

University of Colorado

Doctor of Physical Therapy Program

Physical Therapy

UNIVERSITY OF COLORADO



University of Colorado
Anschutz Medical Campus

School of Medicine
Dept. of Physical Medicine & Rehabilitation
Residential Pathway



University of Colorado
Colorado Springs

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College of Nursing and Health Sciences
Hybrid Pathway

Student Handbook

2025-2026

Introduction

The purpose of this handbook is to provide you with an overview of the expectations, policies, and procedures for the University of Colorado Physical Therapy (CU PT) Program. It also outlines your rights and responsibilities in pursuing a Doctor of Physical Therapy Degree.

This handbook does not constitute a contract with the University of Colorado, School of Medicine, or CU PT, either expressed or implied. It is a living document and subject to change. CU PT reserves the right at any time to modify the language contained in this document at its sole discretion, thereby voiding previous versions. Substantive changes will be communicated to students via email. In the event of a conflict between this and other documents (e.g., course syllabi), the most current version of the student handbook will take precedence. The provisions outlined in this document are designed by the CU PT program to serve as firm guidelines rather than absolute rules; exceptions may be made on the basis of extenuating circumstances. Moreover, this handbook articulates a common set of standards and consequences that are readily identifiable. Other violations not explicitly stated in this document may be subject to disciplinary action.

Unless otherwise stated, the policies and provisions outlined in this handbook apply to all learners enrolled in either the residential or hybrid pathway. You can find the most recent version of the handbook in the CU PT Student Portal (Canvas) and are responsible for reading and understanding its content.

Acknowledgement Signature Page

University of Colorado Doctor of Physical Therapy Program Student Handbook

The undersigned indicates by their signature that they have read a copy of the CU PT Student Handbook and therefore is informed of the program's policies related to academic, clinical, and professional expectations.

Your signature confirms your understanding of your rights and responsibilities and your willingness to be held accountable for your behavior and performance. A copy of this signed agreement will be maintained in your student file.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

Please check the appropriate pathway and cohort

- Residential
- Hybrid
- 2025
- 2026
- 2027

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Glossary of Terms and Abbreviations

AI	Artificial Intelligence
APTA	American Physical Therapy Association
CAPTE	Commission on Accreditation in Physical Therapy Education
CU PT	University of Colorado Physical Therapy Program, Residential and Hybrid Pathways
CU SOM	University of Colorado School of Medicine
Faculty	Any affiliate or core faculty member that is actively involved in curricular development, teaching and assessment, research, academic advising, or mentoring.
FERPA	Family Educational Rights and Privacy Act
Learner	An individual's status from the time they accept the program's offer of admission to the time they formally leave the program (e.g., graduation, withdrawal, or dismissal).
LOA	Leave of Absence
ODAI	Office of Disabilities Access and Inclusion
SPC	Student Promotions Committee

How to Use this Document

Revised annually, this document (aka "The Handbook") seeks to provide learners with an overview of *most* of the key policies and procedures affecting learners enrolled in the University of Colorado Physical Therapy (CU PT) Program. This document does not explain in depth or list every policy or procedure relevant to learners while in the program. Rather, it provides a roadmap of key landmarks (i.e., policies and procedures) and orients learners on how to approach questions or concerns. There are four main sections to this document that are summarized below:

The Learning Environment – This section focuses on how we treat each other in order to create an inclusive learning environment that is conducive to promoting the formation of one's professional identity.

Curricular Structure – This section provides a brief overview of curriculum in terms of its philosophy, structure, oversight, and evaluation.

Promotion – The largest among the four sections, this section describes the program's assessment strategies, grading policies, performance standards, and the role of the Student Promotions Committee in monitoring student promotion and advancement. It additionally outlines the consequences of failing to meet performance standards and the steps required to appeal course and program level decisions.

Additional Information – This section includes a variety of additional policies that apply to learners' overall experience while enrolled in the CU PT Program.

1. The Learning Environment

1.1. Community Agreement

1.1.1. CU PT Vision and Mission

Vision: We transform health and foster wellness through innovative education, ground-breaking discoveries, and active community engagement, with a steadfast commitment to advancing health equity for individuals, communities, and society.

Mission: The CU PT Program promotes discovery, innovation, and excellence in its educational, research, and service endeavors to improve movement, participation, and health for individuals, communities, and society.

1.1.2. Responsibilities

As an academic community, CU PT seeks to create an optimal learning environment for all its members. We protect this environment by establishing and maintaining academic, clinical, and professional standards. As a learner in the CU PT program, you will gain cognitive, technical and affective skills to prepare you for entry-level physical therapist practice. To ensure your success in completing this journey, the program, its faculty, and its learners must take certain responsibilities.

