education courses during the scheduled timeframe may result in delays in progression in the program. The DCE and A-DCE will communicate with students regarding the timing and completion of the minimum requirements or site-specific requirements. Students receive automated notifications from Exxat APPROVE of compliance documents that are missing, not approved, and expiring or expired. The DCE and A-DCE expect students will check their ODU emails daily, make every effort to comply with any deadlines set by the DCE/A-DCE or the clinical site, and communicate proactively if they encounter delays which prevent them from completing a requirement before the deadline or expiration date.

### **POLICY**

Students are responsible for having current required documents uploaded into Exxat Prism's Compliance area or submitted to the DCE/A-DCE or clinical site by the established deadlines.

- Students who do not complete clinical education requirements by the specified deadlines will be pulled from class or the clinic by the DCE/A-DCE until satisfactory action has been taken for the student to be back in compliance.
- Students requiring this intervention on more than 2 occasions during their time in the program will be required to meet with the GPD and their faculty advisor to document the unacceptable behavior and discuss strategies for success with future deadlines.
- Subsequent failure to communicate and comply with clinical education requirements may be grounds for failure of a course or possible dismissal from the DPT Professional Program as described in the Continuance Policy.

### **PROCEDURE**

1. The DCE or A-DCE will set due dates in Exxat Prism (for the cohort) or by email (for the individual student) and provide instructions for completing the necessary requirements.
2. Students must have their compliance documents submitted to Prism, the DCE/A-DCE, or the clinical site by the established deadlines.
3. If students have not met the deadline and have not communicated to the DCE or A-DCE their plan for becoming compliant in a timely manner, then the DCE or A-DCE will pull the student from a class on the next date.
4. The student will be allowed to return to class after the necessary steps have been taken to come into compliance, such as scheduling a necessary medical appointment, completing a required training, or completing a required form.
5. The program will not tolerate repeated instances of non-compliance because it constitutes unprofessional behavior by the student.

- First instance: the DCE or A-DCE will provide the student's faculty advisor with documentation detailing the intervention and outcome
- Second instance: the DCE or A-DCE will provide the student's faculty advisor and the GPD with documentation detailing the intervention and outcome; the student, GPD, and advisor will meet to discuss the behavior pattern
- Third instance: the DCE or A-DCE will notify the student's faculty advisor and the GPD of the need for intervention; the student, GPD, and advisor will meet to determine consequences of the continued behavior

Last updated August 26, 2024.



## CRIMINAL BACKGROUND CHECKS

Old Dominion University has selected Certified Background, a division of Castle Branch, Inc. as the approved company for obtaining and reporting background checks with Extensive Review. CertifiedBackground may be accessed at [www.certifiedbackground.com](http://www.certifiedbackground.com). Only background checks obtained via CertifiedBackground or the Virginia State Police will be accepted for pre- placement review by the Director of Clinical Education. The package code is OD23. Costs associated with annual background checks are the responsibility of the student.

All students planning to enroll in a clinical education course are required to complete an annual criminal background check no later than September 30<sup>th</sup> of each year immediately preceding full-time clinical education placement for the subsequent calendar year. This annual pre-placement screening will be completed using the online process established by CastleBranch (CastleBranch.com). The six (6) required indices are listed as follows:

1. 7-Year U.S. County of Residence Criminal Search;
2. Nationwide Federal Criminal Search;
3. Nationwide Sex Offender Index;
4. Nationwide Patriot Act;
5. Social Security Alert; and
6. Residency History.

All criminal background checks will receive Extensive Review by CastleBranch. Descriptions of each above-listed index may be found on the CastleBranch website.

A student with criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious (barrier) crime may be prevented from receiving a clinical education placement. Any of the above findings will be immediately reported by the Director of Clinical Education to Old Dominion University's Office of the General Counsel for further action. In addition, students with any of the convictions listed above must meet with the Director of Clinical Education and the Graduate Program Director to discuss continued progress in the program.

All enrolled students are expected to abide by the policies and procedures of all clinical affiliation sites. Clinical sites affiliated with Old Dominion University may require students to obtain additional background checks within a specific time frame and/or share results of all pre-clinical background checks and toxicology screens prior to beginning any assigned on-site clinical experience. It is the responsibility of the enrolled student to comply with clinical site policies relating to securing and reporting background check results.

Students are also reminded that licensing boards for certain health care occupations and professions may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination if an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. Successful completion of the DPT Program at Old Dominion University does not guarantee PT licensure, the opportunity to sit for the PT licensure examination, or certification/employment in the physical therapy workforce.

