

STUDENT POLICY & PROCEDURE HANDBOOK

UNIVERSITY OF NEW MEXICO

DEPARTMENT OF ORTHOPAEDICS AND REHABILITATION

DIVISION OF PHYSICAL THERAPY

Revised June, 2024

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

The Student Policy and Procedure Handbook was developed to acquaint students with information on the DPT Program: academic and clinical policies and procedures, rules, and regulations. It represents the efforts of the faculty, interested in the welfare of its students, trying to make the program most conducive to learning and to assist students in successfully completing all requirements for graduation.

It is important that students become familiar with its contents and review as necessary, as you will be held responsible for compliance with these policies during your enrollment in UNM's DPT program.

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

This handbook replaces all previous handbook renditions and is printed June 2024

Please note: The University of New Mexico School of Medicine reserves the right to make changes to any of the policies, procedures, codes, standards, requirements or services listed here as it deems necessary, with the changes applicable to all students in attendance at the School of Medicine.

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I. DIVISION OF PHYSICAL THERAPY

Welcome to the UNM Division of Physical Therapy! Your selection as one of our students reflects our confidence in your past achievements and future potential. It also expresses a strong commitment to you and to the process of preparing you to be a physical therapist. One of our first responsibilities in this regard is to orient you thoroughly to our Program, its mission and to your role in its operation. The purpose of this handbook is to help us achieve that goal. Become familiar with the handbook and keep it as a reference. We welcome your feedback on this handbook.

A. INTRODUCTION

The curriculum, of which you are a part, is designed to be consistent with the philosophy and the vision and mission of the Division of Physical Therapy and to deliver learning experiences that enable you to meet the performance expectations we believe to be essential for competent clinical practice and your role as a healthcare professional.

B. PHILOSOPHY

The Division of Physical Therapy is dedicated to the philosophy that a competent physical therapist is a highly educated, autonomous health care provider who possesses the skills to meet the challenges of today's health care and social environments as well as the dedication to continually learn and improve to meet the challenges of tomorrow. To accomplish this, the physical therapist must be a licensed professional in the health care system, competent not only in the area of direct patient care, but also in the skills that enable the graduate to become a life-long learner, educator, and an effective member of the healthcare team.

To meet this goal, the curriculum is offered in an orderly and planned sequence in a cohort model designed to instill the philosophy and skills needed to remain current with the rapid changes in health care and society. The education of the student must include experiences to enable the graduate to:

- Be an effective learner and sharer of knowledge
- Develop the skills necessary to coordinate and plan health care services
- Critically appraise research
- Add to the professional body of knowledge
- Effectively consult and communicate with others as part of an interdisciplinary team
- Provide culturally competent, caring, compassionate, quality services to those in need.

C. VISION

To transform learners to leaders who advance health through physical therapy.

D. MISSION STATEMENTS

1. HEALTH SCIENCES CENTER

To advance inclusivity, diversity & equity throughout the Health Sciences and New Mexico through capacity building & sustainable programs and collaborations.

2. DIVISION OF PHYSICAL THERAPY

We advance physical therapy.

1. GOALS

The overall goal of the Division of Physical Therapy is to prepare students to achieve educational outcomes required for initial practice of the profession of physical therapy in the five roles of the PT: clinician, administrator, educator, researcher, and consultant.

Specific student goals inherent in the overall goal include:

- Professional behaviors: The student will demonstrate attributes, characteristics, and professional behaviors that are consistent with entry-level practice.
- Clinical Competence for Patient Care: The student will develop the knowledge, skills, attitudes, and behaviors necessary for the ethical, competent, and autonomous practice of physical therapy.
- Administration: The student will demonstrate entry-level skills in supervision, management, and the promotion of the profession of physical therapy.
- Consultation/Education and Research: The student will function as a contributing member of an integrated health care team through provision of consultation and education as well as practice in an evidence-based manner.
- Professional Development: The student will accept responsibility for identifying and meeting the changing health care needs of society through ongoing service to the profession and commitment to life-long learning.

2. STUDENT OUTCOMES

Upon completion of the program, student will gain the following outcomes pertaining to the curricular goals:

A) PROFESSIONAL BEHAVIORS:

- Demonstrate professional behaviors at the beginning level during year one, intermediate level during year two, and entry-level during year three, which would then prepare them for post entry-level professional behaviors (see [Professional Behaviors Criteria](#)).

B) CLINICAL COMPETENCE FOR PATIENT CARE:

- Develop a client specific evaluation; establish a physical therapy diagnosis, set up a safe and effective treatment plan, and monitor/re-evaluate effectiveness.
- Perform evaluative and treatment procedures in a safe, accurate, and effective manner.
- Provide a logical rationale for all clinical decisions based on knowledge of basic behavioral and social sciences and principles of evidence-based practice.
- Articulate when to refer to another practitioner based upon intake history and/or physical examination results.
- Demonstrate skills that minimize the potential negative impact of socio-cultural differences (e.g. socioeconomic status, family and community structure and function, race, creed, color, gender, sexual orientation, or disability/health status) on access to health care services as well as needs, attitudes, beliefs, and practices relative to health care.

C) ADMINISTRATION:

- Demonstrate entry-level performance in direction and supervision of personnel to meet patient goals and expected outcomes according to legal standards and ethical guidelines.
- Participate in the financial management of the physical therapy service consistent with regulatory, legal, and facility guidelines.
- Demonstrate promotion of the physical therapy profession.

D) CONSULTATION, EDUCATION, AND RESEARCH:

- Determine with each patient encounter the patient's need for further examination or consultation by a physical therapist or referral to another health care professional.
- Educate others using relevant and effective teaching methods.
- Demonstrate the ability to access and utilize information from multiple data sources to make clinical decisions, and to critically evaluate published peer reviewed articles relevant to physical therapy and apply them to clinical practice.
- Establish effective interdisciplinary communication.

E) PROFESSIONAL DEVELOPMENT:

- Participate in self-assessment to improve clinical and professional performance.
- Seek out additional learning experiences to enhance clinical and professional performance.
- Participate in professional activities beyond the practice environment.

3. GRADUATE OUTCOMES

A) PROFESSIONALISM:

The graduate will demonstrate attributes, characteristics, and professional behaviors (the graduate values ongoing professional growth and complies with ethical and legal practice) that are consistent with entry-level practice.

- **Ethical Practice:** Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.
- **Legal Practice:** Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- **Professional Growth:** Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.
- **Professional Advocacy:** Participates in the professional advocacy of the profession to policymakers, other health professionals, and the public.

B) INTERPERSONAL:

The student will possess the knowledge, skills, attitudes, and behaviors necessary to provide competent, autonomous practice of physical therapy.

- **Communication:** Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as

appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.

- **Inclusivity:** Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).

C) TECHNICAL & PROCEDURAL:

The graduate performs the cognitive, affective, and psychomotor skills necessary for entry level practice. These include activities related to clinical reasoning; examination, evaluation, and diagnosis; plan of care and case management; and interventions and education.

- **Clinical Reasoning:** Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).
- **Exam, Evaluation & Diagnosis:** Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.
- **Plan of Care & Case Management:** Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.
- **Interventions and Education:** Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.

D) ADMINISTRATION:

The graduate will perform entry-level skills in supervision, regulatory and fiscal management.

- **Documentation:** Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions

used, and communication among providers; maintains organization of patient/client documentation.

- **Financial Management and Fiscal Responsibility:** Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.
- **Guiding and Coordinating Support Staff:** The graduate will perform and coordinate interprofessional care, including the delegation of tasks, and determine the need for additional services for the patient.

E) **OVERALL READINESS FOR PRACTICE:**

Overall the graduate will rate themselves as prepared for practice at the entry level.

F. **DIVISION ORGANIZATIONAL STRUCTURE**

The Division is led by the Division Chief. There are multiple Faculty Directors that function in administrative roles. These Directors have autonomy in their work with oversight by the Division Chief. Questions concerning content covered by the Director can be asked directly to the Director. The Director in turn will include the Division Chief as needed.

Staff members are present to support the Division, the Faculty, and the Students. Questions related to program operations and procedures, including student services and clinical support, can be directed to the appropriate staff members.

G. FACULTY & STAFF

Faculty:

Contact

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Sue Queen, PT, PhD Associate Professor Emeritus	
James “Bone” Dexter, PT, MA Lecturer II Emeritus	
Fred Carey, PT PhD Associate Professor Emeritus	
Kathy Dieruf, PT, PhD, NCS Associate Professor Emeritus	
Ron Andrews, PT, PhD, OCS Associate Professor Emeritus	
Burke Gurney, PT, PhD, OCS Professor Emeritus	
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Shelby Deyapp Academic Coordinator	505.272.5479, HSSB 204 SKDeyapp@salud.unm.edu

H. EMERGENCY CONTACT INFORMATION

Students should give out the following phone numbers in the event they need to be contacted due to an emergency.

The numbers within the Division of Physical Therapy:
Main office line: 505-272-5479

However, if they are on the phone or away from their desks you may get their voice mail. If this is truly an emergency, you should try the following numbers to reach someone who can find you:

Crystal Krabbenhoft 505-272-6971
(Operations Manager)
Beth Moody Jones 505-272 6850 / 505-280-2354 cell
(Chief, Division of Physical Therapy)

II. CURRICULUM

A. CURRICULUM ORGANIZATION

The scope and direction of the curriculum is under the direction of the Division Chief with shared responsibility of the faculty through the curricular committee. Therefore, although faculty members are responsible for the manner in which their courses are conducted, the entire faculty oversees and periodically reviews all courses and clinical experiences within the curriculum. The curriculum is centered on a **spiral approach** with certain threads that are woven throughout the 2.25 years of didactic work. “A spiral curriculum can be defined as a course of study in which learners will see the same topics throughout their school career, with each encounter increasing in complexity and reinforcing previous learning”.**

The primary threads are as follows:

- Diversity, Equity, & Inclusion
- Documentation
- Evidence Based Practice
- Gait
- Motor Control
- Motor Learning
- Pain
- Pharmacological Management
- Professionalism
- Teaching & Learning
- Therapeutic Exercise
- Vestibular

**<https://study.com/academy/lesson/spiral-curriculum-definition-example.html>

B. FACULTY RESPONSIBILITIES

Although teaching is the primary focus of the faculty and takes a significant portion of time, each faculty member has other major responsibilities of which students need to be aware. The Division of Physical Therapy in the Department of Orthopaedics and Rehabilitation reviews the faculty's productivity in the following areas: teaching, scholarship, research, public service, professional development, patient service and academic responsibilities. Therefore, faculty members may be engaged in activities related to these topics, and may be unavailable to learners at certain times.

C. EVALUATING THE PROGRAM IN PHYSICAL THERAPY

The faculty of the Division of Physical Therapy are committed to having an effective, flexible curriculum—one that meets the needs of the profession, the program and the students. The curriculum, including course sequence and content, is based upon many factors such as CAPTE accreditation criteria, faculty experience, clinician/community feedback, and graduate and student feedback. Therefore, throughout the curriculum, students will be asked to participate in the process to assess the effectiveness of our curriculum, including individual courses and units including clinical education.

Individual course and instructor evaluations are a required activity for all courses within the DPT curriculum. An incomplete grade will be issued if the course evaluation is not completed and submitted by the deadline. These evaluations will be available online for a limited amount of time at the end of each semester or as designated by the course instructor. Evaluations must be completed during this open time to complete your course commitment.

Course evaluations are utilized in several ways here at UNM. Primarily they are reviewed by faculty and Student Success Committee members (after grade submission) to make changes to their course as they deem appropriate. Additionally, they are used as part of faculty annual reviews performed by the Division Chief or the Department Chair and are included in the dossier prepared and submitted to the School of Medicine by faculty for promotion and tenure decisions. Data from these evaluations are also often used in preparing reports to various higher individuals and committees within UNM or even in proposals to the State of New Mexico relative to educational quality, support and funding, as well as to CAPTE, our accreditation body.

Therefore, it is imperative that your feedback is given in a constructive and professional manner. This is not the forum for personal vents or comments. One should be able to give respectful, professional, and constructive written feedback in a manner no different from direct face-to-face communications.

Your opinion is important and is taken very seriously at many levels of the University and beyond. Please respond in a manner that is consistent with the uses and viewers of these evaluations. Please keep in mind, however, that major changes do not occur rapidly, such as changes in course sequence or course content, or addition of new courses; changes within a single course may, and often do, occur more quickly. If you have questions or comments regarding curriculum content and purpose, the faculty would be glad to discuss them with you.

1. FORMAL COMPLAINTS ABOUT PROGRAMS

CAPTE has a mechanism to consider formal complaints about physical therapy education programs (PT or PTA) that allege a program is not in compliance with one or more of CAPTE's Evaluative Criteria (for complaints about events occurring before Dec. 31, 2015) or the Standards and Required Elements (for complaints addressing events occurring Jan. 1, 2016, and thereafter) or has violated any of CAPTE's expectations related to academic integrity. CAPTE will consider two types of complaints: those that involve situations subject to formal institution/program due process policies and procedures and those that involve situations not subject to formal due process procedures:

If the complainant is involved with an institution/program grievance subject to formal due process and procedure, CAPTE requires that the process be completed prior to initiating CAPTE's formal complaint process, unless the complaint includes an allegation that the institution/program process has not been handled in a timely manner as defined in the institution/program policy, in which case CAPTE will consider the complaint prior to completion of the grievance process. Evidence of completion of the institutional process or of the untimely handling of such must be included in the complaint materials.

If the complaint is related to situations that fall outside of formal due process policies and procedures, the complaint may be filed at any time.

CAPTE will not consider complaints that fall outside its jurisdiction/authority as expressed in the Evaluative Criteria (or Standards and Elements, as appropriate) and the academic integrity statements. When appropriate, complainants will be referred to other organizations to pursue their concern(s).

CAPTE will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, retention, appointment, promotion, or dismissal. CAPTE will act only when it believes practices or conditions indicate the program may not be in compliance with the Evaluative Criteria for Accreditation (or the Standards and Required Elements, as appropriate) or the statements listed above.

In order for CAPTE to consider a formal complaint, several conditions must be met:

The complaint must be specifically linked to the relevant Evaluative Criteria (or Standards and Elements, as appropriate) (PT or PTA) or to the integrity statements.

The complainant must have exhausted all remedies available through the institution, if appropriate.

The complaint must be submitted in writing, using the format prescribed by CAPTE, and must be signed by the complainant.

The event(s) being complained about must have occurred at least in part within three years of the date the complaint is filed.

In reviewing and acting on a complaint, CAPTE cannot and does not function as an arbiter between the complaint and the institution. Should CAPTE find that a complaint has merit and that the program is out of compliance with the Evaluative Criteria (or the Standards and Elements, as appropriate) or the integrity statement(s), CAPTE can only require the program to come into compliance with the Evaluative Criteria (or the Standards and Elements, as appropriate). CAPTE cannot force a program into any specific resolution of the situation that resulted in the complaint.

To obtain the materials necessary for submitting a complaint, contact the APTA Accreditation Department at 703-706-3245 or accreditation@apta.org.

Complaints will ordinarily be reviewed at the next regularly scheduled CAPTE meeting. In order for the process to be completed in time for considered review by CAPTE, complaints must be received no later than 90 days prior to a meeting. At its discretion, CAPTE may choose to consider complaints between its regularly scheduled meetings. Ordinarily, such consideration will occur only when delay in consideration of the complaint could have a serious adverse effect on either the complainant or the institution.

<https://www.capteonline.org/Complaints/>

D. COURSE ORGANIZATION

In view of the diversity of courses and the types of material covered in the courses offered within the Division, instructors have developed rules and procedures specific to each course. Course purposes and description, grading procedures, objectives and schedule are described in the syllabi. Any questions regarding course organization, expectations, grading, assignments, etc. should be directed to the course instructors first, and then if concerns persist, learners should discuss these with the Division Chief.

E. CLINICAL EDUCATION CURRICULUM

Progressing to the clinical education environment is a privilege that a student earns by demonstrating proficiency with all knowledge, hands-on skills, and professional behaviors. The UNM Division of Physical Therapy holds the responsibility of protecting the public when allowing a learner into the clinical education setting. In this manner, the faculty are charged with routinely testing and assessing learners' attainment of the necessary knowledge, skills, and behaviors. The UNM Division of Physical Therapy reserves the right to withhold a student from entering into the clinical education setting at any point in the curriculum if the learner is deemed to have not attained the necessary knowledge, skills, or behaviors within the didactic curriculum. Students must understand that their own perceptions of "doing fine in the clinic" are not sufficient grounds to allow access to the clinical environment, and that all learners are charged with proving, within the didactic curriculum, that they are ready, prepared, and safe to enter the clinical setting.

1. COGNITIVE

Level 1 – Knowledge/Comprehension

[Remembering by recognition or recall: facts, ideas, material or phenomena. Understanding the literal message contained in a communication by: translation, interpretation, or extrapolation.]

Level 2 – Application

[Selecting and using technical principles, ideas or theories in a problem-solving situation.]

Level 3 – Analysis/Synthesis/Evaluation

[Breaking down material into constituent parts and relating how the parts are organized. Putting together elements and parts to form a whole that constitutes a new structure or pattern. Making qualitative and quantitative judgments in terms of meeting criteria.]

2. PSYCHOMOTOR

Level 1 – Perception/Set/Guided Response

[Being aware of objects, qualities, or relations through the senses; selecting relevant cues, and relating the cues to motor acts. Being ready for response through mental, physical and/or emotional set. Imitating the performance of another person and/or repeating performance until correct (trial and error).]

Level 2 – Mechanism/Complex Overt Response

[Responding to the demands of a situation with confidence and a degree of proficiency. Performing without hesitating and with coordinated muscle control.]

Level 3 – Adaptation/Origination

[Altering basic motor responses to respond to demands of new situations. Creating new motor acts or ways of manipulating materials.]

3. AFFECTIVE

Level 1 – Receiving/Responding

[Being aware of phenomena and stimuli and willing to control and direct attention. Complying with a suggestion, being willing to respond, and responding with satisfaction.]

Level 2 – Valuing

[Conceptualizing a value. Accepting a value as a belief, preferring the value, and pursuing the value.]

Level 3 – Organizing/Characterizing

[Organizing a value system into an ordered relationship. Characterizing an internally consistent value system. Acting with consistency in accordance with values that are integrated into a total philosophy or worldview.]

1. YEAR ONE COURSES

A) SEMESTER 1 (18 CREDITS)

505. Foundations (3)

This course addresses foundations for patient care that will be further developed in subsequent courses. It is divided into three sections, Basic Science (first 4 weeks), Professionalism (weeks 3), Clinical Practice (3 weeks). Content includes principles of exercise physiology, documentation, professionalism, ethics, kinesiology, pathology, pharmacology, imaging, learning styles, mind/body, and therapeutic interventions.

506L. Musculoskeletal Intervention I (2)

This course addresses foundations of musculoskeletal interventions with a focus on the patient with orthopaedic related conditions. The course integrates concepts from anatomy, musculoskeletal examination/evaluation, and evidence-based physical therapy practice to inform the student in prioritizing and progressing interventions for best patient outcomes. Included will be clinically focused therapeutic exercise concepts and biophysical agents. Body regions covered include the lumbosacral spine and the hip/sacroiliac joints. Physical agents will include lumbar traction, transcutaneous electrical nerve stimulation (TENS), interferential currents (IFC), superficial thermal modalities and iontophoresis.

507L. Musculoskeletal Concepts & Management I (4)

This course introduces orthopedic physical therapy of the lumbar spine, hip, and knee and serves as a foundation course for the remainder of the curriculum. The course will enable the student to interview and evaluate a patient to determine the underlying neuromusculoskeletal basis for dysfunction and presenting signs and symptoms. The data collected in the interview and evaluation will guide the student in a decision on treatment serve as a basis for treatment planning. This course will focus on the philosophy, process, and techniques of patient examination and evaluation. Included will be patient interview, systems review, differential diagnosis, and neuromuscular assessment. As part of the assessment, screening, palpation, range of motion, manual muscle testing, and special tests will all be included. Building upon the assessment, treatment techniques will be taught with a focus on manual therapy interventions.

521L. Human Anatomy I (4)

This course will involve dissection and study of the human body. Lecture material will highlight the nervous system, cardiac and pulmonary systems and the peritoneal cavity; osteology of the spinal column, thorax, pelvis and lower extremity; the vascular system and the muscular system of the trunk and lower extremities.

534. Evidence Based Physical Therapy I (2)

This course will teach the principles of evidence based physical therapy practice in patient/client management from the initial clinical question to the analysis of the targeted research. The course will teach the student how to recognize quality in research, increasing the student's understanding of and confidence in their interpretation of the research. Students will learn how to critically appraise research, how to find answers to specific foreground questions, and how to interpret statistical data presented within all types of research. Initiation of "mini capstone" process that will complete in EBPT2.

632. Evidence Based Physical Therapy II (2)

This course builds on EBPT 1 and expands the critical analysis process to various types of study designs. Critical review of professional literature and determination of the relevance and applicability of research findings to specific patients are introduced with the goal of promoting evidence-based physical therapy practice. Students will learn how to calculate and interpret common statistics in epidemiological and physical therapy research. The ability to analyze the quality of a research article and provide a narrative summary of the analysis will be an integral requirement for your capstone project. Therefore, article analysis of interventional research and systematic reviews based on your PICO question from EBPT1 is emphasized. Completion of a “mini capstone” will be an important aspect of this class. Concepts from EBPT will be included in other courses as you move forward in the program.

693. Integrated Clinical Experience (ICE) (1)

This course involves part-time, team-based clinic and mini clinics. Student’ roles may include taking histories, collecting objective data, determining problem list and related diagnosis, designing treatment plans, providing patient education, prescribing exercises and producing documentation.

641. Clinical Spanish in PT (0)

This course goes over health disparities related to language discordant care and best practices for working with a medical interpreter. This course will offer an overview of basic anatomy, basic medical vocabulary, grammar and conversation with an emphasis on verb tenses most necessary for communication with Spanish speaking patients. Grammar will include verb conjugation into the imperative and present tense. The expectation is not for students to develop Spanish fluency, but rather a basis of language skills that allows the student to communicate in accordance with their skill level, and as appropriate with the help of an interpreter. Students will develop an understanding how to safely work with patients who have limited English proficiency.

693. Integrated Clinical Experience (ICE) (1)

This course involves part-time, team-based clinical experiences. Students’ roles may include taking histories, collecting objective data, determining problem list and related diagnosis, designing and implementing treatment plans, providing patient education, prescribing exercises and producing documentation.

B) SEMESTER 2 (18 CREDITS)

508L. Musculoskeletal Concepts & Management II (5)

This course introduces orthopedic physical therapy of ankle, foot, cervical spine, TMJ, shoulder, elbow, wrist, and hand, and serves as a foundation course for the remainder of the curriculum. The course will enable the student to interview and evaluate a patient to determine the underlying neuromusculoskeletal basis for dysfunction and presenting signs and symptoms. The data collected in the interview and evaluation will guide the student in a decision on treatment serve as a basis for treatment planning. This course is a continuation of Musculoskeletal Concepts and Management I and will focus on the philosophy, process, and techniques of patient examination and evaluation. Included will be patient interview, systems review, differential diagnosis, and neuromuscular assessment. As part of the assessment, screening, palpation, range of motion, manual muscle testing, and special tests will all be included. Building upon the assessment, treatment techniques will be taught with a focus on manual therapy interventions.

509L. Musculoskeletal Intervention II (3)

This course builds on PT 506L and continues to address foundations of musculoskeletal interventions with a focus on the patient with orthopaedic related conditions. The course integrates concepts from anatomy, musculoskeletal examination/evaluation, and evidence-based physical therapy practice to inform the student in prioritizing and progressing

interventions for best patient outcomes. Included will be clinically focused therapeutic exercise concepts and physical agents for the following regions: Knee/ankle/foot, cervical/thoracic spine, shoulder, and elbow/wrist/hand. Physical agents will include neuromuscular stimulation (NMES) cervical traction, pressure biofeedback, EMG clinical biofeedback, and ultrasound. Students will also be introduced to foot-orthotic fabrication

512. Professional Patient Management (1)

The purpose of this course is to gain practice with effective communication techniques prior to the first clinical education experience.

522L. Human Anatomy II (4)

This course will involve dissection and study of the human body. Lecture material will highlight the nervous system including the cranial nerves; osteology of the upper extremity, cranium, spinal column; the vascular system and the muscular system of the upper extremities, head and neck.

546. Pharmacology in Physical Therapy (1)

The purpose of this course is to provide content relevant to the pharmacological management of common human medical disorders. It is essential that a physical therapist be able to make appropriate treatment versus referral decisions with each patient evaluation because of increased responsibility in health management. A component of that is evaluation of the medications your patient is taking, consideration of whether medication side effects may contribute to the symptoms you observe and knowledge of side effects that impact rehabilitation treatments. Therefore, pharmacological treatment and medication side effects will be addressed, including potential interactions between pharmacological agents and physical therapy practice. Medications will be discussed congruent with the respective physiological system.

613. Cardiovascular & Pulmonary Physical Therapy I (3)

This course gives an overview of normal cardiovascular and pulmonary function, cardiovascular and pulmonary-related pathologies, examination and evaluation procedures, diagnostic procedures, and differential diagnosis. Successful completion of the course requires the ability to integrate and synthesize information from this course in the setting of various cardiovascular and pulmonary diagnoses.

641. Clinical Spanish in PT (0)

This course goes over health disparities related to language discordant care and best practices for working with a medical interpreter. This course will offer an overview of basic anatomy, basic medical vocabulary, grammar and conversation with an emphasis on verb tenses most necessary for communication with Spanish speaking patients. Grammar will include verb conjugation into the imperative and present tense. The expectation is not for students to develop Spanish fluency, but rather a basis of language skills that allows the student to communicate in accordance with their skill level, and as appropriate with the help of an interpreter. Students will develop an understanding how to safely work with patients who have limited English proficiency.

693. Integrated Clinical Experience (ICE) (1)

This course involves part-time, team-based clinical experiences. Students' roles may include taking histories, collecting objective data, determining problem list and related diagnosis, designing and implementing treatment plans, providing patient education, prescribing exercises and producing documentation.

2. YEAR TWO COURSES

A) SEMESTER THREE (8 CREDITS)

511. Clinical Education Experience I (6)

This course consists of one six-week full-time clinical experience. The purpose of this course is to provide the student with an opportunity to participate in systems review, examination, evaluation, formulation, implementation and modification of a plan of care, and documentation for patients/clients in an outpatient orthopedic setting.

691 Capstone I (2)

This course is the academic home for a set of comprehensive evidence-based practice seminars and microlearning sessions that focus on skills needed to find and critically appraise research to answer a clinical question. Through small and large group seminars and microlearning sessions, students will learn how to search for and select high quality evidence.

B) SEMESTER FOUR (17 CREDITS)

550. Pathophysiology (2)

Physical therapists are entering an era of autonomous practice. It is essential that a physical therapist be able to make appropriate treatment versus referral decisions with each patient evaluation. Recognizing the signs and symptoms of diseases and understanding how disease may impact physical therapy outcomes is paramount. This course will provide an overview of the pathophysiology and clinical presentation of common disease entities that affect the human body. Although the scope of this course is broad, the emphasis is on disease processes that are most likely to have manifestations that affect function or mimic neuromusculoskeletal disorders. The students' appreciation and understanding of underlying disease processes is critical to knowledgeable management of the physical therapy patient. The disease processes considered in this course include diseases within the following broad categories: gastrointestinal, renal, urologic, biliary, oncologic, immunologic, hematologic, and hepatic.

609L. Management of Neurologic Dysfunction I (4)

This course introduces the student to neuroscience, neuroanatomy, and neuropathology and illustrates their correlations with clinical practice. The student will learn cognitive, observational, and psychomotor skills necessary to examine and manage adults with neurologic dysfunction. Principles of neurologic examination and evaluation, including a neurologic screen, neurologic tests and outcome measures, will be introduced. Case studies will be presented throughout the course to highlight neurologic pathology for integration of neuroanatomy with clinical relevance specific to the practice of physical therapy and neurologic differential diagnosis.

606L. Management of Neurologic Dysfunction II (4)

This course applies the concepts of neuroscience and neuropathology and illustrates the correlations with clinical practice. The student will learn cognitive, observational, and psychomotor skills necessary to examine and manage adults with neurologic dysfunction with an emphasis on patients with stroke, Parkinson's disease, and cerebellar dysfunction. Concepts related to motor learning and skill acquisition will be reviewed and applied. Contemporary motor control theories will be presented. A task-oriented approach to examination and intervention will be applied to patient cases. Neurologic mechanisms of normal and impaired posture, mobility, and upper extremity function will be presented. Principles of neurologic examination, including neurologic tests and measures, movement analysis of tasks, and outcome measures, will be introduced. Case studies will highlight selected neurologic conditions for integration of the foundational science with clinical relevance specific to the practice of physical therapy.

641. Clinical Spanish in PT (0)

This course goes over health disparities related to language discordant care and best practices for working with a medical interpreter. This course will offer an overview of basic anatomy, basic medical vocabulary, grammar and conversation with an emphasis on verb tenses most necessary for communication with Spanish speaking patients. Grammar will include verb conjugation into the imperative and present tense. The expectation is not for students to develop Spanish fluency, but rather a basis of language skills that allows the student to communicate in accordance with their skill level, and as appropriate with the help of an interpreter. Students will develop an understanding how to safely work with patients who have limited English proficiency.

662L. Pediatrics in PT (4)

This course is an introduction to current models of physical therapy assessment and intervention for typically developing children and children with selected medical conditions that affect normal growth and development during infancy, childhood, and adolescence. Principles of pediatric examination, evaluation, and common test and measures will be introduced. The course facilitates problem-based learning through case studies focused on physical therapy management of the pediatric client, including interventions, to promote health, function, and fitness. The course prepares students to provide direct and consultative services using a family-centered approach within a range of settings.

680. Administration and Supervision (2)

The purpose of this course is to expose students to basic administrative concepts involved in safe physical therapy practice. This course will prepare students to practice in an increasingly complex health care delivery system. Emphasis includes supervision of personnel, adherence to regulatory standards and compliance with legal requirements, reimbursement and billing, litigation, and ethics related to service delivery.

693. Integrated Clinical Experience (ICE) (1)

This course involves part-time, team-based clinical experiences. Students' roles may include taking histories, collecting objective data, determining problem list and related diagnosis, designing and implementing treatment plans, providing patient education, prescribing exercises and producing documentation.

C SEMESTER FIVE (18 CREDITS)

513. Management of Integumentary Dysfunction (2)

This course is designed to provide information and experiences to enable the student to become comfortable assessing the integumentary system, including chart review, comprehensive evaluation of burns and wounds, documentation of objective findings, prognostication as it relates to the healing process, establishing goals and plans of care specific to the integumentary system and underlying soft tissue, implementation of skilled therapeutic interventions to facilitate wound healing and optimize functional outcomes, contracture prevention, scar management, and discharge planning.

546. Pharmacology in PT (1)

The purpose of this course is to provide content relevant to pharmacological management of common human medical disorders. How medications exert their therapeutic effect and the impact of medication side effects on PT treatment plans and/or outcomes will be addressed. Pharmacological content areas will be presented over 5 semesters in association the seven following courses: PT505 Foundations; PT508L Musculoskeletal Concepts & Management II; PT650 Pain & Differential Diagnosis; PT609L, PT606L, PT605L, & PT608L Management of Neurological Dysfunction I-IV; PT610 Acute Care, and PT670 Gerontology.

605L. Management of Neurologic Dysfunction IV (4)

The student will learn cognitive, observational, and psychomotor skills necessary to examine and manage patients with neurologic dysfunction with an emphasis on adults with neuro-degenerative diseases. Management of neuro-degenerative diseases including multiple sclerosis (MS), Guillain-Barré syndrome (GBS), Post-polio syndrome (PPS), amyotrophic lateral sclerosis (ALS), Parkinson's disease (PD), and Cerebellar Dysfunction (CD) will be addressed. Examination and treatment of vestibular disorders is included. Content related to wheelchair seating and positioning and orthoses for these diagnoses, and electrodiagnostics is covered. There is an emphasis on neurologic practice fundamentals and an interdisciplinary team approach.

608L. Management of Neurologic Dysfunction III (4)

The student will learn cognitive, observational, and psychomotor skills necessary to examine and manage patients with neurologic dysfunction with an emphasis on adults with spinal cord injury, stroke, and traumatic brain injury. Content related to wheelchair seating and positioning and orthoses for these diagnoses is covered. There is an emphasis on neurologic practice fundamentals and an interdisciplinary team approach.

641. Clinical Spanish in PT (1)

This course goes over health disparities related to language discordant care and best practices for working with a medical interpreter. This course will offer an overview of basic anatomy, basic medical vocabulary, grammar and conversation with an emphasis on verb tenses most necessary for communication with Spanish speaking patients. Grammar will include verb conjugation into the imperative and present tense. The expectation is not for students to develop Spanish fluency, but rather a basis of language skills that allows the student to communicate in accordance with their skill level, and as appropriate with the help of an interpreter. Students will develop an understanding how to safely work with patients who have limited English proficiency.

655. Cardiovascular & Pulmonary Physical Therapy II (2)

This course seeks to expand upon pre-requisite physical therapy examination and evaluation knowledge related to clients with cardiovascular and/or pulmonary dysfunction, either as a primary problem or co-morbidity. Students in this course will gain competency in developing and implementing cardiovascular and pulmonary focused treatments as well as effectively providing physical therapy prognosis given a patient presentation. This course provides fundamental concepts necessary to prescribe physical therapy interventions in this population while the laboratory portion focuses on the hands-on, psychomotor skills necessary to implement interventions in this area of physical therapy practice.

670. Gerontology (3)

This course emphasizes the complexity of the aging process and will include an in-depth study of issues unique to evaluating and treating the diverse older population. To effectively care for older adults, and achieve optimal outcomes, DPT students will understand the complexity of physical, psychosocial, and environmental issues affecting this population's health and well-being. Students will learn how to efficiently evaluate the potentially complex internal and external factors of older adults, plan and coordinate care across the case spectrum, support caregivers, and understand health care systems available to older adults for health promotion/safety including local and national resources. Specific topics include ageism, age-related changes of the musculoskeletal, neuromuscular, integumentary, and cardiopulmonary systems, evaluation and treatment of common age-associated conditions and incorporating an interprofessional approach for the best care of older adults.

693 Integrated Clinical Experience (ICE) (1)

This course involves part-time, team-based clinical experiences. Students' roles may include taking histories, collecting objective data, determining problem list and related diagnosis, designing and implementing treatment plans, providing patient education, prescribing exercises and producing documentation.

3. YEAR THREE COURSES

A) SEMESTER SIX (9 CREDITS)

610. Acute Care (3)

This course is designed to provide information and experiences to enable students to become comfortable in an acute care setting. The unit will cover instruction in general acute care including equipment, lab values, chart review, evaluation, treatment planning, goal setting, discharge planning and documentation, specifically as these skills are unique to the acute care setting. Communication skills include active listening, and dealing with difficult patient/client interactions. Experiential lab sessions include patient simulations and self-assessment components.

622. Biopsychosocial Practice (3)

The course primarily focuses on cultural, social, and psychological aspects of healthcare. The aims of this course are to build processes of cultural competence and cultural humility, demonstrate how historical events in the US have led to health inequity and disparities, and prepare students for dignified, respectful, sensitive patient management in physical therapy practice. Through self-reflection and analysis, students will examine their own perspectives, values, biases, and backgrounds to consider how these could impact their role in healthcare as an administrator, employer, and provider. Psychosocial content will include mental health conditions, socio-economic issues, grief, death and dying, and coping. Specific identities possibly addressed in this course will include age, disability, gender, sexual orientation, disability, religion, race, and ethnicity.

691. Capstone II (3)

This course expands upon skills learned in capstone 1 and meets intermittently through the 2nd year fall, spring, and summer. Through small and large group seminars and microlearning sessions students will learn how to critically evaluate available evidence in order to write a concise 3-5-page paper on a clinical topic. Students will learn how to give a platform presentation, create a poster, give a poster presentation, and create a visual aid to represent their findings.

B) SEMESTER SEVEN (18 CREDITS)

580. Prosthetics in PT (1)

This course provides the students with information, knowledge and experience in the therapeutic area of prosthetics and amputee management. Etiology and pathology as well as medical and therapeutic interventions across the continuum of care are included.

611. Clinical Education Experience II (6)

This course consists of one nine-week full-time clinical education experience. The purpose of this course is to provide the student with an opportunity to participate in screening, systems review, examination, evaluation, formulation, implementation and modification of a plan of care, discharge procedures, scheduling, coordination of patient care activities, supervision of support personnel, and documentation for patients/clients. Students are expected to apply skills acquired during didactic course work, with an emphasis on developing proficiency with the clinical reasoning and clinical skills necessary to work with complex patients.

624. Specialty Topics in Neurological PT (1)

This course will look at advanced neurological physical therapy topics primarily focused on the vestibular system including extension into concussion management and EMG studies and interpretation. The student will be working towards independent evaluation of patients with advanced diagnosis including vestibular diagnoses and post-concussion syndrome from a position driven evaluation with gestalt reasoning to determine the relevant areas of the evaluation that must be completed based on the history and what presents through the evaluation.

630. Special Topics in Biomechanics, Gait & Movement Analysis (1)

This course will introduce fundamental biomechanics utilized in physical therapy practice. The primary emphasis is to obtain clinical decision-making skills to evaluate human movements related to the mechanical properties of motion at a joint, as well as forces and muscle actions. This course will provide students with various lab activities utilizing a 3D motion capture system and other assessment tools (e.g., force platforms, pressure mapping and electromyography) as well as low-cost motion capture options.

