The *Doctor of Physical Therapy Student Handbook* contains the rules, regulations, policies and procedures of the Department of Physical Therapy and Human Movement Sciences of Northwestern University’s Feinberg School of Medicine (PTHMS), as well as useful information regarding student life. All areas covered in the Student Handbook are subject to change. Policies in place at the time of entry into the program may change throughout the physical therapy education program. Major policy revisions are generally made at the beginning of the academic year. On occasion periodic updates are necessary. In the event that there are policy revisions during the academic year, students will be notified in writing of these changes.

This Handbook serves as part of the agreement between the student and PTHMS. Students attending the Doctor of Physical Therapy professional education program must acquaint themselves with the policies and regulations stipulated in the Handbook. Enrolling in the PTHMS Doctor of Physical Therapy curriculum constitutes an agreement between the student and PTHMS that the student and PTHMS will comply with the rules, regulations, policies, and procedures contained herein. Students are also urged to access the *Northwestern University Student Handbook* (http://www.northwestern.edu/handbook/) and the *Feinberg School of Medicine Student Handbook* http://www.feinberg.northwestern.edu/education/docs/current-students/Feinberg_Student_Handbook_2016.pdf.
Clinical Education .......................................................................................................................... 26
Overview ........................................................................................................................................... 26
Clinical Education Timeline ............................................................................................................. 27
Pre-Assignment Process .................................................................................................................... 27
Communication with Facilities and Recommending Sites .............................................................. 27
Scheduling ....................................................................................................................................... 27
Assignment of Students to Clinical Facilities .................................................................................... 28
Experience Requirements of Graduation .......................................................................................... 28
Location for Clinical Experiences ...................................................................................................... 28
Conflicts of Interest ............................................................................................................................ 29
Placement Process ............................................................................................................................... 29
Changes in Placement .......................................................................................................................... 29
Prerequisites ...................................................................................................................................... 29
Interviews .......................................................................................................................................... 29
Background Checks ............................................................................................................................ 30
Health Requirements-Immunizations and Certifications ................................................................. 30
General Policies and Procedures during Clinical Experiences ........................................................ 32
Attendance ....................................................................................................................................... 32
Attire for Clinical Education Experiences .......................................................................................... 33
Expenses .......................................................................................................................................... 33
Access to and Responsibility for Cost of Emergency Services during Clinical Experiences .......... 34
Health Conditions ............................................................................................................................... 34
Legal Requirement and Confidentiality for Clinical Education Experiences .................................. 34
Patient Right to Refuse/Decline Care .................................................................................................... 34
Process for Clinical Education Sites to Provide Feedback or Complaints ...................................... 35
Evaluation of Student Performance during Clinical Experiences .................................................... 35
Grading .......................................................................................................................................... 35
Learning Development Plan .............................................................................................................. 36
Termination of Clinical Experience ................................................................................................... 36
Clinical Education Award .................................................................................................................. 37
Communicable Diseases .................................................................................................................... 37
Computers User Policy NUIT & Feinberg School of Medicine .......................................................... 37
Conduct Violations and Disciplinary Proceedings ............................................................................ 37
Copyright Protection of Educational Materials ................................................................................. 40
Courses in Other Northwestern University Schools ........................................................................... 40
CPR Certification ................................................................................................................................. 40
Digital Media Policy ............................................................................................................................ 40
Electronic Class Handouts and Media ............................................................................................... 41
E-mail ............................................................................................................................................... 43
Emergencies ....................................................................................................................................... 43
Evaluation of Student Performance .................................................................................................. 43
Assignments ...................................................................................................................................... 43
Examination Procedures ..................................................................................................................... 44
Practical Examinations ........................................................................................................................ 45
Feedback to the Curriculum ................................................................................................................. 47
Grading Requirements and Academic Progress .................................................................................. 48
Student Appeal Committee ................................................................................................................. 49
Grievance Procedure .......................................................................................................................... 49
Hazardous Waste ............................................................................................................................... 50
HIPAA .......................................................................................................................................................50
Informed Consent for Teaching and Learning Activities, Images, and Materials .......................................................50
Leave of Absence ...................................................................................................................................................50
OSHA Training .....................................................................................................................................................52
Probation .............................................................................................................................................................52
    Academic Review Committee ..............................................................................................................................53
Program Dismissal ................................................................................................................................................53
Program Withdrawal ...............................................................................................................................................54
    Re-enrollment of Students ...................................................................................................................................54
Safe and Healthy Learning Environment ................................................................................................................54
Sexual Harassment Policy .........................................................................................................................................55
Social Media Policy ................................................................................................................................................55
Student Progress Committee .....................................................................................................................................55
Transcripts .............................................................................................................................................................57
Waiving Coursework ................................................................................................................................................58

STUDENT SERVICES AND FACILITIES
After-Hours Access ..................................................................................................................................................58
Appointments with Faculty ........................................................................................................................................59
Audiovisual Equipment ...............................................................................................................................................59
Communications .......................................................................................................................................................59
Computer Resources on 7th Floor ...............................................................................................................................60
Counseling Services ..................................................................................................................................................60
Equipment Use Outside of Class, Annual Equipment Maintenance, and Calibration ..........................................................61
Facilities ......................................................................................................................................................................61
Financing Your Education .........................................................................................................................................62
Identification Cards ..................................................................................................................................................62
Liability/Malpractice Insurance ...................................................................................................................................62
Lockers .......................................................................................................................................................................62
Parking .......................................................................................................................................................................63
Peer Tutoring ............................................................................................................................................................63
    Study Habit Recommendations ...............................................................................................................................63
Photocopying and Printing ..........................................................................................................................................67
Physical Therapy Services ..........................................................................................................................................67
Services for Students with Disabilities .......................................................................................................................67
Shuttle Bus ..................................................................................................................................................................67
Student Health Service ..............................................................................................................................................68
    Requirements for Registration ................................................................................................................................68
    Insurance ...............................................................................................................................................................68
Student Life .................................................................................................................................................................68
Transcripts and Diplomas ..............................................................................................................................................68

STUDENT RECOGNITION
Departmental Awards ..................................................................................................................................................69
    Leadership Award ..................................................................................................................................................69
    Community Engagement Award ...........................................................................................................................69
    Clinical Education Award ....................................................................................................................................70
Scholarships .................................................................................................................................................................71
Hemzacek ....................................................................................................................................................................71
Wood/Voss...........................................................................................................................................71
Edelsberg..............................................................................................................................................71
U.S. Military Veterans .........................................................................................................................72

SAFETY AND SECURITY
Overview ....................................................................................................................................................73
Location of 11th Floor Emergency Stations ..............................................................................................73
Location of 7th Floor Emergency Stations ................................................................................................74
Evacuation ..................................................................................................................................................74
Medical Emergency ...................................................................................................................................76
Other Threats to Personal Safety ..................................................................................................................76

ACKNOWLEDGEMENT OF RECEIPT OF HANDBOOK AND UNDERSTANDING OF CONTENT .........................77
CHAIR’S MESSAGE

As the chair of the Department of Physical Therapy and Human Movement Sciences (PTHMS) at the Feinberg School of Medicine, I would like to welcome you to Northwestern University! The department of PTHMS houses one of the best physical therapy educational and research programs in the nation. During your stay at NU-PTHMS you will be trained by expert clinicians and researchers to become doctors of physical therapy. When you graduate, your clinical practice will be based on a solid understanding of the scientific evidence that underpins the delivery of physical therapy. Furthermore, you will be exposed to the latest technologies under development for the quantitative assessment of movement disorders and the implementation of novel physical therapy interventions.

The doctoral physical therapy education you will receive at Northwestern University will prepare you well to become superb clinicians as well as future leaders in healthcare delivery, education, clinical research and professional organizations. I strongly encourage you to take advantage of all that Northwestern has to offer and to use your education here as a stepping-stone for future professional, educational and clinical research endeavors.

The faculty and I are delighted to work with you over the next 32 months and in the forthcoming years as a doctor in physical therapy. We want you to be active and critical participants in your professional education and welcome your comments and feedback regarding the educational process. Last but not least, I want to wish each and every one of you a smooth and successful transition to our professional education program and I am offering the support of my faculty and I to make your educational experience here at Northwestern a rewarding and stimulating one.

Sincerely,

Julius P.A. Dewald P.T., Ph.D.
Professor and Chair
Physical Therapy & Human Movement Sciences;
Associate Professor
Biomedical Engineering; Physical Med & Rehab.
Northwestern University
ASSOCIATE CHAIR’S MESSAGE

Welcome to the Department of Physical Therapy and Human Movement Sciences at Northwestern University’s Feinberg School of Medicine! Our department has been preparing physical therapists for over 80 years and has a strong tradition of serving others through value-centered teaching and learning, discovery of new knowledge, and excellence in patient care. Today, the department is committed to facilitating your development as a scientific healer who is able to care for clients from diverse backgrounds within the contexts of their communities. We strive to foster your growth as a generalist practitioner who demonstrates excellence in communication and interpersonal skills; clinical reasoning for effective evidence based decision-making; and social responsibility.

Our faculty and staff have prepared this handbook so that your academic journey can progress smoothly. Please take the time to carefully read the handbook, including our policies and procedures. The Acknowledgement of Receipt and Understanding of the content of the handbook must be signed and turned in by the 4 p.m. on Friday, September 16. Updates to the Handbook will be issued annually.

The faculty looks forward to serving as your mentors! Please do not hesitate to contact me if I can be assist in your professional development.

Best wishes,

[Signature]

Marjorie Johnson Hilliard, PT, EdD
Associate Professor and Associate Chair for Professional Education
THE UNIVERSITY AND THE MEDICAL CENTER

Physical therapy education is based on the Chicago campus of Northwestern University, a major private research university located on lakefront campuses in Evanston and Chicago. As a student of the University, you have access to resources and facilities on both campuses. For information on campus life visit Northwestern University’s website at http://www.northwestern.edu/campus-life/index.html

Physical therapy education is a blend of learning in classroom and clinical settings. The Feinberg School of Medicine, of which we are a part, together with Northwestern Medicine, The Jesse Brown VA Medical Center, Ann & Robert H. Lurie Children's Hospital of Chicago, and the Rehabilitation Institute of Chicago form the McGaw Medical Center of Northwestern University. The goals of this academic medical center are patient care, teaching, and research. This environment is where the bulk of your education takes place. Physical therapy students at Northwestern University obtain their clinical education, through additional agreements with health care facilities throughout the country.

Physical therapy faculty members are responsible for the majority of your physical therapy education. In addition, faculty from other departments and health professionals from the community contribute to your learning by teaching in selected courses or units of instruction. Our physical therapy faculty members are actively involved in research, patient care, and service in addition to their teaching responsibilities. Numerous physical therapy clinicians contribute their services by sharing their expertise in the health care facilities, which serve as clinical sites.

MISSION STATEMENT

Training a new generation of leaders and scientists, we aim to…

- Educate doctors of physical therapy and movement scientists in an academic medical environment that integrates research, education, and clinical care.

- Promote optimal health outcomes for our patients and society through the advancement of rehabilitation science and practice.

- Be a diverse faculty and student body producing global leaders in the profession of physical therapy and the science of human movement.

PROFESSION OF PHYSICAL THERAPY

The practice of physical therapy demands a high degree of mutual trust, respect, and cooperation among patients, physical therapists and other health care professionals. The development of these characteristics necessitates a responsibility among students to help each other learn by contributing actively in their educational environment. Students should expect the highest standards of fairness, honesty and respect among their peers and future colleagues. Maintaining high standards of academic and professional integrity is the responsibility of both students and faculty members.
ACCREDITATION AND FILING A COMPLAINT WITH CAPTE

Northwestern University (NU) is accredited through the Higher Learning Commission of the North Central Association of Colleges and Schools. The Doctor of Physical Therapy Program at Northwestern University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website www.capteonline.org. Information about filing a complaint with CAPTE is available at http://www.capteonline.org/Complaints/.

STUDENT CONDUCT CODE

This Student Conduct Code articulates the principles by which we will abide. By adopting these principles into our personal and professional lives, we will positively influence our present community at the Department of Physical Therapy and Human Movement Sciences and our future as professionals.

- My conduct toward colleagues, teachers, patients, and all health care professionals will be guided by the virtues of honesty, compassion, and personal integrity.
- I will treat all people equitably without regard to race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, parental status, marital status, age, disability, citizenship or veteran status.
- Through my language, behavior, and appearance, I will present myself in a professional manner.
- I pledge to take care of myself physically and psychologically.
- Promoting and protecting a patient’s health, well-being, and dignity are my cardinal duties.
- I will keep all information that I receive about patients in confidence from anyone outside the medical team.
- I will respect the directives of my superiors, but I will question any directives that endanger the health or well being of a patient or are contrary to a patient’s wishes.
- I will not give a false impression of my medical knowledge and skill, nor will I allow anyone to believe my role is anything other than that of a physical therapy student.
- I will not exploit patients or their families for personal or financial gain.
- I will act in a manner that promotes mutual respect and cooperation in the medical school community.
- I will abide by the Feinberg School of Medicine’s and PTHMS’s policies and procedures.
- I am committed to the improvement of our curriculum and myself through communication and evaluation.
- I will support an atmosphere conducive to learning and assist my colleagues in meeting their professional obligations as well.
- In all my academic examinations and assignments I will neither give nor receive impermissible assistance.
- I pledge to maintain this code, to discourage its violation, and to report any infraction.
ADMINISTRATION, PERSONNEL, & STUDENT REPRESENTATION
Dean Eric G. Neilson, MD, is the Lewis Landsberg Dean of the Feinberg School of Medicine and Northwestern University's Vice President for Medical Affairs. In these capacities Dean Neilson bears overall responsibility for leadership of the School of Medicine’s educational, research, and clinical activities. Please see the Feinberg School of Medicine’s website for additional administrative contacts (http://www.feinberg.northwestern.edu/contact/admin.html).

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STUDENT REPRESENTATION

Class representatives act as a liaison between the students and the PTHMS faculty and administration. The Associate Chair for Professional Education asks for nominations for student leadership positions.

Alumni Board
One to two students from each class are selected to serve as Alumni Board student representatives for a three-year term during the Fall Trimester of Year 1. The Alumni Affairs Coordinator organizes the selection of representatives.

American Physical Therapy Association (APTA)/Illinois Physical Therapy Association (IPTA)
One to two students from each class are selected to serve as APTA/IPTA Class representatives for a three-year term during the Fall Trimester of Year 1. The faculty liaison for the APTA coordinates the selection of representatives.

Curriculum Committee
One student from each class is selected to serve on the Curriculum Committee for a three-year term during the Fall Trimester of Year 1. The Assistant Chair for Curriculum Affairs coordinates the selection process with the other members of the committee.

Diversity Committee
One student from each class is selected to serve for a two-year term. The recipient of the Diversity Scholarship will serve as the class representative on this department committee. The Scholarship Committee chooses the recipient.

Educational Technology Task Force
Three students from each class are selected to serve for a two-year term. The Chair for the Technology Committee coordinates the selection process with other members of the committee. There will also be opportunities for students to participate in focus groups regarding technology use for teaching and learning.

Research Seminar Committee
One to two students from each class are selected to serve on the Research Seminar Committee for a two-year term during the Fall Trimester of Year 1. The Assistant Chair for Seminars coordinates the selection process with the other members of the committee.
<table>
<thead>
<tr>
<th>Date Range</th>
<th>Day</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 31 – September 2</td>
<td>Wednesday – Friday</td>
<td>Orientation DPT-1</td>
</tr>
<tr>
<td>September 5</td>
<td>Monday</td>
<td>Labor Day - University Holiday</td>
</tr>
<tr>
<td>September 6</td>
<td>Tuesday</td>
<td>Fall Trimester Classes Begin DPT-1, DPT-2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Experience 3 Begins, DPT-3</td>
</tr>
<tr>
<td>September 7</td>
<td>Wednesday</td>
<td>PTHMS Welcome Reception, 4-6 p.m.</td>
</tr>
<tr>
<td>November 21-25</td>
<td>Monday – Friday</td>
<td>Thanksgiving Break DPT-1, DPT-2</td>
</tr>
<tr>
<td>December 2</td>
<td>Friday</td>
<td>Fall Trimester Classes End DPT-1, DPT-2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Experience 3 Ends, DPT-3</td>
</tr>
<tr>
<td>December 5 – 9</td>
<td>Monday – Friday</td>
<td>Fall Final Exams DPT-1, DPT-2</td>
</tr>
<tr>
<td>December 5 – January 6</td>
<td>Monday - Friday</td>
<td>Break DPT-3</td>
</tr>
<tr>
<td>December 12 – January 2</td>
<td>Monday - Friday</td>
<td>Break DPT-1, DPT-2</td>
</tr>
<tr>
<td>January 3</td>
<td>Tuesday</td>
<td>Winter Trimester Classes Begin DPT-1, DPT-2</td>
</tr>
<tr>
<td>January 9</td>
<td>Monday</td>
<td>Clinical Experience 4 Begins, DPT-3</td>
</tr>
<tr>
<td>January 16</td>
<td>Monday</td>
<td>Martin Luther King Jr. Day - University Holiday</td>
</tr>
<tr>
<td>February 13 – 17</td>
<td>Monday – Friday</td>
<td>APTA Combined Sections Meeting: San Antonio</td>
</tr>
<tr>
<td>March 31</td>
<td>Friday</td>
<td>Classes End DPT-1, DPT-2</td>
</tr>
<tr>
<td>April 3 – 7</td>
<td>Monday – Friday</td>
<td>Winter Final Exams DPT-1, DPT-2</td>
</tr>
<tr>
<td>April 7</td>
<td>Friday</td>
<td>Clinical Experience 4 Ends, DPT-3</td>
</tr>
<tr>
<td>April 10 – 21</td>
<td>Monday – Friday</td>
<td>Administrative Period &amp; Break DPT 1, DPT-2</td>
</tr>
<tr>
<td>April 20</td>
<td>Thursday</td>
<td>Class Meeting DPT-3</td>
</tr>
<tr>
<td>April 21</td>
<td>Friday</td>
<td>Graduation DPT-3 (Class of 2017!!)</td>
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<tr>
<td>April 24</td>
<td>Monday</td>
<td>Spring Trimester Classes Begin DPT-1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Experience 2 Begins, DPT-2</td>
</tr>
<tr>
<td>May 29</td>
<td>Monday</td>
<td>Memorial Day - University Holiday</td>
</tr>
<tr>
<td>June 2</td>
<td>Friday</td>
<td>Clinical Experience 2 Ends, DPT-2</td>
</tr>
<tr>
<td>June 5 – 9</td>
<td>Monday – Friday</td>
<td>Break DPT-2</td>
</tr>
<tr>
<td>June 12</td>
<td>Monday</td>
<td>Spring/Summer Trimester Classes Begin DPT-2</td>
</tr>
<tr>
<td>June 16</td>
<td>Friday</td>
<td>Spring Trimester Classes End DPT-1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Practice Ceremony DPT-1, DPT-2</td>
</tr>
<tr>
<td>June 19 – 23</td>
<td>Monday – Friday</td>
<td>Spring Final Exams DPT-1</td>
</tr>
<tr>
<td>June 26 – July 7</td>
<td>Monday – Friday</td>
<td>Administrative Period, DPT-1 (as needed)</td>
</tr>
<tr>
<td>July 3</td>
<td>Monday</td>
<td>No Classes, DPT-2</td>
</tr>
<tr>
<td>July 4</td>
<td>Tuesday</td>
<td>Independence Day - University Holiday</td>
</tr>
<tr>
<td>July 10</td>
<td>Monday</td>
<td>Clinical Experience 1 Begins, DPT-1</td>
</tr>
<tr>
<td>August 4</td>
<td>Friday</td>
<td>Spring/Summer Trimester Classes End DPT-2</td>
</tr>
<tr>
<td>August 7 – 11</td>
<td>Monday – Friday</td>
<td>Spring/Summer Final Exams DPT-2</td>
</tr>
<tr>
<td>August 14 – 25</td>
<td>Monday – Friday</td>
<td>Administrative Period, DPT-2 (as needed)</td>
</tr>
<tr>
<td>August 18</td>
<td>Friday</td>
<td>Clinical Experience 1 Ends, DPT-1</td>
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</tbody>
</table>
# DPT Curriculum Sequence

## FIRST YEAR

### Year I: Fall Trimester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Clock Hours</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Terminology</td>
<td>501-0</td>
<td>--</td>
</tr>
<tr>
<td>Clinical Practice Seminar I</td>
<td>505-1</td>
<td>48</td>
</tr>
<tr>
<td>Gross Anatomy I</td>
<td>510-1</td>
<td>84</td>
</tr>
<tr>
<td>Kinesiology I</td>
<td>511-1</td>
<td>60</td>
</tr>
<tr>
<td>Physiology I</td>
<td>514-1</td>
<td>60</td>
</tr>
<tr>
<td>Psychosocial Aspects of Human Behavior</td>
<td>521-1</td>
<td>36</td>
</tr>
<tr>
<td>Introduction to Clinical Decision Making</td>
<td>523-0</td>
<td>48</td>
</tr>
<tr>
<td>Examination and Evaluation I</td>
<td>530-1</td>
<td>48</td>
</tr>
<tr>
<td>Synthesis Project I</td>
<td>570-1</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>396.5</strong></td>
<td><strong>25.5</strong></td>
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### Year I: Winter Trimester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Clock Hours</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>Clinical Practice Seminar II</td>
<td>505-2</td>
<td>48</td>
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<tr>
<td>Gross Anatomy II</td>
<td>510-2</td>
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<tr>
<td>Kinesiology II</td>
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<tr>
<td>Physiology II</td>
<td>514-2</td>
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<tr>
<td>Professional Role Development I</td>
<td>520-1</td>
<td>24</td>
</tr>
<tr>
<td>Examination and Evaluation II</td>
<td>530-2</td>
<td>48</td>
</tr>
<tr>
<td>Foundations of Physical Therapy I</td>
<td>540-1</td>
<td>48</td>
</tr>
<tr>
<td>Synthesis Project II</td>
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<tr>
<td><strong>TOTAL</strong></td>
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### Year I: Spring Trimester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Clock Hours</th>
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<tbody>
<tr>
<td>Clinical Practice Seminar III</td>
<td>505-3</td>
<td>32</td>
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<tr>
<td>Neuroscience I</td>
<td>513-1</td>
<td>40</td>
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<tr>
<td>Professional Role Development II</td>
<td>520-2</td>
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<tr>
<td>Clinical Management of Patients with Cardiovascular and Pulmonary Dysfunction I</td>
<td>531-1</td>
<td>32</td>
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<tr>
<td>Clinical Management of Patients with Neurological Dysfunction I</td>
<td>537-1</td>
<td>40</td>
</tr>
<tr>
<td>Foundations of Physical Therapy II</td>
<td>540-2</td>
<td>72</td>
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<tr>
<td>Clinical Experience I (6 weeks)</td>
<td>560-1</td>
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<td>Synthesis Project III</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>248 + 240</strong></td>
<td><strong>15 + 8</strong></td>
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DPT Curriculum Sequence