The program will:

- Recruit, admit, and graduate a highly qualified and diverse group of students that reflects the communities we serve.
- Provide a learning environment that welcomes diverse perspectives, supports inclusive excellence, stimulates critical thinking, encourages collaborative learning, and promotes transformative leadership.
- Deliver a dynamic and evidence-based curriculum that prepares learners to meet the evolving needs of society and adapt within dynamic healthcare landscapes.

Faculty will:

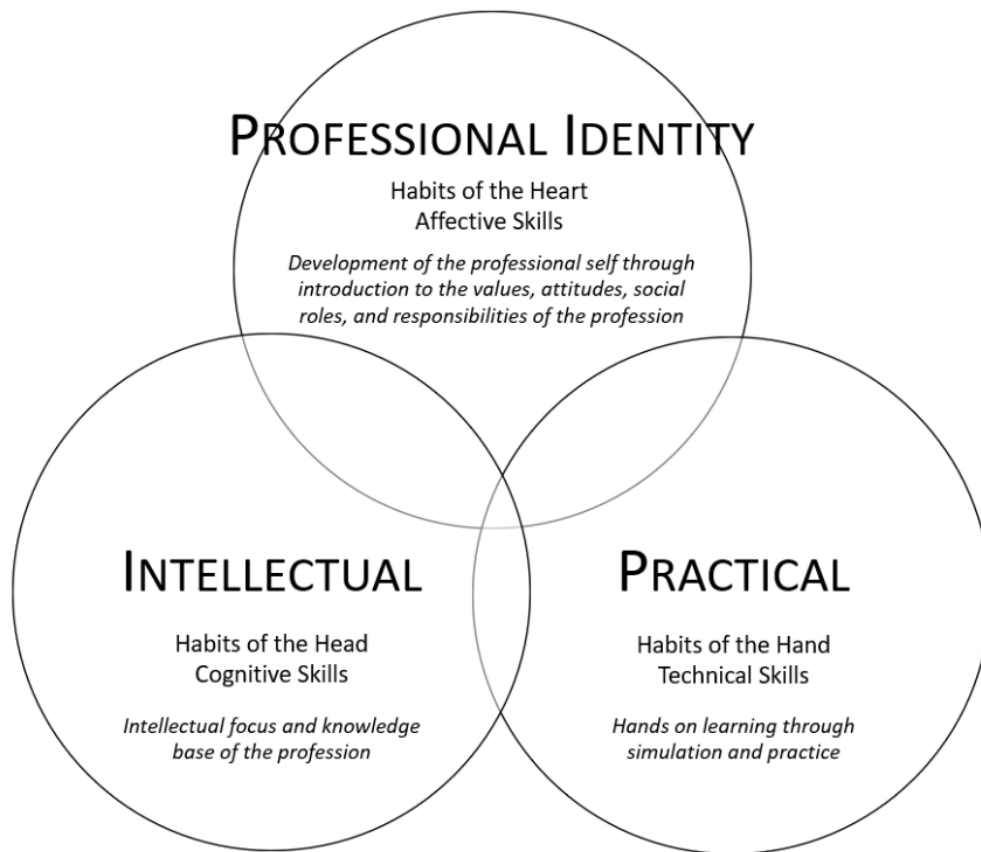
- Possess contemporary expertise and convey the cognitive, technical, and affective skills required for meeting professional standards and preserving our profession's societal contract (Duty)
- Foster learning environments that reflect and encourage our professional values. Developing one's professional identity stems from observing and emulating others who epitomize authentic professional values, attitudes, and behaviors (Integrity)
- Respect the dignity and lived experiences of learners and colleagues, while cultivating a learning environment that is free from ridicule, intimidation, or harassment (Respect)

Learners will:

- Take individual responsibility for their education, while working actively and collaboratively to enhance their learning and the learning of others (Duty)
- Display honesty, integrity, and compassion in all professional activities (Integrity)
- Treat others fairly and respectfully (Respect)

1.2. Becoming a Health Professional

Becoming a health professional requires commitment to a specific set of values, behaviors, and responsibilities that are centered around providing the best care possible for patients and promoting the health of society. One's journey toward becoming a health professional and a physical therapist involves the balanced development of 3 habits or apprenticeships (Figure).