640. Gender Health (2)

The purpose of this course is to enhance the students' knowledge of physical therapy evaluation, goal setting and treatments related to the following conditions: pelvic health/pelvic floor dysfunction (e.g. incontinence, pelvic pain, pelvic organ prolapse, prostate health); bowel, bladder and sexual function in the patient with neurologic dysfunction; perinatal health (e.g. pregnancy, intrapartum & postpartum care); transgender and sexual health; intimate partner violence and strategies for working with survivors of abuse.

650. Pain & Differential Diagnosis (3)

This course will address key reasoning process that underlie effective differential diagnosis. This course will build on examination and evaluations skills and integrate this with knowledge of pathology and pathogenesis in clinical populations. In this course you will learn to effectively screen patients for appropriateness of care (in an outpatient PT setting) and what referral and documentation steps must be taken if a patient is deemed inappropriate. Additionally, this course will also provide a basic overview of pain science, assessment and treatment of complex pain conditions.

660. Health, Wellness and Fitness (1)

The purpose of this course is to prepare students to incorporate prevention practice and health, wellness, and fitness promotion into their own lives and into the lives of their patients. In the *APTA Guide to PT Practice*, the role of physical therapists includes restoring, maintaining, and promoting not only optimal physical function, but also wellness, fitness, and quality of life in relation to movement and health. This course will maximize the student's understanding of health, wellness, and fitness as it relates to their future clients and patients.

685. Advanced Musculoskeletal Concepts (3)

This course will look at orthopaedic physical therapy of primarily the spine, with extension to the upper and lower extremity. The student will be exposed to the history of, theories behind and a limited scope of the skill of dry needling. The emphasis of the course will be on diagnostic evaluation and treatment using multiple approaches (Nordic, Cyriax, Australian, Paris, Greenman, Functional mobilization, Maitland). Treatment techniques covered will include an introduction to functional dry needling, mobilization, muscle energy and thrust, as well as therapeutic exercise as it relates to mechanical spinal, upper quarter, and lower quarter pain. As a clinical class, much time will be spent on problem solving real life clinical problems by using volunteer patients.

C) SEMESTER EIGHT (14 CREDITS)

652. Clinical Education Experience III (6)

This course consists of one nine-week full-time clinical education. The purpose of this course is to provide the student with an opportunity to participate in screening, systems review, examination, evaluation, formulation, implementation and modification of a plan of care, discharge procedures, scheduling, coordination of patient care activities, supervision of support personnel, and documentation for patients/clients.

653. Core Values in Physical Therapy (1)

The purpose of the course is for the students to actively involve themselves in volunteer opportunities, advocacy, and/or leadership roles in relation to the physical therapy profession. These experiences serve to augment the clinical application of skill and knowledge, while facilitating communication, shared values, professionalism, leadership, meaningful and relevant community service, trustworthiness, reciprocal growth, and empowerment for all parties involved. This course provides learning experiences in real-world situations that allow for growth and development of skills used in clinical practice to include areas related to: professionalism, social responsibility, compassion and caring, cultural competence, altruism, civic duty, advocacy, health promotion, community partnership, rural community interaction, and interdisciplinary skill development and communication. These experiences must be *outside* of courses and classes. A minimum of one experience and a minimum of 16 hours is required for course completion

654. Clinical Education Experience IV (6)

This course consists of one nine-week full-time clinical education experience. The purpose of this course is to provide the student with an opportunity to participate in screening, systems review, examination, evaluation, formulation, implementation and modification of a plan of care, discharge procedures, scheduling, coordination of patient care activities, supervision of support personnel, and documentation for patients/clients.

692. Board Preparation (1)

The purpose of this course is to prepare the students for successful completion of the NPTE (National Physical Therapy Exam). Prerequisites include passing STEP 1 and STEP 2 examinations given after the completion of the first year of didactic and second year didactic classes within the curriculum respectively. This course includes a two-day preparatory course focused on strategies for answering challenging multiple-choice questions. There is a practice examination (PEAT) given that the students must pass to complete this course. In order to be awarded the chance to sit for the NPTE in April, the student must have completed the following:

- Passed STEP 1 and STEP 2
- Passed the PEAT with greater than 70%
- No concerns in the final two clinical education experiences
- Not on provisional probation or probation

J. CLINICAL EDUCATION CURRICULUM

The clinical education curriculum in the UNM DPT program includes 30-36 weeks of full-time clinical education experiences, 15-30 days of half-day 'mini clinic' experiences across various settings, and integrated clinical experiences via REACH learning lab.

1. CLINICAL EDUCATION COURSES:

PT 511 – Clinical Education Experience I
PT 611 - Clinical Education Experience II
PT 652 - Clinical Education Experience III
PT 654 - Clinical Education Experience IV
PT 693 – Integrated Clinical Experience (ICE)

2. TIMING OF CLINICAL EDUCATION CURRICULUM:

Year 1:

- REACH lab (fall break through spring semester)
- Mini Clinics in outpatient orthopedic setting (spring semester)

Year 2:

- PT511 Clinical Education Experience I: 40hr/wk in outpatient orthopedic setting (summer semester)
- REACH lab (fall and spring semesters)
- Mini Clinics in pediatric, neurological, and geriatric settings (fall and spring semesters)

Year 3:

- Mini Clinics in acute care setting as able (summer semester)
- PT611 Clinical Education Experience II: 40hr/wk (fall semester)
- PT652 Clinical Education Experience III: 40hr/wk (spring semester)
- PT654 Clinical Education Experience IV: 40hr/wk (spring semester)

Students are expected to complete their clinical education experiences according to the curricular schedule. Students are expected to attend ALL dates of the clinical education experience. Any special arrangements regarding predetermined conflicts must be discussed with the DCE and all policies in this Handbook regarding Absences must be followed.

3. CLINICAL EDUCATION ABBREVIATIONS AND DEFINITIONS:

CEE: Clinical Education Experience – A course that occurs in the clinical setting.

CEAC: Clinical Education Academic Coordinator – The UNM DPT staff member that provides administrative assistance for the clinical education curriculum; this includes coordinating and ensuring student clearance processes.

CI: Clinical Instructor – The PT designated as preceptor and legally responsible party when a student is working with a patient. CIs in physical therapy are unpaid, are not required to undergo formal training, and do not hold a faculty appointment.

CPI: Clinical Performance Instrument – An assessment tool utilized during full-time clinical education experiences.

DCE: Director of Clinical Education – The UNM DPT faculty member that coordinates and oversees the clinical education courses within the curriculum.

SCCE: Site Coordinator of Clinical Education – The person at the clinical site that determines how many and which students to accept at the site; the primary point of contact for the DCE.

4. REQUIREMENTS FOR PARTICIPATION IN FULL-TIME CLINICAL EDUCATION EXPERIENCES

Progressing into the clinical environment is a privilege that is earned when a learner demonstrates sufficient mastery of DPT curricular content and knowledge, hands-on skills, and professional behaviors. Students must be in academic good standing within the physical therapy program in order to participate in clinical education experiences. This includes successfully completing all prior coursework and clinical education experiences per the Student Policy & Procedure Handbook to meet criteria for progression in the program.

Each learner will self-assess their own Professional Behaviors prior to the first and final full-time clinical education experiences. They will then participate in a one-on-one meeting with their advisor to discuss their academic and professional behaviors performance. The purposes of this meeting are to determine professional readiness and to develop customized recommendations and strategies to facilitate clinical success. Students are expected to perform at least at the Beginning level of the Professional Behaviors prior to the first full-time clinical education experience. They are expected to demonstrate Entry-level Professional Behaviors prior to the final full-time clinical education experiences. If a learner is not consistently demonstrating independence with a given behavior, they must show ability to self-identify one's own weaknesses and seek feedback and coaching from the academic faculty and/or the DCE in improving these behaviors prior to participating in the full-time clinical education experience. If the advisor has concerns about a student's readiness to enter into the clinical setting based on the one-on-one meeting, a recommendation will be made to the Academic Progress Committee (APC) to review the student's file and make recommendations to the Division Chief about progression.

K. AWARDS

The Program faculty and clinical instructors nominate graduating students for various awards to recognize them for their achievements while in the program.

The winners of the awards have their names engraved on the appropriate plaques, displayed near the Division of Physical Therapy offices.

1. ACADEMIC HONORS

- Academic Achievement (Valedictorian) award for the highest Program GPA.
- Academic Achievement (Salutatorian) award for the second-highest Program GPA.
- If not included in the above, Academic Achievement for a GPA greater than or equal to 4.0.

2. LEADERSHIP & SERVICE AWARDS

- Outstanding Student Award is presented at graduation to the student who is elected by the members of the graduating class for having made significant contributions to their class.
- Altruism Award is presented at graduation to the student(s) who exhibits exceptional contributions to the service of others through our Service Learning Curriculum.
- Melissa Sterling Leadership Award is presented to the student(s) who best exemplifies the attributes related to the Professional Behaviors.

3. CLINICAL AWARDS

- Outstanding Student Clinician Award is presented to a student nominated by the clinical faculty and selected by the faculty as a student whose clinical skills/behaviors exceeded expectations.

<https://www.marquette.edu/physical-therapy/documents/professional-behaviors.pdf>

The intent of the Professional Behaviors Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This Professional Behaviors Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each Professional Behavior is defined and then broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the Professional Behavior they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

It is critical that students, academic and clinical faculty utilize the Professional Behaviors Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills, those necessary to be successful as a professional in a greater health care context. One does not necessarily translate to the other, and thus must be used in the appropriate context to be effective.

Opportunities to reflect on each Professional Behavior through self-assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criterion identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, however are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool's use, and ultimately professional growth of the learner. The Professional Behaviors Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains.

Definitions of Behavioral Criteria Levels

Beginning Level – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first full-time clinical education experience.

Intermediate Level – behaviors consistent with a learner after the first full-time clinical education experience.

Entry Level – behaviors consistent with a learner who has completed all didactic work (October of 3rd year) and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals.

Post-Entry Level – behaviors consistent with an autonomous practitioner beyond entry level.

A. CRITICAL THINKING

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

Beginning Level:

- Raises relevant questions
- Considers all available information
- Articulates ideas
- Understands the scientific method
- States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
- Recognizes holes in knowledge base
- Demonstrates acceptance of limited knowledge and experience

Intermediate Level:

- Feels challenged to examine ideas
- Critically analyzes the literature and applies it to patient management
- Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- Seeks alternative ideas
- Formulates alternative hypotheses
- Critiques hypotheses and ideas at a level consistent with knowledge base
- Acknowledges presence of contradictions

Entry Level:

- Distinguishes relevant from irrelevant patient data
- Readily formulates and critiques alternative hypotheses and ideas
- Infers applicability of information across populations
- Exhibits openness to contradictory ideas
- Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- Justifies solutions selected

Post-Entry Level:

- Develops new knowledge through research, professional writing and/or professional presentations
- Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- Weighs information value based on source and level of evidence
- Identifies complex patterns of associations
- Distinguishes when to think intuitively vs. analytically
- Recognizes own biases and suspends judgmental thinking
- Challenges others to think critically

B. COMMUNICATION

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

Beginning Level:

- Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- Recognizes impact of non-verbal communication in self and others
- Recognizes the verbal and non-verbal characteristics that portray confidence
- Utilizes electronic communication appropriately
- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- Restates, reflects and clarifies message(s)
- Communicates collaboratively with both individuals and groups
- Collects necessary information from all pertinent individuals in the patient/client management process
- Provides effective education (verbal, non-verbal, written and electronic)

Intermediate Level:

- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- Restates, reflects and clarifies message(s)
- Communicates collaboratively with both individuals and groups
- Collects necessary information from all pertinent individuals in the patient/client management process
- Provides effective education (verbal, non-verbal, written and electronic)

Entry Level:

- Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- Maintains open and constructive communication
- Utilizes communication technology effectively and efficiently

Post Entry Level:

- Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- Effectively delivers messages capable of influencing patients, the community and society
- Provides education locally, regionally and/or nationally
- Mediates conflict

C. PROBLEM SOLVING

The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning Level:

- Recognizes problems
- States problems clearly
- Describes known solutions to problems
- Identifies resources needed to develop solutions
- Uses technology to search for and locate resources
- Identifies possible solutions and probable outcomes

Intermediate Level:

- Prioritizes problems
- Identifies contributors to problems
- Consults with others to clarify problems
- Appropriately seeks input or guidance
- Prioritizes resources (analysis and critique of resources)
- Considers consequences of possible solutions

Entry Level:

- Independently locates, prioritizes and uses resources to solve problems
- Accepts responsibility for implementing solutions
- Implements solutions
- Reassesses solutions
- Evaluates outcomes
- Modifies solutions based on the outcome and current evidence
- Evaluates generalizability of current evidence to a particular problem
- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen

Post Entry Level:

- Weighs advantages and disadvantages of a solution to a problem
- Participates in outcome studies
- Participates in formal quality assessment in work environment
- Seeks solutions to community health-related problems
- Considers second and third order effects of solutions chosen

D. INTERPERSONAL SKILLS

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

Beginning Level:

- Maintains professional demeanor in all interactions
- Demonstrates interest in patients as individuals
- Communicates with others in a respectful and confident manner
- Respects differences in personality, lifestyle and learning styles during interactions with all persons
- Maintains confidentiality in all interactions
- Recognizes the emotions and bias that one brings to all professional interactions

Intermediate Level:

- Recognizes the non-verbal communication and emotions that others bring to professional interactions
- Establishes trust
- Seeks to gain input from others
- Respects role of others
- Accommodates differences in learning styles as appropriate

Entry Level:

- Demonstrates active listening skills and reflects back to original concern to determine course of action
- Responds effectively to unexpected situations
- Demonstrates ability to build partnerships
- Applies conflict management strategies when dealing with challenging interactions
- Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

Post Entry Level:

- Establishes mentor relationships
- Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

E. RESPONSIBILITY

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

Beginning Level:

- Demonstrates punctuality
- Provides a safe and secure environment for patients
- Assumes responsibility for actions
- Follows through on commitments
- Articulates limitations and readiness to learn
- Abides by all policies of academic program and clinical facility
- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care

Intermediate Level:

- Displays awareness of and sensitivity to diverse populations
- Completes projects without prompting
- Delegates tasks as needed
- Collaborates with team members, patients and families
- Provides evidence-based patient care

Entry Level:

- Educates patients as consumers of health care services
- Encourages patient accountability
- Directs patients to other health care professionals as needed
- Acts as a patient advocate
- Promotes evidence-based practice in health care settings
- Accepts responsibility for implementing solutions
- Demonstrates accountability for all decisions and behaviors in academic and clinical settings

Post Entry Level:

- Recognizes role as a leader
- Encourages and displays leadership
- Facilitates program development and modification
- Promotes clinical training for students and coworkers
- Monitors and adapts to changes in the health care system
- Promotes service to the community

F. PROFESSIONALISM

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

Beginning Level:

- Abides by all aspects of the academic program honor code and the APTA Code of Ethics
- Demonstrates awareness of state licensure regulations
- Projects professional image
- Attends professional meetings
- Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers

Intermediate Level:

- Identifies positive professional role models within the academic and clinical settings
- Acts on moral commitment during all academic and clinical activities
- Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making
- Discusses societal expectations of the profession

Entry Level:

- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- Discusses role of physical therapy within the healthcare system and in population health
- Demonstrates leadership in collaboration with both individuals and groups
- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

Post Entry Level:

- Actively promotes and advocates for the profession
- Pursues leadership roles
- Supports research
- Participates in program development
- Participates in education of the community
- Demonstrates the ability to practice effectively in multiple settings
- Acts as a clinical instructor
- Advocates for the patient, the community and society

G. USE OF CONSTRUCTIVE FEEDBACK

The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:

- Demonstrates active listening skills
- Assesses own performance
- Actively seeks feedback from appropriate sources
- Demonstrates receptive behavior and positive attitude toward feedback
- Incorporates specific feedback into behaviors
- Maintains two-way communication without defensiveness

Intermediate Level:

- Critiques own performance accurately
- Responds effectively to constructive feedback
- Utilizes feedback when establishing professional and patient related goals
- Develops and implements a plan of action in response to feedback
- Provides constructive and timely feedback

Entry Level:

- Independently engages in a continual process of self-evaluation of skills, knowledge and abilities
- Seeks feedback from patients/clients and peers/mentors
- Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- Uses multiple approaches when responding to feedback
- Reconciles differences with sensitivity
- Modifies feedback given to patients/clients according to their learning styles

Post Entry Level:

- Engages in non-judgmental, constructive problem-solving discussions
- Acts as conduit for feedback between multiple sources
- Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- Utilizes feedback when analyzing and updating professional goals

H. EFFECTIVE USE OF TIME AND RESOURCES

The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:

- Comes prepared for the day's activities/responsibilities
- Identifies resource limitations (e.g. information, time, experience)
- Determines when and how much help/assistance is needed
- Accesses current evidence in a timely manner
- Verbalizes productivity standards and identifies barriers to meeting productivity standards
- Self-identifies and initiates learning opportunities during unscheduled time
- Utilizes effective methods of searching for evidence for practice decisions
- Recognizes own resource contributions
- Shares knowledge and collaborates with staff to utilize best current evidence
- Discusses and implements strategies for meeting productivity standards
- Identifies need for and seeks referrals to other disciplines

Intermediate Level:

- Utilizes effective methods of searching for evidence for practice decisions
- Recognizes own resource contributions
- Shares knowledge and collaborates with staff to utilize best current evidence
- Discusses and implements strategies for meeting productivity standards
- Identifies need for and seeks referrals to other disciplines

Entry Level:

- Uses current best evidence
- Collaborates with members of the team to maximize the impact of treatment available
- Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- Gathers data and effectively interprets and assimilates the data to determine plan of care
- Utilizes community resources in discharge planning
- Adjusts plans, schedule etc. as patient needs and circumstances dictate
- Meets productivity standards of facility while providing quality care and completing non-productive work activities

Post Entry Level:

- Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.)
- Applies best evidence considering available resources and constraints
- Organizes and prioritizes effectively
- Prioritizes multiple demands and situations that arise on a given day
- Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

I. STRESS MANAGEMENT

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

Beginning Level:

- Recognizes own stressors
- Recognizes distress or problems in others
- Seeks assistance as needed
- Maintains professional demeanor in all situations

Intermediate Level:

- Actively employs stress management techniques
- Reconciles inconsistencies in the educational process
- Maintains balance between professional and personal life
- Accepts constructive feedback and clarifies expectations
- Establishes outlets to cope with stressors

Entry Level:

- Demonstrates appropriate affective responses in all situations
- Responds calmly to urgent situations with reflection and debriefing as needed
- Prioritizes multiple commitments
- Reconciles inconsistencies within professional, personal and work/life environments
- Demonstrates ability to defuse potential stressors with self and others
- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life

Post Entry Level:

- Recognizes when problems are unsolvable
- Assists others in recognizing and managing stressors
- Demonstrates preventative approach to stress management
- Establishes support networks for self and others
- Offers solutions to the reduction of stress
- Models work/life balance through health/wellness behaviors in professional and personal life

J. COMMITMENT TO LEARNING

The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Beginning Level:

- Prioritizes information needs
- Analyzes and subdivides large questions into components
- Identifies own learning needs based on previous experiences
- Welcomes and/or seeks new learning opportunities
- Seeks out professional literature
- Plans and presents an in-service, research or cases studies

Intermediate Level:

- Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- Applies new information and re-evaluates performance
- Accepts that there may be more than one answer to a problem
- Recognizes the need to and is able to verify solutions to problems
- Reads articles critically and understands limits of application to professional practice

Entry Level:

- Respectfully questions conventional wisdom
- Formulates and re-evaluates position based on available evidence
- Demonstrates confidence in sharing new knowledge with all staff levels
- Modifies programs and treatments based on newly-learned skills and considerations
- Consults with other health professionals and physical therapists for treatment ideas

Post Entry Level:

- Acts as a mentor not only to other PT's, but to other health professionals
- Utilizes mentors who have knowledge available to them
- Continues to seek and review relevant literature
- Works towards clinical specialty certifications
- Seeks specialty training
- Is committed to understanding the PT's role in the health care environment today (e.g. wellness clinics, massage therapy, holistic medicine)
- Pursues participation in clinical education as an educational opportunity

A. ACADEMIC SUPPORT**1. SUGGESTIONS FOR SUCCESS**

Being a student in the Physical Therapy Program implies that you have made a commitment to the intensive educational process that is required. The responsibilities connected with this commitment are many. We invest in your success and thus offer the following suggestions as a guideline for meeting these commitments.

- Prepare for and participate in class - Being prepared for class actually saves time (an important commodity) because it allows you to direct your questions toward areas truly requiring clarification rather than a general lack of knowledge. Remember also, that you contribute to your classmates' learning through your questions - as they do to yours. It is your obligation to read the material assigned. Your instructors will assume you have completed the material and may not cover it in class.
- Keep up! - A physical therapy education is akin to learning a new language; the curriculum is progressive; each week builds on the last. Not only will you be better prepared for exams if you keep up with the work, but your stress level may be lower throughout the semester. This approach is particularly valuable in the first part of each semester. Budget your time for studying so that you will not be caught short in the end.
- Be active - Students of each class elect officers. Students participate in planning for graduation, job fairs, and other special events. Be willing to volunteer and to work with the members of the Division of Physical Therapy.
- Give constructive feedback - Your opinions are essential if we are to know the effectiveness of our educational planning. You may make individual appointments with faculty and/or the Division Chief to make your views known in a professional and courteous manner. Both your compliments and your constructive criticisms are welcome.
- Seek resources for success - Recognize the need for and seek help from instructors as early as possible. All faculty are committed to your success and are willing to meet with you individually to discuss your needs and progress in the program. Feel free to make appointments with any faculty member as appropriate. Messages can be left via e-mail, in the faculty mailboxes, or given to the program staff.
- Group learning – Research has demonstrated that students feel more successful in their learning if they work in learning groups.
- Be courteous - Even in times of stress, strive to be courteous. Our staff, the faculty and your classmates will appreciate your efforts immensely and will certainly reciprocate. Try to remember that the faculty has your best interest in mind - if this were not so, they would not be in academia.
- Keep your sense of humor! Humor often lowers stress.
- Manage stress in a balanced fashion, and be a role model for others around you.
- Be responsible for yourself - Students admitted to the program are accepted with the understanding that they are adults and able to exercise control over their own lives. For this reason, it is inappropriate for parents/family members/significant others to become directly involved with matters that arise which are between the student and the Program.

2. ACADEMIC ADVISING/COACHING

All faculty within the Physical Therapy Program are investors in your success. As such, you are encouraged to discuss academic difficulties with faculty members in order to help develop a plan for assistance. Moreover, we strongly encourage learners experiencing difficulty to approach us early in the process.

All students are assigned an official academic advisor/coach for the duration of their time in the program. Student advisor lists are posted electronically. You are required to periodically perform self-evaluations using the Professional Behaviors Assessment Tool, and to meet and discuss them with your advisor. Please take these evaluations seriously. You will be notified during the semester when you are expected to schedule an official advisement meeting with your faculty advisor. Additional sessions can be scheduled as deemed necessary by the student or the official faculty advisor. In addition to your official advisor, all faculty members have a role in assisting you in successfully completing the program and are willing to meet with you as needed.

3. ARC – ACCESSIBILITY RESOURCE CENTER

A) ACCOMMODATION AND NON-DISCRIMINATION

The University of New Mexico forbids unlawful discrimination based on age, ancestry, color, ethnicity, gender, gender identity (including gender expression), genetic information, national origin, physical or mental disability, pregnancy, race, religion, serious medical condition, sex, sexual orientation, spousal affiliation, and veteran status. The University of New Mexico seeks to provide equal opportunity to students throughout the duration of the program, both on campus and during off-site clinical education experiences.

Students in need of an accommodation must apply to the Accessibility Resource Center (ARC) at the beginning of the program and then whenever there are any changes to the students' needs. If approved, notice is given to the Division and approved reasonable accommodations will be implemented and provided for that semester. For details on the policy: University Administrative Policy 2310 – Reasonable Accommodation for Students with Disabilities - <https://policy.unm.edu/university-policies/2000/2310.html>.

Students must be capable, with or without a reasonable accommodation, of following the Technical Standards indicated in the UNM Division of Physical Therapy Student Policy & Procedure Handbook. Students must be able to participate fully in the clinical education environment - physically, mentally, and professionally - with or without reasonable accommodations.

If a student is seeking accommodations for the National Physical Therapy Exam, visit the web site for accommodation instructions. You may be required to have additional documentation that is over and above what is needed for the University. Please review the following guidelines early in the program: <https://www.fsbpt.org/portals/0/documents/exam-candidates/AccommodationsGuidelines.pdf> (more information is available here: <https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/Testing-Accommodations>).

B) ARC – GETTING STARTED
(1) REQUESTING SERVICES

<https://arc.unm.edu/>

Students requesting services should contact the Accessibility Resource Center (ARC) and schedule an appointment with the center (505) 277-3506 arcsrvs@unm.edu as soon as they are admitted to the University of New Mexico and if anything changes in their ability to meet the technical standards while in the program. All applicants must submit documentation that verifies that they have a disabling condition before services can be initiated. The Accessibility Resource Center must be provided with documentation from a qualified medical and/or mental health professional or diagnostician.

According to the criteria stated in Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (ADA) Amendments Act (ADAAA), and UNM Policy 2310 Reasonable Accommodation for Students with Disabilities, professional evaluations are the only acceptable proof of a disabling condition. Students must also demonstrate that their need for academic adjustments or other reasonable accommodation is based solely on their permanent disability.

After a student submits their documentation, the Accessibility Resource Center Documentation Committee will meet to determine eligibility as well as appropriate and reasonable accommodations. Before services begin, an eligibility agreement must be completed by the student and an ARC staff member. **Students need to repeat their request for services every semester.**

(2) STEPS

1. Submit documentation via email, mail, fax to 505-277-3750, or in person.
2. ARC staff will contact student to set up an intake appointment via email.
3. ARC Documentation Committee meets to determine appropriate accommodations.
4. Accommodations will begin within fifteen (15) business days after intake appointment in accordance with UNM Policy 2310 whenever possible.
5. ARC will inform the Division Chief of the necessary accommodations. If the accommodations are reasonable they will be accepted and all professors who need to know will be informed. If the Division deems that the accommodation is not reasonable, a meeting will be scheduled between the student, ARC and the Division Chief to discuss other possibilities.

4. ACADEMIC PROGRESS COMMITTEE

The Academic Progress Committee (APC) has a charge from the Division Chief to review and make recommendations to the Division Chief to address issues related to academic, behavioral and professional student progress through the Program. The APC is comprised of 3 full-time faculty members with a diversity of teaching experience. The Division Chief may act as an ad-hoc member as needed. The current chair of the committee is Dr. Susan Leach.

The APC conducts end-of-semester reviews of all student files to ensure academic good standing. If any learner is demonstrating marginal or poor performance in the program or shows risk factors for future concerns, the APC will conduct an in-depth file review and may choose to meet with the student before making any recommendations. From this, the APC may recommend resources or support for the student. In addition, the APC may recommend learning-support activities or an Individual Learning Plan. These recommendations are not intended to be punitive in nature, but instead are designed to facilitate growth and development in areas of deficit when a student is performing below expectations. The APC will make these recommendations to the Division Chief, who has the authority to accept, decline, or modify the APC recommendations.

The APC will meet as needed for issues that arise throughout the semester that may affect a student's progression in the program. A faculty member may refer a student to the APC when the learner's performance is not up to academic, clinical, or professional standards; the learner has a significant breach of professional or ethical judgment or policy; and/or the learner has been given ample verbal and written warnings and the behavior has not changed. When this occurs, the learner will be referred to the Academic Progress Committee (APC) for review with potential recommendations made to the Division Chief or designee.

B. STUDENT SUPPORT

1. AGORA CRISIS CENTER

<http://www.agoracares.org/>

Agora is a hotline (277-3013) aimed specifically for students to talk about personal or academic problems they may be having. Volunteers at Agora are trained peer counselors who offer compassionate and non-judgmental listening.

Agora also acts as a referral service. They offer walk-in counseling at:
1820 Sigma Chi
Monday through Friday, 8:00 a.m. to 5:00 p.m.

2. ALLERGY & IMMUNIZATION CLINIC HOURS

<https://shac.unm.edu/>

Monday, Wednesday, Thursday, & Friday: 8:00 AM-5:00 PM (Last appointment at 4:30 PM)
Tuesday: 9:00 AM - 5:00 PM (Last appointment at 4:30 PM)

SHAC is closed on all official UNM holidays (and campus closures due to weather/unforeseen circumstances). See also SHAC Hours for changes and closures: <https://shac.unm.edu/contact-shac/location-parking-hours.html>.

To schedule an appointment, call the Reception Area at (505) 277-3136.

3. LEARNING ENVIRONMENT OFFICE (LEO)

<https://hsc.unm.edu/medicine/education/leo/>

According to the Association of American Medical Colleges (AAMC), mistreatment – either intentional or unintentional – occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. LEO’s mission is to foster an inclusive learning environment where teachers, staff, and learners thrive, and relationships are mutually respectful and beneficial to each other and to our institutional climate.

To honor a teacher with exemplary behavior or to report any mistreatment please contact LEO at hsc-leo@salud.unm.edu or 505.272.7861.

4. LOBORESPECT

<https://loborespect.unm.edu/>

LoboRESPECT is the name of UNM’s comprehensive approach to preventing and responding to sexual misconduct in our campus community. This website includes information on our prevention education efforts and programs, services and support for victims of sexual misconduct, and our policies.

The LoboRESPECT Advocacy Center opened in Fall 2015 as a part of the LoboRESPECT Initiative. The LoboRESPECT Advocacy Center provides a safe and welcoming environment and serves as a confidential/anonymously reporting location for students to receive support and advocacy services for a number of areas. The LoboRESPECT Advocacy Center is committed to helping students understand and navigate UNM’s structure and assist in resolving issues they may encounter at the university. We provide personal advocacy from start to finish with a single point of entry for students to come for information, assistance and support. We serve the UNM community by providing resources and education in an effort to promote student success.

How to Best Utilize the LoboRESPECT Advocacy Center

We encourage students to call and speak with a professional staff. This is beneficial for a number of reasons:

We are often able to answer questions and/or provide direction over the phone. Your particular issue may require some research or legwork on our part, and you can be best served by allowing us time to get answers before meeting. All staff may be unavailable at the time you walk in. Since we are a relatively small office serving a large population of students, we strive to be as efficient and responsive as possible. Calling ahead will help us better serve you.

Phone: 505-277-2911

Email: loborespect@unm.edu

Fax: 505-277-1580

Office Hours: 8:00 am to 5:00 pm Monday through Friday

CLOSED DURING UNM HOLIDAYS AND SNOW DAYS

In Person: University Advisement and Enrichment Center, Room 262

By Mail:

LoboRESPECT Advocacy Center

MSC 06 3600

1 University of New Mexico

Albuquerque, NM 87131

5. OFFICE FOR PROFESSIONAL WELLBEING

<https://hsc.unm.edu/medicine/about/well-being/>

Dedicated to providing initiatives for faculty and learners that improve practice efficiency, enhance a culture of compassion, and promote personal resiliency.

We focus on improving professional well-being for medical students, residents, and SOM faculty by:

- Offering curriculum, didactics, resources, and workshops to help you build skills in time management, communication, quality improvement, sleep hygiene, financial wellness and personal resilience
- Providing confidential and accessible mental health resources, including peer-to-peer support for faculty and information on off-campus resources
- Partnering with colleagues across the institution to identify, develop, and evaluate novel strategies for improving efficiency of practice
- Building a culture of wellness through system changes that enable each of us to grow personally and professionally and to support each other

6. OFFICE OF COMPLIANCE, ETHICS & EQUAL OPPORTUNITY

<https://ceeo.unm.edu/>

The University of New Mexico (University) is committed to creating and maintaining a community that is free from all forms of discrimination, including harassment, differential treatment, failure to accommodate, retaliation because of participation in civil rights protected activity, and disparate impact. The Office of Compliance, Ethics & Equal Opportunity (CEEO) is the neutral campus entity designated to ensure compliance with all University policies that apply to civil rights including investigations of civil rights violations. The University has policies that prohibit all forms of discrimination and retaliation, to include sexual harassment, a form of gender discrimination that is prohibited by state and federal law (including, but not limited to Title IX of the Education Amendments of 1972). The prohibition includes sexual violence, which is considered a severe form of sexual harassment.

The University is committed to providing equal access to educational and employment opportunities for all individuals.

Office & Walk-in Hours

8 a.m.-5 p.m. Monday-Friday

609 Buena Vista Drive NE

Phone: (505) 277-5251

Email: ceeo@unm.edu

7. UNM SOM COUNSELING SERVICES

<https://hsc.unm.edu/medicine/about/well-being/lobomd-quickguide/mental-health.html>

Rebecca Ezechukwu, PhD, UNM Psychologist

505-274-8919 or Rezechukwu@salud.unm.edu

Raven Cuellar, Ph.D., UNM Psychologist

505-239-9880 or ravencuellar@salud.unm.edu

Dr. Ezechukwu and Dr. Cuellar both bring extensive experience working with young adults. Their clinical practices have focused on trauma and resiliency.

For 1:1 wellness check that is free and not documented call Dalia Thompson at (505) 272-6130.

8. UNMH PSYCHIATRIC EMERGENCY SERVICES (PES) AND PSYCHIATRIC URGENT CARE CLINIC (PUCC)

<https://unmhealth.org/locations/psychiatric-center.html>

Advanced practice psychiatric nurse sees provides assessment, provide immediate treatment, and make referrals for follow up care for people experiencing minor to moderate psychiatric issues including depression and anxiety.

Patients that sign into PES that are more appropriately suited for PUCC can be changed to PUCC by a provider. Patients that are appropriate for PUCC include:

- Depression without active SI with plan or intent
- Anxiety not currently in a panic attack
- Medication refills
- Assisting patients with provider resources and follow up care

Emergency Services

505-272-2920

Open 24 hours a day, 7 days a week

Psychiatric Urgent Care

505-272-9038

Open 9:30am to 6:00pm (last patient accepted at 5:30), Monday–Friday

9. UNM STUDENT HEALTH & COUNSELING (SHAC)

<https://shac.unm.edu/>

UNM SHAC is located on Main Campus north of Johnson Center and across the mall from (east of) the Student Union Building. SHAC provides quality health and counseling services to all UNM students to foster student success. Fees charged at SHAC are much lower than community rates. SHAC is funded in part by student activity fees and each student is allowed three free consultations and then can continue counseling at a reduced rate.

This center provides a comprehensive health service designed to assist students to attain optimal health and stay in school. The Student Health Center will provide required vaccinations at low cost.

Additional health services including mental health, counseling, allergy clinic, chemical dependence support, and a pharmacy are also available at the Student Health Center. See Pathfinder for additional information under “Health, Counseling, and Health Education”.

A) EMERGENCIES/AFTER-HOURS OPTIONS

SHAC is not a provider of emergency medical care. A medical emergency is defined as “posing an immediate threat to life, limb, or body function.” In case of a medical or counseling emergency, dial 9-1-1 or go directly to a local hospital emergency room.

Information & Medical Appointments	(505) 277-3136
Counseling Services	(505) 277-3136
After-Hours Crisis Counselor for UNM Students	(505) 277-1277
Pharmacy	(505) 277-6306
TTY	(505) 277-7926
EMERGENCIES (Medical or Counseling)	911

10. VIRTUAL HEALTHCARE

<https://timelycare.unm.edu/> and <https://timelycare.com/UNM>

All UNM students have access to free 24/7 virtual care from TimelyCare. This includes physical and mental healthcare support, and other support and care options.

11. WOMEN’S RESOURCE CENTER

<https://women.unm.edu/>

Please call 505.277.3716 or e-mail at women@unm.edu for services such as:

- Victim support
- Resource navigation
- 30-minute remote advocacy check-ins & more

12. CAMPUS ASSESSMENT RESPONSE EDUCATION (CARE)

All members of the UNM community can play an invaluable role in helping students who are in distress. The UNM CARE Team is here to assist you. <https://care.unm.edu/>

With representatives from the Dean of Students Office, Student Health and Counseling, Accessibility Resource Center, UNM Police, among other departments, we hope CARE will help you to identify a potentially difficult situation and provide you with specific ideas and resources when you encounter student behaviors that are of concern.

It is important to note that the university does not expect you to assume the role of counselor, therapist or police officer. For those responsibilities, UNM has trained professionals who are ready to assist you with students who are of concern to you.

UNM is committed to the health and safety of all members of our community. To safeguard our campus, CARE has developed a comprehensive online reporting form to share appropriate information, so students can receive or stay connected to the academic support and student wellness services they need. Please log into https://unm-advocate.symlicity.com/care_report/index.php/pid565403 if you are concerned about a student who is exhibiting any disturbing behaviors.

13. CONFLICT MANAGEMENT

A) ACADEMIC DISPUTES

Any questions regarding course organization, expectations, grading, assignments, etc. should be directed to the course instructors first, and then if concerns persist, students should discuss these with the Division Chief. For purpose of academic disputes only and formal appeals of those academic disputes, the PT Program shall follow the process outlined in UNM Pathfinder, Student Grievance Procedure, Article 3. Academic Disputes.