## PROFESSIONAL COMMUNICATION

### WHAT IS PROFESSIONAL COMMUNICATION AND WHY IS IT IMPORTANT?

Professional health communication is defined as a specialized facet of communication that revolves around how individuals within a society strive to preserve their health and address health-related concerns. This includes the dissemination, accessibility, and interpretation of health-related messages. Health communication primarily focuses on specific interactions related to health, where individuals assign meaning to their experiences, endeavor to share these meanings, adjust their behavior accordingly, and consider the factors influencing this interaction. When healthcare professionals solely attend to the physical well-being of their clients and disregard or overlook the communicative aspects, they perform their duties in a simplistic and potentially perilous manner. This is because all parties involved in a treatment process base their questions, deductions, and recommendations on the meanings extracted from communication symbols. These interactions can take various forms, whether verbal or non-verbal, oral or written, personal (informal) or impersonal (formal), and they can be oriented towards issues or relationships. However, all these interactions contribute significantly to the quality of healthcare. Communication stands out as the paramount tool at the disposal of healthcare professionals when it comes to promoting health, delivering healthcare services, obtaining pertinent information from clients, explaining procedures and treatments, and eliciting cooperation from members of a healthcare team. In the realm of health care, the clarity, timeliness, and sensitivity of human communication often hold critical importance for the physical and emotional well-being of all parties involved. Hence, efficient communication plays a pivotal role in ensuring the delivery of top-notch, secure, and well-coordinated healthcare services. Research has demonstrated that high-quality, collaborative communication leads to an array of positive outcomes, including enhanced patient satisfaction, improved treatment adherence, greater job satisfaction among healthcare practitioners, and, most importantly, superior patient outcomes. Conversely, studies have revealed that inadequate communication results in dissatisfaction among both patients and healthcare providers, leading to unfavorable outcomes. In fact, in 2015, communication issues were identified as the root cause in 79% of the sentinel events reported to the APTA.

### PROFESSIONAL COMMUNICATION WITHIN EMAILS

Email is a widely used form of communication in both personal and professional settings, and it's important to maintain an adequate level of professionalism when using it for program-related communication. *This information is of significant relevance to you, as students, you will encounter scenarios requiring you to communicate via email with a diverse range of individuals, including your peers, course instructors, faculty members, clinical education site personnel, and potential employers. It is crucial to acknowledge that in these interactions, you are not merely presenting yourselves as individuals; rather, your professionalism and conduct directly impact the reputation of both your program and university.*

#### **Some key points to keep in mind when sending professional emails:**

1. Attention to Detail
  - a. Pay close attention to grammar, spelling, and punctuation.
  - b. Sloppy or error-ridden emails can give a negative impression of your communication and/or your professionalism.

## 2. Reflecting Your Profession:

Your email should reflect your professionalism and competence in your field.

- a. While an ODU DPT student and emailing for university purposes:
  - i. Use a signature with your full name and title (SPT)
  - ii. Provide your ODU email address.

Required ODU format for all faculty/staff, suggested for students:

Username, Credential  
(Pronoun Preferences)

Title

Ellmer College of Health Sciences

Macon & Joan Brock Virginia Health Sciences at Old Dominion University

1019 W. 41<sup>st</sup> Street, Norfolk, VA 23508

Phone number

ODU Email address

odu.edu/health-sciences

### b. Later:

- i. Use a professional email signature with your name, title, and contact information.
- ii. Consider using a professional email address (e.g., [firstname.lastname@company.com](mailto:firstname.lastname@company.com)) rather than a personal one.

## 3. Professional Tone:

- a. Maintain a courteous and respectful tone in your emails.
- b. Avoid slang, emoticons, or overly casual language unless it's appropriate for your workplace culture and the specific context of the email.

## 4. Email forward feature:

- a. Assume that your email could be forwarded to others, including supervisors, colleagues, or patients/clients.
- b. Avoid including any sensitive or confidential information in emails unless it's necessary and you're using secure communication methods. Secure communication methods should be clearly defined by all organizations involved ahead of time. This may be as simple as encrypting an email or more complex like using a secure file transfer protocol (SFTP).

## 5. Privacy and Sensitivity:

- a. Be mindful of the privacy and sensitivity of the information you're sharing.
- b. Don't discuss confidential matters or personal information about colleagues or patients/clients in emails unless it's within the scope of your job and adheres to work policies.

## 6. Subject Line Clarity:

- a. Use clear, concise, and specific subject lines that accurately convey the purpose of the email. This helps recipients prioritize and understand the content quickly.
- b. It is recommended to add your first and last name if you are sending the email for the first time. E.g., Question about PT 669 assignments (J. Doe)

## 7. Greet the recipient with a proper salutation.

- a. Use neutral language in your professional email and try to avoid slang or colloquialisms.