SECOND YEAR

Year II: Fall Trimester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Clock Hours</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>Clinical Practice Seminar IV</td>
<td>505-4</td>
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<tr>
<td>Neuroscience II</td>
<td>513-2</td>
<td>36</td>
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<tr>
<td>Psychosocial Aspects of Human Behavior II</td>
<td>521-2</td>
<td>24</td>
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<tr>
<td>Clinical Management of Patients with Cardiovascular and Pulmonary Dysfunction II</td>
<td>531-2</td>
<td>36</td>
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<tr>
<td>Clinical Management of Patients with Musculoskeletal Dysfunction I</td>
<td>536-1</td>
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<tr>
<td>Clinical Management of Patients with Neurological Dysfunction II</td>
<td>537-2</td>
<td>36</td>
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<tr>
<td>Issues Across the Lifespan</td>
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<td>Synthesis Project IV</td>
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<td><strong>TOTAL</strong></td>
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Year II: Winter Trimester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Clock Hours</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>Clinical Practice Seminar V</td>
<td>505-5</td>
<td>48</td>
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<tr>
<td>Neuroscience III</td>
<td>513-3</td>
<td>36</td>
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<tr>
<td>Professional Role Development III</td>
<td>520-3</td>
<td>24</td>
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<tr>
<td>Electrophysical Agents</td>
<td>533-0</td>
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<tr>
<td>Clinical Management of Patients with Musculoskeletal Dysfunction II</td>
<td>536-2</td>
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</tr>
<tr>
<td>Clinical Management of Patients with Neurological Dysfunction III</td>
<td>537-3</td>
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</tr>
<tr>
<td>Synthesis Project V</td>
<td>570-5</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>276</strong></td>
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Year II: Spring Trimester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Clock Hours</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>Clinical Experience II (6 weeks-between Winter &amp; Spring trimesters)</td>
<td>560-2</td>
<td>240</td>
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<tr>
<td>Clinical Practice Seminar VI</td>
<td>505-6</td>
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<tr>
<td>Professional Role Development IV</td>
<td>520-4</td>
<td>12</td>
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<tr>
<td>Clinical Management of Patients with Musculoskeletal Dysfunction III</td>
<td>536-3</td>
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<tr>
<td>Clinical Management of Patients with Amputations</td>
<td>541-0</td>
<td>24</td>
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<tr>
<td>Clinical Management of Patients with Lymphatic or Integumentary Dysfunction</td>
<td>546-0</td>
<td>40</td>
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<tr>
<td>Clinical Management of the Complex Patient</td>
<td>548-0</td>
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<tr>
<td>Emerging Technologies in Rehabilitation</td>
<td>550-0</td>
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<tr>
<td>Synthesis Project VI</td>
<td>570-6</td>
<td>12</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>212 + 240</strong></td>
<td><strong>12.5 + 8</strong></td>
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DPT Curriculum Sequence

THIRD YEAR

Year 3: Fall and Winter Trimesters

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<tr>
<th>Course #</th>
<th>Clock Hours</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>Clinical Experience III (13 weeks)</td>
<td>560-3</td>
<td>520</td>
</tr>
<tr>
<td>Clinical Experience IV (13 weeks)</td>
<td>560-4</td>
<td>520</td>
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</table>
PHILOSOPHY STATEMENT

The Doctor of Physical Therapy curriculum of the Department of Physical Therapy and Human Movement Sciences, Northwestern University, Feinberg School of Medicine, prepares physical therapists who are able to apply the art and science of physical therapy to solve complex patient/client needs. Physical therapists must understand the interaction of physiologic, biomechanical, and behavioral factors that contribute to normal and abnormal movement, and the impact of sociocultural issues on patients/clients and families. Students are challenged to make evaluation and intervention decisions that balance patient/client factors with best evidence.

Learning is viewed as a dynamic and interactive process. Academic and clinical faculty cooperatively plan and implement creative and progressive learning experiences to prepare students to assume various roles within physical therapy. Learning activities focus on developing students’ abilities to think critically and develop creative solutions to both new and familiar problems. All students conduct inquiry into a narrowly defined topic of relevance to the profession of physical therapy. Faculty and students are expected to strive for excellence in all endeavors, internalize and demonstrate professional values and ethical behavior, and meet explicit technical and behavioral standards. Emphasis is placed on developing and demonstrating the skills to be effective lifelong learners who are able to create and respond to changes in healthcare.

CURRICULUM GOALS

The curriculum provides learning experiences so that students will:

1. Demonstrate legal and ethical practice and commitment to the profession by accepting responsibility to patients/clients, employers, and society.
2. Function competently within the healthcare system as primary contact practitioners for people with potential or existing movement dysfunction.
3. Incorporate sociocultural issues of patients/clients and their families in decision-making.
4. Effectively function in the roles of researcher, educator, consultant, and administrator.
5. Effectively supervise support personnel.
6. Demonstrate having self-assessment skills to foster continued professional growth throughout their professional life spans.

The curriculum provides learning experiences so that graduates will:

1. Be competent practitioners who can function safely and effectively while adhering to legal, ethical, and professional practice standards in a variety of physical therapy settings for patients/clients across the lifespan with potential or existing movement dysfunction.
2. The graduate will demonstrate lifelong commitment to learning and professional development.

PROFESSIONAL ADVANCEMENT & COMMUNITY ENGAGEMENT

The purpose of the Professional Advancement & Engagement (PACE) process is to allow DPT students an opportunity to enhance and facilitate their professional growth through service in the community during their academic career. By the completion of the PACE process students will:
1. Identify areas of strength and weaknesses to enhance their professional growth and develop an action plan that includes a volunteer/service activity
2. Participate in a volunteer/service activity within a domestic community organization, reflect on learning that occurred, and share their experiences with faculty & peers.
3. Demonstration of having met these objectives is an expectation for successful completion of Professional Role Development IV (PT 520-4)

As with all academic activities, DPT students are expected to fully participate in this development process. Any student who does not meet this expectation will be referred to the Student Progress Committee. Refer to the Demonstration of Professional Development document distributed at DPTHMS orientation for specific details and time line.

PROFESSIONAL ASSOCIATION INVOLVEMENT

Another means to participate in professional development and lifelong learning is through involvement in the American Physical Therapy Association (APTA). Students are required to participate in at least two activities sponsored by the APTA by the first week of Professional Role Development IV (520-4) during the second year of their professional education. One activity must be a “live” face to face meeting of the APTA at a section, district, chapter or national level. The student will reflect on their participation for successful completion of Professional Role Development IV.

RISKS AND PRECAUTIONS

Doctor of Physical Therapy students participate in laboratory and clinical activities. Many of these activities have certain inherent risks associated with them. Among these risks are joint and soft tissue injury as a result of practicing therapeutic procedures and working with therapeutic equipment, exposure to hazardous materials in the Gross Anatomy laboratory, incisions incurred while dissecting or debriding wounds, and contracting communicable diseases from patients, co-workers, faculty, or classmates. The PTHMS professional education program considers the safety of students, faculty and patients to be crucial and contains informational sessions regarding risk avoidance. Hand sanitizer is available in all classrooms and it is expected that students and faculty will use it prior to any real or simulated patient encounters. Faculty supervision provided in the classroom setting when new skills are being learned and practiced is sufficient to decrease the likelihood of injury. Proof of immunity to hepatitis B, rubella, rubeola, mumps, tuberculosis and varicella is required prior to participation in clinical activities. Training on universal precautions to avoid communicable diseases is performed annually. Students are expected to maintain continuous certification in Cardiopulmonary Resuscitation. Classes in which therapeutic procedures are taught include specific instructions on methods to avoid injury. Methods to prevent contact with and dispose of hazardous materials are discussed and enforced in Gross Anatomy. First aid kits are available in designated locations (see Safety and Security Section) and in the Gross Anatomy laboratory. Automatic external defibrillators and supplemental oxygen are available on the 7th, 8th, 10th and 11th floors of the 645 N. Michigan Building. Emergency Services are available at Northwestern Memorial Hospital. In the event that emergency services are required, 911 will be called. During clinical activities, if a student is hurt or otherwise has his or her health status jeopardized so that immediate medical attention is needed, the student is encouraged to seek emergency care at the closest medical facility and is required to inform the school of the incident within 24 hours.
SYNTHESIS RESEARCH PROJECT

The Synthesis Project is an educational component required for graduation. The purpose of the Synthesis Project is to facilitate a student’s learning with respect to conducting an inquiry into a narrowly defined topic of relevance to the profession of physical therapy. Specifically, through supervised group work, students will learn how to construct an operationally feasible research question for inquiry, develop a plan of action, make observations about that proposition and interpret and conclude from those observations. The conclusions serve as a vehicle to integrate the new information with information existing in the narrow field and also with information acquired over the course of the program at Northwestern. Students also develop the ability to communicate verbally and in writing about professional matters. The formal aspect of the Synthesis Project concludes with a poster presentation of the findings to peers and members of the clinical community.
STANDARDS
Both Northwestern University’s Department of Physical Therapy and Human Movement Sciences (PTHMS) and the University set standards of behavior and maintain independent procedures for their fair and equitable enforcement. Although many of the standards are similar, the responsibility of physical therapy students to the care of patients necessitates the inclusion of additional provisions in the PTHMS Standards. The Chair, Associate Chair of Professional Education, and the Vice Dean of Education for the Feinberg School of Medicine will decide whether the responsibility for the investigation of an incident of alleged misbehavior belongs to the PTHMS, The Feinberg School of Medicine or to the University. Actions by a physical therapy student or students generally fall under the purview of PTHMS and/or the Feinberg School of Medicine. The University may more appropriately address any incident involving multiple students from different schools. Consideration of a matter by another disciplinary or law enforcement authority does not preclude PTHMS from conducting its own hearing or taking whatever actions are determined to be warranted.

UNIVERSITY STANDARDS

All Northwestern students are either permanent or temporary residents of the State of Illinois and, as such, are subject to the laws of the State and to the ordinances of Cook County, and the cities of Evanston or Chicago. In addition, every student is required to comply with all rules and regulations enacted and published by the University or under the delegated authority of the University in the Northwestern University Student Handbook, available on the web at http://www.northwestern.edu/handbook/. A student or student organization found to have violated any of the University's rules and regulations shall be subject to appropriate disciplinary action.

PTHMS STANDARDS

Physical therapy is a health science profession requiring academic and clinical preparation for service, education and research. The academic and clinical faculties share the mutual responsibility of preparing competent physical therapists. This requires coordination of the academic and clinical resources of the curriculum.

Quality learning experiences are provided in the classroom, laboratory and clinical setting through goal-directed, supervised learning activities. To provide a quality education, faculty members keep abreast of current physical therapy clinical, professional, research and educational developments. They present results of the latest scientific research and current professional issues, and discuss varying viewpoints where results are not conclusive and there are divergent perspectives. Faculty members in each course establish specific course requirements and expectations. These expectations may vary based on the nature of the course. It is the responsibility of faculty to inform students about requirements and expectations. It is the student's responsibility to meet them. Students are encouraged to recognize the value of participative learning. Meeting course requirements and expectations contributes to the student's preparation for providing quality physical therapy services. Learning experiences in professional education are frequently designed to simulate employment expectations and consequences. Each course contributes to the preparation of a competent physical therapist. The curriculum is carefully sequenced and presumes successful learning and integration of material previously presented.

Graduates of the PTHMS Doctor of Physical Therapy curriculum must demonstrate sound judgment, personal integrity and accountability, responsibility to patients, motivation, ability to recognize personal limitations and the ability to function under pressure. The standards of professional behavior discussed in this section are in harmony with the Conduct Code of the Feinberg School of Medicine and the Code of Ethics of the APTA. The successful graduate must meet academic, technical, and clinical standards.
Good Standing
The status of “good standing” indicates that a student is not on probation or suspension. Decisions concerning the standing of a physical therapy student are the responsibility of the physical therapy faculty.

Academic Standards
In order to successfully complete the requirements of graduation for the Doctor of Physical Therapy degree, students are expected to meet the following minimum academic standards:

- A cumulative grade point average of at least 3.000 is required for each trimester in order to maintain good academic standing.
- Students must pass all courses to maintain good academic standing.
- Students may not start Clinical Experience III or IV if they are on probation.
- A cumulative GPA of 3.000 is required for graduation.
- Graduation requires successful completion of all academic and clinical education requirements.

Medical Terminology
One of the requirements of the program is demonstrating competence in medical terminology. Preparation for the exam is through independent study. Each student must pass an online competency examination in medical terminology by September 16. Students are able to repeat the exam. If a student is unsuccessful in passing after the third attempt, they will be asked to meet with the course director to determine why the student is having a problem and to develop a plan for future success. Students must achieve a score of at least 80% to be considered competent in medical terminology and be assigned a “Pass” for 0.5 of a credit.

Synthesis Research Project
The Synthesis Project is a required course for graduation. The student may receive a grade of Pass (P), Fail (F), or Work in Progress (K). The grade of Incomplete (Y) is not permitted. The grade of K is given each trimester of registration until the work is successfully completed. To receive a P grade, the student must contribute to a scholarly presentation of the project. The Synthesis Project preceptor determines the acceptability of the presentation for successful completion. The project preceptor grades students individually. Students who have not successfully completed the project abstract and poster presentation by the end of Spring Trimester, Year 2 will receive an F grade. A grade of F places the student on probation, but will not disqualify the student from proceeding with Clinical Experience II. The student must remove him/herself from probation by the end of Fall Trimester, Year 3 or she/he will be dismissed from the program. The student’s faculty advisor and the Synthesis Project preceptor will determine terms of successful removal from probation.

Writing
In their professional careers, physical therapists are expected to write in a number of contexts. Therefore, the faculty expects that students will write appropriate correspondence, fill out forms, document patient care, and write papers when assigned. Papers typically are expected to be double-spaced, 12-point font, paginated, and to have one-inch margins. Unless otherwise specified, writing style should follow the American Medical Association [AMA] Manual of Style, 10th ed., published by Williams & Wilkins (Baltimore, MD). The style manual is available online at: http://www.amamanualofstyle.com/oso/public/index.html
In addition, faculty may include the following criteria when evaluating assignments or determining a course grade.
Criteria for Acceptable Writing in All Contexts

Students must:
• Write appropriately for the stated audience (e.g., use appropriate level of language; include only appropriate information).
• Organize information logically.
• Be concise yet precise.
• Express themselves clearly.
• Express themselves accurately.
• Use appropriate terminology (e.g., medical, lay, reimbursement system).
• Use correct spelling, punctuation and grammar (including using full sentences; avoiding run-on sentences; organizing writing in paragraphs with topic sentences, headings and appropriate transitions).
• Follow instructions regarding the format of the written assignment.
• Ensure that their work is neatly presented.
• Credit the work of others appropriately. When using information from resources for any assignment, you must provide a reference citation for each concept that you obtained from the source. You must also rephrase the author’s words rather than cut and paste the exact wording. Alternatively, you may choose to use the exact wording, but then the statement needs to be enclosed in quotation marks as well as referenced. Direct quotes are used sparingly, if at all.

Additional Criteria for Specific Contexts
• When writing letters, students must be persuasive when appropriate and use correct letter format.
• When documenting patient care, students must be able to use a variety of documentation systems (e.g., narrative and SOAP format).
• When writing papers, students must be able to develop their stated thesis and use transitions between major ideas.

Northwestern Resources for Writing

Northwestern University offers many resources for writing support. A list of them can be found at http://www.writingprogram.northwestern.edu/resources/index.html. One specific resource you may find helpful is the Writing Place. For more information go to http://www.writing.northwestern.edu

Technical Standards Doctor of Physical Therapy Program

The Doctor of Physical Therapy education program in the Department of Physical Therapy and Human Movement Sciences (DPTHMS), Feinberg School of Medicine, Northwestern University, prepares physical therapists to serve as generalist practitioners. In order to function as a physical therapist with generalist skills in a variety of clinical, classroom, and community situations, an individual must have abilities and skills in the following areas: behavior, social skills, and professionalism; communication; cognitive/integrative abilities; and psychomotor skills. Also inherent in performance expectations is providing services in a timeframe appropriate to the context of care.

Overall, the purpose of technical standards is to delineate the skills deemed essential for continuation in and completion of the educational program. Technical standards are necessary to identify and communicate specific expectations for student performance in the academic and clinical environments. Reflect in the standards are those behaviors, knowledge, and skills that degree candidates must possess to engage safely and competently in required learning activities and in clinical practice to ensure
the well-being of the patient/client, self, and others. Skills fundamental to Physical Therapist practice and to the curriculum at DPTHMS include but are not limited to the following:

**Behavior, Social Skills, and Professionalism**

1. Practice in a manner that ensures the safety of the patient/client, self, and others.
2. Practice in an ethical, legal, and responsible manner.
3. Identify, acknowledge, and accept responsibility for actions and report errors.
4. Establish professional relationships, based on mutual trust, with individuals from a variety of backgrounds, ages, and needs.
5. Recognize the psychosocial impact of dysfunction and disability, and integrate the needs, including cultural needs, of the patient/client, family, significant other, and caregiver into the plan of care.
7. Consistently demonstrate professional behaviors in interactions with patients/clients, families, caregivers, health care providers, students, faculty, consumers, and payers.
8. Demonstrate the ability to cope and adjust to recurrent stresses, which are inherent in clinical practice.

**Communication**

1. Demonstrate expressive and receptive communication skills (verbal, nonverbal, and written) that meet the needs of the target audience (students, faculty, patients/clients, families, caregivers, practitioners, community members, payers, and policy makers).
2. Appropriately document the delivery of physical therapy services.

**Cognitive/Integrative Abilities**

1. Demonstrate the ability to problem solve, analyze, and synthesize information, and apply principles of logic and scientific inquiry to the practice of physical therapy.
2. Select appropriate physical therapy examination procedures and synthesize findings to formulate an appropriate physical therapy evaluation.
3. Establish a working physical therapy diagnosis, formulate a prognosis, and select appropriate interventions for individuals with an actual or potential movement dysfunction to achieve desired outcomes.
4. Recognize and respond appropriately in emergency situations.

**Psychomotor**

1. Accurately perform physical therapy examination techniques.
2. Demonstrate the strength, mobility, balance, fine motor coordination, endurance, perceptual and sensory capabilities sufficient to provide physical therapy to any adult or pediatric patient/client, including heavy or immobile patients/clients. If a student has a documented disability and is unable to directly provide safe and effective care, they must demonstrate the ability to manage patient/client care with the assistance of approved reasonable accommodations.

It is Northwestern University’s policy to ensure that no qualified student with a disability is denied the benefits of, excluded from participation, or otherwise subjected to discrimination in any University program or activity. In response to a request made by a qualified student with a
documented disability, the University will arrange, at no cost to the student, for the provision of reasonable academic and programmatic accommodations and supports. Accommodations are determined by AccessibleNU to be necessary to afford the student with the opportunity for full participation in University programs.

Please go to the following link to follow steps for registering with AccessibleNU: www.northwestern.edu/accessiblenu/students/chicago-campus/index.html

Clinical Standards

See Evaluation of Student Performance within Clinical Education Policy and Procedures section.

PTHMS Safety Generic Abilities

In order to describe the standards for safe practice, the PTHMS faculty developed the Safety Generic Abilities. Levels in the development of safe practice:

1. **Beginning**: This level of performance is expected from Fall Trimester (Year I) up to entering Clinical Experience (CE) I. At this level, students are expected to learn how to minimize risks to the patient and/or the provider. The process of skill acquisition and safety judgment requires practice, self-assessment and correction of errors. At this level, students are expected to create a safe environment for patients once they (the students) have had an opportunity to self-assess performance and make appropriate changes that minimize risks following that performance. Students are expected to take the most conservative approach to minimizing risks at this level.

2. **Intermediate**: This level of performance is expected to enter CE II. At this level, students are expected to be able to provide a safe and secure environment for patients by anticipating risks and the actions that are needed to minimize risks, as well as identifying and responding appropriately to ongoing risks in a timely fashion. Students are also expected to accept responsibility for their actions and outcomes, including errors/mistakes that lead to an increase in risk to the patient and/or the provider. At this level, students are also expected to begin to use clinical judgment to modify their treatment approach to minimize risks. Students should be able to justify all choices regarding risk management.

3. **Entry level**: This level is the level of practice following CE IV as defined in the Clinical Performance Instrument.

Safety behaviors are critical along a continuum of physical therapist/patient interactions.

♦ At the time of the FIRST PATIENT/CLIENT ENCOUNTER, the physical therapist must:
  • Identify potential risks; and,
  • Take action to minimize risks (e.g., consult with the referring health care practitioner, refer to another health care practitioner) within the context of delivering optimal care.

♦ During the CHART REVIEW, the physical therapist must:
• Identify potential risks; and,
• Take action to minimize risks (e.g., consult with the referring health care practitioner, refer to another health care practitioner) within the context of formulating an effective plan of care.

♦ During the EXAMINATION, the physical therapist must:
  • Identify potential risks;
  • Select examination procedures to minimize risks while achieving the goal of generating reliable and valid information;
  • Perform tests in a manner that minimizes risk but still remains reliable and valid for making clinical decisions;
  • Communicate anticipated response to the patient and respond appropriately to the patient’s verbal and non-verbal communication;
  • Identify and interpret data appropriately to minimize risk;
  • Modify the examination appropriately based on the patient’s response (verbal, non-verbal) to minimize risk; and,
  • Take action to minimize risk (e.g., consult with the referring health care practitioner, refer to another health care practitioner, activate appropriate emergency systems/procedures).