<https://pathfinder.unm.edu/graduate-student-grievance-procedures.html>

B) CLINICAL CONFLICT MANAGEMENT

Students should employ the following procedure should they encounter a conflict with their CI while completing a clinical education experience:

- Discuss the concern with the CI as soon as possible, using appropriate guidelines for giving and receiving feedback. This discussion should occur soon after the realization of the difficulty. The DCE is available for consultation about communication strategies. Learners are advised not to remain silent and hope they can “get through” the experience. The DCE will maintain written records of all complaints/concerns of the student, even if they do not affect the outcome or structure of the clinical education experience.
- If the student is unable to resolve the conflict or difficulty with the CI, the learner should contact the SCCE and/or the DCE for help in resolution. This should occur soon after the discussion with the CI. The SCCE and/or DCE can provide consultation and/or mediation. The DCE will attempt to arrange a site visit if appropriate.
- The CI/SCCE is expected to contact the DCE as soon as possible should any concerns arise regarding student performance. Addressing these situations promptly is essential. Early communication about a difficulty and notification of the DCE often allow the learner to successfully complete an education experience within the scheduled time period. The DCE will maintain written records of all complains/concerns, including the perspectives of the clinical site or CI, the perspectives of the learners, any Action Plans developed, and outcomes of the situation.
- The student must communicate directly with the DCE regarding any event or circumstance that could potentially impact their ability to participate in or successfully complete the clinical education requirements of the program. Student contact with another faculty member does not infer that the DCE is aware of or involved in assessment or resolution of the potential problem.

C) OMBUDS/DISPUTE RESOLUTION SERVICES FOR GRADUATE STUDENTS

<https://grad.unm.edu/resources/graduate-students/ombuds.html>

As conflict is part of our everyday, graduate students often struggle finding resolutions and subsequently, relationships and work suffer. Further, as graduate students, PT students are in unique positions with stress, collegial relationships, and education/work that greatly impact our ability to communicate.

UNM Ombuds/Dispute Resolution Services for Graduate Students provides consultation and mediation services for graduate students stuck in conflicts with colleagues, staff, administrators, and/or faculty. This office works closely with the Office of Dispute Resolution Services for Faculty and the Office of Dispute Resolution Service for Staff as conflicts often impede student, faculty, and staff boundaries.

The aim of the Ombuds Office is to provide students with a neutral, third-party to assist in conflict resolution processes. This office attends to the notion that all conflicts and resolutions appear different for each individual, thus consultation and mediation are methods that serve graduate students in a way that meets this diversity.

Note: This office does not provide advocacy services as advocacy impedes any impartiality. Students in need of graduate student advocates should contact GPSA (277-3803 or gpsa@unm.edu).

This office abides by the “10A Standards of Practice” according to the International Ombudsman Association as well as HIPAA regulations. Within this practice, confidentiality becomes central to maintaining discretion. All conversations with the ombudsperson are kept confidential. If conflicts resort to mediation, a confidentiality agreement is signed by both parties indicating that no one beyond those in the mediation (ombudsperson(s), party 1, and party 2) are privy to the information that arises in the discussion.

For more questions about these services and/or to make an appointment, please contact ombudsperson Lindsay Scott (505-277-1135).

C. CAMPUS RESOURCES

1. BOOKSTORE

The Medical/Legal branch of the UNM Bookstore is located on the west end of Domenici Center, north of the Health Sciences Library and Informatics Center <https://bookstore.unm.edu/c-210-medicallegal-store.aspx>.

Required texts and an assortment of other supplies are available. Some course materials may need to be purchased directly from the Physical Therapy Program.

2. HEALTH SCIENCES LIBRARY AND INFORMATICS CENTER (HSLIC)

The Health Sciences Library and Informatics Center is here to support you in reaching your goals throughout your education here. Here is a brief overview of some of the ways in which the library is here to help – but always feel free to reach out through Ask a Librarian if you have any questions about other resources:

- Electronic and print access to a myriad of databases, books, articles and more. If we don't have something you need you can request it through Interlibrary Loan!
- Consultations, chat, email, and more are available for you to get the assistance you need! You can have one-on-one or group appointments. Find all of our help information at <https://hsc.unm.edu/hslc/help/ask-a-librarian.html>
- Workshops to help with research and development of your approach to balancing the various needs of your academic, professional, and personal lives. You can find all of our workshops at <https://libcal.health.unm.edu/calendar/events/>
 - Some examples of workshops are:
 - Zotero (Citation Management)
 - PubMed Like a Pro
 - Implicit Bias in the Research Process
 - Moving Beyond Imposter Syndrome
 - Time Management
 - Planning a Systematic Review
 - Health Literacy

- Research Guides to help you find resources specific to your topic or walk you through how to use a database. You can find all Research Guides at <https://libguides.health.unm.edu>
- Stay in the know on all the services, programming, and resources at the library by subscribing to our blog at <https://libguides.health.unm.edu/blog>
- The Health Sciences Library and Informatics Center (HSLIC) <https://hslic.unm.edu/> is available for use by physical therapy students.
- Students may check out books using their UNM Lobo ID card or HSC ID Badge.

At times, the faculty will place books and audiovisual materials on reserve for student use. The Library has a vast assortment of educational AV materials available for use by students. To check out AV materials or pick up books or materials placed on reserve by faculty, go to the RESERVE counter located at the HSLIC Information desk to the right of the main entrance on the first floor.

Hours are subject to change, especially over breaks and holidays, and students should call 272-2311 for general information or check the information bulletin board accessible on-line from the HSC Library main menu. For more information about other campus libraries, refer to the Pathfinder <https://pathfinder.unm.edu/index.html> or <https://library.unm.edu/>.

Remote access to online HSC Library resources is available to students. When you go to the Library home page (<https://hsc.unm.edu/library>) from off-campus, you will get a log on screen. Enter your UNM Net ID and password in order to gain access.

Copy machines are available at the Library for student use. A copy card, which is required to operate some machines in the Health Sciences Library and Informatics Center, can be purchased at the library. Copies are approximately 10¢ each. The minimum purchase for a copy card is \$1.00. Copies may be added to the card as needed. The Physical Therapy Program office copy machine is not intended for student use.

3. FOOD SERVICES

- UNM Hospital Cafeteria (student discount with student ID) is located on the second floor of the hospital and is open 4:00 a.m. to 10:00 a.m. and 11:00 a.m. to 10:00 p.m. The UNM Hospital Cafeteria has a large menu and selection of food items, and there are also several other food options within UNMH.
- UNM Psychiatric Center (student discount with student ID) is located just east of HSSB and offers an inexpensive salad bar.
- Jersey Jacks (student discount with student ID) is located in The Pavilion of the UNM Hospital.
- Subway is located in the hospital on the main floor southeast.
- The Student Union Building (SUB) is located on Main Campus west of the Student Services Building and Student Health Building. The SUB offers a wide variety of food and restaurants.
- Soda and snack machines are available on the first floor of the Health Sciences and Services Building (HSSB) and within Domenici Center's North Wing.
- The Alumni office in Fitz hall offers The Nook, a place for free coffee.
- Happy Heart Bistro is located in the basement of Domenici Center West offering breakfast and lunch options.
- La Posada located on UNM main campus, and open 24 hours serving breakfast, lunch and dinner. Located right across from Hospital parking area near the residence halls.

Refer to the Pathfinder for information about other cafeterias on campus. There are also a wide variety of restaurants on Central Avenue, south of the University Campus and a Satellite Café on University near the Outpatient Surgery and Imaging Services (OSIS).

4. STUDENT LOUNGE

Located just east of the Domenici Auditorium there are refrigerators and microwaves as well as study areas for students.

5. EXERCISE AREAS & RECREATIONAL SERVICES

The HSC Wellness Center is located on the 2nd floor of Domenici West Wing. It is open 24 hours a day, 7 days a week. You will need your badge to access the facilities. There are lockers and showers available in the bathrooms adjacent to the Center. Showers are also accessible with your badge. Loaning your badge for non-badge holders to gain access is prohibited.

Main campus houses recreational services. You can find all of their offerings at: <https://recservices.unm.edu/index.html>. There is an Olympic sized pool, multiple work out areas including gyms and an indoor track, and the ability to check out equipment.

6. PARKING

Parking and Transportation Services makes every effort to offer the most convenient parking available by dividing parking by groups of students based on their academic program. Permits may be purchased online at your My Parking Portal website or in their office located on main campus. All outstanding citations must be paid before permit purchase. All customers parking on campus are expected to read, understand, and follow the published Parking and Transportation Regulations.

A) PURCHASING A PERMIT

You will need:

- If purchasing in person, bring your LoboCard. If purchasing online, you will need your UNM NetID and Password
- Vehicle make, model, color and VIN
- Vehicle license plate number
- A form of payment - Users can use a Visa, Discover, American Express or Mastercard to complete an online permit purchase. Students purchasing permits online can also transfer the balance of their permit to their UNM Bursar's account. Visa, Discover, American Express, Mastercard, UNM Bursar's transfer, and cash are accepted in our office.

Check the PATS website for dates when parking permits go on sale:

<https://pats.unm.edu/parking/>

If you need additional information, please call Parking Services at 277-1938.

7. EXTRACURRICULAR ACTIVITIES

A DPT student's priority should be successful completion of the program. However, there are many opportunities to get involved in leadership experiences with interdisciplinary health profession students on campus and/or off campus with UNM affiliation. Below are some of the options available:

Student Activities Center	https://sac.unm.edu/	Student activity involvement options at UNM
Office for Diversity	https://hsc.unm.edu/diversity/programs/	Student programs at UNM HSC
UNM Health Science Student Council	https://hsc.unm.edu/student-affairs/resources/student-council/	Student positions for governance
UNM HSC InterProfessional Education	https://hsc.unm.edu/academic-affairs/offices/ipe/	Opportunities for interprofessional engagement
NM Area Health Education Center Scholars Program	https://hsc.unm.edu/medicine/departments/family-community/education/ahec/	Federally funded nationwide initiative for interdisciplinary service in rural and underserved communities
Leadership in Education and Neurodevelopmental Disabilities (LEND)	https://hsc.unm.edu/cdd/training-programs/nmlend/	Provides interdisciplinary leadership training to improve health of children at risk of neurodevelopmental disabilities
Albuquerque Opportunity Center/Albuquerque Heading Home	https://unmhealth.org/community/albuquerque-opportunity-center.html	Multidisciplinary clinic for men experiencing homelessness on Tuesday evenings

8. SECURITY/ESCORT

Campus police can be reached 24 hours per day at 277-2241. UNM also provides escort services to your car, dorm, or classroom after dark. Security aides are available evenings throughout the week. Call Campus Police or see the Pathfinder for hours: <https://pathfinder.unm.edu/campus-services/safety-and-emergency-services.html>

A mobile Lobo Guardian app is available to download free. This app will give you direct access to campus police in case of emergencies.
<https://loboguardian.unm.edu/>

D. COMPUTER SERVICES/TECHNOLOGY

1. INFORMATION TECHNOLOGIES

<https://hsc.unm.edu/about/cio/technology-support/> and <https://it.unm.edu/> provide computing and data communication services and support for the academic community at UNM. Basic computing services are provided without charge to the individual student at eight campus-computing labs as well as thirteen computer classrooms. All locations are equipped with different hardware and software and have their own hours. Labs are staffed by Student Consultants who are trained to answer general computing questions. Computer pod and classroom locations, hours of operation and contact information can be found at: <https://it.unm.edu/map/index.php>

Additionally, all Health Sciences students have free access to various databases at the Health Sciences Library for literature searches. These systems can be accessed from home computers utilizing your web browser and Internet Service Provider (ISP). The University of New Mexico also offers computer accounts and access to the Internet. These accounts are free to students.

Introductory training and support are provided by the Health Sciences Center Library and Informatics Technical Support Services. Additional support is also provided by UNM Information Technologies. However, it is the responsibility of each student to learn to use their particular system and to reach a level of proficiency that allows them to utilize the resources available as part of their educational experience in the program.

2. PERSONAL COMPUTERS

The Physical Therapy Program requires students to have portable/laptop computers for home and school use. Many examinations and class work will require you to bring your computer to school. Your computer must meet the minimum requirements as defined by ExamSoft. This was supplied to you at admission to the cohort. Visit <https://examsoft.com/resources/examplify-minimum-system-requirements/> to check for changes since admission.

3. NEW STUDENT INFORMATION TECHNOLOGY GUIDE & DISCOUNTS

Please refer to the follow New Student IT Guide links for help:

<https://app.box.com/s/c9icccmju79nh8d5i16tly7u7dbbhj4w>

<https://app.box.com/s/dte0b2f2fuv122ermxnmkpgkrpo3hxq>

UNM Student discounts for dell computers and related equipment are also available <http://www.dell.com/unm>. Other software is available for free or at a discounted price at <https://it.unm.edu/get-software/download.html> and <https://webstore.unm.edu/>.

4. E-MAIL COMMUNICATION/OUTLOOK

The University of New Mexico and School of Medicine utilizes Outlook for all email communication. The Outlook system is used as a master communication tool throughout the School of Medicine. Visit the link to access email in your browser or to install the Outlook App on your phone:

<https://hsc.unm.edu/about/cio/technology-support/email.html>

We expect you to check this email **daily, Monday through Friday**, as it is the primary communication tool used within the program. Departmental communication will be handled via personal electronic mail on Outlook.

In addition, you will be given access to an Outlook calendar that includes activities/events, classes and exams for the entire three years of PT school. These calendars are updated regularly so please check them often.

5. UPDATING ADDRESS INFORMATION

A student address file is kept in the files of the Physical Therapy Program. Students should be sure to update local and legal addresses, phone numbers, and emergency phone numbers and contacts by informing the program staff of any changes and updating information in LoboWeb (accessed via myUNM) through the Student tab's Personal Information link. Members of the department frequently need to contact students and delays occur when this information is out of date. It is especially important to provide a summer address.

E. FINANCIAL AID & SCHOLARSHIP OPPORTUNITIES

Students in the Physical Therapy Program are eligible for general financial aid, and should apply. Contact:

Leslie Murphy, HSC Financial Aid Manager, (505) 272 8008, [hsc-financialaidoffice@salud.unm.edu](mailto:financialaidoffice@salud.unm.edu)
<https://hsc.unm.edu/academic-affairs/offices/financial-aid/contact.html>

In addition, various loans and scholarships are available for physical therapy students from local, state, and national resources: <https://www.apta.org/for-students/scholarships-awards>

Examples and descriptions of some loans and scholarships are below and contacts and websites are provided to allow students to obtain the most recent information.

1. LIST OF SCHOLARSHIPS AND LOANS FOR UNM PHYSICAL THERAPY STUDENTS

A) SCHOLARSHIPS WITH APPLICATIONS IN THE UNM PT PROGRAM & SCHOOL OF MEDICINE

(1) NMAPTA SCHOLARSHIPS FOR STUDENTS IN THE UNM PT PROGRAM

A. **LIZ BARNETT SCHOLARSHIP:** Elizabeth “Liz” Barnett, MS, was an integral force in the birth of the University of New Mexico’s Physical Therapy Program. In the 1970’s, the Physical Therapy Program was developed through funding from an Allied Health Manpower Training Grant, written in part by Liz Barnett who was employed as a physical therapist in the Regional Medical Program, which was also supported by a Federal Health Manpower Grant. The PT Program was part of a grant package to establish an Allied Health Science Center at the UNM School of Medicine. The first class of 3 students was accepted in 1974, and graduated with their degree of Bachelor of Science in Physical Therapy in 1976. Liz was recruited to serve as the first Director of the PT Program, a position she kept until 1979 when she moved to Colorado. Liz retained her zest for life, which she demonstrated from her wheelchair on the stage at the 30th Anniversary Celebration of the UNM PT Program. Liz passed away in August 2004.

Awarded at Convocation.

Recipient: third year student who demonstrates financial need for clinical rotations

- Amount: up to \$1000.00 each for 1 students
- Selection by UNM PT Faculty and the NMAPTA Scholarship Committee based on financial need as well as an essay describing why the student is deserving of the scholarship, including financial issues and how the scholarship money will be used during clinical rotations
- Applications are available in the spring of the third year and awarded at graduation

B. **FRED RUTAN SCHOLARSHIP:** Fred Rutan joined the UNM PT Program as faculty in the late 1970’s when he retired from the University of Florida. He accepted the interim Director position in 1985. Fred was a cohesive force in the program and was loved by all of the PT Program faculty, staff, and students. He was proud of the profession of physical therapy, and he instilled that pride in all of his students. Fred was a strong proponent of the American Physical

Therapy Association, and served in various positions within the APTA. The program went through a sad time when Fred, after making a comeback from quadruple cardiac bypass surgery in 1987, was diagnosed with pancreatic cancer in the fall of 1988, and he passed away at Thanksgiving that year.

Awarded at Convocation.

Recipient: third year student who demonstrates outstanding leadership and scholarship.

- Amount: up to \$1000.00 each for 1 students
- Selection by UNM PT Faculty based on an essay describing why the student is deserving of the scholarship, including examples of leadership and scholarship qualities and demonstrated performance within the Physical Therapy Program
- Applications are available in the spring of the third year and awarded at graduation

(2) SCHOLARSHIP FOR DISADVANTAGED STUDENTS

This scholarship is offered by the Division of Physical Therapy to students who were disadvantaged in some way on their path to physical therapy education. This can be educational, environmental or economically disadvantaged. The scholarship will provide a \$1000 scholarship to first year students who are determined to be the top applicants by the scholarship committee. The deadline is October 15th.

(3) LA TIERRA SAGRADA SOCIETY (LTSS) \$5000 Scholarship(s)

This scholarship is awarded in July at the end of the first and second year. Students may apply for this scholarship in May of their first and second year. Financial need is determined by the Free Application for Federal Student Aid (FAFSA). Scholarship monies are divided equally between fall and spring semesters, and credited to the student's bursar account. Students must be in good academic standing and have a demonstrated financial need (completing the FAFSA). If you need additional information, please contact Office of Advancement and Alumni Relations, 505-272-8085.

(4) PROFESSOR BETH MOODY JONES FACULTY EMERITUS ENDOWED SCHOLARSHIP

Awarded at Convocation.

Eligibility: Student in Doctor of Physical Therapy Program entering their final didactic semester before attending clinical experiences.

Selection process: Students shall apply in their 3rd year. The scholarship committee will select the recipient based on the following criteria:

- 1) Student is in good academic standing with **an overall GPA of at least 3.5.**
- 2) Student excelled in three areas: **scholarship, leadership and service.**
- 3) Completes a 500-word essay on your accomplishments in scholarship, leadership and service while attending the UNM DPT program. Speak to how you plan to continue this path in your physical therapy career.

(5) **AGNES FAGGART BUSSIERE AND GREGORY F. BUSSIERE ENDOWED SCHOLARSHIP (\$5000)**

Awarded at Convocation.



Agnes Faggart Bussiere was born March 5, 1920 in Cabarrus County, North Carolina. After getting a loan for tuition from her uncle because her father did not support women attending college, she attended Appalachian State College in Boone, North Carolina graduating in 1942. From 1943 to 1948 she served in the Women's Medical Specialists Corp of the US Army, including duty with the 109th Army General Hospital in Chester, England. Agnes met Gregory (Buzz) during his two-year recuperation in San Antonio's Brook Army Medical Center after surviving a horrific crash in the prairie of Texas. Buzz was serving as a navigator on a B-52 training mission in 1946 when the aircraft was struck by lightning, causing a total loss of power. Buzz parachuted to safety but sustained severe injuries upon landing. A lone mounted cowboy rescued Buzz in a desolate south Texas prairie. He was the sole survivor of the nine-man crew. Agnes and Buzz married on April 4, 1948, at Brooke General Hospital, San Antonio, Texas. Buzz graduated from UNM in 1954 and the two made their home in Albuquerque.

Agnes was a physical therapist in private practice and then worked 20 years with the Veterans Hospital in Albuquerque where she retired in 1980. Friends speak of Agnes's love for the state of New Mexico, love of veterans and love of helping serve others through physical therapy.

Agnes passed away on July 15, 2006 and was buried at the Santa Fe National Cemetery. She was quoted as saying, "Education is the answer". Gregory Bussiere, Agnes' husband of 58 years, created this scholarship to honor Agnes' memory.

Selection process: Students shall apply in their 3rd year. The scholarship committee will select the recipient based on the following qualifications:

- 1) Student in good academic standing
- 2) Completes a 500-word essay that reflects on giving back to others within the state of New Mexico through physical therapy service.
- 3) Deadline: April 15 of last year in program

B) LOCAL RESOURCES: APPLICATIONS ARE MADE DIRECTLY TO THE FACILITIES

(1) HOME HEALTH & HOSPICE PHYSICAL THERAPY SCHOLARSHIP

Sponsored by: Home Health Care, Inc. in Taos, New Mexico

Eligibility: be a full-time student in good academic standing, be a resident of NM for a minimum of three (3) years, and not be already obligated to another entity for professional practice or service after academic training. Post-graduation requirements: provide one (1) year of full-time service to the home health/hospice agency for every \$5,000.00 awarded.

Contact: Linda Linnane at 575-758-1024.

(2) UNM GRADUATE AND PROFESSIONAL STUDENT ASSOCIATION

The Graduate and Professional Student Association (GPSA) offers numerous grants and scholarships for a variety of reasons. These include for research and attending conferences, as well as for school supplies. Visit

<https://gpsa.unm.edu/funding/grants-funding/grant-scholarship.html> for more information.

C) OTHER FACILITY LOANS AND SCHOLARSHIPS

(1) STATE OF NEW MEXICO FINANCIAL INCENTIVES FOR HEALTH PROFESSIONALS

For more information, contact UNM School of Medicine Financial Aid Office. These programs are highly competitive.

(2) ALLIED HEALTH STUDENT LOAN FOR SERVICE

New Mexico residents who are accepted by or enrolled at an accredited New Mexico public post-secondary institution are eligible (incoming or current students): Physical therapy, occupational therapy, speech- language pathology, audiology, pharmacy, nutrition, respiratory care, laboratory technology, radiologic technology, mental health services, emergency medical services, or a licensed or certified health profession as defined by the Higher Education Department.

- Up to \$12,000 annually, financially need based, part- time pro-rated, up to four years and can reapply each year.
- One-year service commitment in a designated health professional shortage area within New Mexico for each year awarded. Applications open in May and are due July 1. Applications are available online at:

<https://hed.state.nm.us/financial-aid/loan-service-programs/allied-health>

(3) PUBLIC SERVICE LOAN FORGIVENESS (PSLF)

The PSLF Program <https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service> forgives the remaining balance on your Direct Loans after you have made 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer.

Use the PSLF Help Tool <https://studentaid.gov/pslf/> for all of the following:

1. Check to see if your employer qualifies.
2. Certify your employment each year.
3. Apply for forgiveness once you've met all the requirements.
4. Generate your PSLF form for signing and submitting to the PSLF servicer.

Top tip: Certify your employment each year as you work toward PSLF. That'll save you time and effort later, when you're ready to apply for forgiveness.

(4) NEW MEXICO HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM

Two-year service commitment in an underserved area.

Primary Care Physicians (to include a physician, allopathic or osteopathic with a specialty in family or general medicine, general internal medicine, general pediatrics and obstetrics and gynecology, other specialties may be considered at the discretion of the committee); Physician Assistants; Advanced Practice Nurses; Dentists, Podiatrists, Optometrists & Allied Health Care Providers (PT students fall under this category).

- Up to \$25,000 annually for two years; can apply for another two years
- Applications open in March and are due May 1

- Applications are available online at: <https://hed.state.nm.us/financial-aid/loan-repayment-programs/health-professional>

d) NATIONAL RESOURCES

(1) [AMERICAN PHYSICAL THERAPY ASSOCIATION \(APTA\)](#)

Several scholarship/financial aid options for PT students are listed on the APTA website. Follow the links from Menu Bars -> For Students -> Scholarships and Awards for Students for a complete list. <https://www.apta.org/for-students/scholarships-awards>

(2) [ONLINEPHYSICALTHERAPYPROGRAMS.COM](#)

A resource dedicated to helping aspiring PTs navigate graduate school with a list of scholarships available to DPT students.

<https://onlinephysicaltherapyprograms.com/scholarships/>

(3) [INDIAN HEALTH SERVICES LOAN REPAYMENT PROGRAM](#)

The IHS Loan Repayment Program (LRP) funds IHS clinicians to repay their eligible health profession education loans — up to \$50,000 — in exchange for an initial two-year service commitment to practice in health facilities serving American Indian and Alaska Native communities. <https://www.ihs.gov/loanrepayment/>

(4) [NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM](#)

Physical Therapist Student Loan Repayment Eligibility Act of 2009 amends the Public Health Service Act to include physical therapy within the definition of "primary health services"; and make physical therapists eligible for the National Health Service Corps Loan Repayment Program (to assure an adequate supply of physical therapists among other health professionals).

\$50,000 for initial 2-year contract (\$25,000 per year for 2 years).

- Minimum 2-year service commitment.
- Must work full time (min. 40 hrs/week), 32 hours of outpatient clinical services, Ob-gyn and CNM exception: 21 hours of clinical, on call status is not credited; no more than 35 days vacation leave per year; no more than 12 hrs work in a 24-hour period. Primary care only must have a qualifying HPSA score set each year (HPSA = sliding fee scale, accept Medicaid/Medicare). HPSA sites are Community Health Centers, Rural Health Clinics, Health Departments, IHS, Bureau of Prisons, some private practices in VERY rural areas). <https://nhsc.hrsa.gov/loan-repayment>

(5) [INDIAN HEALTH PROFESSION SCHOLARSHIP PROGRAM](#)

Encouraging Native Americans to enter health professions.

Eligibility: Native Americans who are members of a federally recognized Indian Tribe or Alaska Natives. <https://www.ihs.gov/scholarship/>

(6) [COBELL SCHOLARSHIP PROGRAM](#)

<https://cobellscholar.org/>

Elouise Cobell was a Native American woman who fought for the rights of Native Americans and strived to bring opportunities to her people. She was very successful in working with the federal government and a fund was established in her honor to

help Native students financially in their academic journeys. The Cobell Scholarship is the result of the Cobell vs. Salazar settlement.

Eligibility: It is competitive, merit and need based, non-renewable, and available to any post-secondary student who is; an enrolled member of a US Federally-Recognized Tribe, enrolled in full-time study and is degree seeking. Applicants must plan to attend or be attending any nationally, regionally and industry accredited non-profit, public and private, institution. Applicants must be pursuing a vocational certificate or diploma, associate's, bachelors, masters, doctoral or professional degree, or certificate. The most updated information will be available on the Cobell Scholar homepage and Online Application Student Information System (OASIS), additional FAQs, or by contacting Indigenous Education, Inc.

A. ACCIDENT/INCIDENT REPORTS

1. PROCEDURE FOR INCIDENTS OCCURRING IN THE CLASSROOM

Student reports accident/injury to the immediate supervisor (UNM faculty member).

The student, along with his or her immediate supervisor, is responsible for completing the UNM Incident Report form and scheduling the student to be evaluated in the Student Health Center or by student's health provider.

The Student Health Center or student's health provider, with physician consultation, is responsible for decision on treatment for the student when accident/incident occurs on a weekday.

When accident/incident occurs when the Student Health Center is not open, the initial evaluations will be in the Emergency Room. This will be at the student's expense.

All students seen and evaluated in the Emergency Room will be referred to the Student Health Center or student's health provider on the next working day for follow-up.

Students refusing medical evaluation must state such refusal on the Incident Report form followed by their signature.

It is the student's responsibility to be aware of the medical coverage he/she carries in order to properly address accidents/incidents expeditiously and at the lowest possible cost to the individual student.

2. PROCEDURES FOR INCIDENTS OR INJURY IN THE CLINIC

If a student experiences sudden illness during a clinical education experience, or sustains an injury outside of the clinical site that will prevent or hinder participation in the clinical environment, the student must contact the Division Chief and the DCE to document this illness or injury within the Program.

Students are not considered employees of the clinical site. If the student is injured during a clinical education experience, the facility shall provide emergency medical care to the student in case of need, but shall not bear the cost of such care. In a non-emergent situation, the student may seek medical attention at the healthcare provider of their choice. The student is responsible for all costs of the medical care received. Any student injury should be reported immediately to the CI and DCE.

Guidelines for reporting a student injury are as follows:

1. Student reports accident/injury to the immediate supervisor (CI and/or UNM faculty member).
2. The student, along with their immediate supervisor, is responsible for completing the UNM Incident Report form (see [appendix](#)) and scheduling the student to be evaluated in the Student Health Center (SHAC) or by the student's health provider.
3. SHAC or the student's health provider, with physician consultation, is responsible for decision on treatment for the student when accident/incident occurs on a weekday. When accident/incident occurs when the SHAC is not open, evaluation can be contacted in the Emergency Room. This will be at the students' expense.
4. All students seen and evaluated in the Emergency Room will be referred to SHAC or the student's health provider on the next working day for follow-up.

5. Students refusing medical evaluation must state such refusal on the Incident Report form followed by their signature.

It is the students' responsibility to be aware of the medical coverage they carry in order to properly address accidents/incidents expeditiously and at the lowest possible cost to the individual student. If the incident occurs in a contracted clinical facility, the regulations of the facility must also be followed.

B. APTA – STUDENT MEMBERSHIP

As the next generation of physical therapists, it is important to become part of the professional association. **Membership is required throughout your 3 years of study** and will be verified as a part of Foundations, EBPT1, and EBPT2.

Verification of your paid association dues should be given to PT program staff at the start of each academic year. Verification should be received no later than September 1 of each year. Membership will give you access to PTNow, the Guide to Physical Therapist Practice, PTJournal, Learning Center Courses and PT in Motion. You will also have the ability to join one of the 18 sections to sample some of the specializations in PT at the student discount.

C. BADGE POLICY

Sections of the UNMH Identification Badge System Procedures that are relevant to PT students have been excerpted from: <https://UNMHealthSciences.policymedical.net/>. Please view the badge policy in its entirety and review any documents you are given by the badging office.

1. PURPOSE/OBJECTIVES

University of New Mexico (UNM) Hospitals Security Department is committed to ensuring reasonable and appropriate safeguards to protect patients, visitors, students, faculty, and staff, and therefore, has established an identification badge system. Identification badges are the first layer of defense in safeguarding our patients and staff. This procedure describes how the UNM Hospitals Security Department will produce, administer, and regulate the use and control of Identification Badges for UNM's Health Sciences.

2. SCOPE

These procedures apply to the entire Health Sciences workforce and all the entities and facilities under the Health Sciences umbrella as described in the [Board of Regents Policy Manual Section 3.4](#). This policy also includes badge management for Select Agent Laboratories, Graduate Nurses, vendors, commercial contractors, contract labor, Health Care Professional trainees and Students, Non-UNM Hospital Instructors of Health Care Profession Trainees and Students, and Emergency Department Visitors.

3. CONTENT

A) GENERAL REQUIREMENTS:

3.1.1 At all times, while on/in UNM Hospitals or UNM Health Science Center Property (leased or owned), identification badges will be worn above the waist in full view with the photo side facing out.

3.1.2. Defacing an identification badge is strictly prohibited. Only approved stickers may be placed on the badge. Placing pins on the badge will destroy the card and are not allowed.

3.1.3. The UNM Hospitals and UNM Health Sciences Center Badge is used as an Access Control Credential. The issuance, use, and possession are guided by the Security Department, "Employee Access Control Agreement" and the UNMH "Key and Lock Policy".

3.1.4. The Badge Holder may be responsible for the replacement of the identification badge if it is defaced or made useless by damage.

3.1.5. There is a Twenty dollar (\$20.00) fee for replacement of lost, missing, or defaced badges, which is the responsibility of the individual.

3.1.6. The unauthorized possession, use, or reproduction of a UNMH identification badge (access credential) may constitute theft or misappropriation of hospital property.

3.1.7. In such cases that involve conduct listed in 3.1.6, the individual(s) involved may be prosecuted to the fullest extent of the law, and may be sanctioned pursuant to hospital policy, up to and including termination. (State Law: New Mexico Statutes annotate 1953 Chapter 40A-14-3)

B) ALL OTHER AUTHORIZED PERSONNEL:

All other personnel performing an authorized task within UNM Hospitals must have a UNM Hospitals Identification Badge, this includes but is not limited to:

- Volunteers.
- Contract Labor (Agency Nurses, Temps).
- Students and Work Study Personnel.
- Emergency Department patient visitors (24 hours).
- After Hours patient visitors (for times refer to hospital access policy).

4. LOST BADGES

- Lost badges must be reported to the UH Security Department immediately.
- There is a \$20.00 fee for the replacement of a lost ID badge which is the responsibility of the individual.
- The employee's previous picture will be used to process the replacement badge unless they request a new photo.
- Fees assessed for lost ID badges cannot be reimbursed even if the old badge is later found.
- If the badge reported lost is later located, that badge must be turned in to the Security office to be destroyed.

D. CLASS OFFICERS

All class officers must maintain a GPA equal or greater than 3.00 and demonstrate professional behavior throughout their tenure. Those officers who do not achieve these criteria will be asked to vacate their position.

All officers must be a student in good standing (currently not on any form of probation).

In the event of a vacancy due to probation, suspension, or dismissal, remaining class officers will be given an opportunity to discuss with the Division Chief whether they will move into the vacant position, and their opinion on the best path forward. Vacancies due to leaves of absence or other non-academic reasons will similarly be addressed by the Division Chief and the remaining class officers, with input from the departing officer. Subsequently, an election will be held to fill any and all vacancies.

Class officers are elected as follows:

- During Spring of the first year an election is held and supervised by the Division Chief or staff appointed by the Division Chief.
- Students should review the job descriptions of all class officers prior to the election.
- Nominations may be sent as soon as the Division Chief allows, and can be made on the day of the election.
- Nominees may campaign in accordance with all UNM policies regarding posting materials and student conduct, while maintaining the standards of professionalism and conduct of the Division.
- Voting for each position will occur in sequential manner beginning with the President. Nominees who are not elected to a position can run for the subsequent positions. Nominees who are elected may not be voted on for subsequent positions.
- All nominees will have the opportunity to address the class to discuss their motivation, background, and qualifications to be a class officer. Nominees can address the class for each position they run for.
- Each student is allowed one vote per position. All votes and ballots will be submitted anonymously, with the format to be determined by the Division Chief or appointed staff. Only votes for nominated students will be counted. Abstentions will not be counted as part of the total votes.
- Only those students present during the election can vote. No write-in or absentee ballots will be accepted.
- Each officer is elected by a plurality vote.
- In the event of a tie, the Division Chief or appointed staff will first ask all winners if they would be willing to concede or, if the tie is for President or Vice President, run for the next sequential position instead. If more than one of the victors does not concede, a new vote will be held for the non-conceding tied candidates only.
- If two nominees remain tied after a second vote involving the same two candidates and neither concedes, a coin flip will determine the winner. Any disputes will be resolved at the discretion of the Division Chief.

1. PRESIDENT

This student is the chief executive officer of the class and takes the lead, based on student and faculty input, in establishing the class objectives. The president can set the tone for the class and have an impact on its relationship with the faculty and administration. The president works with all class officers in organizing fundraising activities, outreach programs, participation in national student conclave, APTA and NMAPTA events. It is the duty of the president, on behalf of the class, to be the chief communicator with the Division Chief for issues related to the program and its facilities at least once a semester. Issues related to individual courses should be directed from one student to the instructor directly and is not the job of the class president to intercede.

2. VICE PRESIDENT

The vice president works with the president and other officers in planning, organizing and implementing class program and objectives. In the absence of the president, the vice president exercises the powers and duties of the president. The Vice President will be the division representative to the HSC IPE Student group. The vice president will be the alumni coordinator for future events post-graduation.

3. TREASURER

The treasurer is responsible for the management of fundraising activities of the class as directed and advised by our Operations Manager. It is important to meet early in the process with the Operations Manager to understand the requirements of the job.

E. CLASS SCHEDULES

Semester class schedules will be given to students at least 4 weeks in advance on a class Outlook calendar. Be aware that, due to circumstances beyond our control, changes occasionally need to be made to the location of the class, and/or the time it is offered. You will be notified of all changes as soon as possible. Occasionally lecture or lab time will occur outside of the regularly scheduled time. Again, you will be given as much notice as possible.

F. CLASSROOM GUIDELINES

General class etiquette:

- Professional posture during class is expected; e.g., no feet on the desks/plinths.
- No unauthorized use of equipment.
- Clean up after every class and laboratory session.
- Observe time limits of breaks - the professor will begin at the designated time, and “late-returnees” are a distraction for the rest of the class.
- No shoes or sharp objects on the plinths.
- Beverages must be in a sealed container.

1. SEATING

At the beginning of each week, seats will be assigned randomly. This provides the opportunity to experience labs, discussions, and small group activities with a variety of individuals in an efficient manner.

2. ASSIGNMENT OF GROUPS

Groups allow learners to share information, problem solve together, and learn from each other to improve performance. Additionally, groups offer students opportunities to develop their professional communication and interpersonal skills that are so crucial for success and integration when working

in a healthcare profession. Similar to the diversity ubiquitous in healthcare settings, student groups are made up of individuals who may have different backgrounds, cultures, and values. As a healthcare provider, it is important that we carry out our responsibilities in a professional manner with anyone and everyone. Group work prepares learners for this mandate.

It is common for course instructors to assign groups as a component of active learning strategies to meet the objectives of the class. Groups are typically assigned via random assignment. However, there may be occasions when the instructor deliberately chooses to modify groups assignments.