1.2.1. The Physical Therapy Profession

The physical therapy profession is a dynamic field focused on optimizing movement to improve the human experience and promote the health of society. The House of Delegates of the American Physical Therapy Association has adopted a Code of Ethics (Appendix 5.1) and set of core values (Appendix 5.2) to guide professional behaviors. The Code of Ethics describes the desired behavior of physical therapists in their various roles, addresses multiple aspects of ethical action, and reflects the core values of the physical therapist. No code of ethics is exhaustive, nor can it address every situation. Learners are encouraged to seek additional advice or consultation in instances where the Code of Ethics may not be definitive. According to our Code of Ethics, physical therapists (and those training to become physical therapists) shall:

- Principle #1: Respect the inherent dignity and rights of all individuals
- Principle #2: Be trustworthy and compassionate in addressing the needs of patients
- Principle #3: Be accountable for making sound professional judgments
- Principle #4: Demonstrate integrity in relationships with patients, family members, colleagues, students, research participants, other health professionals, employers, payers, and the public
- Principle #5: Fulfill legal and professional obligations
- Principle #6: Enhance expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors
- Principle #7: Promote organizational behaviors and business practices that benefit patients and society
- Principle #8: Participate in efforts to meet the health needs of people locally, nationally, and/or globally

Underlying this Code of Ethics are a set of core values that further guide professional behaviors: Accountability; Altruism; Collaboration; Compassion and Caring; Duty; Excellence; Inclusion; Integrity; Social Responsibility.

1.3. Fostering a Positive Learning Environment

1.3.1. Diverse Perspectives

The students, staff, and faculty of the CUPT program value diversity as a central component of the program's

educational, research and service missions. Evidence suggests fostering diverse perspectives within health professions education enhances the quality of education, promotes student, staff and faculty achievement, strengthens community partnerships, and informs the development of innovative solutions that advance health equity. We strive to support one another and celebrate each other's successes. We share information, suggestions, and concerns freely, which contributes to our growth and creativity.

1.3.2. Inclusive Excellence and Respect

Inclusive excellence reflects a belief that an institution's success is dependent on how well it values, engages, and includes the rich diversity of its students, staff, faculty, administrators, and alumni. Our comprehensive approach to inclusive excellence supports meaningful transformations at the individual, curricular, and programmatic levels as a means of creating a welcoming and accessible destination for a diverse community of learners. In alignment with our profession's code of ethics, we respect the inherent dignity and rights of all individuals and seek to treat others with compassion and fairness. We are humble, curious, authentic, and kind.

1.3.3. Collaboration and Accountability

Collaborative learning refers to an approach whereby students, staff, and faculty work together, share ideas, and solve problems. Key aspects of collaborative learning include:

- Shared Accountability – everyone is accountable for their own growth and development within the program, however, we all share in the responsibility of supporting and encouraging one another.
- Open Communication – members of the CU PT community will promote open dialogue, active listening, and constructive feedback to ensure everyone feels comfortable expressing their ideas and perspectives. This will be achieved through periodic surveys and town hall meetings.
- Shared Decision-Making – to the extent possible, the perspectives of students, staff, and faculty will help inform program decisions, thereby promoting collective input and buy-in.
- Conflict Resolution – effectively managing and resolving conflicts is essential for supporting a collaborative learning environment.

1.3.4. Adaptability and Innovation

We recognize the importance of adaptability in today's evolving health landscape. As such, we take an agile approach to our work, we embrace change, and we seek to innovate. It is critical that we raise our awareness of existing and emerging issues and look for creative solutions.

1.3.5. Honor, Integrity, and Excellence

CU PT is committed to the highest standards of ethical conduct. Learners, staff, and faculty share in the responsibility of maintaining these standards. Discussions of honor and integrity are rooted in our professional oath:

I commit myself to the highest ideal of service, learning, and the pursuit of knowledge.

I will strive to achieve excellence in the practice of physical therapy.

I will perform physical therapy in an ethical manner and will expect the same of my colleagues.

I will respect diverse values, beliefs, and cultures.

I will do no harm to another.

I will hold all confidences in trust.

I will strive for improved quality of life for all of my patients.

I will strive to approach each patient with compassion, encouragement, respect, and patience.

I will respect the rights, knowledge, and skills of colleagues and healthcare professionals and seek consultation whenever the welfare of the patient may be advanced.

I will strive to be a lifelong learner, seeking to advance my knowledge as well as that of the profession.

I will approach each day with my future in mind and look to faculty, mentors, and colleagues to guide me toward my professional goals.

With this oath, I freely accept all the obligations and the many rewards which will accompany the practice of physical therapy.

Having spoken these words, I am prepared to embark upon the professional education program that will guide me toward my goal of becoming a Doctor of Physical Therapy.