♦ During the INTERVENTION, the physical therapist must:
  • Identify potential risks;
  • Select interventions to minimize risks, yet maximize intended benefits;
  • Perform interventions in a manner that minimizes risk, yet maximizes intended benefits;
  • Communicate anticipated response to the patient and respond appropriately to the patient’s verbal and non-verbal communication;
  • Modify the intervention appropriately based on the patient’s response (verbal, non-verbal) to minimize risk; and,
  • Take action to minimize risk (e.g., refer to another health care practitioner, activate appropriate emergency systems/procedures).

♦ During DOCUMENTATION, the physical therapist must identify current risks and the potential of future risks related to:
  • Accurate documentation of examination and treatment sessions;
  • Legible documentation of examination and treatment sessions;
  • Timely documentation of examination and treatment sessions; and,
  • Document an assessment that synthesizes and interprets all findings to determine the correct physical therapy diagnosis to minimize risks.

♦ During DISCHARGE PLANNING, the physical therapist must:
  • Recommend discharge placement to minimize risks, yet maximize intended benefits.

Safety breaches are defined as being either **MAJOR** or **MINOR**. Major safety breaches arise from performance errors that would have a high probability of resulting in potential harm to the patient; minor safety breaches arise from performance errors that would have a low to moderate probability of resulting in potential harm to the patient.

**Areas of Risk:** (see table below)

♦ Physiological status
On practical examinations, safety issues regarding the patient, the care-giver and the therapist will be scored in the following manner:

- Full credit - student appropriately manages the safety risks* inherent in the situation;
- 50% credit deduction - student creates a situation in which there is a low to moderate probability of harm to the patient; or,
- 100% credit deduction - student creates a situation that is unsafe OR in which there is high probability of harm to the patient.

**Note:** RISK is specific to the patient, environment and procedure**.

* Examples are provided in the table below to help illustrate safety considerations in each particular category. Examples are NOT INTENDED as an all-inclusive list.

** Procedures: tasks involved in performing an examination or in providing an intervention

### Categories of Patient/Client Risk

<table>
<thead>
<tr>
<th>RISK CATEGORY</th>
<th>BEGINNING LEVEL Examples of “at risk” behaviors &amp; scoring</th>
<th>INTERMEDIATE LEVEL Examples of “at risk” behaviors &amp; scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological status</td>
<td>Does not take vital signs (VS) for review of systems (ROS) – major safety breach</td>
<td>Same scoring criteria as beginning level</td>
</tr>
<tr>
<td></td>
<td>Takes VS but does not follow-up appropriately – minor safety breach</td>
<td>Does not identify critical lab values – major safety breach (HgB &lt; 7; Hct &lt; 25%; platelets &lt; 20 K; INR &gt; 5)</td>
</tr>
<tr>
<td></td>
<td>Unable to identify examination findings that require immediate medical referral – major safety breach</td>
<td>Does not recognize critical signs &amp; symptoms At rest — major safety breach In response to procedures – major safety breach</td>
</tr>
<tr>
<td></td>
<td>Does not recognize critical signs &amp; symptoms At rest — major safety breach In response to procedures – major safety breach</td>
<td>(Critical signs and symptoms e.g., Significant ST segment change/depression; significant dysrhythmia on EKG; development of S3 heart sound, abnormal VS responses to activity.)</td>
</tr>
<tr>
<td></td>
<td>(Critical signs and symptoms e.g., Severe SOB; chest pain; diaphoresis, nausea &amp; vomiting; excessive pain, fear, anxiety.)</td>
<td>e.g., Performance of tracheal suction such that catheter is in trachea greater than recommended time ± 5 sec.</td>
</tr>
</tbody>
</table>
### Categories of Patient/Client Risk, continued

<table>
<thead>
<tr>
<th>RISK CATEGORY</th>
<th>BEGINNING LEVEL</th>
<th>EXAMPLES OF “AT RISK” BEHAVIORS &amp; SCORING</th>
<th>INTERMEDIATE LEVEL</th>
<th>EXAMPLES OF “AT RISK” BEHAVIORS &amp; SCORING</th>
</tr>
</thead>
</table>
| Tissue integrity | **Pressure areas** inadequately relieved  
- Existing pressure areas inadequately protected – major safety breach  
- Potential for excess pressure due to positioning - minor safety breach | Same scoring criteria as beginning level, including:  
- Selection or administration of force, duration, intensity, frequency, position, etc. during examination and intervention that is has a high probability of harm – major safety breach  
  e.g., examination - passively moving hemiparetic shoulder past 90 degrees while internally rotated; treatment – inadequate stabilization of lumbar spine that is at risk for injury  
  e.g., Performance of tracheal suction with > recommended suction force; suction on the way down; does not stabilize tracheotomy tube.  
- Selection or administration of force, duration, intensity, frequency, position, etc., during examination and intervention that increases patient risk - minor safety breach  
  e.g., High repetition exercises in a patient with tendonitis | | |
|  | **Shears skin** during movement  
- Intact skin likely to be irritated - minor safety breach  
- Existing pressure areas likely to be exacerbated – major safety breach | | |
| Falls Prevention | Selection of method  
- Increases risk for a given patient – minor safety breach  
- That is unsafe for a given patient - major safety breach | Same scoring criteria as beginning level, including:  
- Must ask about falls and circumstances in interview when risk factors are present  
- Student may introduce activities that increase risk for patient in order to examine their capacities or train their capabilities (e.g., balance). Student is expected to modify guarding/assistance/force to minimize overall risk.  
  e.g., Gait belt/appropriate level of guarding is required when examination or intervention introduces activities that patient does not typically perform independently; however, no gait belt/guarding required if patient is known to do activities independently and there are no indicators of fall risk.  
  Shoes may be removed for examination and treatment if environment is safe and fall risk is otherwise minimized. | | |
### Categories of Patient/Client Risk, continued

<table>
<thead>
<tr>
<th>RISK CATEGORY</th>
<th>BEGINNING LEVEL</th>
<th>INTERMEDIATE LEVEL</th>
</tr>
</thead>
</table>
| Patient specific precautions | • Does not follow Total Joint Precautions when appropriate - major safety breach  
• Doesn’t instruct patient in weight bearing restrictions – minor safety breach  
• Doesn’t monitor the patient’s weight-bearing during activity – major safety breach  
• Disrupts the integrity of patient lines (IV’s, catheters, etc.) – major safety breach  
• Puts the integrity of patient lines (IV’s, catheters, etc.) at risk – minor safety breach | Same scoring criteria as beginning level, including:  
• Selection or administration of examination or treatment that is contraindicated – major safety breach  
   e.g., examination - testing hip adduction in person acute post hip replacement surgery;  
   treatment – stretching tissue that is immediately post-surgery  
• Selection or administration of examination or treatment when appropriate precautions have not been taken – minor safety breach  
• Doesn’t follow medical or surgical protocol (e.g., skin graft, ACL repair, median sternotomy) - major safety breach |
| Equipment use | • Unsafe use of equipment such as equipment size adjustment, intensity, or duration not adjusted to minimize risk – major safety breach  
• Uses unsafe equipment – major safety breach | Same scoring criteria as beginning level, including:  
• Equipment contact with patient is unsafe (e.g., insufficient electrode gel, protective toweling, etc.) – major safety breach  
Equipment set-up is unsafe (therapist can’t monitor patient and equipment simultaneously) - major safety breach |
| Infection control | • Does not observe appropriate clean/sterile precautions (e.g., hand washing between patients) with a patient at high risk for infection - major safety breach  
• Does not observe appropriate clean/sterile precautions (e.g., hand washing between patients) with a patient at low risk for infection - minor safety breach | Same scoring criteria as beginning level e.g., does not maintain sterility of suction catheter tip- major safety breach |
| Minimizes care-giver & therapist risk (e.g., body mechanics) | Body mechanics used create high risk of injury- major safety breach  
• Potential risk  
   e.g., Transfers patient with poor body mechanics (e.g., “pike position) - major safety breach  
• Potential risk 2° Body mechanics - minor safety breach  
• e.g., bends to put patient’s foot on foot rest in “pike position” | Same scoring criteria as beginning level |
Categories of Patient/Client Risk, continued

<table>
<thead>
<tr>
<th>RISK CATEGORY</th>
<th>BEGINNING LEVEL</th>
<th>INTERMEDIATE LEVEL</th>
</tr>
</thead>
</table>
| Scoring of Performance on Practical Examination | **Full credit** – for the skill area involved - if the student recognizes an error and self-corrects.  
**50% credit deduction** – if the student recognizes an error, verbalizes the error and modification, but lacks sufficient time to demonstrate the skill being performed correctly.  
**100% credit deduction** - for the skill area involved if the student does not spontaneously self-correct the error OR self-assess that no error has been made. | Modification of initial score for a behavior will be based on the student’s recognition, verbalization and self-correction of the error in a timely fashion so as to minimize risk. Timing is situation specific.  
• A **50% credit reduction will result if the error is recognized so that an appropriate and timely modification is made.**  
• A **100% credit deduction will result if the error is not recognized or if the modification only occurs after the patient or faculty member prompts.** |
POLICIES AND PROCEDURES
ACCESS TO STUDENT RECORDS

The Family Educational Rights and Privacy Act (FERPA) was enacted by Congress in 1974 to specify what information in a student's educational record can be disclosed, to whom, and by what means. The educational record includes all paper or electronic information directly related to a student and maintained by the Feinberg School of Medicine or the University. This includes, but is not limited to, information in the Office of the Registrar and offices of individual course directors and faculty members including the clinical education performance evaluations submitted by clinical instructors and faculty members to assist the directors of clinical education in compiling an evaluation and grade. FERPA excludes private notes made by a faculty member about a student that have not been shared with anyone else. A student may examine his or her educational file by requesting access from the Associate Chair for Professional Education. The University’s FERPA policy is available from the Registrar or on the University’s Website at http://www.registrar.northwestern.edu/academic_records/FERPA_policy.html

ADDRESS AND PHONE INFORMATION

Students are required to update in CAESAR and notify the PTHMS Registrar, Kisha Nelson at k-nelson@northwestern.edu of changes in permanent or temporary address, e-mail address, telephone numbers and emergency numbers, within ten days of said change.

ADVISOR SYSTEM

The purpose of the advisor system is to provide ongoing faculty contact for each student throughout the program. Each student is assigned an academic advisor at the beginning of the program, and assignments are distributed during orientation.

Functions of the Advisor

- To meet with advisees during orientation week and at least once each term thereafter.
- To keep informed of the advisee's progress in order to be aware of potential difficulties in areas that include, but are not limited to:
  - Health;
  - Employment;
  - Academic performance;
  - Personal concerns; and,
- To foster advisee’s self assessment and reflection as part of the student’s professional development.
- To review and discuss the professional advancement & community engagement (PACE) process with the student.
- To respond to requests from students, faculty, the Student Progress Committee, or the Associate Chair for Professional Education should personal or academic problems arise.
- To keep a record of each meeting and to document unusual incidents.

Changing Advisors

Advisees may request a change of advisor, with permission of the Associate Chair for Professional Education, if they have discussed the change with the present advisor, if they have a good reason, and if the proposed new advisor is willing to accept an additional advisee.
ALCOHOL/DRUGS


ATTENDANCE EXPECTATIONS

To meet course requirements and expectations, students are expected to attend all scheduled learning activities. In the event of personal illness or emergency that requires absence from class, students are to notify the Course Directors by email prior to the start of the class. In the event of illness that requires absence from patient management experiences or clinical activities to clinical facilities, students must inform Margaret Wente Danilovich, DPT, GCS, [margaret-wente@northwestern.edu](mailto:margaret-wente@northwestern.edu) who serves as Integrated Clinical Education Experiences Coordinator. If a student is absent from a class session when an in-class graded activity/assignment is scheduled and the Course Director has not been previously notified with an acceptable reason for the absence, a grade of zero is issued. If an illness, injury, or emergency is expected to cause a student to miss more than three days of class, please notify the Associate Chair for Professional Education (ACPE), Dr. Marjorie Johnson Hilliard ([m-johnson10@northwestern.edu](mailto:m-johnson10@northwestern.edu)).

Students are expected to be present for all graded activities. If a student has a very compelling reason that he or she cannot be present for an examination, he or she must secure the permission of the course director to reschedule the exam via written e-mail request; with the Assistant Chair of Curriculum Affairs, Dr. Babette Sanders ([b-sanders2@northwestern.edu](mailto:b-sanders2@northwestern.edu)), copied on the request. Unless the absence is due to an emergency, a request for a change in exam must be given to the course director within 72 hours of receiving the course syllabus. The course director has the right to determine whether it is reasonable to reschedule the exam and the nature of the rescheduled examination. If the course director approves the absence and agrees to reschedule the examination, the student and the course director will mutually determine a date for the exam. Ordinarily, the exam will be scheduled prior to the absence.

Occasionally, during final clinical experiences, a facility will require that students begin an experience before classes and exams have been completed. In this instance, when the clinical education schedule is finalized, the DCE (or designee) will notify the faculty of which students will need to reschedule final examinations. The students and course directors can come to a mutually agreeable schedule.

BREAKS

Every effort is made to allow for breaks between classes, but if a class extends beyond the allotted time, students are to remain until class has ended. In the case of two-hour classes, breaks may sometimes not be possible.

If an instructor fails to appear at the scheduled time for a class, a student representative should inform the ACPE, or one of the receptionists on the 11th floor. If the instructor cannot appear for the class within 20 minutes of the scheduled time, the class will have to be rescheduled.
CLASSROOM/LABORATORY ATTIRE

While we do not have a dress code, we expect suitable attire for all class sessions. Requirements for specific laboratory sessions will be specified in course syllabi. Students will be discouraged from wearing hats in any class session; but **hats are not allowed during exams and laboratory class sessions.** Appropriate attire for clinical experiences and patient management experiences is specified under Professional Attire, Clinical Education Policies.

- **Labs and Class Sessions Involving Patients/ Clients**

  **All students are expected to wear professional clinical attire for labs that involve community volunteers, patients and for practical exams unless informed otherwise by the Course Director.** Students wear white lab coats with appropriate street clothing. Lab coats may be suit jacket, three-quarter, or full length. Appropriate street clothing includes shirts, blouses or sweaters and khaki or dark slacks. "Jeans" style slacks, hats, sweatshirts, mini skirts, T-shirts, tank tops, see-through fabrics and necklines or hemlines that are revealing are unacceptable. Shoes are to be closed-toe, closed-heeled and low-heeled (1”). Platform shoes and athletic shoes are unacceptable. Do not wear perfume or cologne. No facial piercings or dangling earrings. Jewelry should be worn with discretion and should not endanger the safety of the student or others. Long hair should be tied back/restrained for both male and female students.

- **Other Lab**

  Lab attire in all other labs may vary with the course. The faculty of each course will determine appropriate attire and notify the students. Hats are unacceptable.

  Students who fail to comply with the expected attire for any class session may be asked to leave the lab until they are able to be dressed appropriately, or to wear a hospital gown (if appropriate for the activity).

- **Required Dress and Protocol in the Feinberg Anatomy Lab**

  Laboratory dress is not a personal fashion choice, but mandated by safety guidelines from OSHA and Northwestern’s Office for Research Safety. A dress code also establishes a professional and respectful environment in the lab. Disposable lab coats, masks and gloves will be provided for your use. The following guidelines are required for ALL Anatomy Lab users:

  1) All students must wear the provided disposable lab coat at all times.

  2) Wear old clothes under your disposable lab coat. These clothes must be discarded after your last anatomy lab.

  3) Wear long pants or slacks to protect the legs.

  4) Wear sturdy shoes that cover the entire foot. Sandals, “ballet flats”, high heels, etc. are NOT appropriate footwear.

  5) Effectively restrain long hair behind the head.

  6) Wear the provided nitrile gloves at all times.
7) Wear the provided masks with face shields when sawing bones or any time there is a splash hazard. If you are entering the lab as an observer, minimal dress requirements are: long pants, covered shoes and a disposable gown. Gloves are not required; however, face masks and shields must be worn if bone sawing or other splashing hazards will occur. Long hair must be restrained.

8) Always remove ALL personal protective equipment, including gloves and disposable gowns, before leaving the lab.

9) Always wash hands and arms thoroughly before leaving the lab.

10) Do not take coats or protective clothes home to wash. This may result in cross-contamination.

11) Cover any cuts or exposed skin wounds you may have with bandages.

12) No food or drink is ever allowed in the laboratory.

Failure to abide by these guidelines will result in you being asked to leave the laboratory and referral to Student Progress Committee.

**CLINICAL EDUCATION**

**Overview**

Clinical education experiences are an extremely important and a substantial part of the DPT program at the Department of Physical Therapy and Human Movement Sciences. During their clinical education, students integrate aspects of classroom learning, make clinical decisions, manage patient problems, and provide educational, administrative, consultative, risk assessment, health and wellness promotion, and research services with supervision. The experiences are designed to take place at facilities where health care or physical therapy is offered such as hospitals, rehabilitation centers, ambulatory centers, school systems, and home care. Our Clinical partners are considered to be an extension of the academic faculty. The Clinical Education team consists of:

- Assistant Chair of Clinical Education
- Directors of Clinical Education (DCE)
- Center Coordinators of Clinical Education (CCCE)
- Clinical Instructors (CI)
Clinical Education Time Line

Pre-Assignment Process

Communication with Facilities and Recommending Sites
Facilities that provide clinical education experiences have a Clinical Education Agreement with the University describing the responsibilities of all parties. The Directors of Clinical Education and the facility representative(s) manage all communication regarding the establishment of a Clinical Education Agreement and specific clinical education experiences that are available for NU students. Therefore, it is best for the DCE team to contact clinical facilities with requests for specific clinical education experiences, however students may make recommendations for new facilities for clinical experiences. If students have recommendations about clinical education facilities or placements, please notify the assigned DCE. Clinical educators at affiliated facilities identify their resources and availability before students and the DCE determine schedules for Clinical Experiences I-IV.

Students may recommend a maximum of two facilities as potential new clinical education sites by completing the Clinical Site Recommendation Form, which requires the student to obtain the contact name and email for the CCCE or employee supervising the physical therapy student program. If a Clinical Education Agreement with the new site is fully executed and the CCCE offers a clinical placement, the student that recommended the facility will be pre-placed at that site unless a conflict of interest is identified.

Scheduling
The DPT program administrators determine the dates for each clinical experience and these dates are provided to the Center Coordinator of Clinical Education (CCCEs). These dates determine the legal time frame for students to complete clinical experiences and dates for professional liability coverage for Northwestern University students at facilities.

Students are not to negotiate changes in dates of clinical experiences with the assigned facility. If a student anticipates a potential need to alter the dates of a clinical education experience, the student must contact his/her assigned Director of Clinical Education. Any student attempting to negotiate a change in dates without notifying the assigned Director of Clinical Education may be prohibited from participating in a clinical experience at the facility.
The Department has scheduled travel time prior to and after Clinical Experiences I – IV. Students are expected to begin and end each clinical experience on the committed dates. Because students have this scheduled travel time, they should have no need to request time off from any clinical experience for personal business or to travel to the next experience or graduation. When a student demonstrates problems with clinical performance and/or has a learning development plan, the length of the clinical experience may be extended so the student may have additional time to demonstrate safe, effective, consistent, and efficient practice. Learning development plans may be instituted prior to, or during, a student’s clinical experience. As such, students are expected to keep the week following the assigned end date of the clinical experience open for additional clinical practice, if needed.

Assignment of Students to Clinical Facilities

Experience Requirements for Graduation
Graduates are prepared to meet the needs of patients/clients in any area of physical therapy service. To facilitate the development of knowledge and skills required to practice effectively in any setting, students must complete CE I – IV in a variety of clinical settings and facilities. Students must consider the following characteristics when choosing clinical placements: patient age (e.g., pediatrics vs. young adults vs. geriatrics), setting type (e.g., school vs. extended care facility; hospital-based outpatient vs. private practice), facility location (e.g., rural vs. urban vs. suburban; Northwest vs. Midwest vs. South United States), setting size (e.g., facilities with 125 vs. 500 inpatient beds), or socioeconomic/cultural background of patients/clients. These requirements can be met during Clinical Experiences I, II, III, IV or any combination of these experiences. Students are required to complete a minimum of 6 weeks of full-time clinical experience practicing with:

1. Inpatients who have conditions that can change abruptly, e.g. acute care.
2. Outpatients who have a variety of musculoskeletal conditions.
3. Patients (inpatient or outpatient) who have neurological conditions (adult or pediatric).
4. Patients whose conditions complement the other three clinical experiences and meet the expectations of a well-rounded, diverse clinical education schedule.

To promote variety in each student’s clinical education schedule, students may complete no more than 19 weeks of full-time clinical experiences managing patients with similar ages, movement problems, and levels of acuity. For example, students may not select the same patient population, such as outpatient orthopedics, for both CE III and CE IV.

Students enrolled in the DPT/PhD program are required to remain in the Chicago area for Clinical Experience III or IV so they may continue to be active in their line of research. They may be given preferential placement at facilities in close geographic proximity to NUPThMS (e.g. RIC, NMH).

Location of Clinical Experiences
To optimize the use of available clinical education resources and assure variety within each student’s clinical education schedules, students must travel a minimum of 50 miles outside of the Chicago area for at least one, and possibly more, of their full-time clinical education experiences. Once the clinical education schedule is final, students cannot change the type of experience or facility selected. However, facilities have the right to change their availability and type of experience at any time. Students may potentially participate in one full-time clinical education experience at a very limited number of international clinical organizations. Application, interview, and approval by the Assistant Chair of Clinical Education are required.
Conflicts of Interest
To receive maximum benefit from clinical education and eliminate the possibility of biases, students will not be allowed to complete clinical education experiences at facilities where they or a family member are or have been employed. Also, students will not be allowed to complete clinical education experiences at facilities with which they have signed scholarship agreements or where they have completed physical therapy experiences, including volunteer, observation, work, and previous clinical experiences. Students are expected to honestly report to their assigned DCE if they are ineligible to complete a clinical education experience at a specific facility.