Examples include the following:

- Assigning groups based on learning styles e.g. incorporating students with different learning styles into various groups.
- Assigning groups based on location e.g. in-state vs. out-of-state so learners can get to know each other.
- Assigning groups based on performance e.g. learners who have previously performed well may be separated and placed with learners who did not perform as well.
- Assigning groups based on injury or illness e.g. a student who is unable to participate due to a recent injury may be assigned to a group of 3.
- Assigning groups based on class numbers e.g. the same students should not be the only ones to work in a group of 3 when the remainder of the class is working in pairs.
- Assigning groups based on diverse physical characteristics e.g. enabling learners to work with diverse individuals in lab.
- Assigning groups based on topic preference e.g. instructor permits learners to self-select a group based on individual interests.

It is expected that students will maintain professional behavior when working in groups as with any activity associated with the class. The most relevant Professional Behaviors Criteria related to group work fall under the Communication and Interpersonal Skills categories:

Communication: The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes. (p. 35)

Beginning and Intermediate Levels

- Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- Communicates collaboratively with both individuals and groups

Entry Level

- Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- Maintains open and constructive communication

Post Entry Level

- Mediates conflict

Interpersonal Skills: The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner. (p. 37)

Beginning Level

- Maintains professional demeanor in all interactions
- Communicates with others in a respectful and confident manner.
- Respects differences in personality, lifestyle and learning styles during interactions with all persons
- Recognizes the emotions and bias that one brings to all professional interactions

Intermediate Level

- Recognizes the non-verbal communication and emotions that others bring to professional interactions
- Accommodates differences in learning styles as appropriate

Entry Level

- Demonstrates active listening skills and reflects back to original concern to determine course of action
- Responds effectively to unexpected situations
- Applies conflict management strategies when dealing with challenging interactions
- Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

If a learner is unable to work in a group with another student, the learner must seek an accommodation through ARC, the Accessibility Resource Center. ARC will handle the case and issue an accommodation as appropriate. The accommodation must then be presented to the Division Chief. This accommodation will be placed in the learner's file, and the instructor of the course will refer to the accommodation when assigning groups. Knowledge of the accommodation is kept private between the learner and the faculty. Unless there is an accommodation in the learner's file, groups will remain as assigned by the instructor. **Any accommodation must be established well in advance of group assignments so it can be implemented prior to the assignment of groups.**

3. APPROPRIATE USE OF TECHNOLOGY

Access to the Internet can be a valuable aid to the classroom learning environment. Learners are encouraged to use laptops, smartphones, and other devices in order to explore concepts related to course discussions and topics when given permission by the instructor.

Learners are discouraged from using technology in ways that distract from the learning community (e.g. watching videos, using social media, texting, instant messaging through any computer platforms, work for other classes, emailing during class) and if found doing so you will be issued a verbal warning by the instructor. A second infraction will warrant a written warning. Further infractions will be reported to the APC and the Division Chief and probationary measures may be taken.

A) COMPUTER

Computer use during any class must be related ONLY to classroom activities and be approved by the instructor. Electronic device use is a privilege. Any other use of such devices (e.g. reviewing or responding to personal emails or browsing the internet) will call for immediate loss of this privilege and may be considered academic misconduct.

Unless specifically directed by the instructor, learners shall refrain from sending email and instant messages, or from engaging in other activities (reading non-course materials, engaging in private conversations and so on) that disrespect the classroom environment and learning conditions for others.

B) CELL PHONE

TO AVOID INTERRUPTIONS IN THE CLASSROOM, CELL PHONES MUST BE TURNED OFF DURING CLASS TIME. In class, all cell phones and electronic devices that are not being used specifically for learning purposes shall be turned off and stored out of sight and away from your table.

These devices may be turned on during class breaks or at lunch. On breaks between classes, please respect hallway space and people working in their offices or other classrooms. Going

outside to have your conversation may be the most appropriate. If you are expecting an emergency phone call, please let the faculty member know that you will have your phone on vibrate.

C) ZOOM (REMOTE LEARNING)

Situations may arise when the learner will have to participate in a class via Zoom or other remote learning platforms. You are expected to log on 5 minutes before the remote learning begins, keep your video on the entire time and inform the course instructor if you have connectivity issues that impact your participation. HSLIC has hot spots available for your use if needed.

4. HIPAA AND THE CLASSROOM

Students are expected to follow HIPAA guidelines during all classroom activities and labs, following any interaction with a patient, while in any clinical education setting, and for all assignments related to experiences with patients. Students are prohibited from using identifiable patient information on discussion boards, inservices, the CPI grading instrument, emails to classmates/faculty, and future projects in the classroom related to the clinical experience. Students are prohibited from discussing the conditions of their patients outside of the clinical setting. Patients may be discussed with classmates and faculty for educational purposes but all HIPAA regulations must be maintained including de-identification of the patient.

Students are prohibited from posting any information about their clinical education experience on social media, regardless of the level of privacy of the account. Prohibited use of social media includes posting photos/videos of oneself in clinic; writing any information about patients that you have seen; describing the ethics, attitudes, philosophies, or other qualities of your CI or other healthcare providers; identifying the CI, clinical site, or other healthcare providers either directly or indirectly.

If a photograph or video is required for a capstone or inservice presentation, the student must use a patient consent form specific to that facility and provide a copy of the signed consent form to their advisor. The student must follow site-specific guidelines related to use of facility-owned recording devices and approved methods of sharing and storing such images/videos. As a general rule of practice, students should store images/videos of patients in folders where they will remain separate from personal albums and should properly delete these images/videos once the project is complete. Students should de-identify images/videos of patients whenever possible.

5. LOCKERS: FOOD & PERSONAL ITEMS

It is the students' collective responsibility to keep the classrooms clean, meaning devoid of crumbs, grease, food packages, leftover food, etc. Please be mindful that many people share this space and if the classroom lacks professional representation there will be mandatory clean-up day on Friday afternoon during the students' down time. Anything left in the classroom will be thrown out or donated during semester breaks. Lockers are available and open for students to utilize in the first and second years in the curriculum. Lockers are initially assigned by program staff, but students may arrange use of lockers within their cohort as long as all students agree with the final arrangement.

6. WRITTEN PAPERS

Written Paper Guidelines: For all written papers to be turned in to the professors, the following rules apply:

- All papers will be word processed and double-spaced; original copies only; no photocopies.
- Bibliography will be in the format suggested by the AMA Manual of Style.
- Use of proper spelling, punctuation, and grammar is required.
- Use of Zotero for all references: <https://libguides.health.unm.edu/zotero>.

7. ASSIGNMENTS

As a professional graduate program, we strive for excellence in teaching and expect excellence in the classroom. As such, all course work has a means to the end and helps in the development of you as a professional. Be aware that the expectation is you complete ALL assignments in a timely manner, regardless of the weight of said assignment. This expectation is considered part of Professional Behaviors Criteria (5), "Responsibility".

Late Course Assignments: Students must communicate with the course director if there are extenuating circumstances that will delay submission. Consideration to the course policy will be made on a case-by-case situation.

- Course assignments submitted late, with no prior communication with the course director, but within 24 hours of the due date will be accepted but the student cannot earn greater than 75% on that assignment.
- Course assignments submitted between 25 and 48 hours of the due date will be accepted but the student cannot earn greater than 50% on that assignment.
- Course assignments submitted between 49 and 72 hours of the due date will be accepted but the student cannot earn greater than 25% on that assignment.
- Course assignments submitted after 72 hours of the due date will not be accepted and the student will receive 0% on that assignment.

8. USE OF HANDOUTS, POWERPOINTS, SYLLABI

The use or distribution of faculty non-published material, such as handouts, PowerPoint slides, and syllabi are the under the ownership and copyright of the faculty that produced them. **These items cannot be used without permission of the faculty.**

9. PLAGIARISM

Plagiarism is the use of another person's ideas, words, phrases, sentences, facts, graphics, charts, tables, graphs, graphics, audio-visuals, or other intellectual products without appropriately citing and crediting the original source(s). Appropriately citing sources brings deserved credit to the work of others. Plagiarism in any form constitutes academic misconduct (Honor Code violation) in the Physical Therapy Division within the UNM School of Medicine.

10. ARTIFICIAL INTELLIGENCE

Use of artificial intelligence (AI) tools (such as ChatGPT, DALL-E, etc.) is prohibited on any assignment unless specified by the course instructor. Though AI is exciting, it denies the learner the chance to problem-solve, contribute individual ideas, and learn from their experiences. AI tools such as ChatGPT are Large Language Models (LLMs) that are designed to model human language by generating a response based on input from the user. LLMs do not think and are not able to tell you if the information they give you is correct, up to date (they often have limited knowledge after 2020), or biased. All prompts entered into ChatGPT become a part of its knowledge database and cannot be removed, allowing others to access this data with the correct prompt. Students should never put personal information or HIPAA protected information into ChatGPT, and they should not use their school email to sign up for a ChatGPT account. If you are unsure if the work you are planning to submit to an instructor violates this policy, get clarification from your instructor before submitting.

If artificial intelligence tools are allowed for an assignment, the student must cite all content to comply with applicable copyright law to avoid plagiarism.

11. EXAM DIRECTIONS

To allow every learner the opportunity to succeed in an examination, the following procedure is followed during the examination and exam review period:

- Students must appear on time for an examination. This includes enough time to set up their computer, settle into their seat, put away belongings, etc.
- Students will not be permitted to eat or drink (except water) during the exams unless there is a medical reason to do so.
- All personal belongings must be packed away from the seating area including cell phones, watches, hats and headphones. Students may use single-use ear plugs if needed.
- Students are responsible neither to give information nor seek it from another student, or from any other source. Such conduct is considered an offense of the Honor Code.
- Students will be sequestered for psychomotor practical exams. There will be no use of technology during sequestration.
 - Sequestration is to ensure all learners are evaluated fairly on an individual basis without external influences. Students are responsible for understanding and following all sequestration procedures.
- No student who has completed an exam may interact with a student who is still awaiting to take the exam in the sequestered room.
- If the student is unable to be present due to an emergency or illness, the student must contact the course instructor as soon as the issue is known. Within 24 hours of the student's return to class, the student must contact the instructor to arrange a date and time to make up the missed exam.

12. EXAM REVIEW

Exams will be reviewed in class as quickly after the exam as possible, and the release of grades will be postponed until any additional exam attempts are completed. Exam reviews are for learning purposes and should be treated as such. If you have concerns about a question you got wrong on the exam you will be instructed to set up an individual appointment to review this with the Professor at another time. **Reproduction of the exam in any form will be considered a violation of the Honor Code.**

Any Exam score that falls below 80% will require a meeting with the instructor for additional help or guidance. You are strongly encouraged to set this appointment before the next quiz or exam.

13. HONOR CODE

Successful completion of the Physical Therapy Program requires a high level of academic performance, clinical performance and evidence of professional behavior. In addition to the Student Code of Conduct and the stated principles found in the University of New Mexico Pathfinder <https://pathfinder.unm.edu/code-of-conduct.html> and along with the [Code of Ethics of the American Physical Therapy Association](#), the UNM Division of Physical Therapy has expected behaviors that are addressed in this Honor Code that all learners must adhere to.

The purpose of this Honor Code is to communicate the meaning and importance of academic integrity to all members of the UNM Division of Physical Therapy and to articulate and support the interest of the program in maintaining the highest standards of conduct in student learning. The UNM Division of Physical Therapy embodies a spirit of mutual trust and intellectual honesty that is central to the very nature of learning, and represents the highest possible expression of shared values among the members of the program.

The core values underlying the Honor Code are:

- Academic honesty is demonstrated by students when the ideas and the writing of others are properly cited; students submit their own work for tests and assignments

- without unauthorized assistance; students do not provide unauthorized assistance to others; and students report their research or accomplishments accurately,
- Respect for others and the learning process to demonstrate academic honesty,
 - Trust in others to act with academic honesty as a positive community-building force in the school,
 - Responsibility is recognized by all to demonstrate their best effort to prepare and complete academic tasks,
 - Fairness and equity are demonstrated so that every student can experience an academic environment that is free from the injustices caused by any form of intellectual dishonesty, and
 - Integrity of all members of the UNM Division of Physical Therapy as demonstrated by a commitment to academic honesty and support of our quest for authentic learning.

Each student is expected to maintain the highest standards of honesty and integrity in academic and professional matters. The University reserves the right to take disciplinary action, up to and including dismissal, against any student who is found guilty of academic dishonesty or otherwise fails to meet the standards. Any student judged to have engaged in academic dishonesty in course work may receive a reduced or failing grade for the work in question and/or for the course.

All students are required to sign and adhere to the UNM PT Division Honor Code, which provides a detailed description of actions considered an honor code violation (see [Appendix - Honor Code](#)). By signing the Division Honor Code, students in the Division accept the responsibility for honesty in the learning process.

14. HONOR CODE INFRACTIONS

Procedures for reporting an Honor Code violation are as follows:

1. A student who sees or learns of an apparent violation is encouraged to confront the suspected person and ask for an explanation. If an explanation is given that clears up the matter (e.g., the witnessing student is convinced there was no violation) this should end the matter, except as provided below.
2. A student who sees or learns of an apparent violation who prefers not to confront the suspected person or who has confronted them and been given no explanation or an inadequate explanation, shall report the incident to the Division Chief of the Division of Physical Therapy or any other faculty member in the Division. This report should be made as soon as possible.
3. A faculty or staff member who sees or learns of an apparent violation should report the incident to the Division Chief of the Physical Therapy Program as soon as possible.

The Division Chief with the reporting witness shall write an internal report of the alleged violation. The report shall include the following:

- a) The nature of the alleged violation;
- b) The time and date of the alleged violation;
- c) The name of the accused;
- d) The name of the reporting witness;
- e) The names of any other witnesses.

The Division Chief or their designee will investigate the alleged Honor Code violation, and if appropriate, will refer to the Academic Progress Committee for recommendations on appropriate disciplinary action.

Any student found to be in violation of the UNM PT Honor Code will face disciplinary action as outlined in the UNM Pathfinder Student Code of Conduct 2.1-2.19 (<https://pathfinder.unm.edu/code-of-conduct.html>) as well as within this Handbook under [VII.F Retention](#).

15. OTHER INFRACTIONS

All infractions reported to CARE, LEO or to the Division Chief, will lead to an investigation by the Division Chief, their designee, or the acting Associate Division Chief (if applicable). The Division Chief or their designee will talk to those involved in the incident in a confidential manner. The Division Chief or their designee shall write an internal report of the alleged violation. The report shall include the following:

- a) The nature of the alleged violation;
- b) The time and date of the alleged violation;
- c) The name of the accused;
- d) The witness statements that are substantiated by at least two witnesses.

If the infraction is substantiated, the Division Chief or their designee will make the appropriate referral to the Academic Progress Committee to review the Policies and Procedures related to the infraction and/or to the Title IX office if appropriate and make recommendations to the Division Chief (or designee).

G. CONTACT INFORMATION

It is the responsibility of the student to provide the Program with a current address, phone number, and email address throughout their duration in the Program.

During clinical experiences, the DCE may contact the student at the current phone number to discuss the clinical education experience, advise the student of a change in a placement, or for other reasons.

H. COVID SAFE POLICY

All students will abide by all NM health orders, HSC policies, as well as Division policies related to COVID-19 which may include requesting information regarding vaccine status, masking, face shields and social distancing. Students should be aware that UNM's return-to-campus policies following a positive COVID result may require a student to be fit-tested for an N95 mask. The Division will facilitate N95 fit-testing as needed.

I. JURY DUTY

If you receive a summons for Jury duty, inform the faculty and staff immediately. We will provide an excused absence letter for you to utilize.

J. INCLEMENT WEATHER

We will follow the University policy regarding inclement weather. You will be excused from classes in accordance with the message recorded on UNM's Snow Hotline, 505-277-SNOW (e.g. if UNM is under a 2-hour delay, you would be expected to be here at 10:00 for class). We will provide appropriate information on Outlook as soon as possible. However, if classes are canceled due to inclement weather, this does not include your clinical sites! You must call your clinical instructor to ascertain your need to be in clinic. You should treat the clinical time as you would a job and make every effort to make it to the clinic. However, your safety is important and good judgment should prevail. Honestly assess your ability to make it safely to the clinic or campus, regardless of what UNM is doing that day, and discuss the situation with your clinical or course instructor.

K. LABORATORY PARTICIPATION POLICY

Due to the nature of this professional program, students are expected to practice and serve as subjects for PT evaluation and intervention techniques and participate in other laboratory experiences throughout the program. Demonstration of a variety of clinical practices are required in the classroom to demonstrate student competence prior to clinical experiences.

Each semester in the program, students are asked to complete the Clinical Laboratory Participant Release of Liability form ([Appendix](#)). This Release of Liability is to be completed by each student at the beginning of each semester and uploaded to EXXAT. It is the responsibility of the student to inform course coordinators of any changes which may alter the learner's capability to participate in clinical laboratory activities during the course of the semester. The student must submit a new Lab Release form and health care provider documentation if participation restrictions for medical reasons extend beyond 3 days.

If a student has any health issues, or religious or cultural directives that restrict their ability to assume these roles, they must notify the course instructor as soon as possible. In the event of a medical condition, the student may need to seek accommodations from ARC. A student must notify the Division Chief of any disability, impairment, or condition that has the potential to jeopardize the safety of students, faculty, or patients or which prohibits full participation in classroom, laboratory, or clinical activities (injury, prolonged illness, pregnancy, etc.) as soon as possible. Failure to notify the Division Chief may jeopardize the student's standing within the program and ability to progress toward degree completion.

1. LABORATORY GUIDELINES

The DPT program at UNM is committed to providing an accessible environment fostering independent and self-directed learning. To this end, the program allows learners to use school facilities and equipment to practice evaluation and intervention skills during regularly scheduled classroom time, lab time, as well as outside of scheduled lab hours. Students are expected to use supplies, physical agents and/or operate equipment in a safe and responsible manner.

Physical therapy lab space, supplies, physical agents, and equipment are available to current UNM DPT physical therapy students to aid in developing their psychomotor skills related to patient evaluation and therapeutic intervention procedures. Laboratory rooms contain a variety of physical therapy supplies, physical agents, equipment, and furniture used to simulate clinical practice settings, and to practice evaluation and intervention procedures.

During the initial session of each physical therapy course, learners will receive verbal and written instructions from the course coordinator outlining specific safe practice and use of the supplies, physical agents, and/or equipment used in that specific course.

In order to ensure student safety during both supervised and after-hour practice, the following guidelines must be observed. These lab safety guidelines address both training and research laboratories, and apply to all faculty, professional staff, and students of the program who use school facilities, supplies, physical agents and equipment. The following general guidelines and expectations will be observed in all physical therapy laboratories:

A) INSTRUCTION IN SAFE USE OF SUPPLIES, PHYSICAL AGENTS, AND EQUIPMENT OPERATION

As new supplies, physical agents or pieces of equipment are introduced in a class, the instructor will instruct learners in the selected indications and contraindications, rationale for use, and proper application of the supply, physical agent and/or equipment. In addition, the instructor will demonstrate the safe use of the supply or operation of the equipment. Students will be instructed to use supplies, physical agents and/or equipment only for their

intended purposes and only in the manner for which they are designed. Students have responsibility to inform the instructor and their practice partners of any personal conditions which might be precautions or contraindications for participating in any laboratory experience.

B) INSTRUCTION IN SAFE PRACTICE OF MANUAL SKILLS

As new manual evaluation and/or treatment skills are presented in class, the instructor will instruct learners in the indications and contraindications for the use and proper performance of the manual skill(s). In addition, the instructor will demonstrate the safe performance of the manual skills. Students should perform manual procedures only in the manner demonstrated by the instructor. Students have the responsibility to inform the instructor and their practice partners of any personal conditions which might be precautions or contraindications for participating in any laboratory experience in manual skills.

C) STUDENT RESPONSIBILITIES/EXPECTATIONS

Students are responsible for notifying instructors about any physical or other conditions that limit their ability to participate in any curricular activity. Students with such conditions should either withhold themselves from participating in any curricular activity that they feel might aggravate the condition or exceed their physical abilities or assume full responsibility for their participation. Students with limiting conditions who choose to let an instructor use them to illustrate a condition or demonstrate an intervention technique assume full responsibility for their participation.

2. LABORATORY SAFETY

Students' participation in the DPT program involves activities that inherently present safety risks. In order to ensure student safety during scheduled class and laboratory, the course instructor, or lab assistant will supervise student performance of evaluation and/or intervention skills.

The program is committed to the safety of all learners; students must adhere to program policies regarding safety in the classroom, laboratories, and clinic including:

- Unsafe behavior during class, lab, or clinical time is not tolerated. If observed, students should report such incidents to the course instructor and/or the Division Chief immediately.
- DPT program equipment is calibrated and checked annually for safety. Students should report any concern with the safety or safe use of equipment to the course instructor and/or the Division Chief immediately.
- Students must disinfect and put away all equipment after use and assist in keeping the environment neat and clean.
- If a student becomes ill or injured during class, they must inform the course instructor immediately so that the Incident Report procedure can be initiated.
- Students are expected to follow the appropriate Hazardous Material and Infection Control Policies dictated by their campus.
- Students are required to follow Universal Precautions. All body fluids and blood should be treated with the assumption that they are infectious for blood-borne pathogens.
- Frequent hand washing or use of hand sanitizer is required. During public health concerns, all students will be required to follow CDC guidelines (e.g. wearing masks).
- First aid kits, fire extinguishers and AED's are located in the DOM buildings. Emergency exits are clearly marked. Refer to the emergency maps at each campus for details.
- Campus security: Emergency services are available at each campus by dialing 911.

3. AFTER-HOUR USE OF SUPPLIES, PHYSICAL AGENTS AND/OR EQUIPMENT OR PRACTICE OF MANUAL SKILLS

Physical therapy laboratory equipment, supplies, and space is for teaching and research purposes only. Unsupervised student access to the labs/classrooms is necessary to allow learners opportunity to practice the psychomotor skills learned in labs. The access to the labs/classrooms is approved only for the purposes of practicing skills that have been taught. Students are not allowed to use the lab areas or the equipment and supplies contained within to treat their own or any other individuals' pathology or impairments. The labs are strictly for teaching/training/research purposes, not for delivering physical therapy treatment.

During after-hours practice, the student assumes the risk of use of therapeutic supplies, physical agents and/or equipment and performance of manual skills. Students are strongly encouraged to avoid studying or practicing alone in the labs after hours.

In order to ensure student safety outside of regularly scheduled classroom or lab, the learner must assume responsibility to practice evaluation and treatment skills in a safe manner. **After-hours access to lab spaces is limited to only UNM physical therapy students.**

Each student has the responsibility to use supplies, physical agents and/or equipment only for their intended purposes and only in the manner for which they are designed and in the manner they were instructed. **In order to prevent injury during after-hours practice time, each student has a responsibility to inform their practice partner(s) of any pre-existing conditions or precautions to be observed during practice using supplies, physical agents and/or equipment. In order to prevent injury using manual skills, the student has responsibility to inform their practice partner(s) of any pre-existing conditions or precautions to be observed during practice.** The program cannot accept responsibility for injury caused to students due to the students' unsupervised behaviors.

4. LABORATORY SECURITY

Classrooms/labs require a student ID card swipe to access these labs. Students should individually swipe into each lab/classroom at the beginning of regular class time to allow an accurate list of students.

Without prior authorization, no outside visitors are allowed to enter any teaching or research lab at any time, including classrooms. These labs require a student ID card swipe to access these labs. Students should individually swipe into each lab/classroom after hours to allow an accurate list of students.

The program cannot accept responsibility for injury caused to non-students due to the students' unsupervised behaviors.

L. LOST ITEMS

Personal items left in the classrooms may be returned to the PT office in HSSB 204 for safe holding. We are not responsible for any lost items. Any item left in the classroom between semesters will be thrown out or donated.

M. LIABILITY

The University of New Mexico agrees to be responsible for the negligent acts and/or omissions of its students and instructors in a health care program for any and all liability, claims, damages, lawsuits, including costs and expenses of defending, which may arise as a result of any Health Professions and Public Health Program and the actions or inactions of the students participating in said programs.

Liability coverage will be effective only if you are acting within the scope of your assigned duties that you have been requested, required, or authorized to perform when an incident occurs. The University of New Mexico agrees to obtain and maintain a professional liability policy covering said students and faculty. This liability insurance is covered by your course fees.

N. PRACTICING SKILLS AS A STUDENT OF PHYSICAL THERAPY

The next three years in the UNM PT program marks the beginning of your career as a physical therapist. As a student, you will be progressively moving closer to being an autonomous practitioner. The closer you get to graduation, the more skills you will have in your skill set and the more likely people will begin to see you as a practicing physical therapist. Throughout the program, you will be encouraged to practice the skills you learn under the guidance of faculty and clinical instructors. However, as you continue to develop and begin to have the knowledge and skill set for more complete assessment and intervention, it is paramount that you remember you are still a student and not a licensed Physical Therapist. As a student, be mindful that application of learned skills outside of venues sanctioned by UNM Division of Physical Therapy faculty is outside of the scope of practice for a physical therapy student and therefore inappropriate.

O. PROFESSIONAL MEETINGS

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

The Student Conference Award Program (S-CAP) is a travel grant designed to provide undergraduate and graduate students the opportunity to obtain funding to attend an academic or professional conference in their field of study. The maximum award is \$600.00 and may include: travel, lodging, airport shuttle or taxi fees, and conference registration fees.

<https://career.unm.edu/students--alumni/student-conference-award-program.html>

The UNM Graduate and Professional Student Association (GPSA) also provides grants and scholarships that may be used to attend conferences or complete research: <https://gpsa.unm.edu/funding/grants-funding/grant-scholarship.html>

Students involved in a poster presentation at a professional meeting will have their registration paid for and travel assistance. Please contact the department administrator for additional information.

P. PROGRAMMATIC REQUIRED TRAINING AND COMPLIANCES

A student's Programmatic Compliance Documentation must be current and up-to-date at all times. It is the student's responsibility to track the expiration dates of their current documents and know what the current documentation requirements are. Students will be notified regarding any changes in the Programmatic Compliance Documentation requirements. Any reminders or notices provided by the faculty and/or staff are provided as a courtesy. Failure to maintain current Programmatic Compliance Documentation is considered "non-compliant" with the university, and the PT Division. If a student is deemed non-compliant, the student will be immediately placed on provisional academic probation which will trigger a review by the Academic Progress Committee. In addition, the student will be prohibited from attending all classes, labs, clinical education experiences including mini clinic and REACH lab, community observations, and all other program-related activities until all components of the student's Programmatic Compliance Documentation are current.

1. HEALTH INSURANCE

Students must have adequate health/major medical insurance, including hospitalization coverage (with a company of their choice), throughout the duration of the DPT program. Each student must present proof of this coverage upon entry into the program.

All Medical Health Professional students are automatically enrolled in and charged for the UNM Student Health Plan unless a waiver is submitted and approved each semester. The student is responsible for the cost of this coverage. Students covered by the student health plan may purchase health insurance for their dependents, as well as optional dental benefits. For information regarding plan coverage and student eligibility, please follow the link below.

The UNM Student Health Plan is administered by BlueCross and BlueShield of New Mexico (BCBSNM). Academic HealthPlans, Inc. (AHP) is a separate company that provides program management and administrative services for the student health plans of BlueCross and BlueShield of New Mexico.

<https://hr.unm.edu/benefits/student-health-plan>.

2. CPR CERTIFICATION

Students are required to be Basic Life Support (BLS) certified prior to beginning the PT Program and to maintain current certification throughout the duration of the program. BLS is a healthcare-professional-level course that is more advanced than an ordinary CPR course. Certification needs to be either the Red Cross, ASHI, or the American Heart Association's "BLS" or "BLS for Healthcare Providers" course. Training must include adult and child AED (Automated External Defibrillation). This certification may be either 100% in-person training or a mixture of online and in-person classroom skills testing. Online-only BLS certification is not valid.

Students are responsible for knowing their own expiration date and presenting updated BLS cards prior to expiration of their previous certification. Students must submit proof of current BLS certification upon entry into the program. Students are responsible for maintaining current status with BLS certification and updating their clinical files throughout the program.

3. LEARNING CENTRAL TRAINING

Each student must successfully complete the following online UNM HSC Learning Central trainings annually as part of the physical therapy clinical education program requirements:

- HIPAA (Health Information Portability and Accountability Act) Security Training
- HIPAA HITECH Training
- OSHA Bloodborne Pathogens Training

Other required Learning Central trainings may be assigned by the University and must be completed according to the due dates.

Students involved in human research for their research projects must complete the UNM HSC online HRPO (Human Research Protections Office) training:
<https://hsc.unm.edu/research/compliance/hrpo/>

Students hired as teaching assistants or tutors will be required to take additional training: HSC Compliance and Code of Conduct, Basic Annual Safety Training; Intersections: Preventing Discrimination and Harassment; and Active Shooter on Campus: “Run, Hide, Fight” available on Learning Central. Other Learning Central trainings for employees may be assigned by the University and must be completed according to the due dates.

4. REQUIRED IMMUNIZATIONS AND TESTS

<http://shac.unm.edu/services/allergy-immunization/hsc-clinical-students.html>

Students must have an Immunization form completed by a provider at UNM Student Health and Counseling. Students are responsible for maintaining and updating immunizations throughout the duration of the program and must be up-to-date when entering any clinical setting or providing direct patient care, whether during a clinical education experience or as a part of the didactic coursework.

Students are also responsible for any additional clinical education requirements prior to each clinical education experience throughout the program (such as influenza vaccination required of all employees and students on North Campus who treat patients). Immunization responsibilities include remaining up-to-date on TB/PPD testing throughout the duration of the program, which involves an annual TB/PPD test. Students are responsible for knowing their own expiration date and presenting updated TB verification prior to expiration of their previous immunization. All Healthcare students need to show evidence of having obtained the following immunizations and tests as part of their clinical education compliance.

1. Hepatitis B: three dose series completion
2. Hepatitis B Surface Antibody Titer (IgG): In addition to completing the Hepatitis B series, a Hepatitis B Surface Antibody Titer (IgG) for confirmation of immunity is required and preferably should be drawn 4 to 6 weeks after completing the Hepatitis B series. Titers drawn before completing the Hepatitis B series, or with inadequate spacing after receiving the third Hepatitis B vaccine dose, will not be accepted.
3. Measles, Mumps, Rubella (MMR):
 - a. TWO (2) DOSES after 1978 (each dose in the 2-dose series must be spaced at least 4 weeks apart, with the first dose given after 1st birthday). Individuals who received MMR vaccines in or prior to 1978 will need to meet the requirements in “b” below. OR
 - b. Titers (IgG) showing immunity for each disease: Rubeola (Measles), Rubella, Mumps. COPIES OF LAB RESULTS ARE REQUIRED.
4. Seasonal Influenza Vaccine (annually): Please obtain documentation when you receive the vaccine. PLEASE NOTE: Unless students receive the Influenza vaccine at Student Health & Counseling, we do NOT have copies or access to copies of Influenza vaccine received elsewhere (e.g., at UNMH, UNM, or any of the Flu Shot Clinics on North Campus or in the UNM SUB).
5. Tdap (Tetanus, Diphtheria & Pertussis): One (1) dose of adult Tdap. If last Tdap is more than 10 years old, another dose of Tdap or Td is required.

6. Varicella (Chickenpox):
 - a. Proof of TWO (2) doses of Varicella vaccine (each dose in the 2-dose series must be spaced at least 4 weeks apart, with the first dose given after 1st birthday) OR
 - b. Positive Varicella Titer (IgG): A COPY OF LAB RESULT IS REQUIRED.
7. Tuberculosis Screening:
 - a. UPON ENTRY TO PROGRAM:
 - i. A Two-Step Tuberculosis Skin Test (aka TST or PPD—two separate placements and two separate results) is required within six (6) months of starting the 1st year in a healthcare program. Each test placement must be separated by one week. OR
 - ii. A current T-Spot or QuantiFERON Gold TB test within six (6) months of starting the program. OR
 - iii. History of Positive TB Test: If you have a history of a positive TB test, you should bring documentation of the positive TB test result, chest X-ray result, and treatment completion (if applicable).
 - b. ANNUALLY:
 - i. A TB Skin Test (aka TST, PPD) placed day 0 and read within the 48- to 72-hour time period OR
 - ii. A T-Spot or QuantiFERON Gold TB test OR
 - iii. A symptom screen (only those with a documented prior history of a positive TB test and negative chest X-ray).
8. Documentation of COVID19 immunization according to UNM HSC policies.

5. “THE GREY AREA” – MANDATORY SEXUAL MISCONDUCT PREVENTION TRAINING

On October 17, 2016, the University of New Mexico entered into an agreement with the U.S. Department of Justice to refine UNM’s policies regarding sexual harassment and misconduct on campus.

As a part of this agreement, UNM provides a mandatory sexual misconduct prevention training, The Grey Area, to all qualified UNM students. The Grey Area is a one-time, in-person session that is required of all UNM students currently enrolled in 6 credits or more in a degree-granting program with a regular presence on campus. This includes branch campus students and those enrolled at the Health Sciences Center and UNM Law School.

Once you have the in-person training, you will be required to complete a yearly on-line training. Failure to complete these trainings will be reported to the Department of Justice.

You can register for training as a Professional Student at:

<https://loborespect.unm.edu/education/mandatory-training/greyarea/about.html>

6. BACKGROUND SCREENING AND DRUG SCREEN POLICY

Physical therapy students are required to complete fingerprinting and a background check upon entry into the program. An annual background check by the New Mexico Department of Health is required to remain compliant with the New Mexico Department of Health Caregivers Criminal History Screening Program.

A drug test may also be required for certain clinical facilities according to their affiliation contract. In accordance with those affiliation agreements, the PT program will be unable to place students who

refuse to submit to or who test positive on a drug screen. This will effectively cancel the student's participation in clinical for that semester, and may affect the student's graduation and/or curricular timeline.

A student or practitioner's use of illicit drugs is a direct threat to patient safety. As such, a refusal to submit to a drug screen or a positive test result will be considered a professionalism lapse. Students who refuse or test positive will be referred to the APC to be reviewed on a case-by-case basis with recommendations to the Division Chief after a review. Consequences of a positive drug test may include being placed on full probation, undergoing random drug tests for the remainder of the program, and/or other requirements as deemed appropriate for the student. Repeated positive drug tests will lead to dismissal from the program. The timing and location of the clinical experiences required to make up for lost clinical time will be determined by the DCE.

Students will be responsible for the costs associated with background screens and drug screens.

Q. RELIGIOUS HOLIDAYS

It is the policy of the University to respect member's religious beliefs: <https://handbook.unm.edu/c260/>. Students must submit a leave of absence to the course instructor for religious holidays that are outside of the university calendar. The student must plan to make up any work or examinations with the faculty for classes that fall on the holiday. While the Division will do its best to accommodate religious observances by its students, requested adjustments must be reasonable, not interfere in the delivery of the course, be made well in advance, and allow time for makeup work to fulfill the academic requirements.

R. RESPECTFUL CAMPUS POLICY

Related to UNM policy 2240: Respectful Campus
<https://policy.unm.edu/university-policies/2000/2240.html>

1. PURPOSE

A respectful environment is a necessary condition for success in teaching and learning, in research and scholarship, in patient care and public service, and in all other aspects of UNM's mission. The UNM DPT Program is committed to providing a workplace and classroom free from bullying. Workplace and classroom bullying is unacceptable behavior that can cause psychological and physical harm to students and can significantly disrupt the organization. Accordingly, the UNM DPT program will not tolerate any form of bullying.

2. DEFINITION

Workplace/classroom bullying is repeated and malicious attacks against someone for personal or work reasons. The victim does not need to see or hear the offense occurring to constitute bullying. Bullies usually intend to inflict emotional or mental harm on the victim, and the bullying can come in many forms:

- verbal abuse, insults, threats, and/or yelling
- non-verbal behaviors that are insulting and/or unwelcoming
- teasing or regularly making someone the brunt of pranks/practical jokes
- sarcasm and/or other demeaning language
- exclusion of a person from activities
- work sabotage and/or tampering with someone's personal effects
- gossip and false malicious rumors
- coercion, intimidation, and/or misuse of power
- unfair and/or excessive criticism
- deliberately withholding of information

- sexual harassment (as defined by UNM policy <https://policy.unm.edu/university-policies/2000/2740.html>)

3. RESPONSIBILITIES

Students have the duty to behave in a professional manner and to treat each other with respect and dignity. Everyone has the right to study and work in an environment free from bullying and abuse, and all members of the UNM DPT program should treat others as they would expect to be treated themselves.

Faculty have a special responsibility to create a safe environment free from bullying and abuse. Faculty must take steps to prevent bullying and must take prompt action when they witness any behavior that may be construed as bullying. If appropriate, the UNM DPT program will investigate bullying complaints and provide disciplinary action.

4. PROCEDURES

Any student who has been subjected to, or witnessed, bullying should report the matter immediately to either to the faculty member in proximity to the incident or to the Division Chief.

If the bullying of students is based on race, color, religion, national origin, physical or mental disability, age, sex, sexual preference, gender identity, ancestry, medical condition, or spousal affiliation, it should be reported to the University Compliance, Ethics & Equal Opportunity.

The Division Chief or their designee will handle and investigate cases of bullying in a manner described under V.E.12. If bullying is confirmed, the person will be referred to the Division Chief for recommendations on any action to be taken in accordance with the UNM administrative policies and procedures policy 2240: Respectful Campus.

5. RETALIATION

Retaliating against someone for opposing bullying, or for participating in an investigation, is prohibited and will result in discipline.