To uphold one's societal obligations as a physical therapist, learners must prioritize ethical conduct and act with honor and integrity under all circumstances. This necessarily starts with one's education, as learners are developing and refining their professional identity. Academic dishonesty is intolerable as it erodes the trust of current and future colleagues and patients. Such dishonesty violates our professional code of conduct. When working with patients, we trust that our colleagues are being honest. Saying I checked a patient's blood pressure when I actually didn't could harm the patient. Saying I know how to perform a particular skill when in fact I don't (because I cheated on an assessment) could harm the patient. In healthcare, honesty is a fundamental responsibility.

The CU PT Honor Code represents a philosophy and set of rules that require learners and their peers to hold each other accountable for their actions. Its aims are to instill and maintain ethical and honest behavior and to create a culture where unethical and dishonest behavior are not tolerated. Professional education at the University of Colorado is conducted under the honor system. This system confers many responsibilities and freedoms upon students, while fostering mutual trust and respect among all members of the CU PT community. Students are expected to read, understand, and commit to the CU PT Honor Code (Appendix 5.3). Failure to comply with the Honor Code could result in disciplinary action (See "Consequences of Not Meeting Program Standards").

1.3.6. Attendance and Participation

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

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

1.3.6.1. Definitions

Required Learning Activities	These include classes, labs, seminars, tutorials, meetings, clinical education experiences, immersions, and offsite learning sessions.
Active Participation	Active participation in required learning activities involves demonstrable engagement and contribution to the learning environment, going beyond mere physical or virtual presence. It encompasses contributing ideas and perspectives, actively listening to others' ideas and perspectives, thoughtfully engaging in discussions with colleagues, and offering constructive feedback.
Residential Attendance	In-person attendance is mandatory for all required learning activities and includes active participation for the duration of these activities.
Hybrid Attendance	Online attendance, with cameras on, is mandatory for all synchronous learning activities. In-person attendance is mandatory for all immersions and clinical education experiences. Virtual and in-person attendance includes active participation for the duration of all required learning activities.
Absence	Missing a required learning activity for any reason that is planned or unplanned, whether it be a single activity (e.g., class or lab) or an entire day of activities. Please note that not all absences are equal in their impact. Differentiating between

	<p>missing a single class and missing an entire day of required learning activities helps clarify expectations and supports equitable and professional student conduct.</p> <table border="1"> <thead> <tr> <th>Absence Type</th> <th>Educational Impact</th> <th>Weighting (days)</th> <th>Examples of Consideration</th> </tr> </thead> <tbody> <tr> <td>Single Class</td> <td>Moderate</td> <td>0.25-0.5</td> <td>Small group discussions, hands-on skills, continuity of learning</td> </tr> <tr> <td>Full Day</td> <td>High</td> <td>1.0</td> <td>Immersion, small group discussions, hands-on skills, continuity of learning</td> </tr> </tbody> </table>	Absence Type	Educational Impact	Weighting (days)	Examples of Consideration	Single Class	Moderate	0.25-0.5	Small group discussions, hands-on skills, continuity of learning	Full Day	High	1.0	Immersion, small group discussions, hands-on skills, continuity of learning
Absence Type	Educational Impact	Weighting (days)	Examples of Consideration										
Single Class	Moderate	0.25-0.5	Small group discussions, hands-on skills, continuity of learning										
Full Day	High	1.0	Immersion, small group discussions, hands-on skills, continuity of learning										
Excused	<p>Excused absences are approved through the formal review process (see "Requesting or Reporting an Absence" below) either prospectively or retrospectively. Learners are allowed two (2.0 days) anticipated excused absences per semester. Anticipated excused absences <u>may</u> be granted for the following reasons:</p> <ul style="list-style-type: none"> ○ Life cycle event (self or immediate family member [e.g., wedding]) ○ Approved professional development activities (e.g., APTA's Combined Sections Meeting) ○ Athletic event when representing the University or learner's country at the national or international level ○ Unique personal or professional opportunities ○ Medical or business appointments that can only be completed during school hours <p>Unanticipated excused absences may be granted for the following reasons:</p> <ul style="list-style-type: none"> ○ Personal or family emergencies, including significant illness or injury ○ Bereavement <p>Excused absences that are protected by law (please see the full "Attendance Policy" for additional details):</p> <ul style="list-style-type: none"> ○ Religious observances ○ Military service ○ Jury duty ○ Subpoena 												
Unexcused	<p>Unexcused absences are any absences NOT approved through the formal review process as an excused absence. Excessive tardiness is also considered as an unexcused absence. Unexcused absences may result in disciplinary action (e.g., Program Alert or Probation)</p>												
Tardiness and Early Departure	<p>Arriving late or leaving early for a required learning activity may be considered partial attendance</p>												
Participation	<p>Active engagement with peers, colleagues, and community members in planned learning activities</p>												