Placement Process
The clinical education placement process is designed to distribute available clinical education resources fairly and equitably for all students. Students’ preferences for clinical facilities are matched with available clinical placements using Exxat Student Training and Education Placement Software (STEPS). STEPS is a comprehensive, fully integrated tool that allows Universities, Students and Clinical Sites to manage all information related to clinical placements in a centralized cloud based system. The placement system is deployed on the cloud, which ensures 24/7 secure, real-time access to clinical site information.

Students are able to search through all available clinical slots and select their preferred choices for their wishlist. Students then rank their preferred slots in the order of preference. The placement system then matches a student based on all choices that are submitted from the class. There may be one to two rounds per selection cycle.

Some CE sites allow an early selection via application/interview or first come, first served basis. Information about these sites and relevant deadlines are posted on Exxat and interested students may apply for placement in those sites prior to the match process noted above. If a student is accepted, they will not have to participate in the match process for that assigned time frame of CEI-IV.

Changes in Placement
Approximately 10% of clinical placements on the final schedule change partially or completely before or during any clinical experience. In the event a clinical facility becomes unable to provide a clinical experience, the assigned Director of Clinical Education in consultation with the student will revise the clinical education schedule using available clinical education resources. If a facility changes the experience, the university expects the student to accommodate the change by using effective communication skills and demonstrating professional behavior, flexibility and adaptability. Students remain responsible for expenses that result from changes in clinical education schedules or from changes in facility arrangements for any clinical experience.

Students are not allowed to make changes to their placements once the selection process has ended. If a student believes they have a justifiable reason for requesting a change in his/her clinical placement, the student must: 1) Articulate in writing clear reasons why his/her selection should be altered; 2) Submit the written request for alteration to the clinical education selection to the assigned DCE; 3) Meet with the DCEs for further discussion. Completion of written request and meeting with the DCEs does not mean that a change to the student’s selection will be approved.

Prerequisites
Interviews
Several clinical education sites require a telephone interview with the student prior to offering the student a clinical education experience. If a student participates in an interview and the clinical site
offers the student a clinical experience at the site, the student will be assigned to the site and the
student’s schedule for that experience is final.

**Background Checks**
As part of the physical therapy program, students are required to participate in clinical training.
Northwestern University has legal agreements with clinical facilities across the continental United
States. Clinical training sites frequently require criminal background checks for participating students.
Students will be responsible for coordinating all aspects of required criminal background checks directly
with their clinical training site, and not through the University. Students should be aware that in the
event adverse information is obtained during the criminal background check, the student might be
prevented from participating in a clinical experience and/or sitting for the licensure examination.

**Health Requirements—Immunization and Certifications**
Students must submit the requirements for both the University and the Department. Students are
required to submit **two** sets of immunization records (including lab reports):

#1 One set should be sent directly to Health Service in Evanston (address is below on p. 30) by July 1.
#2 The departmental set is sent directly to PTHMS by July 1.

It is important that you meet these health requirements, as they are a pre-requisite for clinical education
activities in the curriculum. Some clinical facilities may have additional requirements, which you
must meet prior to working with patients.

PTHMS has the additional requirement of CPR certification (American Heart Association Basic Life
Support or American Red Cross Basic Life Support for the Healthcare Provider). Students are also
responsible for maintaining current CPR certification. If the student’s CPR certification expires during a
clinical education experience, the student will be removed from the clinical site until the student
provides documentation of current certification.
This table compares the University requirements with PTHMS requirements.

<table>
<thead>
<tr>
<th>Immunizations required:</th>
<th>Northwestern University</th>
<th>PTHMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuberculosis Testing:</strong> A QuantiFERON® TB Gold blood test is required. Must be completed in the USA on or after March 1st of the year you enter the program. You must submit a copy of a QuantiFERON® TB Gold blood test lab report. <strong>OR</strong> Submit chest X-ray performed in the USA on or after March 1st of the year you enter the program. If available, also include historical positive Tuberculosis test result and if applicable, treatment records. <strong>Students arriving from other countries in need of a TB test and/or Chest X-Ray have until 30 days after the start of classes to complete without incurring penalty. TB tests and x-rays from other countries will not be accepted and will be repeated at the student’s expense.</strong></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td><strong>Measles (Rubeola), Mumps, RUBELLA:</strong> Positive quantitative lab reports confirming immunity must be submitted to meet this requirement.</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td><strong>Varicella (Chicken Pox):</strong> A positive quantitative lab report confirming immunity must be submitted to meet this requirement.</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td><strong>Hepatitis B (Surface Antibodies):</strong> A positive quantitative lab report confirming immunity must be submitted to meet this requirement.</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td><strong>Tetanus/Diphtheria/Pertussis (Tdap):</strong> One booster vaccination administered within 10 years of entrance into Northwestern.</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus/Diphtheria Series (, Td, DT, DTP, DTap or Tdap):</strong> Students that are attending Northwestern on a Student Visa are required to supply at least 2 dates of vaccination from their Tetanus/ Diphtheria primary series. Doses MUST be 28 days apart. CPR Certification should be mailed to PTHMS by July 1.</td>
<td>Not required</td>
<td>√</td>
</tr>
</tbody>
</table>

**Details and Deadlines for Submitting Information**

<table>
<thead>
<tr>
<th>NorthWestern University</th>
<th>PTHMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deadlines:</strong></td>
<td>July 1</td>
</tr>
<tr>
<td><strong>Mail to:</strong></td>
<td>Northwestern University Health Service, Health Information Management Services, 633 Emerson St., Evanston, IL 60208</td>
</tr>
<tr>
<td><strong>Failure to Comply:</strong></td>
<td>Students who fail to submit the completed Admission Health Record, including proof of immunizations or fail to rectify deficiencies WITHIN 30 DAYS AFTER THE START OF CLASSES WILL BE ASSESSED A NON-REFUNDABLE $100 LATE FEE AND IN ACCORDANCE WITH ILLINOIS STATE LAW, BARRED FROM CLASS REGISTRATION FOR SUBSEQUENT TERMS UNTIL COMPLIANT.</td>
</tr>
<tr>
<td><strong>For More Information:</strong></td>
<td>For more information, visit the “Entrance Health Requirements” page on our website at: <a href="http://www.nuhs.northwestern.edu/evanston/default.aspx">http://www.nuhs.northwestern.edu/evanston/default.aspx</a></td>
</tr>
</tbody>
</table>

**Students must maintain personal copies of all their health documents.**

Documentation of completed admission health requirements, CPR certification, and OSHA blood borne pathogens training are shared with clinical facilities prior to students’ participation in clinical
activities and clinical education experiences. Students must submit documentation of additional health requirements and/or criminal background checks requested by individual clinical sites directly to the Center Coordinator of Clinical Education.

General Policies and Procedures During Clinical Experiences

Attendance
Each student is expected to complete at least 40 hours of clinical practice for each week scheduled for Clinical Experiences I-IV and to work the same schedule as the her/his Clinical Instructor (CI) even if that means working beyond 40 hours in a week.

The time spent in clinical practice is valuable to the student's professional development. When unforeseen circumstances occur and the student is unable to complete the expected hours of clinical experience, students and clinical faculty should adhere to the following policy:

If a student is absent from clinical practice for any reason, it is expected that arrangements will be made to make up the time missed, if feasible. Any make-up time should be scheduled when supervision by a licensed physical therapist is available and should only occur within scheduled dates of clinical experiences; options may include extended workdays, weekends, etc. When the scheduling of make up opportunities is not feasible for the clinical facility, the school, in consultation with the student, CI, and Center Coordinator of Clinical Education (CCCE), will decide what alternative arrangements will be made. Students are expected to demonstrate flexibility in regards to the scheduling of making up missed time.

Planned time off during assigned clinical education is allowed for attendance to: 1) APTA Combined Sections Meeting to present their research, 2) A wedding to participate as a member of the wedding party, or 3) A family graduation, the student must contact his/her assigned DCE for initial approval. Depending on the circumstances, time off may be approved for other reasons. See specific scenarios below.

In the event a student must request time off, she/he must:
1. Contact the assigned PTHMS Director of Clinical Education as early as possible.
2. After contacting the PTHMS Director of Clinical Education and receiving approval, contact the CCCE and/or CI and follow the administrative policies and procedures of each facility in order to obtain permission for time away.
3. Only make travel arrangements once both a PTHMS Director of Clinical Education and the clinical site have approved time away.

Illness
If a student becomes ill and is unable to attend any portion of clinical practice, she/he is to notify her/his CI and the assigned PTHMS Director of Clinical Education as early as possible on each day of absence. During Clinical Experiences I-IV, students are expected to learn how to determine when it is appropriate to call in sick. For example, if the student’s illness could pose a threat to patients’ or clinicians’ health, the student should not go to the clinical setting.

Attending CSM
Students are not allowed time off for APTA Combined Section Meetings (CSM) attendance, unless pre-approved with the assigned DCE and clinical instructor. Preference is given to students who have a CSM platform or poster presentation. If pre-approval is received a maximum of 1-2 days will be
offered. Pre-approval must be obtained prior to making any flight or travel arrangements. If approval is received, the student must make up the time missed during the clinical experience.

Residency Interviews
Students are not allowed time off for residency interviews, unless pre-approved with the assigned DCE and clinical instructor. Preference is given to students who are interviewing for American Board of Physical Therapy Residency and Fellowship Education approved residency when the deadline for application requires an interview prior to the end of the experience. If pre-approval is received a maximum of 1-2 days will be offered. Pre-approval must be obtained prior to making any flight or travel arrangements. If approval is received, the student must make up the time missed during the clinical experience.

Job Interviews
Students are not allowed time off for job interviews.

Other
In the event that a student has an emergent need to be away from the clinic (e.g. Death in the family, illness) during CE I-IV, the student should immediately contact his/her CI and assigned DCE to make arrangements.

Attire for Clinical Education Experiences
The following information will assist students with presenting themselves as professionals to the public and healthcare providers, and as appropriate representatives of Northwestern University. Students are expected to adhere to these guidelines during part-time clinical activities, patient management experiences, and full-time clinical experiences except when superseded by facility policy.

- Students should wear white lab coats with appropriate clinic attire. Lab coats may be suit-jacket, three-quarter, or full length, but a PTHMS identification patch must be worn on the left sleeve, two inches below the seam and centered on the arm. Appropriate street clothing includes shirts, blouses or sweaters and khaki or dark slacks. "Jeans" style pants, jeggings, leggings, hats, sweat suits, T-shirts, see-through fabrics, and necklines and hemlines that are revealing are unacceptable.
- Shoes are to be closed-toe, closed-heel and low-heeled. Clogs, heels higher than 1", sandals, platform shoes and flip-flops are unacceptable. Rubber soled shoes are recommended.
- Students must wear a nametag provided by the facility or the University.
- Good personal hygiene and grooming are expected. Makeup and colored nail polish should be used with discretion. Do not wear perfume or cologne.
- Fingernails should not extend beyond the fingertips. No artificial nails.
- No facial piercings or dangling earrings. Jewelry should be worn with discretion and should not endanger the safety of the student or others.
- Long hair should be tied back/restrained for both male and female students.
- Tattoos must be discreetly and completely covered at all times.

In the event that the dress code of the clinic differs from what is described above, the students should dress according to the established clinic attire.

Expenses
Students are responsible for all expenses associated with clinical education. These expenses may include facility health requirements, criminal background checks, transportation, meals, housing, and
professional clinical attire. These expenses are planned in the expense budget used to determine need for financial aid.

**Access to and Responsibility for the Cost of Emergency Services During Clinical Experiences**
In the standard Northwestern University Agreement for Clinical Education, Section B., Facility Responsibilities, states, “In the event of an onset of illness or injury of a student or faculty during assignment to the FACILITY, emergency care will be provided to the student or faculty at their expense.” For clinical education agreements that are generated by the facility’s legal/education departments, comparable wording must be included for the agreement to be signed by the Provost of the University.

**Health Conditions**
Students are expected to inform the Assistant Chair of Clinical Education (or designee), and the Integrated Clinical Education Experiences Coordinator of any health condition or illness that could affect the student’s ability to safely, effectively, or efficiently engage in clinical practice. Students may be required to provide medical clearance for participation in classes, part-time clinical activities, or full-time clinical experiences. Such information is shared with the Center Coordinator of Clinical Education (CCCE) and the Clinical Instructor (CI) only with the student’s consent.

Pregnancy should be reported to the Associate Chair of Professional Education, Directors of Clinical Education, CCCE, and CI as soon as possible upon medical confirmation. Learning experiences may be modified to ensure maximum safety for mother and baby. Complications and/or the inability to perform clinical skills related to pregnancy should be discussed immediately if it is expected that participation in the clinical experience may be affected. Medical clearance is necessary to resume program activities following the birth.

In case of illness or injury (including exposure to blood and body fluids) during clinical activities or clinical education experiences, students are expected to follow the facility’s policies and procedures for reporting and follow up care. Students are also expected to notify their clinical instructor, the Center Coordinator of Clinical Education, and the Assistant Chair of Clinical Education or Integrated Clinical Education Experiences Coordinator of such occurrence.

**Legal Requirements and Confidentiality for Clinical Education Experiences**
Federal and state laws, and facility bylaws, policies, rules and regulations govern clinical practice in each facility. Students are expected to follow the legal guidelines for physical therapy in any state, and the policies, rules and regulations of any facility. Students who fail to do so may be prohibited from continuing the clinical experience. Students are expected to hold confidential any information about patients, clinicians, clinical facilities, peers and faculty. Students are also expected to hold confidential any proprietary information acquired at a clinical site. Students may not write or publish facility proprietary or patient information acquired during clinical education experiences without written consent by the facility and/or University. In addition, students are prohibited from using any form of social media (e.g., blogs, Facebook, Twitter, Snapchat) to discuss issues (positive or negative) pertaining to their clinical experiences.

**Patient Right to Refuse/Decline Care**
Patients have the right to refuse care provided by a PT student. The clinical instructor (CI) and student must honor any refusal or declination. A CI has the responsibility to communicate with patients that a student may be involved in his/her care and seek permission for this. Students are required to wear a
school or facility name badge and must also always identify themselves as a student. They cannot misrepresent themselves as a licensed professional.

**Process for Clinical Education Sites to Provide Feedback**

PTHMS values all feedback that relate to its curriculum, students, faculty, and graduates from patients or clinical education sites. We strive to respond in an efficient and effective manner. To provide feedback please contact the Assistant Chair of Clinical Education, Krista Van Der Laan, PT, DPT, OCS, at krista-vanderlaan@northwestern.edu. To file a complaint with the Department of Physical Therapy and Human Movement Sciences, patients or clinical education sites may email the Chair, Julius P.A. Dewald P.T., Ph.D., at j-dewald@northwestern.edu. The individual or organization will receive a response on action taken within 2-3 days.

**Evaluation of Student Performance During Clinical Experiences**

**Grading**

The purpose and objectives for Clinical Experience I, II, III and IV are described in Clinical Education Expectations and Evaluation, distributed to all students by the Assistant Chair of Clinical Education.

Students earn a grade of Pass (P) or Fail (F) for each Clinical Experience (I, II, III, and IV). In the event it is necessary to assign a grade of Incomplete (Y), the Directors of Clinical Education, in consultation with the student, will determine how the course objectives are to be met and the deadline for doing so. The Incomplete must be removed and replaced with a grade of Pass (P) within one year after the course was offered for the student to remain in good academic standing. If the Incomplete is replaced with a grade of Fail (F), the student is placed on probation and the process for dismissal from matriculation is initiated.

If a student receives a grade of Fail (F) for Clinical Experience I, the student must satisfactorily complete a remediation plan, repeat the clinical experience, and receive a grade of Pass (P) to be removed from probation. Successful completion must occur within one year after the course was offered, before the student is permitted to continue in the program and continue with subsequent academic course work.

If a student receives a grade of Fail (F) for Clinical Experience II, the student may be given one of the following options.

- Satisfactorily complete a remediation plan, repeat the clinical experience, and receive a grade of Pass (P) to be removed from probation. Successful completion must occur within one year after the course was offered, before the student is permitted to continue in the program and continue with subsequent academic course work.
- Continue with subsequent academic course work followed by satisfactory completion of a remediation plan, proceed to repeating the clinical experience and receive a grade of Pass (P) to be removed from probation. Successful completion must occur within one year after the course was offered, before the student is permitted to continue in the program.
- Continue with subsequent academic course work while simultaneously satisfactorily completing a remediation plan, followed by repeating the clinical experience and receive a grade of Pass (P) to be removed from probation. Successful completion must occur within one year after the course was offered, before the student is permitted to continue in the program.

If a student receives a grade of Fail (F) for Clinical Experience III, the student must satisfactorily complete a remediation plan to earn the opportunity to repeat the clinical experience. In order to be
removed from probation, the student must satisfactorily complete a repeat clinical experience and receive a grade of Pass (P) within one year after the course was originally offered. This must occur before the student can continue in the program and be scheduled for Clinical Experience IV.

If a student receives a grade of Fail (F) for Clinical Experience IV, the student must satisfactorily complete a remediation plan to earn the opportunity to repeat the clinical experience. In order to be removed from probation, the student must satisfactorily complete a repeat clinical experience and receive a grade of Pass (P) within one year after the course was originally offered. Failure to remove a grade of Y or F with a grade of Pass (P) results in failure to be removed from probation. Failure to be removed from probation will result in academic dismissal.

Learning Development Plan
Clinical educators (Center Coordinators of Clinical Education and Clinical Instructors) are considered to be an extension of the academic faculty. Therefore, prior to participation in a clinical education experience, if in the best interest of the student and clinical facility, the Assistant Chair of Clinical Education (or designee) may share information about a student’s academic performance, specific learning needs, and goals for the clinical experience with clinical educators. If problems with clinical performance arise during a student’s clinical experience, a learning development plan may be created in consultation with the Center Coordinator of Clinical Education, Clinical Instructor(s), student, and Directors of Clinical Education (DCE). A learning development plan outlines the performance deficits, establishes objectives for student improvement, and delineates consequences should the objectives not be achieved.

Termination of Clinical Experience
During clinical education experiences, if problem situations arise, facility, university, and student are expected to collaborate about resolving areas of concern. Early identification of behaviors and/or skills that need to be improved is key and a learning development plan may be developed for the student. Factors that could cause a clinical experience to be terminated include, but are not limited to:

Student Performance
- The student fails to make changes in behavior or performance based on feedback provided by clinical instructor and university, or the student fails to abide by conditions of a learning development plan.
- Student practices in an unsafe manner that places the patient or self at risk for injury.
- Student demonstrates unprofessional behavior.
- Student does not practice in a manner that is consistent with established legal and professional standards and ethical guidelines.
- Student demonstrates ineffective communication skills.
- Student demonstrates ineffective clinical reasoning skills.
- Student does not adhere to the policies/procedures and rules/regulations of the clinical facility.
- Student’s behavior or performance interferes with the facility’s primary mission of care and treatment of the patient.

Facility Performance
The student’s learning needs are not being met:
- Staffing changes – clinical instructor unexpected illness or injury and no other qualified staff available to supervise student.
Clinical instructor supervision is threatening or intimidating.
Student does not receive adequate supervision and feedback on clinical performance.
Clinical instructor’s performance expectations do not match university’s expectations.
The student is discriminated against because of race, color, religion, sex, national origin, disability, age, veteran’s status, marital status, sexual orientation, or any other protected classes.

Clinical Education Award
Further information regarding the Clinical Education Award can be found on page 70 of the student handbook.

COMMUNICABLE DISEASES
It is the student’s responsibility to inform the PTHMS Assistant Chair for Curriculum Affairs if he or she has contracted any communicable disease. When exposure could endanger the health of the student’s classmates or the faculty, PTHMS maintains the right, with the student’s written acknowledgement when possible, to inform faculty and the student’s classmates of their exposure to the disease. The student’s identity will be protected to the extent possible and consistent with community health and safety. The Department also maintains the right to require the student to present written confirmation from the physician that it is safe to return to classes.

If students are ill, PTHMS faculty members maintain the right to ask them to go home or to Student Health. Faculty may also ask students to don a mask, cover wounds or skin rashes, and so forth.

A supply of gowns, masks, face shields and gloves will be maintained in Room 705 and 715 storerooms. They will be needed both for patient laboratories and for class activities. The work/study students will check the supply on a regular basis and notify the Business Administrator when replacements are needed. Hand sanitizer is available in all classrooms. Students are encouraged to use it as needed to help prevent the spread of infections.

COMPUTER USER POLICY NORTHWESTERN UNIVERSITY INFORMATION TECHNOLOGY (NUIT) and FEINBERG SCHOOL OF MEDICINE

Information Technology (NUIT) policies.
NUIT policies are posted at www.it.northwestern.edu/policies, including the Rights and Responsibilities policy at www.it.northwestern.edu/policies/responsibilities.html. The NUIT security officer should be notified about violations of copyright laws and NUIT policies, as well as about potential loopholes in the security of any computer systems and networks at Northwestern. Contact the NUIT security officer at security@northwestern.edu. Further information of University IT policies may be found on the Web at http://www.it.northwestern.edu/policies/index.html.

Feinberg Information Security & Access policies.
Users must abide by the terms of the Feinberg Information Security and Access Policy http://www.feinberg.northwestern.edu/it/policies/compliance.html

CONDUCT VIOLATIONS AND DISCIPLINARY PROCEEDINGS

Students may be subject to disciplinary proceedings for any of the following (adapted from Feinberg School of Medicine Handbook 7/17/14):
University Offenses
• Physical abuse of any person or any action that threatens or endangers the health or safety of any person on University premises or at University functions;
• Physical abuse of any person or any action that threatens or endangers the health or safety of any person who is properly fulfilling his or her duties as a University employee or agent of the University, whether or not such abuse or action takes place on University premises;
• Theft of or damage to property on University premises or facilities or at University functions;
• Unauthorized entry to or use of University facilities;
• Obstruction or disruption of teaching, research, administration, hearing procedures, or other authorized activities on University premises;
• Forgery, alteration, or misuse of University documents, records, or identification or knowingly furnishing false information to the University;
• Failure or refusal to appear upon request or cooperate in the investigation or hearing of cases of alleged offenses (provided that no students shall be required to furnish information that would be self-incriminating); or
• Violation of rules and regulations set forth or otherwise enacted and published by the University or other delegated authority of the University.