S. STUDENT SUCCESS COMMITTEE

The Student Success Committee (SSC) is charged with enhancing student academic success through a holistic approach. The committee includes two student members from each class cohort, the PT Operations Manager, administrative staff, the SSC Faculty Chair and the Division Chief. Student representatives are elected by their class and serve a one-year term. Meetings are held every two weeks or as needed during each semester. Prior to meetings, students who serve on the committee collect data (feedback from their class) relevant to learning and academic success. Feedback is collected objectively (not hearsay) and anonymously (e.g. Slack App for Anonymous Feedback). Class cohorts are encouraged to provide constructive feedback, possible solutions to learning issues, and give feedback of what is working well to assure academic success. The feedback and solutions are discussed at the SSC meetings with the goal of arriving at an equitable solution for students and faculty. The SSC committee strives to maintain an open collaborative dialogue during meetings to assure all voices are heard. Following the SSC meetings, student members will provide a summary of the meeting discussion and possible solutions to their class cohort.

At the end of each semester, student committee members from each class cohort will ask for another class member to review course feedback and meet with the course instructor. The course instructors will send the summary of the course feedback surveys to the SSC student members for review and coordinate a meeting time to discuss the feedback that promoted successful learning and possible suggestions for areas of improvement.

T. SAFETY AND EMERGENCY INFORMATION

Ensuring the safety and security of students at the HSC is one of our primary concerns and obligations. Therefore, we strive to create a safe learning and work environment and to ensure that HSC students and employees feel confident to handle a wide variety of emergency situations.

We encourage you to become fully knowledgeable about the following critical elements of our safety and disaster-management program and that supplement the online UNM student handbook, The Pathfinder (<https://pathfinder.unm.edu/>). Additional resources will keep you informed specifically about individual emergency preparedness, safety and security (<https://emanage.unm.edu/> and <https://campussafety.unm.edu/>).

At a minimum, please do the following:

- Remain registered with LoboAlerts to receive announcements via phone texts and/or email. Your family and friends can register, too. If you are aware of any campus alerts, be sure you inform other students and faculty who are close by. LoboAlerts are also posted on digital signs in HSC buildings.
- Because you attend classes in many buildings, use the library and food services and are in clinical settings, know how to find the following in each location you visit:
 - The nearest AED (Automated External Defibrillator) station for cardiac events
 - Building emergency exits
 - Fire alarm pull stations, extinguishers, and designated gathering places
 - The best “shelter in place” location
 - The nearest blue emergency phones, if outdoors
- Bookmark the UNM LoboMobile site on your mobile devices which includes an icon for “Emergency Info” with emergency numbers and a mobile version of the UNM Emergency Preparedness handout. <https://mobile.unm.edu/>
- Understand that in case of an emergency, your first action should be to ensure your own safety.
- Know two ways (without using elevators) to get out of the building you are in.

1. EMERGENCY PREPAREDNESS

Students of the University of New Mexico recognize the classroom leadership of their faculty. In the event of an emergency, students will expect their faculty to provide guidance to mitigate and respond to the situation. The following is offered as a guide to develop those plans in advance of an incident.

A) IN CASE OF EMERGENCY

If one encounters an emergency situation, they must first provide for their own safety. The UNM Police Department is available 24/7 and provides more than just emergency response. In addition to the items listed, they also house “lost and found”, bicycle registration and fingerprinting, offer an escort service, and can provide copies of Police Reports.

If you come across an emergency situation, you should:

- Step One: Make yourself safe
- Step Two: Warn others in the immediate area of the situation
- Step Three: Call for assistance. DO NOT assume that someone else has called. UNM PD: (505) 277-2241; 911 from a campus phone; or, via blue light phone.

B) UNM COMMUNICATIONS SYSTEMS

The primary ways that UNM can provide emergency updates to students, faculty and staff are via LoboAlerts (<https://loboalerts.unm.edu/>) and the Warning Siren. Although cell phones may be a distraction in the classroom, it is recommended that at least one device be left available to receive LoboAlerts messages. Since different devices and service providers may account for messages being received at different times, it may be prudent to allow several devices to be active for such messages. Other than testing, a sounding of the warning

siren means that something has occurred which makes it unsafe to be outdoors. All persons should take shelter in the nearest building, and look for additional information which will be coming via LoboAlerts, local media, email or the UNM Webpage.

C) SHELTER IN PLACE

In some instances, it is safer to shelter in place and wait for further instructions. If you are instructed to Shelter in Place, then:

- a. Remain calm
- b. Move away from windows and glass.
- c. Silence your cell phones.
- d. Lock the door and wait for further instructions.
- e. Keep the telephone lines free for emergency information. Do not call 911 or the UNM Police Department for information. However, if you are trapped or need assistance, please call 911 for assistance!
- f. Don't leave your room until instructed by a Police Officer, authority figure or LoboAlert.

D) EVACUATION

Know two ways to get out of your building, and determine a location to meet to make sure that everyone is accounted for.

E) SUSPICIOUS BEHAVIOR

There are many ways to report behavior that is concerning (AGORA, BIT, CARE, etc.). Report suspicious person(s) and/or activities to the UNM Police promptly.

F) AWARENESS

The first level of prevention is awareness of your surroundings.

U. STUDY ABROAD PROGRAMS *CURRENTLY ON HOLD DUE TO COVID-19 PANDEMIC

Student selection for the trips is a lottery system.

All applicants must be in good academic standing with a cumulative GPA of at least a 3.0.

A student who is on probation will not be eligible to participate in a study abroad trip. A student placed on probation after being selected will no longer be eligible to participate and will be replaced by an alternate.

1. GUATEMALA

A two-week experience in Antigua, includes Spanish language classes, participation in a wheelchair factory fabricating and evaluating wheelchairs for children, and providing neurologic physical therapy services to children in a pediatric long-term hospital.

2. UNM GLOBAL EDUCATION OFFICE (GEO)

The GEO has various opportunities to fund international travel experiences. For more information, visit <https://studyabroad.unm.edu/getting-started/funding-and-scholarships.html>

V. STANDARDS OF PROFESSIONAL DRESS

1. NORMAL CLASSROOM ATTIRE

Normal classroom attire should not be disruptive to the educational process. The length of shirts/tops should be adequate to cover the entire trunk at rest and during all movements by the student. No skin should be visible on the abdomen, breasts, buttocks or between the shirt and pants. Clothing should not contain language or symbols that could be construed as offensive, such as profanity, distasteful humor, or sexual innuendo. Students should dress in layers and in clothing that is comfortable and allows for maximal attention in the classroom.

A) LABORATORY ATTIRE AND EXPECTATIONS

Laboratory attire is required in many courses. Students are responsible for reviewing each course syllabus for the required laboratory dress. Students will be expected to perform palpation, manual techniques and other handling skills on students and patients of all genders. During laboratory sessions, students will be expected to expose certain body parts. Proper decorum and draping is followed. Students seeking lab accommodations for cultural reasons should provide such requests, in writing, to the Division Chief at the start of the term for consideration.

2. NORMAL CLINICAL ATTIRE

Clinic attire should convey professionalism as well as honor the values of a diverse clientele. Students are expected to wear appropriate dress for all activities involving clinical contact with patients, including classroom lab sessions, REACH lab, mini clinics, and full-time clinical education experiences. Attire should be comfortable and non-restrictive to allow for movement as necessary during patient care while maintaining a conservative modesty.

Dressing more conservatively or formally on the first day/week is suggested. If a student reports to the clinic wearing any inappropriate dress, they may be asked to go home to change. If repeated instances of unprofessional dress occur, the student may face disciplinary action and/or be asked to permanently leave the clinical facility. The Standards of Professional Dress described below are examples of the expected attire for all clinical situations. Students are expected to adhere to these guidelines unless a clinical facility specifically requires an alternative. If standards of dress at a specific facility are more lenient than this, the student should maintain more conservative standards, in order to uphold an appearance that aligns with diverse patient values.

3. NAME TAGS/ID BADGES

The Program recognizes the importance of the identification of healthcare providers to the consumer and requires all students to display proper identification during all patient encounters. Students are required to introduce themselves to patients, inform the patient of the student's role in the encounter, and gain verbal informed consent from the patient allowing the student to observe, interact with, and/or evaluate/treat the patient.

Name tags will be provided to the students during the first semester in the program. Name tags must be worn during all real and simulated patient encounters, and should be positioned above the waist. Students should refrain from wearing ID badges on lanyards due to possible safety risks to oneself or patients.

4. STANDARD PROFESSIONAL ATTIRE

1. Real or Simulated patient-care activities
 - a. Full-time Clinical Education Experiences
 - b. Part-time Clinical Education Experiences (mini clinics)

- c. REACH lab
 - d. AOC
 - e. Lab practicals, including OSCEs
 - f. Activities with standardized patients, including SIMs
 - g. Interacting with patients off-campus
 - h. Service Learning activities
 - i. Community volunteerism activities, including fitness/wellness screens and fall risk screens
2. Interprofessional interactions including classroom activities, IPE meetings, and community events
 3. When conducting and/or assisting in clinical research, including subject recruitment and data collection
 4. When representing the profession, including Induction ceremony, Poster Day, Convocation, and State and National Conferences
 5. During guest lectures (subject to individual faculty recommendations)
 6. When giving presentations in-class (subject to individual faculty recommendations)

The following are examples of the expected attire for the above situations:

	Recommended	Not Recommended
Tops	<ul style="list-style-type: none"> Professional business shirts with collars, tucked into pants unless the cut of the shirt allows otherwise Polo shirts with collars, tucked into pants unless the cut of the shirt allows otherwise Tops without collars (blouses) made of quality fabric and in good condition Neckline should be no more than 2 inches below the collarbones and should cover cleavage and bra when bending over with the arms forward If not tucked in, the bottom of the shirt should be long enough to cover the entire low back and abdomen when bending and reaching in all directions Recommend an undershirt to wear tucked into pants to maintain modesty 	<ul style="list-style-type: none"> Bare shoulders or bare back Gym tops or yoga tops T-shirts, shirts with logos Puckering of buttons, resulting in exposure of skin or bra between buttons Tight/clingy styles or material Baggy/over-sized styles Wrinkles, tears, frays, stains, pilling, or other signs of wear Sleeveless tops, unless worn under a sweater or shirt with sleeves Tops that reveal the abdomen when reaching overhead Tops that reveal the low back when bending over Tops that expose cleavage or bra when bending over with the arms forward
Jackets	<ul style="list-style-type: none"> Classic styles of cotton or suede jackets Cardigans 	<ul style="list-style-type: none"> Sweatshirts or hoodies of any kind
Dresses/Skirts	<ul style="list-style-type: none"> Professional material Modest neckline If sleeveless, straps should be 3-4" thick Upper back should be modestly covered Length should come to the knee when standing, no more than 2" above the knee when sitting Must wear a slip if the skirt is see-through 	<ul style="list-style-type: none"> Strapless Spaghetti or halter strap Short dresses/skirts that do not come to the knee Shorter than 2" above the knee when sitting Denim Leather Bright or distracting patterns <u>Dresses/skirts are not recommended in the clinical setting</u>
Pants	<ul style="list-style-type: none"> Dress pants, khakis, and/or dress slacks made of firmer fabric to maintain professional appearance Straight leg, wide leg, or cigarette style trousers Fit should maintain modesty around the buttocks and thighs Capri length at least to mid-calf Wear a belt if shirts are tucked into pants 	<ul style="list-style-type: none"> Pants that are wrinkled, faded, stained, frayed, or look worn Jeans, sweatpants, yoga pants, aerobic pants, leather pants Cargo pants Shorts Hemlines that drag on the floor Styles that expose underwear when bending over Tight pants (no 'skinny' style pants) Styles that cling to thighs or buttocks Leggings worn as pants Bright colored pants or bold prints
Shoes	<ul style="list-style-type: none"> Pumps, flats, boots, loafers, leather shoes in good, clean condition Heel no greater than 2-3 inches Athletic shoes in good quality condition and neutral colors <u>Shoes must be closed-toe for all patient-care activities (item #1 above)</u> Noise-resistant soles are preferable 	<ul style="list-style-type: none"> Shoes with visible wear such as rips, scuff marks, holes, stains, and dirt Bold colors or patterns High heels over 3 inches tall Foot odor <u>Open-toed shoes are not permissible during patient-care activities (item #1 above), for safety reasons</u>

	Recommended	Not Recommended
Socks	<ul style="list-style-type: none"> • Neutral, conservative colors and styles • Match pants with socks and with shoes • Leggings/hosiery worn under a dress/skirt of approved length 	<ul style="list-style-type: none"> • Bold colors or patterns • Holes or other signs of visible wear
Jewelry	<p><u>During patient-care activities (item #1 above):</u></p> <ul style="list-style-type: none"> • Limit two rings per hand • Earrings in conservative colors and styles • Earrings only in ears 	<p><u>During patient-care activities (item #1 above):</u></p> <ul style="list-style-type: none"> • Low hanging necklaces and earrings that might interfere with patient care • Bracelets that might interfere with patient care • Piercings in any area other than the ears (including small nose rings)
Tattoos	<p><u>During patient-care activities (item #1 above):</u></p> <ul style="list-style-type: none"> • Clothing styles must cover all visible tattoos 	<p><u>During patient-care activities (item #1 above):</u></p> <ul style="list-style-type: none"> • Visible tattoos
Grooming	<ul style="list-style-type: none"> • Free of offensive odor • Hair that is neat and clean • Long hair tied back to avoid patient contact • Natural hair color • Facial hair neat and trimmed • Makeup in natural colors and styles • Fingernails trimmed short, cleaned, and filed • Clear fingernail polish only if not chipped 	<ul style="list-style-type: none"> • Perfume and cologne • Strongly scented hand or body lotion • Cigarette odor • Body odor • Hats or head coverings unless for religious reasons • Sunglasses inside the workplace, including on top of the head • Artificial nails • Chipped nail polish
Setting-Specific Clinical Standards		
Inpatient Setting	<ul style="list-style-type: none"> • Scrubs – clinics may have specific color requirements • Business casual (i.e. Standard Professional Dress) if allowed by the clinic 	
Pediatric Setting	<ul style="list-style-type: none"> • Jeans that are in good condition and of a modest fit • Plain colored T-shirts in good condition, without logos, and that prevent exposed body areas indicated in Basic Standards 	<ul style="list-style-type: none"> • Jeans that are faded, stained, frayed, have holes, or otherwise look worn • Jeans of “skinny” style that cling to the thighs or buttocks • Sweatpants, yoga pants, aerobic pants • Shorts

Attire should convey professionalism, competence, and trustworthiness, as well as honor the values of a diverse clientele. Attire should be comfortable and non-restrictive to allow for movement as necessary during patient care while maintaining a conservative modesty. If a student presents to any of the above situations wearing any inappropriate dress, they may be asked to go home to change.

If a student is in a clinical setting with Standards of Professional Dress that are more relaxed or lenient than those listed above, the Division recommends that the student follow the above standards. This will ensure that the patient/client views the student with the necessary credibility to gain their trust and established a positive professional relationship.

W. SOCIAL MEDIA

1. STATEMENT ON SOCIAL NETWORKING SITES FROM THE UNM DEAN OF STUDENTS OFFICE

<https://rights.unm.edu/expectations/social-networking-sites.html>

The University of New Mexico's Dean of Students Office recognizes that social networking sites are now a part of our university culture. These websites offer students many opportunities to keep connected with their family, friends, and other social groups-- not only at UNM, but across the world. Occasionally, students will post information that is deemed offensive and/or something that may be seen as illegal, or a violation of UNM Policy. Although the Dean of Students Office does not actively peruse social networking sites to look for potential issues, we will investigate information brought forward that indicates there might be some type of violation. When utilizing these on-line resources, individuals should understand the following as potential risks of internet-based communications:

- Information posted online is typically there forever.
- Information posted online is potentially available for everyone to see, such as future employers, university administrators, and parents
- Providing too much personal information online (telephone numbers, addresses, photos, etc.) can be used to cause harm. Examples include: identity theft, online harassment, and stalking
- A good "rule of thumb" is to not post any information that you wouldn't want your parents, a university administrator, a future employer, or a stalker to see
- Should our office receive information that indicates a UNM student has violated university policy or state law, they may be held accountable for these postings through the legal process or through the Dean of Students judicial process

X. TECHNICAL STANDARDS

Prior to entrance into the program, it is the student's responsibility to notify the Physical Therapy Program if they are unable to meet the Technical Standards.

Applicants for admission to the Physical Therapy Program and current students must possess the capability to complete, with or without reasonable accommodations, the entire curriculum and achieve the DPT degree. The use of a trained intermediary, a person trained to perform essential skills on behalf of the student, or a person used so that a student's judgement is mediated by someone else's power of selection is not permitted.

1. TECHNICAL STANDARDS REQUIRED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE PHYSICAL THERAPY CURRICULUM

The curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills. To achieve these proficiencies, the Physical Therapy Program requires that each student be able to meet the following Technical Standards with or without reasonable accommodations.

The determination of whether an applicant or current student meets the standards will be done on an individual, case-by-case basis utilizing the existing committee structure of the Physical Therapy Program (Admissions Committee, Academic Progress Committee).

A) MOTOR SKILLS:

Candidates must have the gross motor, fine motor and equilibrium functions required to carry out assessments and to provide physical therapy intervention. Task requirements will vary over a large range from gross motor to fine motor requiring adequate strength and coordination. Examples are: transferring a child or adult from a wheelchair to a bed, mat or treatment table; managing a large patient with motor and/or sensory deficits during a mat based treatment program; manipulation of the spine using your hands; mobilization of the joints using your body and/or your hands; manipulation of a goniometer using your hands; manipulation of small materials needed to administer a fine motor exam and perform accurate assessment and treatment techniques by correct applications of forces with precise hand techniques. Errors in application may result in inaccurate information being obtained during assessment or ineffective treatment being delivered to the patient.

Quick, accurate motor and cognitive reactions are necessary, not only for safety of the person receiving service, but also for the therapist (e.g. a patient may lose balance during a training technique and start to fall or may have an adverse effect from a given treatment requiring appropriate and timely decisions and intervention.)

Students will be expected to perform palpation, manual techniques and other handling skills on all gender students and patients. During laboratory sessions, students will be expected to expose certain body parts. Proper decorum and draping are followed. Students seeking lab accommodations for cultural reasons should provide such requests, in writing, to the Division Chief at the start of the term for consideration.

Some courses in the DPT program intermittently or regularly require specific levels of physical handling and guarding in order to meet course objectives. Weight requirements of these assist levels will vary based on the body composition of the lab partner or simulated patient. Students can refer to the following descriptions of physical participation:

- Contact Guard Assistance: The patient may require up to 10% physical assistance for balance during the task.
 - Example: if the lab partner or simulated patient weighs 150 lbs, the learner may be required to manage up to 15 lbs.
- Minimal Assistance: The patient may require up to 25% physical assistance to aid in the task.
 - Example: if the lab partner or simulated patient weighs 150 lbs, the learner may be required to manage up to 37.5 lbs.
- Moderate Assistance: The patient may require up to 50% physical assistance to aid in the task.
 - Example: if the lab partner or simulated patient weighs 150 lbs, the learner may be required to manage up to 75lbs.
- Maximum Assistance: The patient may require up to 75% physical assistance to aid in the task.
 - Example: if the lab partner or simulated patient weighs 150lbs, the learner may be required to manage up to 112.5 lbs.
- Dependent: The patient requires more than 75% physical assistance to aid in the task. The learner must decide if assistance from another person is required for the task, and in some situations may need to use a mechanical lift system.
 - Example: if the lab partner or simulated patient weighs 150lbs, the learner may be required to manage up to 150 lbs.

B) SENSORY SKILLS:

Physical therapy students will learn and demonstrate competency in a variety of settings. Their senses must be at a level of functioning to allow them to perceive objects in the environment and to observe human behavior and performance. Examples include, but are not limited to the following: the student must be able to visually assess activities such as joint range of motion and postural alignment; to make auditory assessment of auscultation and breath sounds; as well as to perform palpation in order to assess changes in skin temperature or application of manual pressure. The student must also discriminate between a safe and an unsafe environment, and between therapeutic and non-therapeutic behaviors and contexts. For example, the student must be able to assess whether use of therapeutic equipment may jeopardize the health and well-being of themselves or others, whether an object being thrown by a child is potentially dangerous for others, or whether a conversation between two individuals in a group indicates that they are angry at one another.

C) COMMUNICATION:

(1) WRITTEN:

The physical therapy student must be able to comprehend and assimilate information from a variety of written sources including texts, journals, medical records, course syllabi, etc. In addition, the student must be able to acquire written information from a variety of sources including Medline, CINAHL, and other computer-search programs, the Internet, journal and text libraries, etc. The student must be able to produce written materials that are constructed in a discernible and organized fashion, using proper grammar, spelling, and punctuation. This includes both handwriting and typing/word processing skills.

(2) VERBAL AND NONVERBAL:

The physical therapy student must be able to impart information so that others can understand it. The student must be able to elicit information from patients, family members, supervisors, and peers. The students must note and respond to factual information provided by others as well as to cues of mood, temperament, and social responses. The student must be aware of and responsive to cultural differences in verbal and nonverbal communication. Communication with patients and all members of the intervention team must be accurate, sensitive, effective, and efficient. Communication must be timely and situationally appropriate.

D) COGNITIVE SKILLS:

The physical therapy student must have the mental capacity to assimilate and learn large volumes of complex information. They must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

(1) PROBLEM SOLVING:

To be able to make appropriate clinical decisions, a physical therapy student must be able to make correct observations and have the skills of measurement, calculation, reasoning, analysis and synthesis. For example, the student must have the skills to conduct assessments accurately, compute test scores, analyze results and determine the impact of this information on intervention. The student must synthesize a variety of information from many sources, and make a decision in a timely manner.

(2) JUDGMENT:

The physical therapy student will be expected to demonstrate judgment in classroom, laboratory and clinical setting which shows an ability to make mature, sensitive and effective decisions in the following areas:

1. Relationships with persons being served and family members. For example: the student demonstrates professional interactions in all situations.
 2. Relationships with supervisors and peers. For example: when provided with constructive feedback from an instructor or supervisor, the student will adapt behavior accordingly.
 3. Demonstration of professional behaviors, such as timeliness, regular attendance, and completion of assignments.
 4. Ability to determine effectiveness of intervention strategies, and modify the program accordingly.
-

E) BEHAVIORAL/SOCIAL SKILLS:

The physical therapy student is expected to exhibit appropriate professional attitudes and conduct during participation in the classroom and in clinical experiences. This includes, but is not limited to: use of appropriate language and communication, flexibility toward change, the ability to fulfill commitments and to be accountable for actions and outcomes, and the ability to self-assess, self-correct and self-direct and to identify needs and sources of learning.

The student must also demonstrate the ability to work as an effective team member by sharing knowledge, eliciting and accepting input from others, helping others as appropriate in the learning process, taking responsibility for tasks required in group work, and by acting with sensitivity and empathy towards others.

The student must demonstrate a willingness to participate as a subject for teaching of clinical skills by faculty and for the practice of competence of skills by peer students unless a strict contraindication to such treatment is reported to the faculty member or Division Chief at the time of the class.

2. PROCEDURES FOR ADMINISTERING THE TECHNICAL STANDARDS FOR ADMISSIONS, CONTINUANCE, AND GRADUATION

A) ADMISSIONS

Process Notification of Technical Standards

The Physical Therapy Program shall inform each applicant that, in order to be admitted and to complete the DPT at the University of New Mexico, they must be able to meet, with or without reasonable accommodations, all of the Physical Therapy Program's technical standards. The technical standards will be available upon request from the Physical Therapy Program.

Admissions Committee

The Admissions Committee shall consider each applicant with the assumption that each can meet the technical standards.

Offers of Acceptance

Upon recommendation from the Admissions Committee, the Physical Therapy Program shall send each selected applicant a letter of acceptance. The letter shall indicate that the acceptance is contingent upon:

- a. Receipt of a statement from the selected applicant stating that the applicant is able to meet the Physical Therapy Program’s Technical Standards without accommodation; if accommodations are needed the applicant should refer to <https://policy.unm.edu/university-policies/2000/2310.html> for associated processes.
- b. In the event that the Admissions Committee has a reasonable belief that any selected applicant has a disability that would prevent them from completing all technical standards, the committee may request that the selected applicant demonstrate or explain how they can meet a particular standard or set of technical standards. <https://policy.unm.edu/university-policies/2000/2310.html>

B) CONTINUANCE THROUGHOUT THE CURRICULUM

- a. All students must fulfill the Technical Standards for completion of a Physical Therapist Doctorate. Therefore, in the event that during training a student becomes unable to fulfill those technical standards and believes they may require an accommodation, please follow the policy as outlined at: <https://policy.unm.edu/university-policies/2000/2310.html>
- b. If the student is unable to fulfill one or more technical standards, with or without accommodation, the matter may be referred to the Academic Progress Committee.
- c. If the inability to fulfill one or more technical standards appears by the faculty and the Academic Progress Committee of the Physical Therapy Program to be the result of a disability, the matter will be referred to ARC.
- d. If, for any reason, the Division of Physical Therapy has a reasonable indication that the student may not be able to meet the technical standards, the Physical Therapy Program may discuss the technical standards and the student’s abilities with the student, and if appropriate, the Academic Progress Committee.

3. CHANGE IN TECHNICAL STANDARDS DUE TO AN INJURY/TEMPORARY CHANGE IN HEALTH STATUS

The student must be able to meet the Technical Standards of the program and the objectives of the curriculum with or without a reasonable accommodation. Inability to do so could warrant postponement of the curriculum until the student is medically cleared for participation by a physician or healthcare provider, followed by the development of an Individual Learning Plan to address missed time and course content. If a student has any health issues, religious or cultural directives that restrict their ability to meet these technical standards, they must notify the course instructor as soon as possible.

A student must notify the Division Chief (or designee) of any disability, impairment or condition that has the potential to jeopardize the safety of students, faculty, or patients or which prohibits full participation in classroom, laboratory or clinical activities (injury, prolonged illness, pregnancy, etc.) as soon as possible. Failure to notify the Division Chief (or designee) may jeopardize the student’s standing within the program and ability to progress toward degree completion.

A) ELIGIBILITY FOR SERVICES

<https://arc.unm.edu/students/who-is-eligible-for-arc-services.html>

To be eligible for services from Accessibility Resource Center (ARC), the student must be admitted to UNM, and they must have a documented disability. ARC understands that many people do not readily identify with the term “disability” and prefer to use other terminology to describe their situation, and we respect that choice. At the same time, the term “disability” is the language used in both the federal laws and the UNM policies that protect students with disabilities from unlawful discrimination

and provide for them to receive reasonable accommodations. This is why the word disability is used frequently throughout our website.

As defined in federal law, a person with a disability is someone who has a serious medical condition or a physical or mental impairment that substantially limits one or more major life activities.

Major life activities are those functions that are important to most people's daily lives. They include but are not limited to the following:

- Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
- **Major Bodily Functions, such as** functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions."

B) TEMPORARY OR CHANGE IN HEALTH STATUS

<https://arc.unm.edu/students/temporary-disabilities.html>

While the Americans with Disabilities Act (ADA) does not recognize temporary injuries as a disability for which accommodation is legally mandated, the appropriate departments will assist to direct students to where they can find resources for such situations. Students will be expected to show verification of their temporary injury to the appropriate faculty or staff member at UNM.

Should this type of injury occur, you should contact your course instructor of the courses you are enrolled in and inform them of your situation. By contacting the faculty member, they can work with you on your course assignments and with potential absences or tardiness that result from your temporary disability/injury. Please refer to your syllabus for the appropriate e-mail or phone contact information for your faculty member.

(1) TEMPORARY INJURY OR CHANGE IN HEALTH STATUS

If a student experiences a temporary injury or temporary change in health status while enrolled in the UNM DPT program that impacts their participation or safety in course work or lab activities, the student must inform the course instructor(s) of their situation in writing, including physician documentation of their restrictions.

The student must provide a written statement from their licensed healthcare professional detailing the limitations/restrictions. The student will also need to provide a written statement from their licensed healthcare professional when limitations/restrictions have been lifted. The course instructor(s), along with the Division Chief (or designee) and the APC, will determine if course objectives can be met by the end of the semester under the terms of restrictions from the medical provider. The Division Chief (or designee) will determine if any restrictions or modifications of coursework or clinical experiences are necessary in order to ensure a quality educational experience and the safety of all concerned.

In the event that there is no reasonable modification for the student to participate under their medical restrictions and meet course objectives before the start of the next semester, the Division Chief (or designee) and the APC will work with the student to determine if an Incomplete or Withdraw is the best option for their current courses. If accommodations cannot be made, the student may be

required to alter or postpone progression through the program or withdraw from the program.

(2) **LONG TERM CHANGE**

If a student sustains an injury while enrolled in the UNM DPT program, and there is concern that this injury will affect safe long-term participation in any aspect of the curriculum, the student shall contact the Accessibility Resource Center to determine if the student qualifies for an accommodation.

In an event such as this, the Program and Accessibility Resource Center will work together to determine next steps for the student and to determine if a reasonable accommodation is available for the student. In the event that there is no reasonable accommodation for the student, the Program will work with the student to determine if an Incomplete or Withdraw is the best option for their current courses.

VI. CLINICAL EDUCATION POLICIES

The UNM DPT program prepares students as generalist physical therapists who are prepared in any clinical setting. Students are therefore encouraged to obtain a wide exposure to a variety of practice settings throughout the program. The Director of Clinical Education (DCE) intends to choose clinical education venues that allow each student to achieve the breadth of experience necessary per accreditation standards and per the program's goal of generalist practice.

A. CLINICAL SITE ASSIGNMENTS

In accordance with the APTA Academy of Education position statement from 2016, all requests for clinical placements must be coordinated between the DCE and the Site Coordinator of Clinical Education (SCCE). Students are prohibited from contacting clinical sites or clinicians to arrange or inquire about clinical placement. Students **MUST NOT** contact any facility to inquire about interest in student placement, to ask for specific placement at the facility, to discuss/promote themselves, or to inquire about why a student was not accepted for a clinical experience. If a student does so, they will not be placed at that facility and they will be subject to disciplinary action.

The DCE maintains full autonomy in the assignment of all clinical education experiences. Students are allowed to provide their preferences to the DCE but in no way does this imply that a student's preferences will be honored or accommodated. The DCE strives to ensure the best match possible amongst the available clinical education slots.

Assignment of all clinical education experiences is based upon, in order of priority:

1. Student learning needs, including past clinical experiences, learning style, and classroom, laboratory and clinical performance;
2. Congruence of student learning needs and preferences with the character of the clinical facility and learning opportunities available at the facility;
3. The overall welfare and viability of the UNM Physical Therapy Clinical Education Program
4. Clinical instructor characteristics, including the clinical instructor's interest in working with the student, background, supervisory/teaching skills, and availability for consultation with the student and/or DCE during the clinical assignment.

All clinical assignments are subject to full faculty approval before final placements are arranged. Faculty approval is based, in conjunction with DCE recommendations, on the 4 items listed above. If any faculty member expresses concern about a student's performance within the program, the DCE will review items 1-4 above and determine a clinical site placement that matches those priorities. This may result in a student's individual preferences not being honored.

In fairness to all students involved in the selection process, the DCE will not give consideration to students' individual financial situations as a factor when determining clinical placements. UNM HSC allows students to increase their loan amount for any clinical education experiences outside of Albuquerque. Contact the Clinical Education Academic Coordinator (CEAC) for further details.

In accordance with non-discrimination policies, the DCE will not give consideration to students' individual family situations, support system needs, or personal stressors during the request and placement process, unless a student receives an accommodation from ARC in this regard.

If a student has a clinical accommodation from ARC, the DCE will need to communicate this accommodation request to the clinical education facility to determine if they can fulfill the accommodation. The DCE therefore requests that a student finalize any clinical accommodation letters with ARC prior to the selection process to avoid delay in placement for other students. The DCE will follow items 1-4 above in finding a clinical education facility that can fulfill the accommodation. This may result in inability to honor the student's personal site

preferences. If the DCE is unable to find a clinical education site that can fulfill the accommodation, the DCE will consult with the student, ARC, and the Division Chief to discuss the situation.

If two students express preference for the same clinical site, preference will be given to a student who is a better match for the clinical environment chosen, based on the 4 criteria presented above. If two students are evenly matched in this regard, the DCE reserves the right to assign the student who has completed or selected more clinical education experiences at least 30 miles outside of Albuquerque, with rural locations given higher preference.

1. OUT-OF-TOWN REQUIREMENTS

Because UNM is a state-sponsored university, the mission of the state related to the DPT program is to place clinicians in rural areas of the state, to meet the needs of rural or underdeveloped areas where there may be a shortage of health care options available. Because of this mission, the DPT program requires each student to complete TWO clinical education experiences at least 30 miles outside of Albuquerque, and that one of these clinical education experiences occurs in a rural area. Students are encouraged to view it as their ethical duty, as a member of this program, to participate in a clinical education experience in rural New Mexico. However, if a student is unable to do their rural clinical education experience in New Mexico, a clinical education experience out-of-state, in a rural area, will also satisfy this criteria. Students should anticipate that clinical education experiences will require geographical separation from family, significant others, friends, and pets.

2. PRACTICE SETTING REQUIREMENTS

The first-year full-time clinical education experience will occur in an outpatient orthopedic setting. Objectives of the experience are on mastering basic musculoskeletal physical therapy skills.

The final three full-time clinical education experiences are designed to facilitate entry-level physical therapist practice and prepare students to function as a general practitioner of physical therapy. Students are expected to choose a diversity of settings and populations in their final three full-time clinical education experiences. Students may not repeat settings in these final experiences because the mission of the program is to graduate a generalist who has skills in all areas. For example, a student may not choose an outpatient private practice setting both for the Outpatient and for the Elective experience. Exceptions may be considered if the student is interested in rural New Mexico.

The requirements are as follows:

- Inpatient Setting
- Outpatient Setting
- Elective Setting

Some sites offer a combination of experiences such as in rural settings where the therapists see patients in inpatient and outpatient routinely during the course of a day and/or week. In these cases, the practice setting will meet clinical education experience qualifications based on where the majority of the student's experience will be. The inpatient and outpatient setting requirements should be close to 90% of the caseload. The DCE will help individual students determine whether a clinical site of interest will fulfill this requirement.

Sites will not be combined to create a mixed experience. For example, students are not permitted to combine half-time at two different clinical facilities. Students who are interested in a variety of exposure are encouraged to pursue a clinical education opportunity in a rural setting, where a combination of experiences is inherent in the structure of that particular clinic or hospital. A combination of a pediatric and adult setting for the same clinical education experience will not be accommodated.

3. PATIENT POPULATION REQUIREMENTS

The clinical education phase of the curriculum is designed to facilitate generalist physical therapist practice which involves the ability to work with patient of differing age ranges (pediatric through geriatric) and with involvement of different body systems (musculoskeletal, neuromuscular, and cardiopulmonary). Students are not required to complete a full-time clinical education experience in pediatrics, as REACH lab qualifies as meeting this age range requirement.

The requirement of patient population in the final three clinical education experiences are as follows:

- Musculoskeletal system: Some amount of outpatient orthopedic setting (adults or pediatrics).
- Neuromuscular system: Some amount of experience with adults with neurological conditions.
- Cardiopulmonary system: Some amount of experience with patients with cardiopulmonary conditions.

B. SUBMISSION OF STUDENT PREFERENCES

The DCE will meet with students throughout the curriculum in accordance with the national timeframes of clinical request processes. Students will either be provided with a list of available clinical sites or will be provided with instructions on how to access the larger site database. The DCE permits students to submit clinical site preferences with the understanding that a student's preferences may not be able to be honored. There are many factors in the DCE request process that limit the ability to place all students at clinical sites of preference, therefore, students should not hold an expectation that they will be placed at their top choices.

Students have entered into the program already aware that the nature of clinical education requires additional expenditures, on average approximately \$1600 per clinical education experience. The financial concerns of a student related to housing and/or travel during these clinical experiences is not a valid reason to choose one site over another. The student should choose clinical sites based on the experience that they are interested in gaining, not on the ability to attain cheap or free housing.

1. THE CLINICAL EDUCATION DATABASE

The DCE gives the students online access to the clinical education database of UNM DPT program affiliates. This database includes all clinical sites with whom the program currently affiliates. This database does not imply that any of these clinical sites have or will offer a slot to a UNM student.

There are several clinical sites listed in the database that affiliate with multiple PT/PTA programs and are very competitive to get into. Some venues require interviews or applications. There are some clinical sites listed in the database that UNM currently does not have a strong partnership with, and therefore are difficult to receive a slot at. In any of the situations described, these clinical sites have often requested that student assignments be restricted only to those students with high academic achievement in the DPT program.

2. CONSULTATION WITH THE DCE

At any time in the curriculum during normal office hours, students can email the DCE to request a meeting about clinical education. Students must meet with the DCE to review their plans for the final three clinical education experiences; this meeting is mandatory for students choosing CEE3 and CEE4. The DCE makes good faith efforts to educate students prior to submitting their preferences, to encourage appropriate breadth of interests and also to encourage realistic expectations about the placement process.

3. THE DCE REQUEST PROCESS

The DCE follows the national request process supported by APTA. The national request process occurs at a specified time each spring, and requests are for the following calendar year.

When the DCE requests student placement at a clinical facility, the program is often competing with several other PT and PTA programs for student placement. The DCE does not know how many students will be accepted by each facility. For example, a clinical facility may receive a student placement request from 20 different PT/PTA programs and only have 2 spots available. As a result, the DCE often needs to place students at locations that were not identified as sites of preference.

Most clinical facilities are booked within 1 month of the start of the request process. As such, the DCE strives to reserve enough clinical education slots across the region as would support all UNM DPT students through their clinical education experiences. This involves submitting requests at, and accepting offerings from, clinical sites that may not have been listed on any student's preference list.