- b. Address the recipient with their last names (e.g., Dr. Last name, Dear Mr./Ms. Last name).
  - c. If you're writing to someone you've never met or a person you have a formal professional relationship with, such as a clinic manager or a new patient, you can start with "Dear. Mr./Ms./ Dr. Last name"
  - d. If you're addressing someone you know or someone you have a familiar professional relationship with, such as a professor or advisor, you can start with "Hello Dr. Last Name" or "Hi. Dr. Last Name"
8. Timely Responses:
- a. Aim to respond to program or University-related emails in a timely manner, preferably within 1-2 business days, unless you have a specific reason for delayed communication.
  - b. Allow sufficient time for a response: allow 24 to 48 hours for your recipient to respond before following up. If the matter is urgent, a phone call may be the more appropriate mode of communication.
  - c. Be aware of University holiday schedules.
9. Attachments and Formatting:
- a. Ensure that any attachments are relevant and well-organized.
  - b. Use formatting (such as bullet points and headings) to make your emails more readable and organized.
  - c. Preferred format for naming attachments: docName\_LastName\_FirstName.
  - d. Attach documents in pdf format if any official document is being sent.
10. Refrain from Emotional Communication:
- a. If you encounter a challenging or emotional situation, it's best to discuss it in person or over the phone rather than through email, where tone and nuance can be easily misinterpreted.
11. Other key points:
- a. Demonstrate your willingness to provide further information or address any concerns the reader may have. This can be done by including the closing sentence such as – "Please let me know if I can provide any additional information/address any concerns that you may have."
  - b. Most importantly, always proofread your emails before sending them.

**Reminder:** Email is a written record of your communication, and it's often archived for reference. Maintaining professionalism in your email correspondence is essential to create a positive and credible image in your professional life.

**Resources to refer for professional communication in clinical fields.**

1. <https://www.mdanderson.org/documents/education-training/icare/pocketguide-texttabscombined-oct2014final.pdf>
2. <https://now.aapmr.org/communication-issues-in-physical-medicine-and-rehabilitation/>
3. <https://shop.elsevier.com/books/communication-skills-for-physiotherapists/kortleve/978-0-7020-8398-3>

## RESOURCES

### **If you have an immediate concern that you or someone else is in imminent danger:**

Please call 9-1-1 or ODU Police Department at 757-683-4000.

### **If you are an ODU student who needs support right now:**

Please call 757-683-4401 and press option 2 to be connected with a crisis counselor 24/7/365 days per year.

Mental Health Crisis Line: Call or text 9-8-8

Campus Police: (757) 683-4003 (office)

Safety Escort – to accompany you safely to your car or another building on campus anytime you don't feel safe. (757) 683-5665

SAFE RIDE (757) 683-3477

Using the TapRide App. Not available over the summer.  
(<https://www.odu.edu/life/health-safety/safety/saferide>)

Student Health: (757) 683-3132

ODU Graduate Financial Aid Counselor: Debra May [dmay@odu.edu](mailto:dmay@odu.edu)

Counseling Center: (757) 683-4401

ODU Crisis Counselor: 757-683-4401, option 2 (Available 24/7, 365 days/ year)

ODU Alerts: Sign up for notifications to your cell phone at  
<http://www.odu.edu/life/health-safety/safety/alerts>

In Case of Distress – your distress or another student you are concerned about – there are three ways to contact Student Outreach & Support (SOS)

Phone (757) 683-3442

e-mail [ODUCares@odu.edu](mailto:ODUCares@odu.edu)

webpage with link to live chat <https://www.odu.edu/life/dean-students/student-outreach>

National Suicide Prevention Lifeline 1-800-273-8255

Technology Support [ITSHelp@odu.edu](mailto:ITSHelp@odu.edu)

**Graduate catalog:** contains University regulations that pertain to all graduate students. All students are held individually responsible for the information contained in this catalog.

<https://catalog.odu.edu/graduate/>

**OLD DOMINION UNIVERSITY  
PROGRAM IN PHYSICAL THERAPY  
STUDENT ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, have read the *Program in Physical Therapy DPT Student Handbook*. I understand the information outlined in the handbook and have had the opportunity to ask questions regarding the contents of this handbook. I agree to abide by the following policies and regulations, including but not limited to:

- Professional abilities for professional growth
- Program in Physical Therapy Technical Standards
- University Honor Code
- Grading, continuance, attendance, student incident/injuries, authorship, and management of complaints policies
- Advising guidelines
- Guidelines for professional behaviors
- Guidelines for email and professional communication
- Student access and use of laboratories and equipment
- Dress codes
- Health information forms
- Comprehensive Examinations
- Clinical Education Compliance

I agree to be a subject for laboratory exercises/practice during the curriculum. It is my responsibility to notify the instructors if I have a condition that will not allow me to be a subject during a particular portion of the curriculum.

I grant permission and give my consent for the ODU DPT Program to use my photographs and/or videos during my education for presentation under any legal use on ODU DPT or the College of Health Sciences social media sites or marketing materials. I understand that if I DO NOT want my photographs/video to be taken, I will notify the instructor, my advisor, and social media coordinators.

Student signature: \_\_\_\_\_

Date: Click or tap to enter a date.