Feinberg/NUPTHMS Offenses

In addition to violation of the University Standards, grounds for referral to the Student Disciplinary Committee include, but are not limited to, the following:

• Harassment, harm, abuse, or theft to, of, or from any person or property on University grounds, at University-sponsored events, or on property owned by any hospital, affiliated institution, or individual to which or whom the student may be assigned
• Giving, receiving, or utilizing unauthorized aid on examinations or assignments
• Plagiarism, misrepresenting the source of academic work, or falsifying attendance records
• Knowingly and intentionally falsifying or manufacturing scientific, educational, or clinical data and representing them as the result of scholarly research or patient examination
• Entering or using University or hospital facilities without authorization or disrupting teaching, research, administrative, or student functions of the University
• Misusing institutional documents or instruments of identification in an attempt to defraud
• Identifying oneself as someone other than a physical therapy student
• Misusing the computing and network resources of the University or its affiliated hospitals
• Being arrested
• Participating in academic or clinical endeavors of the University or its affiliated institutions while under the influence of alcohol or a controlled substance
• Placing a patient in needless jeopardy
• Disclosing privileged information about a patient
• Having behavior, language, attire, or hygiene that provokes a lack of respect and confidence on the behalf of patients, faculty members, and colleagues
• Refusing to provide care for a patient

Student Discipline Committee (ad hoc)
In the event of allegations of academic dishonesty and other unprofessional behaviors in violation of the existing University or Department policies, the ACPE shall appoint an ad hoc Student Discipline Committee composed of three faculty members to consider appropriate action for the student alleged to have committed such misconduct.

**Disciplinary Hearing Procedures**

- A student who faces potential discipline will be given written notice of the rule or rules he/she is accused of violating. Notification of specific grounds the time and place of the related hearing will be delivered in person, email, or by registered mail to the student(s). During the hearing, students are given the opportunity to present their position, explanation and evidence.
- These hearings are closed, attended only by the Student Discipline Committee members and the student(s) in question. Either the Committee or the student may request witnesses, and the Committee shall decide what witnesses, if any, may appear. Witnesses are present only during their own testimony and any subsequent questioning by the committee. A student may request the presence of a close friend (non DPT student), or family member, but not a practicing attorney. This person may be present for support at the hearing but cannot directly address the Student Disciplinary Committee.

**Actions**

The Student Discipline Committee may recommend a variety of actions to the ACPE, who will make the final decision, including but not limited to the following:

- Restitution;
- Probation or suspension;
- Termination of participation in school committees or activities;
- Dismissal; and/or,
- Any combination of the above, or other actions deemed appropriate.

During disciplinary probation, a student may continue registration in credit-bearing courses. Further misconduct during a period of probation typically leads to a much stronger action by the committee. A suspended student may not register for, or attend classes, nor participate in programs or activities of the school or PTHMS.

- The ACPE will notify the student of the decision in person, by telephone, or email, and in writing by registered mail or hand delivery.
- Except when there is a dismissal, all such records are destroyed upon graduation.

**Appeal to Vice Dean**

The involved student has the right to appeal the decision further to the Feinberg Medical School’s Vice Dean for Education. The request must be made in writing within five (5) business days of notification of decision and must clearly state the basis for the appeal.

**COPYRIGHT PROTECTION OF EDUCATIONAL MATERIAL**
Students may not copy or redistribute educational materials (print, audio and/or visual) that they receive through their education at PTHMS, without the express written consent of the course instructor. Dissemination or unauthorized duplication of educational materials will be considered a violation of this policy and a breach of academic integrity.

Materials on the Course Management System (Canvas) are subject to copyright and may NOT be distributed beyond members enrolled in classes served by the course management system without explicit written permission of the faculty member.

COURSES IN OTHER NORTHWESTERN UNIVERSITY SCHOOLS
Due to the heavy course load, students enrolled in the Doctor of Physical Therapy curriculum are discouraged from registering for classes in other schools in the University unless enrolled in a dual degree program sanctioned by PTHMS. Tuition to attend classes in other schools is not included in tuition for PTHMS; therefore, any additional expenses must be borne by the student. Registration must be done independently of PTHMS; no reciprocity exists between PTHMS and other schools.

CPR CERTIFICATION
All students are required to maintain CPR certification throughout the entire program. Certification is necessary for any and all patient care activities, whether in the classroom or the clinic. We will accept only the American Heart Association (BLS Course) or American Red Cross (BLS for the Healthcare Provider) courses. To assist students in maintaining current certification, PTHMS offers an American Heart Association (BLS) re-certification course in January of each year. If students’ certification is due to expire any time prior to June 30, 2017, we urge them to re-certify at the course to be held in January 2017. It is imperative that students maintain continuous certification past their anticipated graduation date.

Students whose certification is not from the American Heart Association BLS course or an American Red Cross BLS for the Healthcare Provider course at the time of enrollment will have to arrange to re-certify immediately. Students without current certification will not be permitted to participate in any activities involving patients, including those held in conjunction with courses, until their certification is current. When in-class clinical activities are scheduled, the Integrated Clinical Education Experiences Coordinator will be informed of the current certification status of all students. Any student without current certification will not be permitted to participate, and the student will receive a grade of zero for the clinical activity in the course.

At the beginning of each Clinical Experience, the Assistant Chair of Clinical Education will be notified of the current certification status of all students. Students without current certification will not be permitted to begin a Clinical Experience. If students fail to maintain current certification during Clinical Experiences I-IV, they will be asked to leave the clinical site until their certification is current. The clinical time missed will have to be made up through consultation with the Assistant Chair of Clinical Education and the clinical facility.

DIGITAL MEDIA POLICY
Policy on use of technology in the classroom

The use of technology in classroom is intended to enrich the educational environment for all students. The PTHMS iPad initiative supports a technology-based learning environment and in doing so also supports a “greener” environment.
While we are encouraging an electronic, paper-free environment, the use of technology that interferes with the educational environment, encourages academic dishonesty, or promotes illegal activities (such as copyright infringement) is prohibited by faculty, instructors and the DPT program at Northwestern University.

Students may use hand held electronic devices, mobile computing technologies, and cellphones only as permitted by the instructor. Mobile technologies should be utilized as appropriate when professors or students need to reference information to further classroom inquiry or when utilized as a part of instruction.

To minimize distractions and keep students’ full intellectual energies inside the classroom, students are required to observe the following when present in the classroom and lab settings.

- During classes, cell phones, pagers and beepers must be turned off or placed on silent mode. Students are expected to show courtesy to classmates and faculty by not using computers or cell phones for texting, playing games, or sending/responding to personal communications during class. If a family emergency requires that the student be available by phone or pager during class times, special permission to leave the communication devices on during classes may be obtained from the Course Director. If permission is granted, students must place the device on silent mode, and must leave the classroom to interact with the technology when it is not used as a part of classroom instruction.

- The use of an iPad or a computer in the classroom is a privilege, not a right, and should be used for note taking or to further the educational inquiry of the student (ie: referencing information pertinent to classroom activities). If an iPad or a computer is utilized for texting, e-mail, or accessing social media sites (without the explicit permission of the instructor), the instructor may ask the student to discontinue use of the technology for the remainder of the class period.

- Digital recording audio or video of any class is only for personal educational purposes or for sharing recording amongst cohort classmates. A faculty member can reserve the right not to be digitally recorded. Recordings must not be shared outside of Northwestern University’s Department of Physical Therapy and Human Movement Sciences.

- Students may not post ANY material from physical therapy classes on any social networking sites (Facebook, YouTube), or file sharing sites without the explicit written permission of the instructor. In addition, written permission must be sought from any person that is present in any digital media prior to sharing of recordings in any forum. At no time shall any patient encounter be recorded by any means without the express written permission of the patient or caregiver. Students shall not approach a patient or caregiver on an individual basis. A PTHMS Release and Waiver Form of consent should be obtained and completed by the course director.

- Students who have official documentation from AccessibleNU that recommends the use of technology to accommodate verified learning needs will be accommodated to use the recommended technology during class.

**ELECTRONIC CLASS HANDOUTS AND MEDIA:**

All class syllabi, documentation, and handouts will be provided electronically during your tenure at NUPT. If you choose to print you may do so using your personal printers or the printers in the student lounge using your student account. All handouts will be posted on the current Learning Management System (LMS), Canvas 48 hours before a class session to allow adequate time for
download prior to a class session. Please be advised that while we will make every effort to post handouts 48 hours prior to class, instructors may, at their discretion, modify handouts up until the time of the actual class session. Thus, there may be minor changes to the handout posted in advance of class, as instructions make every effort to provide the most up to date material and evidence for class sessions.

All students will be enrolled in the PTHMS DPT iPad Project Course site via the Course Management System (Canvas). Under Documents you will be able to access the iPad Project website which will provide access to how to and other important information related to use of the iPads and Technology for the classroom and assigned activities. You will also find an electronic copy of the PTHMS Student Handbook, orientation documents and class schedules posted on this site.

iPad and Electronic Media Initiative:
Today’s students already have considerable familiarity with educational technologies and this creates new opportunities for efficient, mobile, and innovative learning. While iPads cannot replace a computer, their portability, use as an e-text and PDF reader, and numerous apps for learning and patient instruction make them an excellent educational tool. The iPad will allow students to view and annotate course content electronically, facilitating advance preparation, as well as in-class note taking in a highly portable, shareable and searchable format. Students will be able to easily access high quality information at any place, at any time (for example, image databases, images from textbooks on electronic reserve, journal articles, and Galter Library’s search tools). The Department of Physical Therapy and Human Movement Sciences is committed to supporting iPads by embedding their usage into the curriculum and providing AppleCare and technical support. The use of iPads is supported at all classroom and conference room monitors via Apple-TV. All courses will provide syllabi and handouts electronically in PDF format. Most research articles required as course reading are available online in PDF format and there are apps to read, annotate and store them in an organized way. There are also apps that allow audio recording of lectures and handwritten or typed notes. Finally, by “going green” PTHMS will be contributing to and committing to a more sustainable environment.

Information Technology Package for incoming DPT Class of 2019
Students entering the DPT program will be issued a basic Technology package through a one time DPT Technology fee to include: an iPad, 64GB of memory, 3 years of AppleCare, and an iPad case with a keyboard and a stylus. A basic app package will be provided with additional recommendations as you progress through the curriculum.

A list of additional recommended apps can be found on the iPad Project website under Student Recommended apps. Many of these apps are free, or are very inexpensive. Some courses will require the use of a particular app; this information will be included in the course syllabus.

Most required textbooks can be purchased in electronic format for significantly less than the hard copy versions, partially or perhaps fully offsetting the cost of the iPad itself. E-texts can be read using the iBooks app that comes with the iPad, or by using the Kindle reader that is free from the iTunes store. In addition, there are several other free app readers that are used by many of the textbook manufacturers including Vital Source Bookshelf (which you will use for your Anatomy Thieme app), Inkling, and modalityBODY. There are other advantages to using an e-text besides cost: the ability to highlight and annotate your text, and have those notes be searchable; setting bookmarks; and of course, portability. In addition to e-texts, all course handouts will be provided in PDF format for download to the iPad. Required research articles will be available in PDF format from the Galter Medical Library.
E-MAIL
Students are required to have an active university e-mail address throughout their enrollment. A list of these addresses is provided to all faculty. University e-mail addresses are used for communication, assignments, library reserve, and so forth. University e-mail accounts are provided at no cost. Once the student is enrolled, the account will be continued through graduation, as long as the password is changed when requested. It is the student’s obligation to maintain an active e-mail account, and to check it on a daily basis. Failure to do so will not excuse missing assignments and obligations.

Forwarding of email
The Northwestern University e-mail address is your official e-mail address and the only one that faculty and the University will use to communicate with you. Students who choose to have e-mail forwarded to another e-mail address do so at their own risk. The university and PTHMS are not responsible for e-mail forwarded to any other e-mail address and discourage students from doing so. A student's failure to receive or read in a timely manner official university or PTHMS communications sent to the student's official e-mail address does not absolve the student from knowing and complying with the content of the official communication.

EMERGENCIES
Each student is expected to be trained in basic life support techniques, and will be expected to respond appropriately to situations necessitating immediate intervention. A first-aid kit is located in the Student Lounge on the 7th Floor (do not use the sealed disaster kits, unless there is a disaster in progress).

Family/Personal
Please inform family members to contact PTHMS at (312) 908-8160 in case of emergency. Also be certain that the PTHMS Registrar has a current phone number and the name of a contact person to notify if the need arises. Receiving phone or text messages on a cell phone during class is highly discouraged. In the event that you are having an emergency and anticipate that you might be contacted on a personal phone during class, please notify the instructor ahead of time and sit near one of the doors to minimize disruption to the rest of the class.

Fire/Evacuation
Fire/evacuation drills are held annually. Following notification that the building should be evacuated; students are to follow the procedures described in the Safety and Security section of this document. Students should NOT take their personal belongings with them. Students should NOT return to the locker rooms.

EVALUATION OF STUDENT PERFORMANCE
The faculty comprising the teaching team of each course establishes the standards for successful completion of the course. Student performance may be assessed by many means, including but not limited to individual and group assignments or examinations (written, practical, or oral).

Assignments
- Faculty may require that assignments be typed or prepared on computer. When not required, computer preparation or typing is highly recommended.
- Assignments are to be submitted by the beginning of the first class on the due date unless otherwise specified by the Course Director. Assignments received after that time, without acceptable prior notice, will be considered late and a penalty of 50% of total points will be assessed.
• The Course Director will specify if assignments are to be placed in the appropriate course mailbox in Room 700 or uploaded via Canvas. If materials are placed in the wrong mailbox or uploaded incorrectly and discovered at some later time, they will be considered late.

• If a student is absent from a class session when an in-class graded assignment/activity is scheduled or due, and the course director has not been previously notified with an acceptable reason for the absence, a grade of zero is issued for the activity.

Examination Procedures
Students are expected and honor-bound to take examinations honestly and eschew any opportunity to obtain an unfair advantage during an examination.

The Northwestern DPT Program utilizes ExamSoft for in class exams utilizing SofTest-M, an app that will be provided at the start of Year 1. Guidelines have been put in place to assure that students have efficient, fair and positive experiences on exam days. This policy will be reviewed during a mandatory scheduled orientation session in the 1st few weeks of class. It is important that you are familiar with and adhere to the ExamSoft testing policy and guidelines throughout your tenure at DPTHMS. The policy guidelines are attached in an addendum here (http://www.feinberg.northwestern.edu/sites/pthms/images/Examsoft%20Addendum%2016-17%20Handbook.pdf). You will receive a copy of this policy to sign and return during your in class orientation session.

• Examinations are given frequently throughout the curriculum. The examination period starts with the first student tested and continues until the last student has completed the examination. Discussing a written, practical or oral examination with any class member during this time period is considered a breach of academic honesty and will be handled accordingly. In the event that a student is unable to take the exam during the scheduled time frame, Course Directors will notify students that the exam period has been extended.

• Proctors will be present during every examination. Proctors may be faculty, graduate students or staff. Students are expected to police themselves regarding inappropriate behavior and are expected to treat all proctors with the same respect.

• All personal effects, including without limitation books, newspapers, magazines, jackets, hats, book bags, audio devices, PDAs, cell phones, and other electronic devices are to be removed from desk tops during examinations. If calculators or iPads are required, you will be notified ahead of time; only simple, non-programmable calculators are permitted. iPads will be utilized for all exams utilizing Examsoft.

• Bluetooth communications devices are prohibited during examinations. The use of electronic data devices during any part of an examination period to give, receive or retrieve information is strictly prohibited, unless specifically permitted in the instructions for the exam (as in an open book test).

• Hats may not be worn during examinations.

• No examination questions will be changed, corrected, or interpreted during the examination. Students are not permitted to ask the proctor questions once the examination has begun. If the student believes a question is wrong or ambiguous, an explanation can be made on the cover sheet of the examination booklet or in the comments section at the end of an Examsoft exam. However, obvious typographical errors discovered by the faculty or students that compromise the value of an examination question will be rectified by a general announcement.

• The examination beginning and ending times will be announced at the beginning of the examination. They will be followed strictly. Answer sheets not turned in or Examsoft exams not
ended and uploaded by the appointed end of the examination will result in the assessment of a penalty to the grade.

- In the event that the fire alarm sounds during an examination, all students must place both the answer and question sheets and/or iPads face down at the work area and exit the room or building as instructed. Upon return to the examination the Proctor will announce a revised ending time.
- Once the student has surrendered his or her examination materials to the proctor at the end of the examination, the materials may not be retrieved or changed in any way.
- It is the prerogative of the course faculty to determine the nature of the examination to be given and the date the examination will be scheduled.
- In the rare situation when illness or an unexpected emergency prevents a student from sitting for an examination at the scheduled time, the Course Director must be notified immediately and prior to the examination. The Course Director is to be notified by e-mail. In addition, a message must be left at the front desk (312) 908-8160. The Assistant Chair for Curriculum Affairs, in consultation with the Course Director(s) will determine whether the examination will be rescheduled, and if so when.
- If a student has a very compelling reason that he or she cannot be present for an examination, he or she must secure the permission of the course director to reschedule the exam via written e-mail request; with the Assistant Chair of Curriculum Affairs, Dr. Babette Sanders (b-sanders2@northwestern.edu), copied on the request. Unless the absence is due to an emergency, a request for a change in exam must be given to the course director within 72 hours of receiving the course syllabus. The course director has the right to determine whether it is reasonable to reschedule the exam and the nature of the rescheduled examination. If the course director approves the absence and agrees to reschedule the examination, the student and the course director will mutually determine a date for the exam. Ordinarily, the exam will be scheduled prior to the absence. The Assistant Chair for Curriculum Affairs will maintain records of re-scheduled exams.
- A score of zero will be recorded for unexcused missed examinations.
- No examination materials, results, or answer keys will be released for review until all students have taken the examination.
- Course faculty determines whether the examinations are retained or returned to the student. If examinations are retained, they will be available for student review at a time determined by the Course Director.
- Requests for a change of a grade on an examination or assignment must be directed to the Course Director within five (5) business days of notification of the grade. Requests submitted after this time will not be honored and no grade change will be made. The student will receive notification whether a change in grade is made.

**Safe and Effective Performance on Practical Examinations**

The faculty of Northwestern University’s Department of Physical Therapy and Human Movement Sciences believes it has an obligation to the clinical community to ensure, to the best of its ability, that all students entering a clinical education experience, sanctioned by the Department, have demonstrated safe performance of the skills taught prior to the start of the clinical experience and are ready to begin using these skills under supervision with patients/clients.

This policy applies to courses that involve patient care skills that have safety components to them. The Safety Generic Abilities (see p. 17), developed by the PTHMS faculty, are used as a guide for determining the expectations for safe practice in any course. First year students are expected to perform at the beginning level. At the beginning level, students are expected to learn how to minimize risks to patients and to themselves. Following Clinical Experience I, students are expected
to perform at the intermediate level. Each course that comes under this policy will adhere to the PTHMS Safety Generic Abilities and will so state in writing, as part of the course syllabus. The PTHMS Safety Generic Abilities stipulate scoring guidelines for safety breaches made in the course of practical examinations. Safety breaches are defined as being either **MAJOR** or **MINOR**. Major safety breaches arise from performance errors that would have a high probability of resulting in potential harm to the patient; minor safety breaches arise from performance errors that would have a low to moderate probability of resulting in potential harm to the patient. A major safety breach is considered failing, and would receive the maximum score deduction possible for the particular practical examination. A minor safety breach, while still undesirable, would receive a score deduction equal to one-half (50%) that allotted for a major safety breach.

When a student receives a score deduction for any safety breach on any practical examination, the Student Progress Committee is notified. The Student Progress Committee will monitor the student’s performance in concurrent and subsequent courses to identify patterns of unsafe behavior. The Student Progress Committee may develop with the student a learning plan that may include the consequences of future failures for safety. Consequences may include a recommendation to the Associate Chair for Professional Education (ACPE) for dismissal.

**Specific Examinations**

- First practical examination in a course
  - Faculty will determine the percentage (points) to be allocated for assessing safe performance on the practical examination. This scoring system shall be applied consistently to all students within a course. Safety criteria can be weighted more heavily than other performance criteria in the examination but should not be weighted so heavily that a breach of safety results in automatic failure of the practical examination.
  - If a student demonstrates a safety breach, as defined by the PTHMS Safety Generic Abilities, the student will be required to compose a written reflective self-assessment that addresses:
    - What happened;
    - Why it happened;
    - How the situation might have been handled more safely;
    - The consequences to the patient; and,
    - A development plan that outlines how the student will address performance issues from the practical examination to enhance safe and effective practice.
  - The student will not be permitted to take a repeat examination until the self-assessment is acceptable to the course team reviewer.
  - After the completion of the self-assessment, the student is responsible for arranging additional learning opportunities with faculty members.
  - When a student is permitted to retake an examination, at the request of the student or the course faculty team, the repeated examination may be digitally taped using a third party as the cameraperson.
  - Prior to the completion of the course, students will be given the opportunity to demonstrate safe and effective performance in a single repeat practical examination using the same criteria used for the original examination. Regardless of whether students pass the re-examination, the original practical examination score obtained will stand and will be included in the computation of the course grade.
- Subsequent practical examinations in a course
• The percentage (points) allotted to safety will be weighted so that a breach of safety results in an automatic failure of the practical examination; the examination score will reflect both student performance on all other components of the examination and the safety breach.
• If students fail the examination for safety, procedures outlined above will be followed.
• Final practical examinations, even if they are the only practical examinations, will follow the guidelines for subsequent practical examinations.
• Following the completion of the course, if a student has safety failures on practical examinations in that course, the entire course team and either the ACPE or the Assistant Chair for Curriculum Affairs (ACCA) (one who is not a member of the course team) will meet to review the student’s overall course performance, including examinations and re-examinations. The team will consider whether the safety performance problems were due to insufficient knowledge leading to faulty judgments or errors of execution or both. The role of the ACPE or ACCA is to assist the team in making a decision that is fair and consistent with existing policy. The team will determine the best way for the student to achieve safe practice. The team will document the discussion and the reasons for the final decision. The course faculty has the following options:
• If a student has a passing grade in the course, the team may:
  • Decide that the student’s safety failure was an isolated situation and that the student should pass the course;
  • Award a grade of Incomplete (Y) for the course. The team will discuss remedial activities and a development plan with the student to facilitate the student’s ability to demonstrate safe practice. If the student successfully completes the plan, the team will award the grade the student had earned and may recommend that the student go to the clinic with a learning plan. The Incomplete grade for safety must be removed and replaced with a letter grade by the end of the second week of the subsequent trimester, or prior to entering a clinical experience, whichever comes first. No students will be permitted to commence a full-time clinical experience if he or she has received an F on a practical examination until the student has demonstrated safe performance. The Student Progress Committee will monitor the student’s activities and set standards for successful completion of the plan; or,
  • Determine that the student’s safety failures resulted from an insufficient understanding of the course material and that the student should fail the course. Safety breaches on consecutive practical examinations represent a pattern of unsafe performance and usually will result in failure of the course.
• If the course average is less than 70.000%, the student will fail the course.
• If the student fails the course and appeals the failure, the appeals committee will be permitted to view all academic records and retrieve previous records from the Student Progress Committee to determine whether the safety failure was part of a pattern of performance.