Some clinical facilities require that the DCE make a request for a specific student during the annual request process. Other clinical facilities will provide UNM with a "reservation". Even if the DCE requests for a specific student, the placement process is not finalized until all students have a clinical assignment. A request for a specific student may be retracted and altered to place a different student, in accordance with items 1-4 above as related to achieving a good fit for all students.

Once a student has been assigned to a clinical site, that assignment is final. With this in mind, students should only include clinical sites on their preference list where they are 100% willing to go. In order to create a fair request process for all, students cannot alter their clinical preference after the allotted submission window has passed.

4. CONFIDENTIALITY IN THE PLACEMENT PROCESS

Students must understand that the DCE cannot provide specific details as to why a particular student preference was or was not honored. The DCE would not be able to provide such details without breaking confidentiality of clinical sites and of other students in accordance with items 1-4 above. If a student is not placed at a clinical site of their preference, the student should assume that their clinical sites of preference were "Unavailable". The following are examples of reasons that a clinical site might have been Unavailable to a particular student:

- The clinical site did not offer a slot to our program.
- The clinical site preferred a different time of year or experience level.
- The clinical site requested certain student characteristics and the student was not a match.
- The available slot was offered to a different student in the program who was of better fit.
- The characteristics of the CI, schedule, pace, or caseload were not a match to the student's needs and preferences.
- The clinical site did not respond to the DCE's request for placement.
- The DCE received new information about the clinical site, CI, or student that indicated that they were not a match.
- The DCE determined that the clinical site requires development of their clinical education program in order to enhance the relationship or the student experience.
- The DCE or clinical site discontinued their partnership with UNM.
- The terms of the affiliation agreement could not be agreed upon.
- The site retracted their offer due to scheduling, staffing, or managerial changes.

Students are prohibited from contacting clinical sites or clinicians to inquire about why a student was not accepted for a clinical experience. If a student does so, they will be subject to disciplinary action.

5. SITE SELECTION AND PLACEMENT RESTRICTIONS

A) RESTRICTIONS BASED ON ACADEMIC/PROFESSIONAL PERFORMANCE

- Students may not apply for new clinical site development if on Probation or Provisional Probation at the time of selection.
- Students must understand that their academic performance throughout the curriculum may affect a clinical placement after it has already been assigned. In some situations, students may be asked to change clinical education sites based on the environment of the clinic meeting the academic needs of the student. The DCE maintains full autonomy to reassign a student to a different clinical facility at any time, based on items 1-4 above. This includes placements that were arranged via interview or application.
- At any time, a faculty member may inform the DCE and/or APC about academic concerns that may affect the student's ability to deliver safe, effective, and/or respectful clinical care. In such a situation, the DCE will review the reported concerns and determine if the situation necessitates alteration of clinical placement. In addition, the APC will determine if an Individual Learning Plan or disciplinary action is recommended. These decisions will override a student's preferences of clinical placement and may result in short-notice changes in clinical placement.

B) RESTRICTIONS BASED ON CONFLICT OF INTEREST

A student will not be assigned a clinical education experience at a facility that is funding a portion or all of the student's education in the Program and/or has hired the student to begin employment upon completion of the Program. In this situation, the funding and/or hiring arrangement presents a conflict of interest for the facility, the CI, the employer, the student and the Program. A student who is receiving financial support from a facility with the expectation of becoming employed upon successful completion of the Program is required to disclose this arrangement in writing to the Division Chief and to the DCE.

This policy does not prohibit students from accepting positions at facilities where they are currently participating in a clinical education experience or have previously completed a clinical education experience.

C) RESTRICTIONS BASED ON FORMER EMPLOYMENT/VOLUNTEERISM

The program strongly recommends that a student not be placed for a full-time clinical education experience at: (a) a site where the learner has worked or volunteered more than 40 hours in the physical therapy department within the last 3 years; (b) a site where the learner has been, or is currently being, treated as a patient in the physical therapy department. The Program believes it may be more difficult for a learner to establish themselves as a student-professional in these settings since former colleagues and therapists may continue to interact with the learner within previously established roles. Additionally, such placement may cause bias in rating the student's performance. The Program also believes that learners should take the opportunity, during clinical education experiences, to experience new perspectives than those already observed.

D) RESTRICTIONS BASED ON FORMER CLINICAL EDUCATION EXPERIENCES

Students may not return to complete a clinical education experience at a facility or with a national company where they have previously completed a full-time clinical education experience. Students may complete more than one clinical education experience within the

same larger medical center system when each experience is completed within a different department or specialty setting. Students may return to complete a full-time clinical education experience at a facility where they previously completed a mini clinic experience.

6. CLINICAL INSTRUCTOR ASSIGNMENT

The SCCE is responsible for assigning a CI to a student. In most situations, the DCE does not know which specific instructor will be assigned to the student when the placement is made. The DCE works with the SCCE to assign a clinical instructor within 2 months of the start of the clinical education experience. Students are not permitted to request specific clinical instructors.

The most common CI assignment is a 1:1 model; 1 CI assigned to 1 student. Several other models of CI assignment exist. The model of CI assignment is often unknown at the time that a student placement is made. Other CI assignment models might include, but are not limited to:

- 2 CIs to 1 student
- 1 CI to 2 students
- 3-5 CIs to 1 student
- 1 CI to 3-5 students
- 3 CIs to 3 students

There are no guarantees that the type of supervision model will match the student's learning needs and preferences. Students are responsible for adapting to any model of supervision that the clinic assigns. A student is encouraged to provide feedback to their clinical instructors about specific changes to the supervision model that might benefit the student's learning; however, the student must understand that the clinic is under no obligation to implement the student's suggested changes.

A) CONTACTING CLINICAL INSTRUCTORS/SITES

The DCE gives students information about clinical placements several months prior to the start of the clinical education experience, however the student MUST NOT contact the SCCE or CI until approximately two months prior to the start of the clinical education experience, unless contacted by the SCCE or CI prior to this. If a student receives an email from a SCCE or CI earlier than two months prior to the start date, the student should inform the DCE and include the DCE on the email correspondence, to maintain communication between all parties. In some situations, the DCE may respond for the student.

The clinical site may request paperwork from the student prior to determining the assigned CI. If a student is contacted by the SCCE or clinical site to initiate this process, the student should confirm with the DCE before initiating any paperwork or giving any personal information to the clinical site.

Two months prior to the start of the clinical education experience, students should email their SCCE to introduce themselves, ask any applicable questions regarding dress code and schedule, and ensure permission from the SCCE to contact the CI directly. Students are requested to include the DCE on any correspondence with the clinical facility in order to maintain communication between all parties. Some SCCEs are best reached by telephone.

One month prior to the start of the clinical education experience, students should be in direct contact with their CI, determining hours, and planning for the experience. Within two weeks of the start, students must email an informational Clinical Questionnaire to their CI.

Students are highly encouraged to arrange a meeting with their CI prior to the start of the clinical experience whenever possible. This ensures that the two parties have sufficient opportunity to get to know each other's personalities, strengths, weaknesses, and expectations without the added stress of a busy clinical schedule.

B) CLINICAL CANCELLATIONS

The DCE assigns clinical placements several months in advance, and situations sometimes change and a clinical placement is cancelled or altered. If a clinical placement cancellation occurs, and there is no suitable clinical site that matches items 1-4 above for the student involved, the DCE may need to reassign other students in order to ensure a good fit for all learners in the program. In such a situation, the DCE will maintain best efforts to discuss need for changes with all students involved.

(1) CLINICAL PLACEMENT CANCELLATIONS INITIATED BY THE CLINICAL SITE/SCCE:

An SCCE sometimes contacts the DCE to change or cancel a clinical education experience, most commonly due to staffing issues. Cancellations may occur with several months' notice, or may occur the day that the clinical education experience is scheduled to begin, or any interval in between. Because all other clinical placements will have already been assigned, a student must understand that reassignment due to cancellation may result in very limited options for the student. As a result, the student may be reassigned to a clinical facility in any geographic region, with attendance to items 1-4 above.

If a student receives an accommodation through ARC, and this accommodation letter is generated after a student has been placed at a clinical education site, the student must understand that the clinical site(s) currently assigned might not be able to fulfill the accommodation. This may result in cancellation and reassignment of the clinical education experience. As a result, the student may be reassigned to a clinical facility in any geographic region, with attendance to items 1-4 above.

(2) CLINICAL PLACEMENT CANCELLATIONS INITIATED BY THE UNM DPT PROGRAM:

If, at any point in the curriculum, the DCE or any faculty member feels that a learner has been placed at a facility that compromises attainment of generalist practice or does not align with items 1-4 above, then that student's clinical placement may be cancelled and reassigned to a location of suitable fit.

(3) CLINICAL PLACEMENT CANCELLATIONS DUE TO EXTENUATING CIRCUMSTANCES:

A student experiencing extenuating circumstances should consult with the DCE to discuss necessary alterations to their clinical assignments. Extenuating circumstances do not include financial concerns, which should be considered prior to submitting clinical preferences. Extenuating circumstances also do not include a student changing their mind about places of preference. Under no circumstances should a student directly contact a clinical site to negotiate a change or cancel a planned clinical education experience. If a student does so, they will be subject to disciplinary action.

If a clinical cancellation or reassignment occurs for any reason, the student must understand that their personal preferences on clinical education venue may not be able to be honored or accommodated. A student may be reassigned to any available clinical location that matches items 1-4 above. As a result, the student may experience financial or personal consequences related to housing and/or travel and may be separated from family and friends. The program is not responsible for any financial or personal consequences that the student experiences in this regard. Such consequences remain the student's responsibility.

C. CLINICAL AFFILIATION AGREEMENTS

A written legal agreement/contract must be in effect with signatures from both the University of New Mexico and the clinical facility prior to placing a student in a site for a clinical education experience. The University has a standard agreement but will also review specific agreements preferred by some facilities. Students and clinical instructors may locate copies of the agreements by emailing the CEAC.

1. SITE DEVELOPMENT

***Disclaimer:** Site development is **NOT** encouraged. UNM Division of PT already has many worthwhile clinical sites that are dedicated to our program and eager to work with our students. Because the mission of UNM Division of PT is to serve the needs of our local community, students in the program are encouraged to view it as their ethical duty to participate in clinical education experience at rural New Mexico sites. UNM already affiliates with many other facilities out-of-state. The DCE will likely only pursue site development in situations where there are no other options for the student.

Site development is not permitted for CEE1 or CEE2.

Any student interested in site development must be in good academic standing within the program and all faculty must agree that placement at a new affiliate is a good decision for the student based on their academic needs and professional behaviors. A student may not pursue site development if they are on Probation or Provisional Probation. Faculty, in conjunction with the DCE, reserve the right to deny site development to any student that they feel would more highly benefit from the supervision and guidance of one of UNM's core clinical affiliates.

Site development processes will be discussed with students in accordance with selection timelines for CEE3 and CEE4.

D. PREREQUISITE DOCUMENTATION AND CLEARANCE PROCESS

In addition to programmatic requirements for health insurance, background checks, CPR certification, and immunizations, each clinical education site may require additional prerequisite documentation prior to allowing the student to begin a clinical education experience. The CEAC will inform each student of the specific needs of their clinical facility. Students must be cleared by the CEAC at least four weeks prior to the start of the clinical education experience.

Some facilities require clearance up to three months prior to the start date. The CEAC gives each student a specific timeline that is individualized to the facility they are placed. Students must be proactive about meeting all requirements in the necessary timeframe. Failure to complete the required prerequisite documentation with the CEAC in a timely manner will likely result in a delayed start to the clinical education experience, and possibly a cancellation of the experience, both of which will likely affect progression within the program.

The DCE and CEAC will follow HIPAA and FERPA guidelines when releasing student information to clinical sites. The CEAC does not maintain copies of the student clearance documentation, per FERPA policy. The CEAC can only provide acknowledgement that all health requirements are up-to-date and on file at the University.

Clinical sites are discouraged from requesting actual health records from the DPT students. If a clinical site requires actual copies of any of the above information prior to the start of the clinical education experience, it is the responsibility of the student to supply this information to the SCCE via email, and CC the CEAC to ensure appropriate completion.

Some clinical sites require an additional Background Check or Drug Screen. Any additional immunizations that are required by the clinical site beyond those that are required by SHAC will be the financial responsibility of the student. Students are encouraged to discuss clearance expenses with the CEAC in the event that funds become available.

E. POLICY ON RELEASE OF INFORMATION

SCCEs and CIs are considered Clinical Faculty in the UNM Division of Physical Therapy. CIs are primarily responsible for the student's clinical education in a specific facility, as an integral part of the UNM DPT Program's curriculum, and following the syllabus of the corresponding course in the UNM DPT Program. As course instructor for the clinical education curricular content, the DCE will at times share information with the clinical facility regarding the student's academic and professional strengths and weaknesses. In accordance with FERPA, such information is shared on a need-to-know basis, only with those individuals directly involved in the mentorship of the student or oversight of the clinical education program at the facility. Any information provided is intended to ensure the best possible learning experience for the student, facilitate student success, ensure the safety of patients, and ensure that the clinical site can maintain normal daily operations.

The DCE may recommend specific strategies to the clinical instructor to facilitate effective learning based on the student's academic, clinical, and/or professional performance thus far in the program. The DCE may ask the clinical instructor to monitor the development of specific skills or professional behaviors. The DCE will reveal any probationary status related to a student only if the CI is involved in an Individual Learning Plan. In this situation, the DCE will discuss with the clinical facility their roles in any portion of an Individual Learning Plan or Action Plan that they will be involved in, including specific goals that need to be accomplished during the process. The DCE expects the SCCE and the CI to hold this information confidential and not disclose this information to colleagues, patients, or any other party not directly involved in mentoring and oversight.

The DCE will disclose a need for accommodations with the clinical site, but per the Americans with Disabilities Act will only disclose the accommodation itself, not the specific reason for the accommodation. As such, the DCE will not disclose information about a learning disability or any specific background related to accommodations requested. In many situations regarding accommodations, the DCE will recommend, but not require, that the student, DCE, and SCCE/CI hold a conversation together prior to the clinical education experience to discuss any particular needs or concerns related to an accommodation. The student is welcome to include an Accessibility Resource Center representative in such conversations.

F. GENERAL ETIQUETTE IN CLINIC

Students are expected to show common courtesy in the clinical setting. Communication of respect, displaying good listening skills, and maintaining sensitivity in verbal communication will help promote productive working relationships with clinical supervisors, patients, and peers.

Students must avoid chewing gum in the presence of patients. According to OSHA standards, no food should be in patient care areas or eaten while treating patients.

Students must refrain from using personal cell phones or other electronic communication devices during clinic times, unless they are a part of the necessary functions of the job.

Students may not accept gifts or gratuities offered by patients, families, caregivers, or vendors. Any such gifts offered must be reported to the clinical instructor and handled in accordance with clinical site policies.

1. INTEGRITY AND RESPECT

Students must demonstrate respect of other professionals. Students are expected to avoid conversations with other clinicians, students, family members, friends, or other community members that may in any way tarnish the reputation of a clinical site or specific clinician. A learner must not speak unfavorably about clinical instructors or other healthcare professionals in public areas, to other students, to other members of the healthcare field, on social media, or to other members of the community.

Students should be discrete and tactful about sharing sensitive information about the clinical site or clinical instructor during discussion boards or classroom activities, and should not identify clinicians or facilities by name. All information contained within the discussion board environment must remain confidential within the student body of that particular cohort and must not be shared with other DPT cohorts.

All conversations about concerns or challenges related to a clinical site or clinical instructor must occur solely between the DCE and the student and must not be shared with other students, faculty, clinicians, family members, friends, or other community members. The DCE can offer suggestions to the SCCE as appropriate to address the concerns.

Students must understand that CIs do not receive reimbursement for their time as clinical instructor and have volunteered to work with the student. The student should respect the time that the CI is providing during into the clinical education experience, value the learning opportunity, and treat the CI with respect.

2. PHYSICAL THERAPY SCOPE OF PRACTICE

Students are expected to know and follow the Physical Therapy Practice Act, Rules, and Laws of the state in which they are performing a clinical education experience. Students are expected to report any ethical or legal concerns to the DCE.

3. PATIENT CONSENT

Students must always introduce themselves as a “physical therapy student” and wear a nametag that identifies them by name and as a student.

Students must always provide the name of the supervising CI to the patient and inform the patient that this person is the licensed professional responsible for the patient’s care. The CI might not be present during this initial introduction, but should be present and introduce themselves at some point during the encounter. The CI should also check in with the patient at each and every follow up encounter.

Students must always ask consent from the patient to allow the learner to participate in any form of patient care. This includes evaluation, treatment, and observation. The student must also inform the patient that they are entitled to ask for additional consultation with the licensed physical therapist at any point during the encounter with student. This will allow the patient to clarify information that the student might not have presented clearly, or provide the patient additional validation of the recommendations that the student made.

An example of phrasing is “My name is ___ and I am a physical therapy student. ___ is the licensed physical therapist that is overseeing my training and your care. Is it okay if I work with you today? Please let me know if you would like ___ to join us at any time during our session together.”

Students must understand that the patient has the right to refuse evaluation, treatment, and/or observation by a student. The student must actively seek out other learning opportunities during the allotted time if this occurs.

4. PREPARATION AND INITIATIVE

The student is responsible for informing the clinical instructor of their preferred method of learning and feedback. Learners must demonstrate initiative in patient care, departmental functions, and in their own learning.

Students must be efficient with clinic time. It may be difficult to arrange formal meeting times with the CI. The student may, therefore, need to be flexible and have their thoughts well organized for any meetings that occur. Learners should come prepared for all meetings with written goals, questions and comments. Learners must use free time constructively and in ways that are agreed upon by the clinical instructor.

Students are expected to ask the clinical instructor questions throughout the clinical education experience. Asking questions will not only facilitate student learning, but will also ensure patient safety and quality care. The clinical instructor is assessing the skills and knowledge of the student during the clinical education experience. If the learner does not ask the CI questions readily, the CI might start to question the skills and knowledge of the learner. Be discrete about asking questions in front of patients. Reserve all questions about prognosis for when the patient is not present. Be aware of the clinical instructor's time constraints in answering questions.

5. STUDENT PERFORMANCE EXPECTATIONS IN THE CLINICAL SETTING

The nature of the clinical education experience is that students are expected to carry a base level of knowledge and skills prior to entering into the clinical education setting.

During a first-year clinical education experience, this expectation includes the ability to apply knowledge and skills learned thus far in the curriculum with little to no supervision of the CI.

During the three final clinical education experiences, the expectation is that the student can evaluate and treat patients of all types and conditions without needing to be "taught" by the CI.

It is inappropriate for a learner to expect that a CI will teach or review didactic course content in the clinical education setting. Such review is the learner's own responsibility on their own time.

Adult learner characteristics include being able to learn outside of one's preferred learning style. The physical therapy profession requires the ability to learn in various styles, and requires the learner to synthesize and accurately apply large volumes of new information in fast and high-pressure situations. While the student is encouraged to discuss their learning style with the CI, this affords no guarantee that the CI will be able to accommodate the student's learning preferences. The student is expected to pursue their own resources to facilitate learning in the clinical education environment.

Clinical instructors have various expectations of a DPT student's knowledge, skills, and behaviors, which helps determine their expectations of student participation during the clinical education experience. Please refer to the documents entitled "Expectations of DPT Student Performance During Clinical Education Experiences" for the most common expectations that CIs have of their students. These will be provided to students prior to the clinical education experience. Students should meet with the DCE or the academic faculty prior to the clinical education experience if they have concerns about their ability to meet these expectations.

A) COGNITIVE/KNOWLEDGE EXPECTATIONS

Students are expected to enter into the clinical education experience with a working knowledge of foundational concepts that will apply to the patient population at that clinical site. Learners are expected to prepare for their clinical education experience by reviewing didactic material prior to the start of the clinical education experience. It is recommended that learners take initiative to prepare for the experience in the following ways:

- Ask the clinical instructor about common diagnoses that they will see at the clinical site.
- Determine if the clinical instructor has any recommended supplemental reading or material to review prior to the experience.
- Meet with course instructors to review any concepts that are unclear.
- Admit when they do not know sufficient information about a condition, diagnosis, or intervention; understand the safety implications of insufficient knowledge. Students must not attempt to mask a knowledge deficit, as this poses a risk to the patient and to the CI's license.

B) PSYCHOMOTOR/SKILLS EXPECTATIONS

Students are expected to enter into the clinical education experience with sufficient competence with hands-on skills that will apply to the patient population at that clinical site. Examples of psychomotor skills include:

- Use of gait belt, guarding
- Transfers involving various degrees of assistance
- Adjustment of assistive devices
- Goniometry, manual muscle testing, reflex testing, sensation testing
- Palpation skills
- Draping and positioning for patient comfort
- Supporting and handling injured or painful limbs
- Vitals assessment
- Manual therapy skills such as joint mobilization, manipulation, muscle energy techniques, soft tissue mobilization, trigger point release, passive range of motion

In order to participate in Clinical #1, learners must be able to participate in patient handling and guarding at the Minimal Assistance level (see [Technical Standards](#)).

In order to participate in Clinical #2-4, learners must be able to participate in patient handling and guarding at the Dependent level (see [Technical Standards](#)).

Learners are expected to prepare for their clinical education experience by reviewing psychomotor skills prior to the start of the clinical education experience. It is recommended that learners take initiative to prepare for the experience in the following ways:

- Consider the diagnoses that are common at the clinical site and review the hands-on skills that will apply to that population.
- Determine if the clinical instructor has specific preferences regarding hands-on skills (for example, if they commonly use NDT, muscle energy, soft tissue mobilization).
- Meet with course instructors to review any concepts that are unclear.
- Admit when they lack sufficient practice/mastery of a hands-on technique; understand the safety implications of insufficient mastery. Students must not attempt to mask a psychomotor deficit, as this poses a risk to the patient and to the CI's license.

C) AFFECTIVE/ATTITUDES/BEHAVIORS EXPECTATIONS

Learners are expected to consistently demonstrate the professional behaviors as defined in the Student Policy & Procedure Handbook and in the document "Expectations of DPT Student Performance During Clinical Education Experiences".

Learners are expected to self-reflect on their own strengths and weaknesses related to professional behaviors. Learners are expected to self-identify behaviors that they may struggle to consistently demonstrate, be honest and forthcoming with the CI regarding these

areas for improvement, and seek feedback and coaching from the CI in order to improve these behaviors.

D) TECHNICAL STANDARDS EXPECTATIONS

Students are expected to review the Technical Standards of the DPT Program prior to progressing to the clinical aspect of the program. Students should consider if they will require accommodations to meet the Technical Standards, and are encouraged to contact the Accessibility Resource Center to discuss their situation and determine if they qualify for accommodations.

The student may not attempt or request to alter the standard expectations of the clinical education experience in response to any student struggles. The student may not attempt or request to alter the productivity requirements of the clinical facility or the CI. The student may not attempt or request to alter the technical standards or performance standards of the job.

G. STUDENT SUPERVISION

1. GENERAL GUIDELINES

In order to provide physical therapy services, a DPT student must be supervised by a licensed PT CI. A CI must be on the premises and immediately available for consultation at all times when the student is performing physical therapy activities. Primary CIs must have a minimum of one year of clinical experience. A PT with any level of experience may participate as CI in a part-time or secondary role.

If a student is assigned to a small clinic with only one physical therapist, the student cannot provide physical therapy services without the physical therapist on-site, as may occur if the therapist calls in sick. If a student is at a clinic with multiple physical therapists and the CI calls in sick, the CI must designate another PT to act as interim CI for that day if the student is to work with patients.

In the event that there is no supervising physical therapist available on-site on any day a student is scheduled to be in the clinic, alternative arrangements must be made for the student's clinical hours. Options may include observation of another professional or another discipline, assignment to another clinic for the day, or making up hours during or after the experience. Occasionally, the CI may ask the student to work with some of the scheduled patients on the CI's caseload in the absence of the CI, but under the supervision of another PT. If the student agrees to work with the primary CI's patients while the primary CI is not at the clinic, the student must be fully comfortable with these patients and the covering CI must be comfortable with the situation and supervision involved. If the student finds him/herself in this situation and has concerns, these concerns must be discussed with the CI and escalated to the SCCE and/or DCE if the situation is not easily resolved with the CI.

Students may participate in co-treatments with other professionals (OTs, SLPs) if the supervising CI is on the premises and if the patient is receiving physical therapy care. If the patient is not receiving PT services, and instead is receiving OT, SLP, or nursing services, etc., the student may only observe. Students can receive instruction from physical therapist assistants, however, the patient's care must be directed by the CI or primary therapist, and a PT acting as CI must be on-site.

Some students might be temporarily supervised by other CIs while the primary CI is on leave or at a meeting. The learner is expected to remain professional even if the temporary CI is not a good match for the student's learning preferences. Contrastingly, a student may receive a temporary CI that is a better match than the primary CI, and the student might prefer that this temporary CI become the student's full-time CI.

Learners must understand that it is unprofessional to ask to be assigned to a different CI. If a student feels that the learning environment under their primary CI will prevent them from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible. If the DCE determines that a change in CI assignment is necessary, the DCE will lead the facilitation of this change.

A) STUDENT SUPERVISION UNDER MEDICARE A

For acute care settings, the CI must provide on-site supervision which does not need to be within line of sight. The CI and student must ensure that Medicare A is clearly notated in the patient's chart to avoid any potential situation such as secondary insurances or observation status which would qualify under Medicare B.

B) STUDENT SUPERVISION UNDER MEDICARE B

In the skilled nursing facility setting, in order to record minutes as individual therapy when a student is involved in the treatment, only ONE resident can be treated by the therapy student and the supervising therapist. The supervising therapist cannot be treating or supervising other individuals, and the therapist must be able to immediately intervene or assist the student as needed while the student and resident are both within line-of-sight supervision.

The minutes must be coded as "concurrent therapy" if the student and supervising therapist are each treating a separate resident while the student is in line-of-sight of the supervising therapist; if the student is treating two residents simultaneously, both of whom are in line-of-sight of the supervising therapist, and the therapist is not treating any patients and not supervising other individuals; if the supervising therapist is treating two residents simultaneously (regardless of payer source), both of whom are in line-of-sight, and the student is not treating any residents.

In an outpatient setting, in order to bill for student services provided to patients and clients with Medicare B, the CI must be present and actively engaged in all decision making related to the patient's care. The CI may not be engaged in another activity simultaneously.

Students, CIs, and SCCEs are all encouraged to stay up-to-date with Medicare/CMS policies related to student supervision. SCCEs should be aware of site-specific methods of ensuring regulatory compliance related to student participation in the delivery of PT services.

2. DOCUMENTATION

Students are responsible for understanding the documentation permissions, expectations, and processes at each clinical education site where they are assigned. A student must take the initiative to receive training on documentation processes. All documentation by a PT student must be co-signed by the supervising PT CI. The designation "SPT" should follow the student's name and signature.

H. CLINIC HOURS

The student is expected to follow the schedule of the clinical instructor, which can take a variety of formats. A typical clinical schedule is 8:00am-5:00pm five days per week, but many CIs start earlier than 8:00am or leave later than 5:00pm. Some CIs work alternative schedules such as four 10-hour days; 7 days on, 7 days off; longer vs shorter days throughout the week. Some CIs works weekends and holidays. Students are expected to comply with any schedule variation.

Students should notify the DCE during the selection process if there are any special needs that would not allow them to comply with any type of schedule. Once a placement is arranged and confirmed, any additional scheduling needs will not be accommodated. If a student is employed during clinical education hours, the student is expected to forfeit or change employment hours so as to not conflict with their clinic hours.

Weekly scheduled hours for full-time clinical education experiences should average 36-40 hours per week. Clinics or CIs who cannot accommodate a 36-40 hours per week schedule should contact the DCE to discuss alternate options. 36-40 hours per week typically does not include lunch, documentation time, or prep time. It is therefore not unusual for a student to have close to 50 hours per week when prep time and documentation time are included.

1. HOLIDAYS

Students will follow the same holiday schedule as the clinical instructor. Therefore, students may be required to work on major holidays, and may be separated from family and friends on that day. Students will not observe University holidays if the clinic does not also do so. On occasion, a clinical site will observe several holidays and/or vacation cycles, the extent of which compromises the length and timing of the clinical education experience. This commonly occurs in the school-based setting and the government healthcare setting. The DCE will work with SCCEs and students to adjust the timing of the clinical education experience when excessive days are scheduled off. This may result in lengthening the clinical education experience and/or adjusting the dates of any subsequent clinical experiences in order to make up missed time.

2. OVERTIME EXPECTATIONS

Students should not be expected to work overtime patient-care hours, but overtime is likely necessary for documentation, preparation, and homework assignments.

Students are expected to pursue learning opportunities outside of clinic hours, review didactic information and complete assignments. Students should expect that CIs will assign homework activities/assignments. Students are expected to fulfill all homework assigned by CI and meet stated deadlines as if it were a classroom assignment.

Students are expected to arrive to work up to 30 minutes early to review charts for the day. They are expected to stay late to complete documentation and may end up taking documentation home, depending on clinic policy. Students should show initiative in preparing for the day and taking responsibility for one's own work. However, a student must refrain from working with a patient if the CI is not on the premises (unless the CI denotes another physical therapist to be in charge of supervising the student).

3. TARDINESS

Students must arrive on time, keep appointments, and leave at a time agreed upon (in advance) by the clinical instructor. Tardiness will not be tolerated. If a student is late, the CI should discuss the issue with the student when it first occurs and give a verbal warning. If tardiness occurs a second time, the situation will be documented and reported to the DCE. The DCE will determine the overall status and progress of the learner in considering what plan of action will occur to address the concerns. The plan of action may involve specific objectives, remediation activities, or termination of the clinical education experience.

4. ABSENCES

A) USE OF TIME OFF REQUEST FORM

For any expected or unexpected days missed in the clinical setting, the student must complete the Time Off Request Form and submit the request to the DCE. If the DCE indicates approval, the student must then gain approval of the CI. The student must then email the completed Time Off Request Form to the DCE. Students should avoid scheduling travel arrangements/airfare until they receive approval from the DCE.

B) ILLNESS OR EMERGENCY

In any situation where a student is not able to attend a particular day of the clinical education experience due to illness or emergency, the student must notify the clinical instructor prior to the start of that day. The student must go through some process to ensure that the CI received notification of the absence. The student must also inform the DCE of this absence by using the Time Off Request Form.

Time off for appointments for medical and dental care, either for the student or the student's dependents, should be discussed with the DCE prior to making the appointment. The student is expected to schedule appointments outside of clinical time in order to minimize disruption to the facility, patient care, and the learning experience. Students are required to make up any missed time.

C) PROFESSIONAL DEVELOPMENT

Students are allowed 2 days off per clinical education experience for professional development. This includes attendance at CSM or a state/national conference, a continuing education seminar, participation in select research activities, licensure exam, and residency interviews. Students must make these requests to the DCE, in writing, before arranging the time off with the clinical site. Students should wait to register and pay for conferences and travel until written approval is given by the DCE.

Residency Interviews: Students who are pursuing residency interviews should be aware that only 2 days off are allowed per clinical education experience. Any students pursuing residency interviews should alert the DCE immediately and should include the DCE in all discussions related to negotiation of time off. Students will be asked to inform the residency director of their existing academic commitments and arrange residency interviews during breaks or via Skype whenever able. If these are not an option, the student should schedule the residency interview on a Monday or Friday (with a weekend/normal clinic days off on one end) so that only one day of clinic is missed. The DCE will work with the student as best as possible to allow the necessary time off, but students must also prioritize the commitment that they have made to their clinical education site and to their patients.

Early exams – Students who plan to take the licensure exam in April should alert the DCE as soon as they make this decision. The DCE will make arrangements with the clinical site to allow the student to take the day off for the exam. The student is expected to attend all other clinic days surrounding the exam date. For example, days off before and after the exam (e.g. to study or to unwind) will not be granted.

Because professional development activities are no substitute for patient care experience, missed time for professional development must be made up.

D) PERSONAL DAYS AND UNEXCUSED ABSENCES

The Code of Ethics, the PT CPI, and the Professional Behaviors documents all indicate that a physical therapist is to place the needs of the patient above one's own self-interests. Accordingly, in order to show readiness to function in the role of the physical therapist,

students are not permitted to take personal days off during full-time clinical education experiences, even if the CI feels that it is permissible.

Students are aware of their clinical experience dates well ahead of time, and are expected to avoid scheduling events such as weddings, vacations, and family reunions during a clinical education experience. Any student request for time off for these reasons will not be granted. In rare situations, the DCE may allow one personal day if it is for a good cause and does not risk adversely affecting patient care, the learning experience, and the daily operations of the clinical facility.

Time off from a clinical education experience for the purpose of a job interview is not an excused absence. Interviews should be scheduled at times other than scheduled clinic days or hours.

Any student who pursues missed time in clinic due to unexcused or unapproved absences may be subject to disciplinary action for professional behaviors concerns. Remediation will occur on an individualized basis.

E) MAKING UP MISSED TIME

An absence during a clinical education experience may compromise a student's ability to successfully meet clinical objectives. Students should show effort to make up all missed time, as this shows professional commitment to the clinical education experience. All absences must be disclosed to the DCE. Any learner who knowingly fails to disclose absences to the DCE may be subject to disciplinary action for professional behaviors concerns. Associated learning development plans will occur on an individualized basis.

Students are required to make up all missed days if they are struggling in the clinical environment, are on probation, and/or if their CI has expressed concerns about their progress, professionalism, or ability to meet the clinical objectives. Students required to make up a clinical absence must do so based on clinical faculty availability and convenience.

Days missed must be made up prior to the start of the next semester (for CEE1); prior to the start of the next clinical education experience (for CEE2 and CEE3); or prior to the start of the next semester (for CEE4). This may result in a delay of the next clinical education experience and/or a delay in graduation.

If there are no concerns about a student's progress, professionalism, or ability to meet the clinical objectives, and the student only has one excused absence, it is up to the discretion of the CI as to whether the student needs to make up that day versus put in some extra time on another day.

Occasionally a clinical site will be unable to make up missed days. In this case, if the student's performance during the clinical education experience has been adequate, missed days may be made up on the next clinical experience. Individual situations will be assessed by the DCE with input from the SCCE/CI.

I. EXPECTATIONS OF THE CLINICAL EDUCATION SETTING

The DCE has very little control over the teaching and learning that occurs in the clinical education environment. The DCE is available for consultation if a student is concerned about the teaching and learning that he/she is experiencing. The DCE may not alter the standard expectations of the clinical education experience in response to any student struggles. The DCE may not alter the productivity requirements of the clinical facility or the CI. The DCE may not alter the technical standards or performance standards of the job.

In some situations, the DCE may find it necessary to intervene in the learning experience. In other situations, the DCE may determine that intervention may be detrimental to the learning experience and/or to the relationship with the clinical site or CI. In yet other situations, the DCE may determine that the student needs to employ conflict management techniques without additional DCE intervention. As such, the DCE advises the student to keep the following information in mind:

1. SKILLS

The CI is not responsible for teaching basic skills; that is the responsibility of the UNM DPT faculty. The student is responsible for achieving competency with basic skills prior to entering into the clinical education setting. The role of the CI in skill development is to facilitate the student's application of skills in new or complex patient situations. It is inappropriate for a learner to expect that a CI will teach or review didactic course content in the clinical education setting. Such review is the learner's own responsibility on their own time.

2. TEACHING METHODS

CIs are not trained teachers. They are not likely to use the same level of patience and coaching that the student is familiar with from the UNM DPT professors. CIs might be unfamiliar with the UNM DPT curriculum and therefore their treatment style might differ significantly from the student's training. A CI's teaching methods might differ significantly from the student's preferred learning style. Learners must understand that this is a normal aspect of a clinical education curriculum. Learners are expected to adapt to the CI's teaching methods. If the student feels in any way that the CI's preferred methods of teaching will prevent them from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible.

3. FEEDBACK

A student is not guaranteed to receive feedback from the CI according to their method of preference, timing of preference, or frequency of preference. Some CIs give a lot of feedback, others give very little. Some CIs only give negative feedback; some CIs give very general feedback. The DCE regularly offers CI training workshops and/or one-on-one CI mentoring but CIs are not required to participate in these trainings. The DCE also provides written materials to CIs prior to start of the clinical education experience, in order to guide them in providing useful feedback. It is the responsibility of the student to inform the CI of their preferences related to feedback and to request modifications of the CI as needed. However, the learner must understand that the CI may or may not adjust their feedback mechanisms in response to the student's requests for alternative mechanisms. If the student feels in any way that the CI's preferred methods of feedback will prevent them from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible.

4. POPULATION

A student is not guaranteed to receive exposure to certain diagnoses or health conditions during the clinical education experience. The clinical site often does not have control over the types of patients that are admitted to the facility, and often the CI does not have control over the patients assigned to their schedule. Learners must understand that the patient population that is present during the clinical education experience may restrict them from performing the breadth of evaluation and treatment techniques that they were hoping to perform. Learners must also understand that the patient population present during their time at the facility might include a majority of low complexity patients or a majority of high complexity patients. The student is expected to participate fully in the learning experience regardless of the complexity of the patients or the diagnoses seen. It is inappropriate for a learner to request certain types of patients that are "more interesting", or to state that they are not interested or willing to work with a particular patient. It is imperative that the learner display appreciation for the learning opportunity that each and every patient has to offer. If a

student is concerned that the patient population will prevent them from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible. The DCE can help advise the student and CI on how to appropriately measure objectives in this situation.