FEEDBACK TO THE CURRICULUM
Curriculum, course and instructor quality must be evaluated annually, and student feedback via questionnaires has been established as one method of doing so. Students are asked to complete Course and Instructor Evaluations following each course. The evaluations have been designed to examine a number of characteristics selected as important for teacher/course effectiveness and to evaluate curriculum integration. The course and instructor evaluations for all courses in a given trimester will be made available to the students approximately half way through the trimester. Students are to submit the completed forms through the web within one week following the last final exam. Course evaluations are
anonymous to the faculty. Faculty members only receive an aggregate list of comments with no ability
to identify who made the comment. No grades, transcripts or proofs of enrollment will be released until
the evaluations have been received. Evaluations are secured by a designated staff member and are not
reviewed by faculty until course grades are submitted to the NUPTHMS Registrar. If a student is late
submitting their course/faculty and trimester evaluations, without prior approval of the Assistant Chair
for Curriculum Affairs, a referral will be sent to the SPC for unprofessional behavior.

In addition to formal evaluations, students are encouraged to give feedback directly to instructors,
Course Directors, the Assistant Chair for Curriculum Affairs, or the Associate Chair for Professional
Education. At the completion of the academic and clinical components of the program, formal feedback
will be requested regarding the curriculum as a whole. This feedback is requested both verbally and in
writing.

**GRADE REQUIREMENTS AND ACADEMIC PROGRESS**

**Grading System**

The following grading system is used for computing the grade point average. Consistent with University
policy, grades are computed to three decimal places and are not rounded up or down. The program uses
the following grading scale. Students will be informed in each course of the methods and weighting to
be used to evaluate their performance.

**Grades and Points Distribution**

<table>
<thead>
<tr>
<th>Letter</th>
<th>Score Range</th>
<th>Grade Point</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90.000 to 100</td>
<td>4.0</td>
<td>P = Pass with credit</td>
</tr>
<tr>
<td>B</td>
<td>80.000 to 89.999</td>
<td>3.0</td>
<td>F = Fail with no credit</td>
</tr>
<tr>
<td>C</td>
<td>70.000 to 79.999</td>
<td>2.0</td>
<td>WP = Withdrawn passing</td>
</tr>
<tr>
<td>F</td>
<td>&lt; 70.000</td>
<td>0.0</td>
<td>WF = Withdrawn failing</td>
</tr>
</tbody>
</table>

• The grade of Incomplete (Y) is assigned only when illness or other personal crisis precludes
  completion of a course or when faculty determine that a student requires additional time to
demonstrate safe performance on practical skills. The faculty establishes a date for completion of all
outstanding requirements. Deficiencies must be made up no later than the end of the next trimester.
Deficiencies in safe performance must be removed within the first two weeks of the subsequent term
or before commencing a full-time clinical experience, whichever comes first. Incomplete work not
finalized by the deadline established by faculty is graded as a fail.

• Requests for course grade changes are to be directed to the Course Director within 5 business days
after the student has received a grade report. If a change of grade is granted, confirmation will be
given to the student and the GPA revised for that trimester. Requests submitted after this time will
not be honored and no grade change will be made.

• Students are notified of grades shortly after the end of each trimester and posted in CAESAR.

• When a student is required to repeat a course, both the original and the duplicated course entries
  remain on the student’s permanent record and are used to calculate the cumulative grade point
  average.

**Appeal of Course Grade**
• A student has the right to appeal to the Associate Chair for Professional Education any course grade that the student feels to have been arbitrary, capricious, or unfair. Appeal requests must be made in writing to the ACPE within 5 business days of the posting of the grade and must indicate the basis for the appeal (i.e. cite specific instance(s) of arbitrary, capricious, or unfair treatment). The ACPE may disallow the appeal if these conditions are not met.

• If the course grade appeal meets the above conditions, the Associate Chair for Professional Education will arrange for an ad hoc Student Appeals Committee to review the student’s written appeal of a course grade, meet with the student, and recommend action to the ACPE.

• The student has the right to appear before the Student Appeals Committee to present his or her case and may be accompanied by a close friend (non DPT student), family member, but not a practicing attorney. This person may be present for support at the hearing but cannot directly address the Student Appeals Committee.

Student Appeal Committee (ad hoc)
The Student Appeal Committee (SAC) is an ad hoc committee impaneled by the ACPE in instances when a student formally appeals course grades or Student Progress Committee (SPC) learning plan recommendations. Members of the SAC (three faculty, appointed by the ACPE) may not simultaneously be members of the SPC, course team members, parties to the issue at hand, or the student’s advisor.

- The full membership of the committee must be present in order for official business to be conducted. Decisions will be made by majority vote.
- The SAC may hear other people of its choosing who may be related to the student’s academic or behavioral situation, and may investigate written reports, examinations, papers, or related documents.
- Following the SAC’s analysis, the Committee recommends outcome actions to the ACPE.
- In considering the recommendation of the SAC, the ACPE may wish to examine related documents and meet with the student and/or others.
- The ACPE will notify the student of the decision in person, by telephone, or email, and in writing by registered mail or hand delivery.

Appeal to Vice Dean
The involved student has the right to appeal the decision further to the Feinberg Medical School’s Vice Dean for Education. The request must be made in writing within five (5) business days of notification of decision and must clearly state the basis for the appeal.

GRIEVANCE PROCEDURE

Professional students sometimes experience disagreements and problems regarding program policies and/or their professional relationships with faculty and staff. The Department of Physical Therapy and Human Movement Sciences strives to provide students with a positive, collaborative, and healthy approach to solving disputes with faculty and staff.

The intent of this General Grievance Policy is to accommodate a fair and mutually satisfactory resolution of any grievance at the lowest possible level. Students are encouraged to first discuss inter-personal disagreements directly with a faculty or staff member. If the concern is not resolved, the student should next seek assistance and/or bring a grievance regarding program policies, or a student-faculty or student-
staff relationship, through consulting with the Associate Chair for Professional Education, Dr. Marjorie Johnson Hilliard. If still unsatisfied, the students should consult with the Chair in the Department, Dr. Jules Dewald. Finally if a satisfactory resolution is not found, the student may proceed to communicate with the Feinberg School of Medicine Vice-Dean, Education, Dr. Diane B. Wayne. The grievance policy, therefore, sets up a hierarchy of grievance resolution—from Department Associate Chair of Professional Education; Department Chair; to Feinberg School of Medicine Vice-Dean, Education.

HAZARDOUS WASTE

The Northwestern University Office for Research Safety works to ensure compliance with federal, state, and local safety and environmental regulations in the collection and proper disposal of chemical, radioactive, and biological waste generated by the research, teaching, and clinical operations at Northwestern University. It is the policy of PTHMS to operate in full compliance with all laws and applicable regulations and to ensure the health and safety of its students, employees, and the environment. OSHA orientation in Clinical Practice Seminar I (505-1) includes review of biohazardous waste management. For more information on University policies please see http://www.research.northwestern.edu/ORS/waste/index.html.

HIPAA

The first federal privacy standards to protect patients’ medical records and other health information provided to insurance plans, doctors, hospitals, and other health care providers took effect in April 2003. The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule"), developed by the Department of Health and Human Services as part of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), set national standards for the protection of certain health information and provided patients with access to and more control over their personal health information. The Privacy Rule requires health plans, pharmacies, doctors, hospitals, physical therapists and other health providers to establish policies and procedures to protect the confidentiality of protected health information about their patients. Materials regarding the HIPAA responsibilities and requirements are distributed to students during their first year of DPT at a mandatory HIPAA training session that is part of Clinical Practice Seminar I.

INFORMED CONSENT FOR TEACHING AND LEARNING ACTIVITIES, IMAGES, AND MATERIALS

Any patient or community volunteer participating in teaching and learning activities sponsored by the Department must give their written consent to do so. The activities include, but are not limited to: being interviewed, being photographed, allowing faculty to demonstrate examination and intervention procedures, and allowing students to practice examination or intervention procedures. The activities may occur at the University or in the community. At no time shall any encounter be recorded by any means without the express written permission of the patient, community volunteer, or caregiver. Students shall not approach a patient, community volunteer, or caregiver on an individual basis. A PTHMS Release and Waiver Form of consent should be obtained and completed by the course director.

LEAVE OF ABSENCE

Due to the intensive nature of physical therapist education, all academic activities are considered to be an important part of the overall educational experience. All students are encouraged to engage in their education with consistent attendance. When special circumstances arise, a student may find it necessary
to request a leave of absence. Leaves of absence will be individualized to the specific situation but will follow the general guidelines outlined below. Program faculty will be notified of all instances of leaves of absence. Students are urged to submit requests for absence as soon as an absence is anticipated. All requests for an extended leave of absence, whether administrative or medical, should be submitted IN WRITING to the ACPE, or their designate. The student must submit a written request to the ACPE indicating why a leave is necessary. An extended leave of absence may be granted at the discretion of the ACPE under the following conditions:

- The student is in good standing;
- The student has successfully completed at least one full academic term;
- The student is not on an F-1 or J-1 visa; and,
- The leave of absence will not exceed one year.

**Types of Leave of Absence**

A. Administrative Leaves of Absence

Administrative leaves of absence may be granted for personal, educational, financial or other reasons, which must be stated in the letter of request. If the student is in academic difficulty, the ACPE, or designee, will consult with the faculty and course instructors of record prior to approval of the request. Administrative leaves will be considered on a case-by-case basis. When more than two weeks of leave are needed, the usual recommendation is withdrawal from school and readmission.

B. Medical Leaves of Absence

Medical leaves of absence require a statement from the appropriate licensed health care provider as to the expected duration of absence. Reinstatement must be approved by the ACPE, or designee, who will need to be assured that the student is again ready for the rigors of physical therapy studies. While a statement of readiness from the student's health care provider may be sufficient, PTHMS reserves the right to require a second opinion regarding readiness. This consultation will come from a health care provider approved by the program, and any cost involved will be borne by the Department. With medical leaves of longer than two weeks, the usual recommendation is withdrawal from school and readmission.

C. Excused/Compassionate Leaves of Absence (Up to 72 Hours in Length)

The granting of excused or compassionate absences will be determined on a case-by-case basis. Valid reasons for requesting an excused or compassionate leave of absence include personal illness and family emergencies. Personal illness lasting longer than 3 days may require documentation by a medical provider. The student must notify the ACPE via phone or e-mail to report such an absence. **PLEASE NOTE:** absence requests related to attending weddings, homecomings, the need to make an early flight for vacation, etc., will **not** be granted.

With excused absences during the didactic year:

- The student is expected make arrangements to make up any work missed.
- For excused absences that include missing an exam, refer to the Exam Policy.

A student who is granted an extended (administrative or medical) leave of absence must follow the procedures for withdrawal from the University, including appropriate notification of Student Accounts and Student Financial Aid. Tuition refunds, if any, are based on the percentage of the term the student has completed. A student who has been granted an extended leave of absence and wishes to resume matriculation must notify the ACPE in writing no later than six (6) weeks prior to the beginning of the session in which he or she wishes to reinstate. If the ACPE has not received such notification, the
student may not resume the program and would have to reapply as a new student. If a review of the student’s records indicates that courses previously taken are outdated or that new requirements have been added, the ACPE may stipulate that certain courses be taken or retaken to fulfill requirements.

**OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) TRAINING AND UNIVERSAL PRECAUTIONS**

Universal precautions must be carried out in all research and educational laboratories of the University. All students must receive training in universal precautions prior to any patient care activities. PTHMS offers training to all students on an annual basis. On occasion, a clinical facility with whom PTHMS maintains an agreement for clinical education will require that the facility provide the necessary OSHA training to participate in clinical activities at that facility, even if the participant has been trained elsewhere. If so, PTHMS will schedule opportunities for the student to participate in training at the facility.

**PROBATION**

Official notification of probation may be made by meeting with the Associate Chair for Professional Education and/or in writing by registered mail or hand delivery. Each of the following is considered cause for probation:

- **Failure of a course:** If a student receives a grade of Fail (F) in a single course during an academic term, the student will be placed on probation and may be permitted to withdraw from matriculation until the next time the course is offered; all courses are offered in sequence and only once each academic year. Such a student is required to indicate in writing the intention to reinstate. In addition, upon recommendation of the faculty, the student may be required to repeat additional portions of the curriculum. If a student is allowed to retake a course, the student must earn a grade of C or higher to be permitted to continue to enroll.

- **Cumulative grade point average (GPA) less than 3.000:** If a student’s PTHMS cumulative GPA falls below 3.000 in an academic term, the ACPE will refer the student to the Student Progress Committee and place the student on probation. If the student is not successful in raising the cumulative GPA to at least 3.000 within the successive term, the student will not have removed himself/herself from probation and the process for dismissal from matriculation will be initiated. The student can appeal dismissal to the Academic Review Committee for advisement to the ACPE. Ordinarily, a student with a cumulative GPA less than 3.000 will be dismissed.
  - In the event that a student’s cumulative GPA falls below 3.000 for the first time during the Spring Trimester of the 2nd Year, the Academic Review Committee will make a recommendation to the ACPE regarding the terms for successful removal from probation before the student will be allowed to proceed to Clinical Experience III & IV.

- **Failure of Clinical Experiences I, II, III or IV:** See Evaluation of Student Performance (pp. 34-35) within Clinical Education Policy and Procedures section.

- **Inability to comply with PTHMS Standards:** If a student fails to meet one or more of the Academic, Technical, or Clinical Standards, any faculty member may initially refer the student to the Student Progress Committee. The Student Progress Committee will work with the student to develop a learning plan to improve performance. If the Student Progress Committee determines that the terms
were met, the student will be removed from probation. If the Student Progress Committee determines that the terms were not met, the student will be dismissed from the program.

**Academic Review Committee – ARC (standing)**

- The PTHMS Academic Review Committee is a standing committee appointed annually by the ACPE.
- The Academic Review Committee consists of three faculty members (not to include the Chair or the ACPE).
- The full membership of the committee must be present in order for official business to be conducted. Decisions will be made by majority vote.
- The ARC is convened when a student formally appeals dismissal after being on academic probationary status in the Doctor of Physical Therapy degree program (e.g., a student who had been placed on probation because his or her cumulative GPA had fallen below the required 3.000, and who fails to achieve the required minimum GPA during the subsequent academic term). Appeal requests must be made in writing to the ACPE within 5 business days of notification of recommendation for dismissal. In such situations, the Academic Review Committee may meet with the student in question to discuss the student’s academic situation.
- The Academic Review Committee may hear other people of its choosing who may be related to the student’s academic situation, and may investigate written reports, examinations, papers, or related documents.
- Following the Academic Review Committee’s analysis if there are extenuating circumstances to extend probationary status, the Committee may recommend to the ACPE either:
  - An extension of the period allotted for removal from probation;
  - An alternative method of removal from probation; or
  - Dismissal in accordance with PTHMS policy
- In considering the recommendation of the Academic Review Committee, the ACPE may wish to examine related documents and meet with the student and/or others.
- The ACPE will notify the student of the decision in person, by telephone, or email, and in writing by registered mail or hand delivery.

*Appeal to Vice Dean*

The involved student has the right to appeal the decision further to the Feinberg Medical School’s Vice Dean for Education. The request must be made in writing within five (5) business days of notification of decision and must clearly state the basis for the appeal.

**PROGRAM DISMISSAL**

Each of the following may be cause for dismissal:

- Conduct violation of nature that dismissal is warranted (See Conduct Violations and Disciplinary Proceedings Section)
- Receipt of a grade of Fail (F) in two or more courses in any academic term.
- Inability to remove oneself from probation within the time period allotted upon initiation of probationary status:
A student on probation whose academic performance does not warrant removal from probation;  
A student on probation whose technical performance does not warrant removal from probation; or  
A student on probation whose clinical performance does not warrant removal from probation.

A student may be placed on probation only once. If a student who has previously been on probation for either academic performance or behavioral reasons returns to the program and has reason to be placed on probation again, the student will be dismissed from the program. Unless a student is on a pre-determined part-time program or extenuating circumstances exist, as determined by the ACPE, the maximum allowable time for completion of the program is one (1) year beyond the stated graduation date for the class with whom the student originally entered the program.

If a student does not successfully execute the terms and conditions of an agreed upon Learning Plan by the date specified in the learning plan, he or she shall not have met the conditions set forth in the learning plan and the process for dismissal from matriculation will be initiated by the ACPE; the ACPE may refer the case to the Academic Review Committee for recommendation of an outcome.

Notification of academic dismissal may be made by telephone or by email, and will be confirmed in writing by registered mail or by hand delivery in a meeting with the ACPE.

PROGRAM WITHDRAWAL
Withdrawal is when a student wishes to leave the university after registering for classes in any term. A student wishing to withdraw must meet with the Associate Chair for Professional Education and complete a form that will be submitted to the Registrar for proper action, which includes obtaining signatures from Student Accounts and the Office of Financial Aid. Withdrawal is not considered official until the form has been returned to the Office of Admissions & Student Affairs. Only then will the withdrawal become effective on the Student Enterprise System (SES). Refund of any portion of tuition will be based upon the policy established by the University and published annually in the current Financial Regulations, Chicago Campus. Withdrawals are listed on the transcript along with the withdrawal date.

Re-enrollment of Students
A student who withdrew from the DPT program in good standing may apply for re-enrollment by petitioning to the Associate Chair for Professional Education. The re-enrollment of a student who had previously withdrawn and the time thereof shall lie within the discretion of the Associate Chair for Professional Education, or their designate.

SAFE AND HEALTHY LEARNING ENVIRONMENT
The Northwestern University Feinberg School of Medicine (FSM) and PTHMS are committed to the principle that educational relationships should be one of mutual respect between teacher and learner. Because the DPT program trains individuals who are entrusted with the lives and well being of others, we have unique responsibilities to assure that students learn as members of a community of scholars in an environment that is conducive to learning. Feinberg and PTHMS want to encourage students to bring attention to any breach or perceived breach of the Safe and Healthy Learning Environment, and wishes to be open about the process the university has in place should such a claim be made. The process and flow document http://www.feinberg.northwestern.edu/education/current-students/important-
information/safe-healthy-environment/ offers a snapshot of the reporting, escalation, and resolution procedures related to a perceived mistreatment claim. The school also offers an ombudsperson for student support [http://www.feinberg.northwestern.edu/education/current-students/important-information/safe-healthy-environment/ombuds.html](http://www.feinberg.northwestern.edu/education/current-students/important-information/safe-healthy-environment/ombuds.html).

**SEXUAL HARASSMENT POLICY**

Please visit the University Sexual Harassment Prevention Office website to read the most current policy [http://www.northwestern.edu/sexual-harassment/policy/](http://www.northwestern.edu/sexual-harassment/policy/).

**SOCIAL MEDIA POLICY**

Students are expected to become familiar with the Feinberg School of Medicine policy for social media. The policy can be found at: [http://www.feinberg.northwestern.edu/communications/brand/social-media/](http://www.feinberg.northwestern.edu/communications/brand/social-media/). Students are also encouraged to become familiar with the “Standards of Conduct in the Use of Social Media” adopted by the 2012 APTA House of Delegates.

**STUDENT PROGRESS COMMITTEE (Standing)**

The Student Progress Committee is a faculty committee responsible for ensuring that physical therapy students meet the PTHMS academic and behavioral standards. The Student Progress Committee evaluates inappropriate or unprofessional conduct, or behaviors that may lead to unsatisfactory academic or clinical performance. The Student Progress Committee is notified when a student earns a grade of F on a practical or written exam. In addition, the student and the Student Progress Committee receive notification from course instructors or advisors of incidents in which that student is given written and oral feedback about unprofessional behavior. The course instructor/advisor may recommend simple notification without follow-up or recommend referral to the Student Progress Committee. Faculty or the Student Progress Committee may initiate a referral based on multiple or repeat notifications. A student who returns to the program following a leave of absence or probation must consult with the Student Progress Committee upon his or her return.

Following referral, the Student Progress Committee will work with the student to plan appropriate corrective action. If, after efforts to correct the problem, the Student Progress Committee finds that a student’s actions continue to be inconsistent with the professional qualities of a physical therapist, appropriate Committee actions may include recommendations for probation, suspension, or dismissal.

Student actions deemed inconsistent with standards of academic and clinical performance and professional behavior that must be referred to the Student Progress Committee include but are not limited to the following:

- Questionable performance or learning behaviors;
- Consistent violation of established safety guidelines;
- Inadequate performance in clinical experiences;
- Disinterested appearance;
- Frequent lack of preparation for class;
- Frequent unexcused absences or late arrival;
- Inability to answer questions;
- Asking inappropriate questions repeatedly;
• Faulty decision-making or lack of common sense;
• Lack of awareness of personal limitations or inability to self-assess;
• Inappropriate professional behavior;
• And/or,
• Behaviors or grooming that provoke lack of respect or confidence from patients, faculty and colleagues.