5. PACE

A student is not guaranteed to receive their preferred pace of learning during the clinical education experience. While the DCE attempts to assign clinical placements based on a good match in this regard, the nature of the healthcare environment makes the pace unpredictable at times. Some clinical facilities might have a low census at the time of the student's experience, limiting opportunities for student-patient interactions. Some clinical facilities might have staffing issues that are causing higher caseload and/or longer hours than usual. The learner is expected to adapt to the learning environment that they enter into. If a student is concerned that the pace of the facility will prevent them from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible.

6. AVAILABILITY OF THE CI

A student is not guaranteed to receive direct one-on-one mentoring during the clinical education experience. The only requirement in this regard is that the CI follow the state laws regarding supervision of a student. Typically, the state law only requires that the CI be in the building when the student is with a patient. A student might be independently treating patients under no direct supervision. The CI might have other students that they are supervising simultaneously. The CI might have supervisory or administrative responsibilities that prevent routine direct supervision of the student. A CI might not have opportunity in their schedule, amidst their other responsibilities, to devote significant time to answering questions, reviewing concepts, or practicing skills. It is the learner's responsibility to pursue their own resources to answer their questions, and to review skills with their peers outside of clinic. It is inappropriate for the learner to expect that a CI will stay overtime to review concepts or answer questions. If a student is concerned that the availability of the CI will prevent them from attaining the objectives of the clinical education experience, it is the student's responsibility to bring these concerns to the DCE as soon as possible.

J. EXPENSES

The unique nature of clinical education requires students to allocate additional funds beyond tuition and fees to cover this requirement within the curriculum. Examples of additional costs may include, but are not limited to: parking, travel, relocation, and/or housing expenses. Average expenditure is approximately \$1600 per clinical education experience.

1. REGISTRATION AND TUITION

The student will register and pay tuition for clinical education experiences. The student is responsible to acquire all necessary information and register prior to all University deadlines. Until registered, the student will not be able to participate in clinical education experiences.

2. HOUSING

Many clinical facilities provide housing support to students in the form of stipends or accommodations. Occasionally, the SCCE can be a resource for housing options; however, this contact would occur after placement at a clinical site has been arranged. Other resources for rental information include:

- Contacting the main office of a nearby PT or PTA school
- Contacting the main office of college campuses in the area
- Contacting church groups or religious organizations
- Contacting local recreational associations (dance groups, martial arts groups, etc)
- Contacting local hotels and asking about discounted rates for healthcare workers
- Contacting the local Chamber of Commerce
- Craigslist
- AirBNB
- <https://shareyournest2021.wordpress.com/>
- <https://www.furnishedfinder.com/>
- <https://rotatingroom.com/>
- <https://www.travelnursehousing.com/>
- <https://www.furnishedfinder.com/>

The UNM PT program is not responsible for securing or assisting the student in finding housing during clinical education experiences.

3. AHEC SUPPORT FOR TRAVEL TO RURAL NM SITES

Students traveling to underserved areas in New Mexico (anywhere outside of the Albuquerque/Rio Rancho area) for full-time clinical education experiences are eligible for reimbursement for travel expenses through a grant funded program, New Mexico Area Health Education Center (AHEC). Reimbursement generally ranges from \$25-\$300 per month depending on location of clinic and state funds allocated. Reimbursement is based on one round-trip mileage to the clinical facility and is not meant to cover a daily commute.

VII. ACADEMIC PROGRESS & PROMOTION POLICIES

The Division of Physical Therapy has adopted policies which apply specifically to its professional curriculum. The faculty is concerned with students' growth and success in the professional preparation process, and it is the intent of faculty to help learners proceed through the curriculum smoothly. The faculty advisor in collaboration with the student will review each student's performance and professional behavior throughout the curriculum, and most learners will progress well through the curriculum.

A. REQUIREMENTS FOR GRADUATION:

- Successful demonstration of entry level professional behaviors.
- In good academic and/or professional standing (not on probation).
- Successful completion of the didactic and clinical curriculum with a 3.0 overall GPA
- Successful completion and presentation of the Capstone/Research Project.
- Successful completion of all comprehensive examinations (STEP/PEAT).
- Attendance at an exit interview and completion of Programmatic and Self-Evaluation Survey.
- Five-year limit to graduate – A student in the Physical Therapy Program at UNM has 5 years to graduate upon matriculation regardless of circumstances delaying the process. Exceptions will be made for military service. If the student is unable to graduate within 5 years of matriculation, they have the ability to drop out of the program, re-apply and, if offered a position in the incoming class, reenter as a first-year student again.
- To “walk” in the convocation ceremony, a student must be within 6 credits of completion of all curricular requirements.
- To sit for the PEAT exam, a student must be within 6 months of graduating.
- To sit for the NPTE prior to graduation, the student must attain at least a 70% on the PEAT and according to National standards be within 90 days of graduation.

B. ATTENDANCE POLICY

The Physical Therapy Program's attendance policy has been designed to reflect the professional behaviors expected of the physical therapist in the clinical environment. It is expected that all learners attend all classes, arrive on time and stay until class ends.

The University of New Mexico School of Medicine respects that its' learners may, at some point during their training, require time off for personal, health or financial reasons. This policy was developed to serve the best interests of the individual and the individual's colleagues, as well as the goals of the Division of Physical Therapy. It intends to ensure that the education of learners will not be hampered by such absences.

1. TARDINESS

Tardiness is considered unprofessional behavior. In the event a student is late to class, the learner is responsible for communicating with the instructor about their tardiness during the next break in classroom activities. Failure to communicate with the course instructor about your reasons for tardiness or being late for unacceptable reasons may result in disciplinary action.

In cases where a student is absent or tardy and does not communicate with the course instructor, or where students have excessive absences/tardiness for any reason, they will be referred to the Academic Progress Committee. Students deemed to have excessive absences/tardiness will be placed on probation and a corrective Action Plan will be developed and monitored by the APC, Division Chief, and the student's faculty advisor.

2. SHORT TERM LEAVE OF ABSENCE

For absences of 1-2 days the student must work directly with each course instructor for approval and to facilitate the possible make-up of any missed activities or assignments.

A) ILLNESS OR UNEXPECTED ABSENCE

In order to protect those around you, please do not attend class if you have a fever, vomiting, diarrhea, or uncontrolled coughing/sneezing. Learners are responsible for all missed course content and assignments and should seek out their instructors to arrange for reviewing missed content. The faculty is not responsible for reviewing missed content with students on an individual basis. If the learner feels capable of participating in class via electronic means, it is the learner's responsibility to arrange this with instructors or peers. This method of participation will be contingent on course time and resources available with short notice.

During continued recovery from our shut-down due to the COVID-19 pandemic, there may be other requirements stipulated for illnesses.

As soon as you recognize that you will be missing class, send an email to each course instructor informing them of your situation. If the absence extends beyond 1-2 days, whether consecutive or nonconsecutive days, you may be required to request an extended leave of absence and provide medical documentation.

If issues arise during class hours, you must inform your instructor immediately of your need to leave class.

B) REQUEST FOR APPROVAL FOR PLANNED ABSENCE

If you must miss class for 1-2 days, you will need to complete a Short-Term Time off Request form (see [appendix](#)) and submit this to each course instructor(s) at least two weeks in advance (exceptions will be considered for bereavement). Students must obtain prior approval for absences. Absence from scheduled assessments requires additional approval from the Division Chief. If unapproved, this is considered a professional behavior concern (Responsibility) and the student will be referred to the APC and/or Division Chief.

C) POLICIES RELATED TO TIME OFF DURING CLINICAL EDUCATION EXPERIENCES

Please refer to [section VI.H Clinical Education Policies: Clinic Hours](#).

3. EXTENDED LEAVE OF ABSENCE

If a student is going to be absent from class for 3 or more consecutive days, this is considered an extended leave of absence and the Leave of Absence form must be completed and submitted to the Division Chief (see [appendix](#)). Absences or Extended Leaves of Absence (LOA) from the curriculum may be granted for Personal, Medical, Military, or Financial reasons.

A) GENERAL GUIDELINES

For absences of 1-2 days the student must work directly with the course instructor for approval and to facilitate the possible make-up of any missed activities or assignments.

For extended LOAs, the student must complete the leave of absence request form and submit to the Division Chief.

In the case of a personal or family emergency, the Division Chief may grant an emergency LOA.

The maximum duration for a leave of absence is 12 consecutive months or 18 cumulative months.

(1) REQUESTS WILL:

- a. Define the date the leave of absence will take effect; and
- b. Define the point of entry (program year/semester) back into the program and date of graduation.

If the student is unable to adhere to the re-entry date requirements, the student will be given the opportunity to withdraw from the program. Any student who requests a withdrawal subsequent to a leave of absence may apply for re-admission into the program. Re-admissions is not guaranteed and will require the student to repeat their entire coursework from the beginning of program, regardless of how much coursework the student had previously completed.

Students who choose not to withdraw from the program but who cannot complete the coursework within the required 5 years (from start of program) will be dismissed by the program.

(2) LOA THAT ALLOWS CONTINUATION IN THE PROGRAM WITH THE CURRENT COHORT

Following a request for a LOA that occurs for 3 days or more, the student may intend to return to their courses and complete the semester in which they are currently enrolled. **In order to continue with the current cohort, all current semester coursework must be completed before the subsequent semester begins.**

- The UNM DPT program recommends that this option only be pursued by students who take no more than a 1-week LOA from 8-week courses, or no more than a 2-week LOA from 16-week courses.
- Students are responsible for making up any missed course content and assignments using their own resources. Students may seek out their course instructor(s) to arrange for review of missing content during the instructor's scheduled office hours, subject to instructor availability.

If the dates of the LOA include the dates of any major assignments, exams, or second attempts at exams (written or practical) that are scheduled for the student, the student must work with the Division Chief (or designee), the APC, and associated course instructors to determine a timeline for making up these assignments/exams prior to the start date of the next semester.

- The flexibility of these timelines will depend on faculty/course instructor availability as well as any required sequencing of course content.

If the student is unable to complete any current LOA course within the agreed-upon timeline, the student will receive an Incomplete in the course and will not be eligible to continue with the current cohort.

- If the student is unable to resolve the Incomplete within the agreed-upon timeline, they will receive an F for the course.

- If the student submits another LOA that results in deceleration to a different cohort, associated policies will be followed (see below).

(3) LOA THAT RESULTS IN DECELERATION TO A DIFFERENT COHORT

If the duration of a LOA results in deceleration to a different cohort, the student will receive a final course grade of Withdraw (W) for all courses in which they are currently registered, provided the policies related to End-of-semester and Mid-semester LOA requests below are adhered to. The grade will be assigned at the end of the course term. The student will return to the program at the beginning of the curricular year in which the student left (Year 1, Year 2, or Year 3) as a member of the subsequent cohort and will register for all coursework with the new cohort. Students returning from a medical leave of absence must provide clearance to return from a medical provider. The student must attest to meeting the technical standards of the program, regardless of reason for the LOA. If they do not meet those standards they must follow the policy related to “CHANGE IN TECHNICAL STANDARDS DUE TO AN INJURY/TEMPORARY CHANGE IN HEALTH STATUS” located in section [V Policies, part X.3](#).

If the student is unable to return to the program at the agreed upon time, the student can request an extension to the LOA. Students in this situation must understand that the “5-Year Rule” requires that the student complete the UNM DPT program within 5 years. Students in this situation must fill out another LOA request and those on a Medical LOA must provide documentation from a medical provider supporting the extension of the Medical LOA.

Any LOA that occurs between academic years (e.g. at the end of Year 1 prior to the start of Year 2) will require an Individual Learning Plan, at the discretion of the Division Chief, to assist with the transition back into the curriculum.

End-of-semester Personal LOA Policies (Decelerated Timeline):

Students are not eligible to receive a Withdraw (W) from a course due to a Personal LOA if the course is scheduled to end within the timelines listed below:

- For 8-week courses, if the LOA start date is within 2 weeks of the final exam of a given course, the student shall either:
 - a) Forfeit the opportunity to take the final exam and receive a 0 on the final exam and on any other pending coursework.
 - b) Receive an **Incomplete** as a final course grade. The student must work with the APC and Division Chief (or designee) to determine a timeline for resolving the Incomplete prior to the next course offering. If the student is unable to resolve the Incomplete within the agreed-upon timeline, the student will receive a 0 on the final exam and on any other pending coursework.
- For 16-week courses, if the LOA start date is within 3 weeks of the final exam of a given course, the student shall either:
 - a) Forfeit the opportunity to take the final exam and will receive a 0 on the final exam and on any other pending coursework.
 - b) Receive an **Incomplete** as a final course grade. The student must work with the APC and Division Chief (or designee) to determine a timeline for resolving the Incomplete prior to the next course offering. If the student is unable to resolve the Incomplete within the agreed-upon

timeline, the student will receive a 0 on the final exam and on any other pending coursework.

Mid-semester Personal LOA Policies (Decelerated Timeline):

If a student submits an extended Personal LOA from the program prior to the end-of-semester dates listed above, the student is eligible to receive a W for all courses in which they are currently registered, with the following exception:

- If the dates of the LOA include the dates of any second attempts at exams (written or practical) that are scheduled for the student, the student will receive an **Incomplete** as a final course grade. The student must work with the APC and Division Chief (or designee) to determine a timeline for resolving the Incomplete.
 - a) If the student is unable to take the second exam attempt within the agreed-upon timeline, the student will receive an F for the course.
 - b) If the student is able to take the second exam attempt within the agreed-upon timeline and meets passing criteria for the exam, the student may Withdraw from the course.

Medical LOA Policies (Decelerated Timeline):

If a student submits an extended Medical LOA from the program, the student will be immediately withdrawn from all coursework and will earn a Withdraw (W) grade in all courses in which the student is currently registered for, regardless of proximity to end-of-semester. If the student is in the middle of a second attempt exam/assignment, the second attempt will be waived and the student will be immediately withdrawn from the course and receive a Withdraw (W) grade.

B) EXTENDED LEAVE THAT IMPACTS CLINICAL EXPERIENCES TIMELINE

Any LOA that occurs immediately prior to or during full time clinical education experiences (CEE) is subject to the following processes:

- Any LOA that is > 6 months duration will require additional coursework to ensure readiness to enter or re-enter the clinical setting. This may include repeating coursework or a development of an independent study.

4. EMERGENCY LEAVES OF ABSENCE

Students must contact the Division Chief if a personal or family emergency arises which will require an emergency leave of absence. The instructors will work with the learner to arrange for making up missed coursework and will work with the APC and Division Chief (or designee) if needed once the emergency issue has resolved.

5. IMPOSITION OF EMERGENCY ACTIONS

A) Emergency Suspension:

The Division Chief (or designee) may immediately suspend a student on an emergency basis if, based on information received about the student's conduct, the Division Chief (or designee) finds that the student's behavior may endanger themselves or others (including patients) or threatens disruption of the learning environment. Generally, an emergency suspension may be imposed only in response to an acute incident or a pattern of student conduct that raises significant question as to the learner's ability to function safely and effectively in classroom and/or clinical settings.

A student who has been placed on emergency suspension may request that the Division Chief (or designee), who issued the suspension, meet as soon as possible (no later than five working days) after the request. At this meeting, the student will have the opportunity to explain their position and request that the suspension be lifted or modified. The student may offer evidence for the Division Chief's (or designee's) consideration. If, after meeting with the student, the Division Chief (or designee) finds that the learner's continued presence in the UNM SOM DPT curriculum may endanger themselves or others, or threatens disruption of the learning environment, the Division Chief (or designee) will continue the suspension. Otherwise, the suspension must be lifted or appropriately modified, as determined by the Division Chief (or designee). The Division Chief (or designee) will inform the student of their decision within five working days after this meeting. A decision to continue an emergency suspension is not subject to appeal or review under this Due Process Policy and Procedure. If the emergency suspension is continued, the matter shall be referred to APC for full investigation, review, and if necessary, recommendations of further action consistent with this Due Process Policy and Procedure.

If the Division Chief (or designee) lifts the emergency suspension, the student will be permitted to return to the curriculum immediately. The matter may also be referred to APC for further review.

B) Temporary Enforced Leave of Absence:

A student may be required by the Division Chief (or designee) to take a temporary enforced leave of absence from further educational activities pending a final determination regarding the student's status. Examples of events that might lead to a temporary enforced leave of absence include, but are not limited to: unexcused absence from educational activities; substance abuse; unprofessional behavior or behavior that disrupts the learning environment for other students; situations in which the student may be a danger to themselves, other students, faculty, or patients; or violation of a previously agreed upon contract. In the event that the Division Chief (or designee) issues a temporary enforced leave of absence, the student shall receive written notice that they may not participate in any further classes or clinical experiences until a final determination is made. A temporary enforced leave of absence may last no longer than 45 calendar days. Within this period, the Division Chief (or designee), with consideration of recommendations made by the APC, must decide regarding further action. A student can request review of a temporary enforced leave of absence by the Associate Dean for Health Profession Programs pursuant to [section VII.I](#) of this handbook.

6. PREGNANCY

Participation in the DPT program presents risks to a pregnant individual and an unborn child, and also to the individual during the post-partum period. Some PT interventions are contraindicated on patients/subjects who are pregnant or post-partum. Out of concern for the safety of the individual/child, the DPT program recommends that students report any pregnancy to the Division Chief upon medical confirmation.

Should a pregnant or a post-partum student require a Leave of Absence, refer to the "[Extended LOA Policy](#)" (above).

Should a pregnant or a post-partum student require any associated accommodations to their schedule regarding medical appointments or feeding schedules, they should meet with the Title IX Office: <https://ceeo.unm.edu/programs/title-ix/index.html>.

Should a pregnant or a post-partum student find themselves temporarily unable to meet the technical standards of the DPT program, refer to the "[Change in Technical Standards due to an Injury/Temporary Change in Health Status](#)" section of this Handbook.

7. ABSENCE TO ATTEND CONFERENCES

Leave to attend a conference will usually be approved in the following circumstances:

- Student must be in good academic standing.
- Missed assessments can be easily rescheduled with approval of the Division Chief (or designee).
- Student is either presenting a project (research or quality improvement) or representing UNM as an officer or delegate (APTA).
- Student will work with the instructors to facilitate making up missed activities and assignments.

Students who are attending a conference without presenting research or as an officer or delegate will not be approved to miss quizzes, exams or small group sessions.

Requests for time off from a Clinical Experience to attend a conference must be approved by the Director of Clinical Education.

8. TIME OFF FOR RELIGIOUS OBSERVANCE

Acknowledging that the religious diversity of learners may result in conflicts between students' religious practices and scheduled educational activities, the DPT program will attempt to provide adjustments that honor the SOM's commitment to the integrity of its educational curriculum and patient care, and do not burden faculty or affect the other learners involved in that educational activity. A student who is excused from a scheduled educational activity because of religious observance will be required to make it up at another time.

DPT learners requesting an excused absence for religious observation during the program shall notify each instructor as soon as possible after an impending conflict becomes apparent. If the request requires minimal time away and causes minimal disruption of educational activities, the instructor may approve the time off. Instructors are encouraged to seek input from the APC for any requests they feel may detract from the student's educational experience or burden others. If the request for time off meets the criteria stated above, then reasonable time off may be provided in accordance with this Policy.

C. PROMOTION

The student's knowledge, understanding and ability to integrate information, professional behavior, and clinical problem-solving abilities (as appropriate) will be evaluated in each class. It is the responsibility of any learner who is underperforming to seek the assistance of the course instructor and their advisor. In the event of extenuating circumstances, please refer to the "[Leave of Absence](#)" sections of this handbook.

1. GRADING SCALE

The Division of Physical Therapy has adopted the grading scale listed below for all courses:

97-100	A+	4.33	Reserved for highly exceptional achievement
93-96	A	4.00	Excellent, outstanding achievement
90-92	A-	3.67	Very good achievement
87-89	B+	3.33	Solid achievement
83-86	B	3.00	Good
80-82	B-	2.67	Acceptable but below graduate level expectations
77-79	C+	2.33	Marginal achievement
70-76	C	2.00	Marginal achievement
69 and below	F		

CR/NC Classes that are Credit/No Credit do not affect GPA.

Each professor has academic freedom to round or not round in their class. There may be differences from professor to professor.

https://unm-student.custhelp.com/app/answers/detail/a_id/3461/~/_what-grades-are-allowable-and-for-how-many-points

In order to pass a course, students must earn a score of $\geq 70\%$ on all high stakes assignments (examinations and key projects indicated with an asterisk in the syllabi), to show competency for effective and safe patient care.

In order to pass a course, students must earn a score of $\geq 80\%$ on all psychomotor examinations (indicated with an asterisk in the syllabi), and meet all safety criteria, to show competency for effective and safe patient care.

Psychomotor Examinations:

"Psychomotor" is a term for hands-on skills. Each course instructor is charged with the responsibility to ensure that students achieve all course outcomes, including psychomotor outcomes, in order to progress within the curriculum. The faculty are permitted to videotape all psychomotor assessments.

The following are definitions of the types of psychomotor exams that students may experience during the DPT curriculum:

Skills Check:

Low stakes assessment, which may or may not include a small number of points applied toward the final course grade; Criteria for passing are defined via points and/or safety item requirements; May be re-taken as many times as is necessary for successful completion; Demonstration of component skills; Emphasis is on appropriate technique for specific procedural skills; Performed on peers, other students, and/or faculty members; Feedback is provided immediately after the assessment.

OSCE (Objective Standardized Clinical Examination):

High stakes assessment, weighted as a component of the final course grade;
Must score 80% or greater and demonstrate safe and effective performance in order to pass;
Eligible for 1 additional attempt, must pass the 2nd attempt in order to pass the course;
Demonstration of examination and/or intervention skills within a patient-case scenario;
Emphasis on combined ability to execute sound professionalism/communication, procedural skills, examination skills, evaluation/interpretation skills, clinical reasoning, and documentation; Performed on standardized patients, actors, dolls, and/or mannequins;
Encounters may be videotaped for grading and self-assessment purposes; Feedback is provided after the exam, often at a later date or time and concurrent with self-assessment of own video performance.

Practical Examination:

High stakes assessment, weighted as a component of the final course grade;
Must score 80% or greater and demonstrate safe and effective performance in order to pass;
Eligible for 1 additional attempt, must pass the 2nd attempt in order to pass the course;
Demonstration of sequential examination and/or intervention skills to mimic the majority of a patient encounter within a patient-case scenario; Emphasis on combined ability to execute sound professionalism/communication, procedural skills, examination skills, evaluation/interpretation skills, clinical reasoning, and documentation;
Performed on standardized patients, actors, dolls, and/or mannequins; Encounters may be videotaped for grading and self-assessment purposes; Feedback is provided after the exam, often at a later date or time and concurrent with self-assessment of own video performance;
Compared to OSCEs, the Practical Examinations place a stronger emphasis on continuity of the patient-care interaction in a simulated environment, including efficiency and management of the environment with effective management of and attention to the patient.

A) ADDITIONAL EXAMINATION ATTEMPTS:

Within a course, some learners may require additional opportunity to gain competency with the course content, meet course objectives, and ensure capacity to provide effective and safe patient care.

Written Exams and High stakes assignments:

If a grade of below 70% is earned on a written exam or high stakes assignment, there will be one opportunity allowed per semester/per course for the learner to participate in an additional attempt at the written exam or high stakes assignment. A score of at least 70% must be earned on the second attempt in order to pass the course.

- If the student earns $\geq 70\%$ on the second attempt, the learner can progress in the course. **The original score will be used to calculate the final grade.**
- If the student earns less than 70% on the second attempt, the learner cannot progress in the course and will receive an (F) in the course.
- If the student earns less than 70% on an additional written exam or high stakes assignment in the same course, the learner cannot progress in the course and will receive an (F) in the course.

Psychomotor Exams:

If a student earns a grade below 80% on a psychomotor exam, or does not meet the safety criteria, or otherwise does not meet the criteria for meeting the performance requirements of the exam, there will be one opportunity allowed per semester/per course for the learner to participate in an additional attempt at the exam. A score of at least 80%, plus attainment of all safety criteria, must be earned on the second attempt in order to pass the course.

- If the student earns $\geq 80\%$ on the second attempt and attains all safety criteria, the learner can progress in the course. **The original score will be used to calculate the final grade.**
 - If the learner's performance on the initial exam attempt was insufficient due to safety concerns alone, this overrides the points value of the exam and 70% is the maximum score received.
- If the student earns less than 80% on the second attempt, the learner cannot progress in the course and will receive an (F) in the course.
- If the student earns less than 80% on an additional psychomotor exam in the same course, the learner cannot progress in the course and will receive an (F) in the course.

A learner who requires an additional attempt at a psychomotor examination may be required to complete additional learning activities prior to the second exam attempt, to ensure satisfactory achievement of requisite knowledge and skills. These additional learning activities will be assigned at the discretion of the course instructor.

B) INCOMPLETE ("INC"):

A student may be given an incomplete (INC) if any one of the following apply:

1. In an academic course, failure to meet the course requirements due to extenuating circumstances that is to the satisfaction of the course instructor. The student will have a specified period of time (not to extend beyond the start of the next semester) to amend the missing coursework and have the grade changed to a letter grade. If the coursework has not been completed after the specified period of time, the student's grade will become an 'F.'
 - i. The learner may request to meet with Division Chief (or designee) with a referral to the Academic Progress Committee to discuss an Individual Learning Plan if their extenuating circumstances interfere with their ability to complete course requirements prior to the start of the next semester.
2. In a clinical course, difficulty demonstrating all performance requirements necessitating additional clinical education time. Please see associated course syllabi.
3. Failure to complete a course evaluation.

C) CLINICAL EDUCATION GRADING

The Director of Clinical Education (DCE) is the course instructor for all clinical education experiences and will assign the final grade based upon ratings and narrative comments given by the clinical instructor (CI), and the completion of other required documentation, including the Clinical Performance Instrument (CPI).

The additional review process may include: the CI(s) written comments and recommendations, phone conversations and/or site visits with the student and/or CI(s), as well as communication with the CI(s), Site Coordinator of Clinical Education (SCCE), DCE, and the student.

2. GRADE POINT AVERAGE

Students are required to maintain a GPA of 3.0 for each semester in the program and must graduate with a cumulative GPA of 3.0.

Please be advised that scholarships and/or financial aid may require a minimum cumulative GPA of a 3.0 at all times.

3. PROMOTION POLICY

The faculty of the Division of Physical Therapy is charged by the Regents of the University of New Mexico with recommending candidates for the Doctor of Physical Therapy (DPT) degree. The faculty sets policy for, and is responsible for, the evaluation of student performance in the curriculum. In order to recommend a student for the DPT degree, the learner must fulfill the basic requirements for graduation (listed previously) as well as the meet the technical skills and professional skills, knowledge, and attitudes necessary to be a competent physical therapist. Acceptable final grades, narrative clinical evaluations and acceptable standards on the Clinical Performance Instrument (CPI) as well as competent professional abilities are all considered academic requirements for promotion and graduation decisions.

The program is cohort based and the curriculum is a hierarchal and integrative curricular model with all coursework built from a foundation of previous coursework. **A learner can only progress in the curriculum if all prior semester coursework is complete.** There are times when a student must return into the curriculum with a different cohort. When the curriculum path is disrupted, a learning plan will be adjusted. When students reenter, for whatever reason, they must adhere to the current graduating cohort policies and handbook that they are reentering with. When this occurs, the following policies will be enforced:

- **All returning students must take all classes that are a part of the cohort that they are joining.**
- **The student must receive a minimum grade of a C to pass a course in the physical therapy program; however, to be a student in good standing, they must average a 3.0 cumulative GPA and a semester GPA of 3.0.**
- The Division Chief (or designee) holds full autonomy in deciding which courses or learning activities are required to support the learner and resolve deficiencies, but will consider input from the APC, the faculty, and the learner.

A) PROMOTION AND GRADUATION RELATED TO BENCHMARK EXAMS (STEP/PEAT)

Upon successful completion of the Division of Physical Therapy curriculum, graduates must pass the National Physical Therapy Exam (NPTE) to become a licensed physical therapist. To facilitate success in this endeavor, the Division will administer a comprehensive examination in May of each academic year. In order to progress in the program, students must pass each of these exams.

(1) STEP EXAMS

To pass the STEP exams, the student must attain 140/200 or a 70%. If a student earns below 70% on the exam on the first attempt, they will have a second opportunity to take the exam. If the student earns below 70% on the second attempt of the exam, the student's status will be reviewed by the Academic Progress Committee.

The Academic Progress Committee will review the test performance, identify deficiencies, and recommend an Individual Learning Plan to the Division Chief for the student. Individual Learning Plans may involve one or more of the following:

- 1) Learning support via additional training/activities/examinations, while remaining with their cohort
- 2) Suspension with additional learning support that involves repeating the academic year that took place prior to the exam and joining the cohort behind them
- 3) Dismissal from the program per the dismissal policy

- a. If a student remains with their cohort, receives additional learning support, and cannot earn at least 70% on a 3rd attempt at the STEP exam, they will be dismissed from the program.
- b. If a student is suspended and repeats a year of curricular content, their next attempt at the STEP exam (1 year later) is considered a 3rd attempt at the exam. If the student cannot earn at least 70% on the STEP exam following 1 year of repeating course content, they will be dismissed from the program.

(2) PEAT EXAM

The Academic PEAT (Practice Exam and Assessment Tool) is a retired version of the NPTE exam. Students must earn at least 65% on the PEAT exam to complete curricular requirements.

If a student wishes to take the NPTE exam early (April) they must earn at least 70% or better on the PEAT exam.

If the student earns below 65% on the first attempt of the PEAT, they will participate in a second attempt at the exam. If the student does not earn at least 65% on the second attempt at the PEAT, they will receive an Incomplete in the Board Preparation class which may delay graduating with their cohort.

If a student earns below 65% on both attempts at the PEAT, the student's status will be reviewed by the Academic Progress Committee, the Division Chief, and the student's advisor.

Based on the needs of the student, the Academic Progress Committee will make recommendations via an Individual Learning Plan to aid the learner in successful completion of the program. Individualized Learning Plans could include any of the following:

- i. The student may be given additional coursework offered online.
- ii. The student may be given additional NPTE training via workshops offered online.
- iii. The student may be given assistance needed with either tutoring, counseling or advising.
- iv. The student may be permitted to audit classes or meet with faculty for assistance in content deficiencies.
- v. Other aspects as deemed appropriate for the individual.

There is a one-year window to work towards passing another PEAT exam in order to remove the Incomplete grade. After this year of learning support and study, the student will be permitted to achieve credit for the course and graduate. This may delay graduation from the program by up to one year.

B) RESOURCES FOR HELP WITH BENCHMARK EXAMS

If you are struggling with multiple choice exams, you may need to seek outside guidance on test taking skills or help in organizing your study habits. Your first place to turn to would be your advisor, who will be able to assist you in locating on campus resources that may be able to help you. The second step may be to sign up for some of the study help found online (this would be independent of the program).

Options are listed on the APTA: <https://www.apta.org/Licensure/>

Other options can be found at:

<https://therapyexamprep.com/>

<https://ptfinalexam.com/pt-independent-study-course-pricing/>

<https://npteff.com/>

C) PROMOTION INTO THE CLINICAL EDUCATION SETTING

The APC is charged with reviewing student files prior to clinical education experiences to ensure that there are no concerns about a learner’s mastery of skills and behaviors that would pose a risk to patients or to the clinical site. If any faculty member has concerns about a student’s readiness to enter into the clinical setting, a recommendation should be made to the APC to review the student’s file and make a recommendation about progression.

Examples of APC recommendations may include:

- The learner is appropriate to progress into the clinical setting without any associated recommendations.
- The learner is appropriate to progress into the clinical setting with associated recommendations, which may include an Action Plan to address deficits and/or Probationary status, as needed.
- The learner is not appropriate to progress into the clinical setting. In this situation, the APC will review the concerns with the learner and provide associated recommendations, which may include an Individual Learning Plan, suspension, and/or dismissal.

If the APC determines that there are concerns about a student’s clinical reasoning, safety, professional behavior, hands-on skills, clinical knowledge, or any other aspect of the curriculum that is likely to affect the student’s ability to deliver safe, effective, and respectful care to the patient, the APC may recommend to the Division Chief or their designee, that the student be ineligible to progress to the clinical education curriculum. APC recommendations may include Individual Learning Plans that are in addition to the standard curriculum, reviewing course materials, re-submitting assignments and/or exams, re-taking curricular courses, suspension, dismissal, or any other case-specific recommendation.

Completion of all prior academic and clinical coursework is a requirement for progression into the clinical education setting.

D. INDIVIDUAL LEARNING PLANS

A learner who needs assistance in their educational pursuit may be referred to the Academic Progress Committee for an Individual Learning Plan recommendation. Examples of conditions within an Individual Learning Plan may include, but is not limited to, repeating an examination or other academic requirements; modifying professional behaviors as deemed appropriate by the faculty; completing additional academic activities and/or exams; self-reflection activities; meetings with advisors, course instructors, or other faculty members; and alternative timelines for participation in the program. Individual Learning Plans are subject to Retention Policies of the program (See section entitled “[Retention](#)”).

In addition to Individual Learning Plans that offer curricular learning support for academic progression, the APC will make recommendations related to student progression in the curriculum in situations of illness or injury, or when Leave of Absence requests are submitted. Other recommendations from the APC may involve adverse or corrective actions in the event of behavioral, professional or academic difficulty. The Division Chief (or designee) reviews all recommendations from the APC and has final approval of all recommendations.

When a student submits an Extended Leave of Absence Request that will result in deceleration to a different cohort, the student can meet with the Academic Progress Committee to discuss the student's return to the program and seek guidance on resources to prepare for a return to the program. Any student who submits a LOA that will result in deceleration to a different cohort will begin at the start of the curricular year (Year 1, Year 2, or Year 3) in which they left the program and register for all coursework with the subsequent cohort.

E. FITNESS FOR DUTY

A student may be required to undergo a fitness for duty evaluation at the discretion of the PT Program or the School of Medicine. The evaluator of the student's fitness for duty will be designated by and paid for by the School and will have no direct role in the student's education, assessment, or progression. Findings of the fitness for duty evaluation may result in consequences including but not limited to a mandatory leave of absence, probation, special placement, and dismissal from school. Failure to comply with the fitness for duty process will result in a recommendation for dismissal from the PT Program. Until a decision is made regarding the outcome of the fitness for duty, the student may be prohibited from participating in all class and clinical work. Potential reasons for a referral may include any or all of the following:

1. Obvious impairment in any setting (classroom or clinical)
2. Changes from normal behavior that are affecting performance
3. Repeated lapses of professional behavior
4. Egregious lapses of professional behavior
5. Absence from the program for an extended period of time due to illness or injury.

F. RETENTION

The PT Program strives to assist its learners with professional and academic advancement. The following retention plan was developed to provide learners with ample warning to address professional, behavioral, and academic issues before they are problematic. The policy also recognizes, however, that some behaviors are egregious and warrant a direct referral to and review by the Academic Progress Committee (APC).

Students must understand that some situations may require Individual Learning Plans that could affect the anticipated date of graduation. A student who is placed on an Individual Learning Plan should hold a discussion with the Division Chief or their designee to determine the changes that will occur related to the anticipated date of graduation. The Division Chief (or designee) holds full autonomy in deciding which courses or learning activities are required to support the learner and resolve deficiencies, but will consider input from the APC, the faculty, and learner.

If the Individual Learning Plan contains any corrective or adverse action, as described in the due process policy, the student may seek review or appeal as described in [section VII.H](#).

1. VERBAL AND WRITTEN WARNINGS

Students with minor behavioral or professional issues (i.e. those behaviors not specifically listed below in "provisional probation," "probation," "suspension," or "dismissal") will first be issued a verbal warning from the faculty member who witnessed the infraction. If, after receiving the faculty member's verbal warning, the behavior does not stop, the faculty member shall issue a written warning. Upon issuance of the written warning, the faculty member shall also alert the Division Chief of the learner's ongoing academic, behavioral or professional concerns.

2. PROVISIONAL PROBATION

Provisional probation is to be construed as a warning. The student should be aware that if their academic performance or professional behavior does not improve, they are in danger of being placed on full probation. (See [section 3](#))

If a student is placed on provisional probation, the student will be notified in writing by the Division Chief (or designee), who will also notify the student of the specific conditions that must be met in order to be removed from probationary status. The duration and conditions of provisional probation will be determined collectively by the Division Chief (or designee) with consideration of recommendations made by the APC and any faculty involved.

After reviewing the learner's progress and/or ongoing academic, behavioral, or professional concerns, the Division Chief (or designee) may decide to place a student on provisional probation. "Provisional Probation" may be assigned to a student who:

1. Has two (2) written exams/high-stakes assignments that result in an additional required attempt; or
2. Has two (2) psychomotor exams that result in an additional required attempt; or
3. Has demonstrated unsafe patient care during a real or simulated clinical experience; or
4. In the estimation of the faculty, has demonstrated inadequate development of one or more of the professional behaviors; or
5. Has received any infractions related to the respectful campus policy; or
6. Has three infractions of any classroom or program guidelines and policies; or
7. Demonstrates concerns during a clinical education experience such that they do not result in repeating or extending a clinical experience, but indicate concerns about future performance; or
8. Has demonstrated unsatisfactory completion of the capstone deadlines within the 2nd/3rd year.