Students who return to PTHMS on probation must consult with the SPC upon their return. Written referrals to the SPC are required in an effort to prevent the SPC and faculty advisors from duplicating their efforts and to allow the Committee to identify trends.

**Student Progress Committee Procedures**
The PTHMS Student Progress Committee (SPC) consists of five faculty members. The Associate Chair of the Department appoints the SPC members from the faculty with preference for members having two or more years of academic teaching experience; and one SPC member must be a Clinical Education faculty.

Referrals to the SPC may be made by:
• Course directors.
• Individual faculty/advisors.
• The DCE (or designee).
• Students.
Anonymous referrals will NOT be accepted.

The SPC will monitor the student’s progress, and may recommend that the student’s advisor meet with the student or schedule a Committee meeting with the student. The SPC may gather information from faculty and students, determine whether a significant problem exists, and provide written notification to the student and the Associate Chair for Professional Education about expectations for change.

The Student Progress Committee:
• Interprets referrals,
• Seeks clarification as needed from faculty or students submitting referrals,
• Consults with the student's advisor to determine whether the advisor is aware of the problem and has initiated any intervention with the student, and
• Determines whether concerns are significant.

If the SPC determines that the concerns are insignificant, the SPC informs the faculty or student(s) who submitted the referral. The SPC will meet with students who:
• Have multiple failure notices,
• Receive a referral, or
• Have multiple notifications to the SPC.

If the SPC determines that the problem requires some action, the Committee develops a plan for intervention. Written learning plans will identify performance objectives and strategies to solve problems, and delineate expected outcomes. On the date of receipt, the student and members of the SPC must sign the plan to acknowledge its delivery and receipt. Learning plans describe:
• Goals to be achieved,
• Resources available,
• Responsibilities of all parties,
• Deadlines for achievement, and
• Consequences for failing to fulfill the plan.

Potential outcomes may include, but are not limited to:
• Fulfillment of the plan and satisfactory resolution of concerns,
• Student's voluntary withdrawal from the program,
• Recommendation to the ACPE regarding probationary status, the conditions of which are defined by the SPC in writing, and may include barring the student from participating in any clinical experience.
• Recommendation to the ACPE regarding academic or non grade-related dismissal from the program. Recommendation of dismissal generally follows persistent inability or failure of a student to correct academic deficiencies or unprofessional behaviors.

The SPC will notify the student and the ACPE in writing about its recommendations and resolution of the issue(s) referred to SPC.

The SPC will make reports at faculty meetings concerning only those students with whom they have established plans; the faculty and students are expected to hold confidential all activities and reports of the Student Progress Committee. All documents related to referral to the Committee and reports of the Committee will remain a part of the student’s permanent record while the student is enrolled. At the time of graduation, Student Progress Committee records will be destroyed unless the student was dismissed from the Program. The Committee retains the right to request that the ACPE convene an Ad Hoc committee to investigate special cases.

**Appeal Process**

A student who disagrees with the learning plan recommendations of the SPC and who feels that he or she was treated unfairly, or that major issues were overlooked by the SPC, may appeal to the ACPE.

**TRANSCRIPTS**

• Students who have satisfied all financial obligations to the University are entitled to an official transcript of their academic record, which they may order from the PTHMS Registrar. A $5 fee is charged for each additional transcript requested.
• Except for internal educational uses or as required by law, Northwestern University issues official transcripts only upon written authorization of the student concerned. Because of the confidential nature of a student’s record, telephone requests for transcripts will not be accepted. Written requests should be submitted to the PTHMS Registrar.
• Requests for transcripts initiated by persons or agencies other than the student or appropriate educational agencies will not be filled until the student has provided written authorization, unless required by law.

**WAIVING COURSEWORK**

Requests to waive coursework for Fall term – Year I, must be submitted during the first week of classes. Otherwise, requests to waive coursework must be submitted no later than the end of the third week of the trimester that precedes the course to be waived. Requests should be submitted to the Assistant Chair for Curriculum Affairs. Each request must include:
• Catalogue course description or course syllabus indicating the course is equivalent to or higher than a "300" level course at Northwestern. "300" level courses are primarily for upper-class (junior standing) and graduate students; and,
• Copy of transcript from student's admission folder indicating completion with a minimum grade of B.

After the information has been submitted, the Assistant Chair for Curriculum Affairs will meet with the student and Course Director to discuss the course content, skill development, attitude development, and pros and cons of waiving the course. If the waiver request is granted, the Course Director will develop an appropriate competency examination, which the student will be expected to complete at an 80% proficiency level.

Upon successful completion of the exam(s), the Assistant Chair for Curriculum Affairs will notify the Associate Chair for Professional Education and the student in writing. If coursework is waived:
  • There is no reduction of tuition; and,
  • The student's transcript will have a credit (CR) recorded.
STUDENT SERVICES AND FACILITIES
AFTER HOURS ACCESS TO 7th Floor

The PTHMS facilities are available to students for class–related activities including but not limited to:

- quiet study space;
- group meetings;
- skill practice using PTHMS equipment (such as plinths and assistive devices); and,
- access to computers.

The following regulations are designed to protect the students while in the building after hours:

- Enrolled students with PTHMS are allowed to use the student lounge (700), rooms 810, 705, 715 and room 710, 24 hours a day, 7 days per week except on days when the building itself is closed for holidays. Students are expected to abide by all rules and regulations of the building.
- “After hours” is defined as between 6 p.m. and 7:30 a.m. Monday-Friday and from 6 p.m. Friday until 7:30 a.m. on Monday. Please note: the heating/air conditioning system is turned off after 6 p.m. on weekdays, after 5 p.m. on Saturday and all day on Sunday, so dress accordingly.
- Students must use their 645 N. Michigan Ave. Building ID card to gain entry into the building. This card registers the student by name and provides PTHMS a record of use.
- Use of the 7th or 8th floor spaces after hours is for registered students only; no guests are permitted.
- Students must never use the 7th or 8th floor after hours alone.
- Students are asked to bring a cell phone with them.
- An ID code must be used to gain entry into the west wing of the building, rooms 705, 715, 710, 810 and student lounge (700). Students will be informed of the code number during orientation.
- Students must always lock the door behind them upon entering and always lock all doors when departing.
- Course Directors of each course will determine and announce the equipment that cannot be used unsupervised in each trimester.
- Students are not permitted to use the AV system in 810, 705, 715 or 710 until oriented to instructions for operation.
- Students must not test patients who are subjects for a synthesis project if the faculty advisor is not present. Students who are testing other PTHMS students as part of a synthesis project must get permission from the faculty preceptor to do so without faculty supervision after hours.

In the event that a student is injured after hours, regardless of whether emergency care is sought, he or she must complete the Incident Report form (available from the front office) by 10 a.m. of the next workday and give the form to the Associate Chair of Professional Education.

If equipment breaks while students are using it, they must notify the course director by 10 a.m. the next day. However, the student should take the responsibility to put a sign on the equipment so that other students do not risk injury by trying to use it before the department is notified. If a computer or printer fails, students must follow the Computer Use Policies. Students are expected to maintain the floor in a tidy condition and to return all equipment used.

Use of the 7th and 8th floors after hours is a privilege. Abuse of the privilege could result in a student being denied access to the floor or, depending on the severity of the abuse, could result in more severe disciplinary action. Ongoing misuse by a larger portion of the student body will result in loss of access to the 7th or 8th floors after hours for all students.
APPOINTMENTS WITH FACULTY
All faculty maintain their own schedules and office hours. To make an appointment, students can do one of the following:

• Leave a written message at front desk on the 11th floor;
• Leave a telephone message via voice mail; and,
• Communicate via e-mail.

E-mail addresses may be obtained on the Internet on the NU home page via Directory. A list of PTHMS office and telephone numbers, as well as e-mail addresses, starts on page 3.

AUDIOVISUAL EQUIPMENT
• Equipment may not be removed from the 7th floor.
• Equipment is not available for personal use.
• AV equipment must be returned in good condition. If equipment is damaged from negligent use, the student will be responsible for the cost of repair or replacement.
• AV equipment in Rooms 705, 710 and 715 and cameras may only be used by students following instruction from and with the explicit permission of a faculty member.

COMMUNICATIONS

Mailboxes
Mailboxes are located in Room 700; they are used for distributing written announcements, messages from faculty, mailings from clinical education sites, and other university materials. Mailboxes are not intended for personal USPS mail or packages. Each student is assigned a mailbox during orientation and it is expected that the student will check it on a regular basis.

Telephone Messages
Telephone messages will be placed in student mailboxes. Students will be contacted in class only in the event of an emergency. Telephone calls to students are to be limited to emergency calls or essential calls from family. Staff is instructed not to take messages from friends, visitors, etc.

Posting Flyers and Distributing Materials in Student Mailboxes
• Flyers and materials to be distributed by students must be approved prior to posting. Bring materials to staff at the front desk on the 11th floor.
• If approved, materials may be posted only in designated areas.
• If approved, materials announcing an event must be removed following the event.
• Material may not be posted on wooden doors, on black boards, directly on the walls, in the front of mailboxes, or to the front of glass cases.

Visitors
Visitors are permitted to attend lectures provided they have prior permission of the instructor. No visitors are permitted in the labs.

Cancellation of Classes
• In the rare event that classes are canceled due to severe weather or national emergency, the information is posted on Northwestern University’s homepage; and delivered by mass voicemail, text messages, and emails.
COMPUTER RESOURCES ON 7TH FLOOR

7th Floor Computers
PTHMS will make every attempt to maintain a safe, functioning, and pleasant computing environment for students to pursue their academic work. Because replacing abused, stolen and damaged equipment is costly, we ask that students be responsible with their use of this computing environment.

1. The computers in Room 700 are available to PTHMS students, faculty and staff only.
2. We make every effort to provide reliable hardware and software, but we cannot guarantee trouble-free computing, so save often to prevent lost work.
3. Academic and educational use takes priority over recreational use of computing resources.
4. We cannot offer assistance with software. For information on the use of a software program, students can try the online help associated with the software.
5. **Students may not install any software on PTHMS computers.** This prohibition includes all executables such as chat software, any font programs, and all unlicensed software. **Personal files found on PTHMS computers may be deleted without warning.** If you need to have software installed, please contact the Associate Chair for Professional Education for approval. If deemed appropriate, the departmental computer support staff will perform the installation.
6. Students may not disconnect the computers or the printers from the power supply or the data ports.
7. **Students may not connect devices to any PTHMS computer.**
8. Students should scan USB flash drives for viruses. PTHMS provides anti-virus software on all departmental computers, and updates this software frequently. However, no anti-virus product is perfect, so PTHMS is not responsible for damage caused to files by viruses. PTHMS staff can provide assistance if needed. The knowing creation or propagation of viruses on PTHMS machines is prohibited.
9. The Department will supply paper for the printer; students should request paper for refilling the printer from the front desk personnel. Students may print only on standard 20# bond paper; some special papers can damage the printer. Despite our best attempts to keep the computer and printers in good working order and the printer stocked with paper, please do not rely on printing an assignment due early in the day on the 7th floor printers.
10. Food is **strictly prohibited** around the computers, and drinks are allowed **ONLY** if they are in securely covered containers.
11. Students should report problems to the work-study students immediately who will report any problems to the Computer Software Engineer. Students should not leave problems for the next person to find. Students should help us by providing as much information as possible, especially:
   - What program(s) were in use?
   - What was the exact error message?
   - What was the student doing when the problem occurred (i.e., saving a file, using a certain feature, etc)?
13. If students notice that a computer or printer is missing, they should report its absence to the 11th floor office immediately.

COUNSELING SERVICES
The demands of professional education, the impact of your school involvements on your personal relationships and adapting to a new environment can lead to emotional difficulties.
As you make major life transitions at Northwestern, you may feel the need for professional guidance in clarifying your choices, managing stress and anxiety, or addressing concerns about family, other relationships, sexuality, or academic performance. Counseling and Psychological Services (CAPS) is Northwestern University's primary counseling resource for students. CAPS provides counseling to individuals and groups as well as workshops and outreach programs. CAPS has a team of highly qualified and experienced professionals including social workers, psychologists and psychiatrists, who are dedicated to helping students work through developmental needs, emotional difficulties and adjustments. The purpose of CAPS is to help students, faculty and administrators maximize the total learning experience of students at Northwestern.

CAPS have two locations: one in Evanston and one in Chicago. The Chicago office is located 5th Floor, Abbott Hall, 710 N. Lake Shore Drive. To make an appointment, call (847) 491-2151. For after hour emergencies, call (847) 491-8100. For more specific information visit their website (http://www.northwestern.edu/counseling/). In a crisis situation, CAPS can be reached on a 24/7 basis. Additional information regarding emergency crisis counseling is available at http://www.northwestern.edu/counseling/about-us/what-to-do-in-an-emergency/index.html

EQUIPMENT USE OUTSIDE OF CLASS, ANNUAL EQUIPMENT MAINTENANCE AND CALIBRATION

- Selected equipment may be used outside of class for study purposes. Permission of the instructor(s) is required.
- Equipment may not be removed from the 7th floor unless it is required as part of a class project.
- All equipment must be returned in good condition. If equipment is damaged, the student will be responsible for the cost of repair or replacement.
- PTHMS annually schedules a preventive maintenance check of equipment and calibration.

FACILITIES

PTHMS leases the seventh, part of the eighth and tenth, and eleventh floors at 645 North Michigan Avenue.

Teaching facilities for the program are located on the seventh (7) and eighth (8) floors. Faculty and staff offices, research facilities, and conference rooms are located on the tenth (10) and eleventh (11) floor. Students may have classes scheduled in the conference rooms on 10 and 11. Please note the following "rules of the house":

- A code is needed to access the women's and men's washrooms. Codes are required in commercial buildings by the City of Chicago. Students are informed of codes and any changes, but they can also be obtained from the 11th Floor receptionist.
- Stairwell doors between floors are typically kept locked – exit is restricted to the first floor for security purposes without an access code. An access code will be distributed during orientation and will allow exit from the northwest stairwell on 7,8,10 and 11.
- Refrigerators and microwave ovens are available in Room 700. Students are responsible for maintaining the lounge and equipment in good condition. Students are responsible for cleaning the refrigerators, microwaves, washing dishes, and so forth.
- The vending machines located outside room 700 are leased by PTHMS. Any problems should be reported to staff in room 1100. There are additional vending machines located on the 5th floor that are maintained by the building and are not the responsibility of PTHMS.
- The building is a non-smoking building.
• The building is an active participant in the waste-recycling program of the city of Chicago. Bottles, cans and other items to be recycled are to be emptied before placing in trash containers.
• Alcoholic beverages are not allowed on the premises unless they are part of a social function approved by the Chair.

FINANCING YOUR EDUCATION

The Department of Physical Therapy and Human Movement Sciences abides by the University financial regulations. Failure to read Financial Regulations for Students on the Chicago Campus does not excuse you from compliance with the rules and regulations included therein. Information regarding Student Financial Services may be obtained online at http://chicagofinancialaid.northwestern.edu/landing/physical_therapy.html/.

IDENTIFICATION CARDS

University ID Card
All students must obtain the WildCARD, a multipurpose identification card. For more information on the WildCARD please visit: http://www.northwestern.edu/uservices/wildcard/

Students will need their WildCARD to:
• check out library materials;
• gain admittance to Anatomy Lab
• purchase tickets for NU athletic, music, and theatre performances;
• parking (if approved); and,
• shuttle bus between Chicago and Evanston campuses.
• attend department activities off the premises and during patient care or clinical education experiences.

Building Access Card
Students also will be issued a building access identification card to allow them access to the building after usual business hours and on weekends. A $10 replacement fee will be required for lost or stolen building access cards.

LIABILITY AND MALPRACTICE INSURANCE
As noted in Clinical Education, PTHMS funds University-sponsored insurance that covers students for all educational activities for which they are properly registered, including all scheduled clinical education activities for which registration, credit, and tuition payment occur at Northwestern University.

LOCKERS
* Lockers are located in the women's and men's locker rooms.
* Each student has an assigned locker.
* To minimize incidents of loss, damage or theft, all belongings and valuables should be kept in the locker.
* If you forget your lock combination, notify the Program Assistants for assistance.
* If damage is done to the locker that requires replacement, the student will bear the cost.
* If lockers are not emptied when requested by the PTHMS Registrar, the contents are subject to being discarded.
PARKING
Parking on campus is limited, but is available to students based on need. For more information go to: http://www.northwestern.edu/uservices/docs/transportation/ChicagoParkingBrochure.pdf. To be eligible students must live outside a 3-mile radius of campus. In August of each year, eligible students may submit an application to Kisha Nelson. All applications will be reviewed and recommendations will be made based on need. Car-pooling is encouraged. If approved for parking, students can purchase their permits at the General Services Parking Office in Abbott Hall. A valid driver's license and car registration must be presented at time of purchase.

Students are eligible to purchase evening and weekend parking permits, which allow parking from 5 p.m. to 8 a.m. on weekdays and 24 hours a day on weekends. For specifics go to: http://www.northwestern.edu/transportation-parking/chicago-parking/index.html

PEER TUTORING
Peer tutoring is an adjunct to classroom teaching in the applied science courses (anatomy, physiology, kinesiology, neuroscience) that is available to all students. Following are guidelines to direct this program:

1. Any student who demonstrates a consistent pattern of marginal performance or failure in an exam or evaluative activity may request a peer tutor. The Student Progress Committee, course Director, or any faculty advisor may suggest that a student access a peer tutor.

2. Based on availability of tutors, peer tutoring may be offered to the entire class prior to first exams with the need for continued tutoring evaluated following the first exams. The goal of this activity would be to initiate tutoring early in the trimester.

3. THE STUDENT MUST INITIATE THE REQUEST FOR A TUTOR TO THE FACULTY DIRECTOR VIA EMAIL. For academic year 2016-2017, the peer tutor coordinator is Dr. Jennifer Kahn at jennifer-kahn@northwestern.edu.

4. The peer tutors and faculty will maintain confidentiality of students seeking tutoring.

5. An individual student may receive a maximum of 6 hours of tutoring per week across subjects. An individual student may have more than one tutor based on availability and need.

6. All tutoring must be considered a professional learning interaction between students. The students involved may determine the location of the service.

7. The faculty, the tutor and the student will mutually determine termination of the need for tutoring. Guidelines for termination include:

   a. Improvement in grades.
   b. Weaknesses of the student as learner have been addressed.
   c. The student is responsible and able to handle coursework.
   d. Lack of follow through by student. i.e. student repeatedly fails to keep pre-established appointments.

Study Habit Recommendations
The following recommendations have been adapted from the: Northwestern University Feinberg School of Medicine Office of Student Programs and Professional Development, and are offered for your information.
Regardless of your need to study as an undergrad, you will need to have disciplined study habits to succeed in this program. Following are suggestions for improving study habits. Utilize the skills that match your learning style.

General Skills
1. Use the SQ3R Method: Survey, Question, Read, Recite, Review
   - Survey your lecture notes and chapters by reading topic headings, introductions and summaries. Identify the big picture from each lecture.
   - Question the material you are reading by changing topic headings into questions that you must answer. Use the question for the topic of your concept maps. Write, draw or outline the major concepts and significant details of the topic.
   - Read the material in your lecture notes/syllabi and slides with the chapters for clarification. Actively read by drawing your concept maps, writing out note cards for detailed information and talking out loud through the material.
   - Recite the material after you have drawn the concept maps and note cards. Talk yourself through the concepts and details to make sure you understand. Create a mini-lecture.
   - Review the material by writing a one to two page summary of your concept maps and note cards. Your summary page should have enough detail and clarity that you could use this for a presentation to teach others the material. If you are unable to pull together a clear, concise and meaningful summary, refer back to the lecture notes, chapters, your lecturer and classmates to gain a better understanding of the topics.

2. Find a Location to Study
   - Be comfortable, but not too comfortable. If you lose concentration frequently, it could be the location.
   - Create some urgency in your study. Set time limits that you must meet.
   - Replicate your exam situation. Complete a final review of all the material in your exam space using a time limit (three hours if it will be a three hour exam). Focus on questioning yourself on the material. Try to complete this at least two days before the exam so you will have time to fill in the blanks.
   - Avoid multi-tasking while studying, as this may negatively impact your learning.

3. Identify a study group of 1-3 students
   - Study with peers after each of you have studied individually.
   - Bring questions to the study group to challenge each other.
   - Take turns questioning and listening to the others’ responses and explaining content.

Exam Skills
1. Before an exam
   - "Practice" taking the exam trying to replicate exam conditions.
   - The night before the exam, practice relaxation techniques before bed and in the morning as you are waking.
   - Avoid people who are anxious about the exam. "Create space" between yourself and others who are taking the exam.
   - Set a reasonable reward for yourself to look forward to for doing your best
2. During an exam
   • Read the stem carefully. Approach each response in a multiple-choice test as “true/false” and eliminate false responses.
   • Budget your time. If you are spending too much time on an item, move on and return to it later.
   • Do not change an original answer unless you are absolutely certain that the change is correct.
   • Find methods to use during the exam: for example, taking a break for deep breathing to calm yourself; if you feel anxious, use this as a cue to relax.
   • Focus your attention on the test - don't waste time worrying.
   • Use positive self-talk throughout the exam.

3. After the exam
   • Don't review the exam with others. This will add more anxiety as you wait for the exam results.
   • Enjoy your reward knowing you did the best you could for this exam.
   • Prepare for the next block, making note of what you did well for the test block just completed and what you need to change.

Life Skills
1. Self-Confidence
   • Create positive self-talk. If you find yourself using negative and self-defeating self-talk, STOP! Reprogram yourself for success.
   • Aim for the top, not for the median. Don't overprotect yourself by saying you'll be lucky/happy to get the median.
   • Don't compare yourself to others. Find methods of learning, studying, test taking, self-reward and relaxing that work for YOU. Don't think about what others are doing - their methods may not work for you. Pay attention to what works for you and what doesn't. Always assess what you are doing.

2. Time Management
   • Prepare for each block the day before it begins
   • Know what you plan on doing and when
   • Follow your study plan
   • Be organized
   • Plan for the unexpected - pad your time management
   • Your schedule should allow extra time for exam preparation
   • Be prepared to take the exam one to two days before the exam

3. Healthy Diet
   • Always eat breakfast, lunch and dinner - snacks in-between should be healthy.
   • Five a day! Get your fruits and vegetables.
   • Water-Water-Water. Keep yourself hydrated, at least 64 ounces a day. You should drink your water throughout the day - starting when you get up in the morning.
   • Avoid caffeine in large quantities. If you drink a 16 oz. coffee every day, add 16 oz. of water to your suggested daily intake.
   • Avoid alcohol in large quantities. No binge drinking, especially as a reward.
4. Exercise
   - Make exercise a part of your time management plan - and do it!
   - At least 30 minutes per day, five days a week.
   - Cardiovascular exercise (walking, running, biking, hiking, swimming) is great for stress relief and to refocus a tired mind.

5. Sleep
   - What does your body need? If you need eight hours, get eight hours of sleep.
   - If you need a nap during the day set your limit to 20 minutes.
   - Set a bedtime and a waking time each day and stick to it. Try to keep the same hours on the weekends as you set during the week.
   - Don't forgo sleep the night before an exam.

6. Stress Management
   - Use relaxation techniques 20 minutes every day, seven days a week
     - Progressive Relaxation
     - Meditation
     - Yoga
     - Guided Imagery
     - Self-hypnosis
     - Prayer

Anatomy skills
1. Study early and often.
2. Study with a partner.
3. Draw things out, making study sheets.
4. Read notes and dissector BEFORE coming to class.
5. Attendance is expected in EVERY lab.
6. Share dissection time as much as possible.
7. Look at other cadavers in lab to appreciate variability in the human body.
8. The goal in lab is not to just finish the dissection but to learn the material.
9. Palpate structures on yourself and your classmates.
10. Ask questions only after you have explored potential answers for yourself.
11. YOU WILL SPEND MANY MORE HOURS IN THE GROSS LAB THAN ARE SCHEDULED

Resources available
If you need help or support with your academics, don't wait too long before seeking assistance.
1. Course unit faculty and Course Director
2. Faculty advisor
3. Peer student tutors
4. Student Progress Committee
5. Counseling and Psychological Services (CAPS)
PHOTOCOPYING AND PRINTING
A copying, printing and document scanning machine, located in the Student Lounge on the 7th Floor, is available for student use. Students have a unique code (obtained during the first week of class from the PTHMS Information Technology representative), which must be input into the machine in order to print copies. Each student is allotted 150 pages at no charge each trimester. Additional allotments of 150 pages may be purchased during the trimester for a fee of $10.00 through Bessie Ward, Program Assistant, at the 11th floor reception desk at 645 N. Michigan. There is no charge for scanning images to a PDF file.

Any publication that states or implies official endorsement by the Feinberg School of Medicine or the Department of Physical Therapy and Human Movement Sciences or uses their seals/logos must have prior approval in writing by the Associate Chair for Professional Education.

PHYSICAL THERAPY SERVICES
In accordance with Illinois State Law:

- Students have the prerogative to seek physical therapy treatment from any licensed physical therapist. Information and/or recommendations may be obtained from a member of the faculty.
- The Illinois Physical Therapy Practice Act allows for evaluation without a physician referral and allows for treatment without referral if the physical therapist has available a documented diagnosis. Each facility providing physical therapy services establishes its own policies regarding the need for a written referral.
- Faculty are prohibited, by University policy, from providing physical therapy within the Department of Physical Therapy and Human Movement premises.

SERVICES FOR STUDENTS WITH DISABILITIES
It is Northwestern University’s policy to ensure that no qualified student with a disability is denied the benefits of, excluded from participation, or otherwise subjected to discrimination in any University program or activity. In response to a request made by a qualified student with a documented disability, the University will arrange, at no cost to the student, for the provision of reasonable academic and programmatic accommodations and supports. Accommodations are determined by the Office of AccessibleNU to be necessary to afford the student with the opportunity for full participation in University programs. Please visit the following link for more information:
http://www.northwestern.edu/disability/

If any student needs assistance with regards to any disability, the student must register with AccessibleNU at http://www.northwestern.edu/accessiblenu/students/chicago-campus/index.html, (312) 503-4042, or Fax (312) 503-4173. The Accessible NU office can assist the student with obtaining appropriate documentation and, as a result, provide reasonable accommodations and services.

SHUTTLE BUS
A shuttle between the Chicago and Evanston campuses runs Monday through Friday. For schedule information go to:
http://www.northwestern.edu/uservices/transportation/shuttles/intercampus/intercampus.html. This bus is free with a NU Wildcard.

STUDENT HEALTH SERVICE
Health services include general medical care, routine women’s health care, allergy shots and immunizations, tuberculin (TB) testing, and access to specialty consultations, laboratory tests, x-rays, and prescription drugs. If you are a full-time student registered for the current trimester, you are eligible to use the Health Service as your primary health care provider. More information is available on the web at http://www-chicago.nuhs.northwestern.edu/Default.aspx. The student health facility on the Chicago Campus is located at 675 St. Clair, Suite 18-200.

Health Requirements for Registration

All new full-time students must comply with State of Illinois, Northwestern University and PTHMS health and immunization requirements as described in the Student Health Service letter and on website http://www.northwestern.edu/healthservice-evanston/new-incoming-students/entrance-health-requirements/physical-therapy-students/index.html by July 1.

Insurance

All physical therapy students are required to carry health insurance. Before registering for the fall term, you are required to complete the Insurance Coverage Selection form and show proof of health insurance either through a private or family plan, or by purchasing the Northwestern plan. The cost varies depending on the plan chosen. If you fail to complete the Insurance Coverage Selection form, you will be charged a substantial late fee and will not be allowed to register for classes. For information about the Northwestern plan, please refer to the visit http://www.northwestern.edu/student-insurance/.

STUDENT LIFE

The Feinberg School of Medicine maintains a student life web site, designed to provide general information about student life on both the Chicago campus as well as information about life in Chicago. The site can be accessed at http://www.feinberg.northwestern.edu/admissions/student-life/

TRANSCRIPTS AND DIPLOMAS

All requests for transcripts should be made in writing to the PTHMS Registrar, Kisha Nelson. There is a fee of $5 for each transcript released. At the time of graduation, students will provide the name desired on the diploma. Replacement diplomas can be requested for a fee. PTHMS will not change the name on the diploma; the name on the replacement diploma will be the same as the name on the original diploma.
DEPARTMENTAL AWARDS
The Department of Physical Therapy and Human Movement Sciences sponsors three awards for deserving members of the graduating class.

Leadership Award
This award will be given to a member or members of the graduating class who demonstrate(s) superior leadership abilities. More than one student may qualify for this award annually. If there is no outstanding candidate, the award may not be given.

Criteria
Students receiving this award must have a minimum professional GPA of 3.0 and show potential for leadership in the profession through demonstration of many or all of the following activities:
- Exceptional organization of and participation in classroom activities;
- Substantial participation in physical therapy research;
- Organization of or substantial participation in extracurricular activities;
- Substantial participation in American Physical Therapy Association (APTA) activities.

Procedure
- The Associate Chair for Professional Education (ACPE) will call for the nomination of candidates from the faculty and 2nd-year students at the beginning of the Spring Trimester of Year 2.
- The ACPE will appoint the faculty members and designate the chair of the committee annually. The committee will consist of two core faculty members and 2 student members from among those members of the 3rd-year student body not being considered for the award.
- The committee will solicit information about each candidate’s representation of the core values of a class leader in an objective manner. Solicited information must address the award criteria, detailing the reasons why the student(s) deserves the award.
- The award(s) will be announced during the final class meeting prior to graduation rehearsal, and the recipient(s) will be recognized at graduation.

Community Engagement Award
This award will be given to a member or members of the graduating class who demonstrate(s) superior commitment to community health in the Chicagoland area. Because Northwestern University Feinberg School of Medicine is committed to serving the needs of Chicagoland, and the majority of the students’ education is completed during their time in Chicago, this award will focus on students’ contribution to serving the needs of the community in which they have the greatest access. More than one student may qualify for this award annually. If there is no outstanding candidate, the award may not be given.

Criteria
Students receiving this award must demonstrate commitment to the health and wellness of a local community through the following:
- Sustained work through a community-based or faith-based organization serving the Chicagoland area
- Demonstration that the students’ efforts have made an impact on the health and wellness of the community
- The hours of service have gone above and beyond those required for the Demonstration of Professional Development (DPD)
Procedure

- The Associate Chair for Professional Education (ACPE) will call for the nomination of candidates in the Spring Trimester, Year 2.
- Faculty, 2nd-year students and community leaders may nominate a candidate, as well as any 2nd-year student may nominate themselves.
- The nominator will write a supportive letter detailing the work the student has done and will provide contact information from the organization for whom the student worked.
- A Community Engagement Award Committee consisting of 2 core faculty and two 3rd-year students will read all nomination letters and make a decision regarding final recipient(s) of the award. This committee may solicit more information from the nominated student or the organization, as needed, in order to make final decisions.
- The award will be announced at the final class meeting prior to graduation rehearsal, and the recipient(s) will be recognized at graduation.

Clinical Education Award
This award will be given to a member or members of the graduating class who demonstrate(s) superior clinical abilities. More than one student may qualify for this award annually. If there is no outstanding candidate, the award may not be given.

Criteria
Students receiving this award must show excellence in clinical education based on all of the following accomplishments.

- Demonstrates excellent clinical skills by consistently illustrating insight and performance at a level above that expected of an entry-level physical therapist.
- Exhibits outstanding initiative, professional behaviors and responsibility.
- Takes action on opportunities for professional growth.
- Enhances the facility’s clinical services and promotes growth within the physical therapy department by completing activities beyond patient management.
- Seeks and utilizes sound scientific evidence for decision-making process in providing patient care.

Procedure

- The Assistant Chair of Clinical Education (ACCE) will announce the award to the clinical faculty, describing the award and criteria and soliciting nominations.
- The facility will submit a letter of support for the candidate, detailing the reasons why the candidate deserves the award. Students may be nominated based on experiences during either Clinical Experience III or Clinical Experience IV.
- Letters must be submitted to the ACCE at least 4 weeks prior to graduation.
- A committee consisting of the ACCE, the clinical faculty members of the Curriculum Committee and one academic faculty member selected by the Associate Chair for Professional Education, will make final selections. The selection committee may refer back to the reports of student performance for clarification.
- The award(s) will be announced at graduation, and the recipient(s) will be recognized at graduation.
SCHOLARSHIPS
The following $2500 scholarships are available through PTHMS.

Janet L. Hemzacek Memorial Scholarship
This fund was established in 1992 to honor the memory of Janet L. Hemzacek, a 1982 physical therapy graduate. The scholarship was established by Janet’s family and is intended to recognize Northwestern University physical therapy students who demonstrate “a sense of integrity and humanity, and an involvement with the community through volunteer activity.” One scholarship of $2500 may be awarded annually.

Eligibility
Applicants must:
1. Be enrolled in the first year of the Doctor of Physical Therapy (DPT) program at Northwestern University and be in good academic standing;
2. Provide evidence of community service. (Volunteer services in physical therapy or other health care intended to prepare for admission into a physical therapy education program will be excluded.); and,
3. Demonstrate financial need, as determined by the university Office of Financial Aid.

Elizabeth Wood/Dorothy Voss Physical Therapy Scholarship
This fund was established in 1987 by Wendy Martin Lageschulte (NUPT 1964) and her husband to honor Elizabeth C. Wood, PT, MS and Dorothy E. Voss, PT for their many contributions to the physical therapy education program at Northwestern and to the profession. Ms. Wood joined the faculty in 1950 and served as Director of Programs in Physical Therapy from 1952 – 1972. Ms. Voss was a faculty member from 1963 – 1975 and was known internationally for her work in the area of therapeutic exercise. The purpose of this award is to recognize students who reflect their ideals of professionalism and high standards and who demonstrate the potential for contributing significantly to the profession. Four scholarships of $2500 each may be awarded annually.

Eligibility
Applicants must:
1. Be enrolled in the second year of the Doctor of Physical Therapy (DPT) program at Northwestern University and be in good academic standing.
2. Demonstrate professionalism by their behavior in the academic and/or clinical environment.

Sally C. Edelsberg Scholarship in Physical Therapy
This scholarship was established in 1999 to honor Sally C. Edelsberg, PT, MS, FAPTA, Director of Programs in Physical Therapy from 1972 – 1999. During her tenure as Director, she demonstrated superior leadership in the physical therapy profession. She is noted for educational leadership and was dedicated to the goal of providing students with the opportunity for an education in physical therapy at Northwestern, regardless of financial circumstances. The scholarship is intended to recognize students who demonstrate leadership potential. Recipients of the scholarship are known as Edelsberg Scholars. One scholarship of $2500 may be awarded annually.
Eligibility
Applicants must:
1. Be enrolled in the second year of the Doctor of Physical Therapy (DPT) program at Northwestern University;
2. Provide evidence of leadership through substantial participation in two or more of the following:
   a. American Physical Therapy Association (APTA) activities;
   b. community service; and,
   c. physical therapy research activities sponsored by the Department of Physical Therapy and Human Movement Sciences.

The PTHMS scholarship committee reviews applications for these scholarships and makes recommendations of recipients. The committee consists of three faculty members appointed by the Chair of the Department. Members serve a term of two years. The committee is responsible for:
• keeping application materials current;
• making applications and procedures available to eligible students by the specified deadlines;
• reviewing applications;
• reviewing letters of recommendation that applicants are required to request; and,
• recommending recipients to the Associate Chair for Professional Education.

U. S. Military Veterans Scholarship
PTHMS is proud to demonstrate gratitude for the sacrifices of the men and women who have served their country in the military. Two $2500 scholarships are available each year to veterans with valid Veterans Administration Certificates of Eligibility. In the event that more than two veterans apply for the scholarship, the Scholarship Committee will review the applicant’s admission application packet and make recommendations to the Associate Chair for Professional Education.

After reviewing the Scholarship Committee’s recommendations, the Chair and Associate Chair for Professional Education select and notify the scholarship recipients. The Associate Chair notifies the Office of Financial Aid.
Safety and Security Overview
This section presents a description of the general emergency procedures for students, staff and faculty of the Department of Physical Therapy and Human Movement Sciences, located at the 645 N. Michigan Building. Read these procedures and follow them in an emergency.

If you see a deficiency in our internal security procedures, don’t be shy. Arrange a meeting with the Chair and describe the deficiency that you would like to improve. The Chair will value your input.

Internal Security of the Building
The building management provides security at the entrances to the building. Be prepared to identify yourself to the security guard. After hours, the guard only admits personnel who are authorized in writing by the department. The building management also provides a free-roaming security guard that you may see periodically in our part of the building.

In addition to the security provided by the management of the building, our security involves our own watchfulness. The building emergency procedures, attached as an appendix, describe in one section how to identify ‘something unusual or suspicious’. If you do make such identification, call security at 312-943-4549. **If in doubt, call them.** Be watchful.

Location of Emergency Stations
Boxes containing emergency identification vests, room search tags, an automatic defibrillator, supplemental oxygen, and other emergency supplies are located on the 11th Floor at:

- the hallway corner approximately 50 feet from the west end of the northern east-west corridor
- the hallway corner across from the freight elevator in the southern east-west corridor
in the 7th Floor at:
- the hallway corner by Room 710 and the 705D Storage Room in the eastern north-south corridor
- the hallway corner by Room 715 in the western north-south corridor

In the event of an emergency alarm situation, all personnel should, if possible, follow the instructions given over the emergency audio system, as appropriate. In a non-evacuation emergency (short, repetitive horn blasts), personnel should proceed to the emergency location and render assistance as necessary and pertinent to the situation. In an evacuation emergency (continuous, steady horn blast), all personnel should search their immediate surroundings and render assistance to others as necessary; turn off lighting and electrical devices in the immediate area; place the orange “Room Searched” tag on the outside, bottom door holder; unlock and close the door(s); proceed to the nearest emergency station to assume leadership responsibilities as needed, or follow instructions for an orderly evacuation.

Evacuation
What will happen if a need to evacuate for fire or other emergency arises?
Upon recognition of a situation that necessitates an evacuation, or upon receipt of notification for evacuation by authorized safety/security personnel, the PTHMS faculty, staff, or student initiating or receiving the evacuation order should proceed to the nearest Emergency Station and sound the audible alarm (continuous, steady horn blast). Then, they should assume the responsibilities of a Floor Captain, as described below.

When an evacuation alarm is sounded, all faculty, staff, students, and visitors will be directed to exit the building in a controlled manner via the stairwells – DO NOT USE THE ELEVATORS. The two stairwells are located adjacent to the men’s restroom and the freight elevator on both the 7th and 11th floors (see diagrams, above). Classroom, office, and laboratory doors should be closed but not locked as you leave.

Persons with locomotor disabilities should be assisted to the nearest stairwell; the Searcher from the area in which the disabled person was working will designate helpers to assist the person into the
Floor Captain, Stairwell Monitor, and Searcher Responsibilities

Floor Captain
The Floor Captain is the first person to arrive at an Emergency Station (this will generally be the initiator of the evacuation alarm or the first responder to an evacuation alarm). There will be two (2) Floor Captains on each floor – one for North-West stairwell; one for South-East stairwell. The Floor Captain should establish that Stairwell Monitors and Searchers are assigned and identifiable, (assigning substitutions when necessary). The Floor Captain will be the last person to leave the floor, and only after being assured by the Searchers that all offices, classrooms, lavatories, and labs have been checked and cleared.

Stairwell Monitor
Stairwell Monitors shall be the second persons to arrive at the Emergency Station after the alarm has been sounded. There should be two (2) Stairwell Monitors on each floor – one for North-West stairwell; one for South-East stairwell. Stairwell Monitors should don the green vest and proceed to the stairwell exit where they will assure that all exiting personnel are directed down the stairs to the lobby exit. If the stairwell is unsafe, the Stairwell Monitor should direct all exiting personnel to the opposite stairwell. The Stairwell Monitor will render such assistance as may be needed to assure an orderly evacuation. Upon being informed by the Searcher that the corridor is cleared, the Stairwell Monitor and the Searcher should report to the Floor Captain before exiting the floor, and rendering such assistance to persons in the stairwell as may be necessary.

Searcher
Searchers shall be the third persons to arrive at the Emergency Station after the alarm has been sounded. There should be two (2) Searchers on each floor – one for the North and West corridors; one for the South and East corridors. Searchers should don the orange vest and take the fluorescent orange plastic markers from the cabinet. The Searcher will then begin an orderly search of each classroom, laboratory, or office in the corridor(s) for which he/she is responsible to ensure that each is clear of personnel. The Searcher will direct all personnel to the nearest stairwell, where the Stairwell Monitor (green vest) will lend such assistance as may be necessary. After checking each room, including the restrooms, visually and verbally, the Searcher will place a fluorescent orange plastic marker on the outside of the door about 2 feet from the ground and close each door, to show emergency personnel that no one is inside. If a tag is already hanging on the outside of a door, only a verbal check needs to be made.

Upon clearing his/her corridor, the Searcher should accompany the Stairwell Monitor and report to the Floor Captain. With the Floor Captain’s acknowledgement, the Searcher should exit the floor with the Stairwell Monitor, and inform the building security personnel at the lobby if any person is on the stairwell landing or in a specific room.

If someone is unable to move out of a space, the Searcher should designate helpers to assist the person into the stairwell landing. From there professional emergency personnel will assist her/him out of the building. If a person cannot be assisted to the stairwell landing, the Searcher should tell the Floor Captain after completing the search and before exiting the floor. The Searcher should report the person’s location and need for assistance to the building security personnel in first floor the lobby.
Accounting for Personnel
The floor clearing by the Searchers, Captains, and Stairwell Monitors is our assurance that no personnel are left in the building. Better accounting than this is not possible, as student attendance at lectures is not monitored and faculty and staff move in and out of the building as part of their daily duties.

Re-assembly of Personnel
After exiting the building, personnel should be aware of potential danger around them and choose appropriate routes to avoid it. Pay attention to instructions from professional Security or Emergency Officers. In the absence of those instructions, personnel should not congregate near the building, rather they should re-assemble at the corner of Erie and St. Clair Streets. In a case of severe emergency, a Departmental representative will be at that location at even hours during daylight hours of the day of the event.

Medical Emergency
In the event of a Medical Emergency, it is assumed that all faculty members and students possess current Basic Life Support certification. Emergency Stations, which are located strategically on the 7th, 8th and 11th floors (see Section 1), contain first aid kits, supplemental oxygen, and automated external defibrillators. First responders should:
- assess the situation
- activate the Emergency Medical System (call 911)
- call the Security Desk at 312-943-4549, provide Security personnel with the following information:
  ✓ your name
  ✓ your location
  ✓ pertinent details of the situation
  ✓ injured person’s name, if known
- render assistance in accordance with BLS training

Other threats to personal safety:

Please see http://www.northwestern.edu/up/emergency/index.html for an overview of Northwestern’s policy and procedures on emergency preparedness in the case of natural hazards, technological/infrastructure disruptions, terrorist incidents or human-caused events and hazards.
ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF STUDENT HANDBOOK

By my signature, I acknowledge that I have received, read, and understand the contents of the PTHMS Student Handbook. Further, I pledge to comply with, and abide by, the policies contained therein.

Signature: ___________________________  Printed Name: ___________________________

Date: ____________________________________________
It is the policy of Northwestern University not to discriminate against any individual on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, parental status, marital status, age, disability, citizenship or veteran status, or any other protected class in matters of admissions, employment, housing or services, or in the educational programs or activities it operates, in accordance with civil rights legislation and University commitment. Any alleged violations of this policy or questions regarding the law with respect to nondiscrimination should be directed to the Director of Equal Opportunity, Affirmative Action, and Disability Services, 720 University Place, Evanston, Illinois 60208-1147, phone 847/491-7458; Office of the Provost, Rebecca Crown Center, Evanston, Illinois 60208-1101, phone 847/491-5117.

The Department of Physical Therapy and Human Movement Sciences reserves the right to change without notices any statements in this publication concerning, but not limited to rules, policies, tuition, fees, curricula and courses.

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