Students who are placed on provisional probation must develop a recommended Individual Learning Plan with their faculty advisor and/or the APC. This plan will be reviewed and finalized by the Division Chief (or designee). During and at the conclusion of the Individual Learning Plan, the APC may review the student's file to ensure that concerns are resolving. At the end of the prescribed timeframe, the APC will review the student's file to determine if all conditions of the Individual Learning Plan have been met and if the student has shown progress in the areas of concern. Provisional probation may only be removed by the Division Chief (or designee) if all conditions of the Individual Learning Plan are met, all concerns are resolved, and no new concerns are present.

If the APC feels that the conditions of the Individual Learning Plan have not been met and/or there are ongoing or new concerns in the student's file, the APC may recommend to the Division Chief (or designee) an extension of the Individual Learning Plan timeframe, additional activities, and/or progression to probation, suspension, or dismissal.

3. PROBATION

Probation is to be considered a final warning to the student that, if performance does not improve, the student is in danger of being suspended or dismissed from the Program.

If a student is placed on probation, the student will be notified in writing by the Division Chief (or designee), who will also notify the student of the specific conditions that must be met in order to be removed from probationary status.

The program and its faculty will not issue a verbal or written warning and will progress immediately to a referral to the APC for a full-file review and to make recommendations to the Division Chief or designee if any of the following issues occur:

1. A student who has a semester GPA of less than 3.0 for one academic semester within the course of the program; or
2. Three (3) or more written exams/high-stakes assignments that result in an additional required attempt; or
3. Three (3) or more psychomotor exams that result in an additional required attempt; or
4. Has demonstrated unsafe patient care during a real or simulated clinical experience; or
5. Unsuccessful completion of an Individual Learning Plan; or
6. Demonstrated concerns about multiple (greater than three) professional behavior/issues reported in the classroom and/or clinic or infraction of classroom guidelines; or
7. A recurrence of unprofessional behavior or classroom behavior that resulted in a prior placement on provisional probation; or
8. Significant or consistent breach of professional behavior in the judgment of the faculty; or
9. More than one infraction of the Respectful Campus policy; or
10. Continued infractions (after being placed on provisional probation) of any classroom or program guidelines and policies; or
11. Positive drug test at any time during the program; or
12. An unsatisfactory report in a clinical education experience (i.e. critical incidents or Significant Concerns noted in CPI or otherwise reported by the CI).

To allow the student adequate time to work on the significant concerns that placed the student on probation, a student on probation is ineligible to participate in: study abroad, extramural research, class office, REACH director, Albuquerque Opportunity Center (AOC) director or other elective activities.

Probation may be removed by the Division Chief (or designee) upon successful completion of the Individual Learning Plan.

Certain circumstances may necessitate a term of Probation for the duration of the program. This may, among other things, include any of the following infractions:

1. No Credit for any clinical education experience;
2. A Critical Incident or Significant Concern during clinical education experiences;
3. Honor code violations.

A) PROBATION RELATED TO CLINICAL EDUCATION EXPERIENCES

(1) STUDENTS WHO ARE ON PROBATION OR PROVISIONAL PROBATION FOR PROFESSIONAL BEHAVIORS CONCERNS DURING THE DIDACTIC PHASE OF THE PROGRAM:

As per the Policy on Release of Information, the DCE is permitted to disclose to the clinical site the probationary status of a student about to enter into the full-time clinical setting if the CI has a role in the Individual Learning Plan that has been developed to address the behavior(s). The DCE will discuss with the clinical facility their roles in any portion of an Individual Learning Plan that they will be involved in, including specific goals that need to be accomplished during the probationary or learning-improvement process. The DCE will work with the CI to set clear objectives, expectations, and consequences related to these behaviors in the clinical setting, with the intent to facilitate student success. If professional behaviors concerns persist or increase in the clinical education setting to the extent that the student will be unsuccessful at reaching the objectives of the experience and/or the

Individual Learning Plan, the student may be asked to leave the clinical facility and will receive No Credit for the clinical education experience.

(2) STUDENTS WHO ARE ON PROBATION OR PROVISIONAL PROBATION FOR ACADEMIC CONCERNS DURING THE DIDACTIC PHASE OF THE PROGRAM:

As per the Policy on Release of Information, the DCE is permitted to disclose any specific learning needs of a student about to enter into the full-time clinical setting. This may include suggested approaches to enhance skills or knowledge in certain areas. The DCE may also work directly with the student to develop an Action Plan related to improving areas of deficit during the clinical education experience. The DCE will work with the CI to set clear objectives, expectations, and consequences, with the intent to facilitate student success.

4. SUSPENSION

Suspension is a form of probationary status that requires a student to take a leave from the program. The program will specify the period of time for which the student must remain suspended.

If a student is placed on suspension, the student will be notified in writing by the Division Chief (or designee). Specific conditions for progression and return to the program within the program will be defined in an Individual Learning Plan that must be signed by the student and Division Chief (or designee). Suspension resulting in a deceleration to a different cohort will follow the Extended LOA policies and the student will begin at the start of the curricular year in which they were suspended (Year 1, Year 2, or Year 3) and register for all coursework with their new cohort.

The Program and its faculty will not issue any warning and will progress immediately to a referral to APC for a full-file review and to make recommendations to the Division Chief or designee if any of the following issues occur:

1. A student who has a GPA of less than a 3.0 for any two academic semesters within the course of the program.
2. A student who receives a final course grade of F (below "C") or No Credit (NC); or
3. A student who cannot successfully pass the STEP 1 or STEP 2 exam following two attempts at the exam; or
4. Has demonstrated unsafe patient care during a real or simulated clinical education setting; or
5. Placement on probation for a second time during the curriculum; or
6. Failing to progress off of probationary status after a complete calendar year; or
7. Unsuccessful completion of an Individual Learning Plan; or
8. Failure to remedy a significant or consistent breach of professional behavior; or
9. Significant or consistent breach of professional behavior in the judgment of the faculty; or
10. Violation of the Honor Code; or
11. Continued infractions (after being placed on probation) of any classroom or program guidelines and policies; or
12. A student who receives "NC" for a clinical education experience.

To allow the student adequate time to work on the significant concerns that placed the student on suspension, a student on suspension is ineligible to participate in: study abroad, extramural research, class office, REACH director, Albuquerque Opportunity Center (AOC) director, or other elective activities.

If a student is suspended due to a single failing course grade, they will not be allowed to progress within the curriculum until that course is satisfactorily completed. Suspension from the program could affect the anticipated date of graduation.

Suspension may be removed by the Division Chief (or designee) upon successful completion of an Individual Learning Plan.

A) FORMS OF INDIVIDUAL LEARNING PLANS RELATED TO SUSPENSION

- Didactic: An Individual Learning Plan for a suspension that occurs during the didactic curriculum will involve the learner leaving their current cohort and joining the subsequent cohort. The suspended learner will be required to re-take coursework within the curricular year, in addition to the failed course, as is applicable to facilitating success with the failed course material and/or to facilitate integration with the new cohort. The Division Chief (or designee) holds full autonomy in deciding which courses the learner must re-take, but will consider input from the APC, the faculty, and learner.
- Clinical: An Individual Learning Plan for a suspension that occurs during the clinical education curriculum may involve the learner leaving their current cohort and joining the subsequent cohort. If the Division Chief (or designee), with consultation from the APC, deems that the learner requires re-training in portions of the didactic curriculum in order to facilitate success in the clinical education environment, the suspended learner will be required to re-take coursework as applicable to facilitating success. The Division Chief (or designee) holds full autonomy in deciding which courses the learner must re-take, but will consider input from the APC, the faculty, and learner.
- In place: An Individual Learning Plan for a suspension in place involves the learner continuing in the curriculum with their current cohort and participating in learning activities to address the deficiencies that have been identified. Often this occurs when the learner requires learning support on areas beyond the classroom or in the final clinical experiences. This type of learning plan may involve extending or adding additional components to a clinical experience (see below). The Division Chief (or designee) holds full autonomy in deciding which courses or learning activities are required to support the learner and resolve deficiencies, but will consider input from the APC, the faculty, and learner.

5. INDIVIDUAL LEARNING PLANS RELATED TO CLINICAL EXPERIENCES

A) LEARNING PLANS TO RESOLVE AN INCOMPLETE

If a student receives an Incomplete for a clinical education experience, the DCE may, if appropriate, create an Individual Learning Plan to facilitate meeting the objectives of the clinical experience via making up missed time and completing the course assignments. If the Individual Learning Plan is fulfilled within the designated timeline, the Incomplete will be converted to Credit. Failure to meet the specific criteria within the Individual Learning Plan for the clinical education experience will result in further review by the APC and may result in a recommendation to the Division Chief (or designee) for dismissal from the program.

If an Incomplete occurs during the final clinical education experience, an Individual Learning Plan will be required prior to graduation or a delay in graduation will occur. The DCE will discuss the situation with the Division Chief (or designee). If the learner is required to complete additional clinical time, they must reach the level of expectation on performance criteria and demonstrate ability to resolve Professional Behaviors concerns and/or

knowledge or skill performance concerns in order to receive Credit. Once additional weeks are successfully completed and learning objectives have been met, the Incomplete will be converted to Credit. This may result in a delay in the date of graduation. Any changes in the learning plan will be addressed by the APC with recommendations given to the Division Chief (or designee).

B) LEARNING PLANS TO ADDRESS NO CREDIT OR WITHDRAW

If the student's performance is determined to be unsatisfactory or indicates inability to reach the necessary level of proficiency to reach Credit criteria without a significant Individualized Learning Plan, the student will receive No Credit or Withdraw for the clinical education experience. The learner will be referred to the APC to determine recommendations regarding progression within the program.

Individual Learning Plans recommended by the APC are created on an individual student basis and may include an extension of the clinical education experience, an additional clinical education experience elsewhere, a letter of reflection, re-training in portions of the academic curriculum, meetings with the DCE or other academic faculty, use of other UNM or community resources to facilitate professional development, Action Plans related to skills development in future clinical education experiences, and/or other customized learning enhancement plans.

The location, length and any additional learning activities will be determined by the DCE in consultation with the Division Chief (or designee). Failure to meet the specific Individual Learning Plan for the clinical education experience will result in further review by the Division Chief (or designee) in consultation with the APC and may result in a recommendation of dismissal from the program.

Receiving Withdraw or No Credit for any clinical education experiences will likely result in a cancellation of upcoming clinical education experiences. The clinical experience that the student withdraws from or does not successfully complete will need to be repeated before the student progresses into future clinical experiences. The DCE in conjunction with the APC will discuss the site-specific plan for a student on an individual level if this situation occurs.

6. DISMISSAL

Dismissal is the student's termination from the Physical Therapy Program. Consideration of dismissal for any student will be reviewed by the APC. A recommendation of dismissal may be initiated by any faculty member, or the APC through its monitoring process of the student, with the final decision made by the Division Chief (or designee).

In the event of any of egregious behavioral, professional or honor code issue listed below, the Program and its faculty will not issue any warnings and will progress immediately to a referral to APC for a full-file review and to make recommendations to the Division Chief or designee.

Any of the following conditions will result in dismissal from the program:

1. A student who has a GPA of less than 3.0 for more than two academic semesters within the course of the program; or
2. A student who receives a final course grade of F (below "C") or No Credit (NC) for the same course more than one time or for two different courses across the curriculum regardless of the overall cumulative Grade Point Average; or
3. Failure of the STEP exam after additional learning support and/or suspension and a 3rd attempt at the exam; or

4. Has demonstrated unsafe patient care during a real or simulated clinical education setting; or
5. Placement on probation or suspension for a second time during the curriculum; or
6. Failing to progress off of probationary status after a complete calendar year; or
7. Placement on probation after a period of suspension; or
8. Unsuccessful completion of an Individual Learning Plan; or
9. Failure to remedy a significant or consistent breach of professional behavior; or
10. Significant or consistent breach of professional behavior in the judgement of the faculty; or
11. Violation of the Honor Code; or
12. Any prohibitive activity or misconduct as described in the Pathfinder <https://pathfinder.unm.edu/> and/or faculty handbook <https://handbook.unm.edu/d176/> and/or <https://policy.unm.edu/university-policies/2000/index.html>; or
13. A student who has more than one positive drug test; or
14. Failure of the background check; or
15. A student who receives No Credit (NC) for a clinical education experience, and the reasons for No Credit relate to academic or professional concerns that were addressed via an Individual Learning Plan previously in the program; or
16. Failure to successfully complete a clinical education experience upon second attempt; or
17. A student who receives No Credit for more than one clinical education experience; or
18. Changes in ability to meet the technical standards that cannot be reasonably accommodated by the program.

The student will be informed in writing about the Dismissal status by the Division Chief (or designee).

G. WITHDRAWAL PROCEDURES

Students who wish to withdraw from the program should complete the following steps:

- Talk to their advisor
- Talk to the Division Chief
- Give the Division Chief a letter stating the intent to and reason(s) for withdrawal.
- Complete an official withdrawal form from the University if applicable (available in Student Services Center on main campus or at <https://registrar.unm.edu/forms/>). Failure to do so will result in a grade of "F" in each course.

H. STUDENT COMPLAINTS, DISPUTES OR GRIEVANCES

1. CURRICULAR GRIEVANCES AND/OR CONCERNS

Any questions regarding course organization, expectations, grading, assignments, etc. should be directed to the course instructors first, and then if concerns persist, students should discuss these with the Division Chief or their designee. For purpose of academic disputes only, and formal appeals of those academic disputes, the PT Program shall follow the process outlined in Faculty Handbook D176: <https://handbook.unm.edu/d176/>.

2. MISCONDUCT

UNM may take disciplinary action against a student for a violation of the Student Code of Conduct or other UNM policy when the offense occurs on UNM premises or at a UNM-sponsored event, or when the violation occurs off campus and failure to take disciplinary action is likely to disrupt the academic process or other campus functions, or endanger the health, safety or welfare of the UNM community or any individual student or employee.

All matters of allegations involving University Administrative Policies 2720 ([Prohibited Discrimination and Equal Opportunity](#)) and 2740 ([Sexual Harassment Including Sexual Assault](#)) will follow Faculty Handbook Policy D176 and the CEEO Discriminations Grievance Procedure. In accordance with D176, the Dean or designee of the School of Medicine will issue a sanction for the responsible student as both a student at the University of New Mexico and the UNM School of Medicine. D176 indicates that the Dean or designee is to be the sanctioning authority for all violations of the UNM Student Code of Conduct, including those matters involving sexual harassment.

<https://handbook.unm.edu/d176/>

I. UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE HEALTH PROFESSIONAL PROGRAMS STUDENT DUE PROCESS POLICY

Please refer to <https://hsc.unm.edu/medicine/education/health-professions/> for the most up to date appeal policy.

Photography and Video Consent release form;
Clinical Laboratory Participation Release Form;
Honor Code;
Honor Code for Psychomotor Assessments;
Emergency Contact Agreement;
Registration Release Form;
UNM Incident Report;
Inappropriate Clinical Behaviors;
Short Term Time-Off Request Forms;
Leave of Absence Request Form;
Acknowledgement of Receipt of this Handbook.

If there are changes in personal status on any forms, the student must notify the Program of these changes.

PHOTO AND VIDEO RELEASE CONSENT FORM

I hereby give the Doctor of Physical Therapy Program the right to use any still or video pictures of me or my property taken during any PT activity for programmatic, educational, and/or marketing purposes without compensation. I waive any right to inspect or approve the finished version(s), The University of New Mexico shall be the owner of the photography or video, solely and completely. I have read this release and am fully familiar with its contents. If at any point, I have questions or concerns about this release or my previously provided release consent, I understand that I should contact the PT Operations Manager at 505-272-6971.

Email:

Name:

Signature:

Date/Time:

University of New Mexico Physical Therapy Program

*This Release of Liability is to be completed by each student at the beginning of each semester. Once completed, each student will upload a copy to EXXAT, into the line designated for the specific semester indicated. **It is the responsibility of the student to inform course instructors of any changes which may alter the student's capability to participate in clinical laboratory activities during the course of the semester.***

I am participating of my own free will in the clinical laboratory activities, including clinical examinations and treatment techniques ("Clinical Lab" or "Clinical Labs") associated with courses in the semester designated below:

- Year 1 Fall Semester
- Year 1 Spring Semester
- Year 2 Summer Semester
- Year 2 Fall Semester
- Year 2 Spring Semester
- Year 3 Summer Semester
- Year 3 Fall Semester

In consideration of, and as a condition to my participating in the Clinical Labs, I understand, acknowledge and agree as follows:

I acknowledge that the University of New Mexico Doctor of Physical Therapy program is organizing these Clinical Labs solely for my educational benefit. I understand that the Clinical Labs include review of human anatomy, physiology, and kinesiology, as well as the examination and treatment techniques used in the practice of physical therapy. In the Clinical Labs, students act both as subjects ("models") and operators for techniques, and there is often physical and/or manual contact between the model and operator. Details of Clinical Lab sessions in each course are specified in the respective course syllabi and activities may include, but are not limited to:

- Perform patient/client interviews
- Perform tests/measures of the neuromuscular, cardiopulmonary, musculoskeletal, integumentary and communication systems
- Observe and describe movement
- Lift and transfer persons with assistance, ranging from minimal to maximal assistance
- Perform manual therapy techniques, including joint mobilization/manipulation, soft tissue mobilization, and dry needling
- Perform exercises for mobility, strengthening, stretching, reeducation, functional training, and/or endurance training (which can include high-intensity cardiovascular conditioning and testing)
- Perform and receive physical agents and interventions (e.g., electrical stimulation, cryotherapy)
- Apply, operate, and monitor equipment and/or devices used in physical therapy

In order to perform some techniques, it may be necessary for models to remove clothing to expose body regions. Draping will be used to preserve model dignity; each model retains the right to request additional draping or withdraw from the procedure if they deem the draping inadequate. Operators are required to clean their hands before and after physical contact. All Clinical Lab techniques will be introduced in a supervised teaching environment. The teaching involves explanation, visual demonstration, and supervised practice.

I acknowledge that I have no knowledge of any condition that prevents my full participation in these Clinical Labs and/or the clinical examination and treatment techniques used in them referred to above, except as described below:

Students respond here. Enter none if there are no exceptions or limitations; otherwise provide an explanation in this box.

I understand that all techniques taught in the Clinical Labs and used on me by the instructors or students are within my personal control. I acknowledge the right to terminate any technique involving me for any reason, at any time that I judge it may be injurious to my person. I acknowledge that other participants may practice techniques on me as I will practice techniques on other participants for the purpose of gaining clinical knowledge.

I have had the opportunity to ascertain the hazards and risks of participating in these Clinical Labs, including the clinical examination and treatment techniques used in them, and I acknowledge that participating in these Clinical Labs involves hazards and risks of personal injury to me. Having such knowledge of those hazards and risks, or having waived the right to obtain such knowledge, I willingly accept and assume all such hazards and risks in return for the educational benefits received. Furthermore, I, for myself, and for my agents, personal representatives, successors and assigns (collectively and individually, "Releasers") hereby:

- a) Release and discharge University of New Mexico, its trustees, officers, employees, students, agents, contractors, and suppliers (collectively and individually, "Releasees") from any and all claims, demands, liabilities, and causes of action of every kind and nature, whether foreseen or unforeseen, any of the Releasers now has or may have in the future against any of the Releasees, which arises directly or indirectly out of, or relates directly or indirectly to any aspect of my participation in the Clinical Labs, including, without limitation, access to the laboratory, conditions existing in or around the laboratory or elsewhere in the laboratory's premises, or use of any laboratory equipment by me or any other person (collectively and individually, "Released Claims");
- b) Agree not to assert any Released Claims, or commence, join, or cause to be commenced, any lawsuit against any of the Releasees based upon any Released Claims; and
- c) Indemnify and hold harmless the Releasees from any and all claims, causes of action, damages, judgments, costs, and expenses, including, without limitation, attorney fees and other costs of litigation, which may in any way arise from or relate to any aspect of my participation in the Clinical Labs or any breach of the terms of this Release of Liability.

I represent and warrant that: I am a competent adult of at least 18 years of age; I have read this Release of Liability in its entirety and understand its contents; and I understand that the terms of this Release of Liability are contractual and not a mere recital, and that by signing it I am voluntarily surrendering certain legal rights and agreeing to all of its terms and conditions.

By completing the information in the Electronic Signature box below, I intend to authenticate this agreement so that it will have the same force and effect as if I had manually signed it.

Email:

Name:

Signature:

Date/Time:

Honor Code**University of New Mexico Physical Therapy Program**

Students are expected to abide by the Honor Code once enrolled in the UNM Physical Therapy Program.

The core values underlying the Honor Code are:

- Academic honesty is demonstrated by students when the ideas and the writing of others are properly cited; students submit their own work for tests and assignments without unauthorized assistance; students do not provide unauthorized assistance to others; and students report their research or accomplishments accurately,
- Respect for others and the learning process to demonstrate academic honesty,
- Trust in others to act with academic honesty as a positive community-building force in the school,
- Responsibility is recognized by all to demonstrate their best effort to prepare and complete academic tasks,
- Fairness and equity are demonstrated so that every student can experience an academic environment that is free from the injustices caused by any form of intellectual dishonesty, and
- Integrity of all members of the UNM Division of Physical Therapy as demonstrated by a commitment to academic honesty and support of our quest for authentic learning.

Behavior which subverts the integrity of the learning process for oneself, or others is unacceptable.

Such behavior includes but is not limited to:

- Cheating on course or examinations by the use of books, notes, or other aids when these are not permitted, or copying from another student.
- Submission of similar papers or projects in more than one course without permission of the instructor.
- Collusion: two or more students working together on an examination or assignment, unless specifically permitted by the instructor. This can include collusion of documents in things like a google drive or other electronic platforms.
- Plagiarism: the submission of another's work as one's own original work without proper acknowledgement of the source (see HSLIC resources for more examples).
- Falsifying documents or records related to credit, grades, and other academic matters.
- Altering an examination or paper after it has been graded for the purpose of fraudulently requesting a revision of a grade.
- Use of unauthorized materials (electronic devices) for an examination or project such as taking of photographs of patient charts, examinations or sequestered assignments.
- Circulation and/or use of unauthorized previous examinations or assignments either electronically or physically.
- Unauthorized copying or possession of an examination, even if inadvertent.
- Theft, concealment, destruction or inappropriate modification of classroom or other instructional material.

Before an examination:

- Seeking and/or obtaining access to examination materials prior to test administration.
- Unauthorized entry into the area where test materials are being prepared.
- Unauthorized reproduction and/or dissemination of test materials.

During an examination:

- Sharing information about any of the test materials including simulation (electronic, human or mechanical) and paper cases.
- Possessing unauthorized materials during an examination. This includes reviewing instructions on outer doors for standardized patient encounters more than 5 minutes before the scheduled testing time.
- Leaving the test area without authorization.
- Possessing and/or using recording devices.
- Possessing and/or using unauthorized study aids.
- Giving or receiving information during the examination.
- Sharing information, resources or reasoning on problems meant to be solved by individuals.
- Theft of examination materials.
- Disruptive behavior which affects other examinees, standardized patients, or staff.
- Communication and signaling devices must be off.
- Making reference notes of any kind during the examination, except on paper provided.
- Unauthorized reproduction and/or dissemination of test materials.
- Failure to follow sequestration procedures, including unauthorized use of electronic devices during sequestration

After an examination:

- Sharing information about any of the test materials including simulation (electronic, human or mechanical) and paper cases.
- Altering or misrepresenting examination scores.
- Unauthorized reproduction and/or dissemination of test or copyrighted materials.
- Writing down or verbally recalling test questions or test information for personal use.

Students who witness activities by another student that is in violation of the honor code are required to inform UNM Physical Therapy Program faculty. Failure to report witnessed activities by another student is also considered an honor code violation. Irregular behavior will be investigated and reviewed. Students found to have violated the honor code will face disciplinary action as outlined in this handbook and in the UNM Pathfinder.

Statement of Agreement

- I have read and agree to abide by the honor code while throughout my entire enrollment in the UNM Physical Therapy Program.

Email:

Name:

Signature:

Date/Time:

**Honor Code for Psychomotor Assessments
University of New Mexico Physical Therapy Program**

This Honor Code applies for learners participating in Simulated Patient Assessments (SIMs), Objective Standardized Clinical Examinations (OSCEs), Practical Examinations, Skills Checks and all assessments that include patient interactions.

Confidentiality Agreement

Per the Honor Code and Professional Conduct and Test Ethics documents in the Student Policy & Procedure Handbook, all information related to psychomotor assessments is confidential. The following policies apply to all psychomotor assessments within the UNM DPT Program:

1. The use of cell phones, laptops, smart watches and other personal electronic devices during the assessment is prohibited unless explicitly stated by the instructor.
2. Do not use any resources or references during the assessment unless specifically stated by the instructor.
3. Do not consult with or collaborate with peers during, prior to, or after the assessment unless specifically allowed by the instructor.
4. Do not remove any patient information or supplies from the assessment area unless otherwise instructed.
5. Do not take photographs of any patient information that is provided before, during, or following the assessment.
6. Do not take audio, photographic, or video records of any patient information or of any part of the assessment.
7. Do not discuss any patient information or any aspect of the assessment process with any student who has yet to participate in the assessment.
 - a. This includes giving tips of any kind to any other student, no matter how trivial they may seem. Doing so is considered cheating.
8. Instructors may ask students to prepare for the assessment independently in some way. Students are expected to follow these instructions and to avoid collaborating or consulting with peers if independent preparation has been instructed.
9. Do not seek any information about the assessment with any student who has already completed the assessment.
 - a. This includes seeking tips of any kind from any other student, no matter how trivial they may seem. It also includes asking "how did it go?" Doing so is considered cheating.
10. Any discussion after the patient encounter, including details of the patient chart, patient performance, instructor feedback, or your performance, is solely reserved for the classroom debriefing session after all assessments are complete.
11. Any information revealed during the debriefing session is not to leave the classroom and is not to be shared with students in other cohorts.
12. Do not discuss the assessment or any patient information with any students outside of your cohort.
13. If the assessment involves a sequestration process, students are prohibited from accessing any electronic devices including cell phones, laptops, smart watches, ear buds, and other personal electronic devices for any reason during their sequestration unless specifically stated by the instructor.

During assessments that involve a peer role-playing a patient:

- When you are the “patient” during an assessment, do not give any hints or cues to the person performing the assessment verbally or non-verbally. Doing so is considered cheating.

During assessments that involve an instructor or actor role-playing a patient:

- Your instructors have tried to reproduce the clinical environment as realistically as possible during psychomotor assessments that involve an actor. As you enter into the patient encounter, please suspend your disbelief of the actor and the environment and approach the situation as you would in a real clinical setting.
- Your instructors have tried to create a patient presentation and interaction that is as realistic as possible. The actor has been provided a script and character to portray, as applicable. Understand that each student may have a slightly different rendition of the scenario based on the actor’s choices in the moment. Please do not base your perception of the realism of the scenario on the actor’s abilities.
- If there are challenges with the environment or with equipment, please understand that these are accidental and not intended to mislead you or interfere with your learning or execution.

By signing this agreement, you are agreeing to the above policies, as well as all Honor Code policies written in the Student Policy & Procedure Handbook, and understand that you are accountable for any and all adverse consequences related to a violation of Honor Code and/or policies.

Student Name: _____

Student Signature: _____

Date: _____

**Emergency Contact Agreement
University of New Mexico Physical Therapy Program**

I authorize representatives of the Division of Physical Therapy in case of an emergency to contact the following:

Emergency Contact Information #1

Name:

Phone:

Emergency Contact Information #2

Name:

Phone:

Required Notification of Changes to Emergency Contact Information

- I will notify the office of the Physical Therapy Program of any changes in the above in order to keep it current while I am a student in the Physical Therapy Program.

Email:

Name:

Signature

Date/Time:

Registration Release Form

University of New Mexico Physical Therapy Program

Registration Authorization Class of 2027

- Due to the complexity of the Doctor of Physical Therapy program, student course registration is managed by PT staff and HSC Registrar. I hereby authorize the UNM Doctor of Physical Therapy Program to complete all registration transactions on my student account throughout my DPT curriculum.

Email:

Name:

Signature

Date/Time:

Student Injury

UNM Incident Report – Official Version in Student Handbook

<https://policy.unm.edu/common/documents/6150-exhibit-d.pdf>

NOTICE OF INCIDENT (Record Only) Revised: 06/01/07

This form must be completed when a claim is not expected for personal injury or property damage. It is for record only and should be completed as soon as practical after the occurrence, but within ninety (90) days of the occurrence. File the form with:

**Department of Safety and Risk Services
1801 Tucker St. NE, Bldg 233 MSC07 4100
1 University of New Mexico
Albuquerque, New Mexico 87131-0001**

Full Name _____ Phone No(s) _____

Mailing Address (Include city, state, zip code) _____

Amount of damages (if known) \$ _____

Describe WHERE, WHEN, and HOW the damages or injury occurred. Include names of all persons involved and any witnesses, including their addresses and telephone numbers. Location of the Occurrence: _____ Date of Occurrence: _____

Approximate Time: _____ Description of the Occurrence: _____

Describe the injury or damage you sustained and attach copies of all medical reports, bills, or estimates of repairs. _____

_____ All of the statements made on this form are true and correct to the best of my knowledge.

Date _____ Signature of Person Reporting _____

Daytime Phone No. _____

Inappropriate Clinical Behavior

University of New Mexico Physical Therapy Program

Acknowledgement of Inappropriate Clinical Behavior

It is the right and responsibility of the CI to hold students to standards of professional behavior. The following list indicates examples of unprofessional or inappropriate behavior in the clinic setting. If a student demonstrates any signs of an inappropriate behavior, the CI must bring the issue to the student's attention immediately. The student must be given a verbal warning that the behavior is not appropriate. If the behavior occurs again, or there are signs of additional unprofessional or inappropriate behaviors, the CI should document the occurrence (Anecdotal Record or Critical Incident) and **contact the DCE**. A third occurrence warrants termination of the clinical education experience.

Unprofessional or Inappropriate Behaviors:

- Arrives late, unprepared, or with insufficient time to prepare
- Reacts to feedback poorly or defensively
- Arrogance, authoritative attitude, abrasive attitude, disrespectful
- Overconfidence
- Dismissive attitude (as though the clinical experience is a waste of time)
- Lack of preparation (did not complete assignments given by CI)
- Lack of initiative (does not seek learning opportunities)
- Poor time management
- Not taking responsibility for own actions
- Dishonesty
- Lack of empathy
- Disinterest in clinical experience (lazy, distracted, passive, not being responsive to patient, not communicating needs to CI, not being engaged in conversations with CI)
- Inappropriate language (tasteless joking, vulgar, language does not match the patient's needs)
- Uses angry or confrontational tone of voice
- Inappropriate body language, gestures, non-verbal communication
- Inappropriate conversations with patients and/or colleagues (argues with CI, complaining, subject matter inappropriate for the clinical environment, makes a joke where the patient is the object, speaks poorly about other professionals)
- Not complying with HIPAA/not maintaining patient confidentiality
- Not following policies and procedures of the clinical site
- Posts information about the clinical experience on social media sites
- Performs a technique that they are not adequately trained in
- Changes treatment plans without permission
- Gives patients knowingly inaccurate information
- Immaturity (crying, lacking confidence)
- Inability to manage stress
- Inability to demonstrate social awareness or pick up on social cues of others
- Pursuing time off that has not been approved by DCE
- Being under the influence of drugs/alcohol/hungover
- Inappropriate use of cell phones or other electronic devices
- Inappropriate dress
- If the CI is questioning the behavior of the student at any time, is uncertain if it qualifies as 'unprofessional' or 'inappropriate', or does not feel comfortable addressing the situation,

he/she should contact the DCE to explain the situation. The DCE will help determine the appropriate course of action.

- I acknowledge awareness of this document and understand that I will be held responsible for compliance in upholding academic and clinical integrity for the period of enrollment in UNM's Doctor of Physical Therapy Program.

Email:

Name:

Signature

Date/Time:



UNM Division of Physical Therapy

Short Term Time Off Request Form

(For DPT Students During Semester Coursework)

Students must use this form to obtain prior approval for absences of 1-2 days. Submit this form to the course instructor(s) at least Two Weeks in advance (exceptions will be considered for bereavement).

Name:

Requested Date(s):

Total Number of Hours Requested:

Reason for Time Off Request:

- Bereavement
- Professional Development Activity (please describe):
- Personal* (please describe):

Please describe when/how you plan to make up this time

Approved** Not Approved***

Reason for denial:

Signature of Course Instructor(s):

Comments:

* Time off for personal reasons is generally not approved by the UNM PT Program.
 ** Students are responsible for all missed course content and assignments.
 *** Students who miss class for an unapproved reason are in breach of Professional Behaviors Criterion #5: Responsibility, and will receive notice of violation.



UNM Division of Physical Therapy

Short Term Time Off Request Form

(For DPT Students During Clinical Experience)

Students must use this form to obtain prior approval for absences of 1-2 days. Submit this form to the course instructor(s) at least Two Weeks in advance (exceptions will be considered for bereavement).

Name:

Requested Date(s):

Total Number of Hours Requested:

Reason for Time Off Request:

- Bereavement
- Residency Interview
- Professional Development Activity (please describe):
- Personal* (please describe):

Please describe when/how you plan to make up this time

Approved** Not Approved*** Reason for denial:

Signature of Director of Clinical Education:

Comments:

Approved Not Approved Reason for denial:

Signature of Clinical Instructor:

Comments:

* Time off for personal reasons is generally not approved by the UNM PT Program.
** Students are responsible for making up all missed clinic days.
*** Students who miss clinic for an unapproved reason are in breach of Professional Behaviors Criterion #5: Responsibility, and will receive notice of violation.



UNM Division of Physical Therapy
Leave of Absence Request Form

Students must use this form to obtain prior approval for absences of 3 or more days.

Student Name: _____

Cohort: _____

Date: _____

Student must complete each section.

I. **Leave Request**

Start date: _____ End date: _____

All leave counts towards the 5-year rule. For record keeping purposes only, please select the type of leave:

- Medical (provide medical note both at time of leave and upon return to the program)
- Personal
- Military (provide military orders)
- Financial
- Scholarly enrichment: _____

Will this LOA result in a deceleration to a different class?

- No Yes - New class year: _____ Expected graduation date: _____

II. **LOA Policies and Procedures**

Carefully read and review the policies and procedures pertinent to the privilege of a leave. Please be certain that you understand the conditions explained below and acknowledge that you have read each item by checking the box next to it and signing below. Please note: The University of New Mexico School of Medicine reserves the right to make changes to any of the policies, procedures, codes, standards, requirements or services listed here as it deems necessary, with the changes applicable to all students in attendance at the School of Medicine.

<input type="checkbox"/>	Graduation - Granting a LOA may cause a delay in graduation. If the LOA delays graduation the student will be held to the promotion, graduation requirements, and all handbook policies of their new graduation class.
<input type="checkbox"/>	5-Year Rule - UNM DPT Policy states that students have 5 years to complete PT school. All leave counts towards the 5-year rule.
<input type="checkbox"/>	Didactic Curriculum - Rescheduling of missed academic activities - The course instructor, in consultation with the Division Chief, will determine if the requested absence will result in an "Incomplete" grade, "Withdraw" grade, or no grade given.
<input type="checkbox"/>	Clinical Education - Rescheduling of clinical education experience(s) - The Director of Clinical Education, in consultation with the Division Chief (or designee), will schedule the missed experiences in any available time frame and not necessarily in alignment with the rest of the cohort. The missed experience will be rescheduled dependent on clinic availability so that no facility is overloaded, as this compromises the educational experience for all students.
<input type="checkbox"/>	Promotion - Students granted a LOA will not be promoted until all requirements of the current year of the curriculum have been completed. Clinical education experiences may not be taken until all didactic course work has been completed.
<input type="checkbox"/>	Grading of delayed classes - Students will be evaluated by the grading criteria in effect when the delayed class or experience is rescheduled. That is, if grading criteria change while the class or experience is delayed, the new or current grading standards will be used.
<input type="checkbox"/>	Return from medical leave of absence requires a medical release and attestation of meeting the technical standards. If an accommodation is needed, the student will apply for that accommodation as outlined previously in the Student Handbook.
<input type="checkbox"/>	Financial Aid - If you are a financial aid recipient, you must meet with the Financial Aid Supervisor to discuss how your leave of absence may affect your current financial aid awards and charges, the repayment status of your loans, and to plan for the timely disbursement of financial aid upon your return to the curriculum.

Leave of Absence (page 2)

Leave Request Narrative:

Leave Requests are reviewed by the Division Chief and the APC. Along with this form, please submit a detailed narrative/letter describing the reasons/situations/etc. as to why you are requesting this leave. Include all pertinent information.

[In cases of personal LOA, the reasons/situations do not need to be disclosed, and the narrative/letter can inform the Division Chief of the duration of the leave and planned return to the program.]

I have read and understand the policies, procedures and conditions pertinent to the privilege of taking a leave of absence, and agree to be subject to them. Please accept my request to take a leave of absence.

Student Signature

Date

Division Chief Review:	Date reviewed: _____	5-Year Date: _____
Comments: _____		

Approved:	Yes No	Reviewed by: _____
Sent to APC:	Yes No	
APC Review:	Date reviewed: _____	
Comments: _____		

RECEIPT OF STUDENT POLICY AND PROCEDURE HANDBOOK

The undersigned indicates by their signature that they have received and read their copy of the Handbook, June 2024. The undersigned further acknowledges that they are cognizant of, and will abide by, the policies and procedures contained within the above document and understands that they will be held responsible for compliance for the period of enrollment in UNM's Doctor of Physical Therapy Program. In addition, the undersigned will uphold academic and clinical integrity as described in various parts of this handbook.

Print Name

Signature

Date