Please refer to the "[Attendance Policy](#)" for details regarding:

- Requesting or reporting an absence
- Making up missed work
- The consequences of missing required learning activities

Learners are expected to uphold the CU PT Honor Code in their reporting of absences and communications with peers and faculty. Dishonesty in absence requests and/or in reporting of anticipated and unanticipated absences is considered a violation of the honor code and a failure to meet our program's professional

standards. Such actions will result in a referral to the Student Promotions Committee for further investigation, discussion, and/or remediation.

1.3.6.2. Student Absences Committee

The Student Absences Committee is charged with reviewing requests for anticipated absences and reports of unanticipated absences. Membership includes a committee chair, a representative from clinical education team, and additional faculty. The Committee meets on an as-needed basis to process student requests. The Student Absences Committee will typically respond to requests within two weeks of receipt of the request.

1.4. Non-Student Visitors

CU PT values its learners and recognizes the importance of family and friends to the lives of students. In general, learning settings, such as classrooms, labs, clinical exam rooms, study rooms, and the like, are typically not appropriate places for a non-student visitor to be present. Exceptions may include:

- Officially sponsored institutional programmatic activities for non-student visitors with appropriate supervision.
- Brief visits with appropriate supervision (e.g., a caregiver/student brings in their child or other minor relative to introduce to other students, provided the caregiver supervises the child at all times during the visit.
- Special occasions that are University-sanctioned and at which attendance by non-student visitors is encouraged. Special occasions must be coordinated with and approved by the supervising faculty member and legal.
- In the event of an emergency, and if there are no other alternatives, students may have a non-student minor child or adult dependents present in the classroom for brief periods of time provided the student obtains the instructor's prior approval. The exceptional circumstances under which non-student visitors may be brought into a particular learning setting should be established in a discussion between the student and instructor, taking into account the following:
 - Whether the student is willing to accept full responsibility for non-student visitor's safety and for any damage to property or injury to persons that is caused by the non-student visitor's presence
 - The extent to which the non-student visitor's presence in a learning setting creates a potential danger to the visitor or exposes the program or the University to liability. Safety is a primary concern for the non-student visitor, supervisors, and the University.
 - The extent to which the non-student visitor's presence in a learning setting poses a risk of breach of confidentiality with respect to information or patient privacy.
 - The extent to which the non-student visitor's presence in a learning setting disrupts or has the potential to disrupt the learning setting and/or create an atmosphere that is not conducive to achievement of the specific objectives of the session.
 - Whether the student agrees to assume responsibility for non-student visitor at all times and to ensure that this person's presence does not disrupt the learning of the student, other students, or interfere with activities in the learning setting.

The exceptions outlined above are NOT applicable where safety and/or confidentiality factors exist in the learning setting. Examples of such high-risk safety and confidentiality situations include labs, lab immersions, interactions with patients, and areas with machinery, workout equipment, or open water.

1.5. Attire

CU PT is committed to fostering a safe, respectful, and effective learning environment. The development and practice of physical therapy does require physical contact with peers, standardized patients, and actual patients. When learners enter practical examinations and clinical environments, it is important to recognize that you will be interacting with individuals representing diverse ages, cultural backgrounds, and lived experiences. Learners are expected to adhere to the following general guidelines during lab sessions, clinical experiences, and any other professional activities associated with the program. Please note that specific classroom, clinic, and community experiences may require a different set of guidelines.

1.5.1. Lab Attire

To fully engage in lab activities, learners must wear attire that allows for the exposure of body areas necessary for clinical observation, assessment, or intervention. At times, areas of the body may need to be observed

even if they are not the primary focus of the session. Learners are expected to arrive at lab sessions prepared to expose relevant areas of the body – excluding genitals and breasts – while maintaining personal comfort, professional boundaries, and a sense of modesty.

Learners are encouraged to wear clothing that can be easily adjusted or removed as needed (e.g., t-shirts, tank tops, loose-fitting pants). Towels, sheets, or drapes should be used to cover or protect areas of the body that may be unintentionally exposed, particularly when performing procedures that involve repositioning body parts.

We recognize and respect that learners come from diverse cultural, religious, and personal backgrounds. Accommodations to this policy can be made to honor religious observances, cultural norms, gender identity, or personal comfort. Learners are encouraged to communicate with lab instructors in advance if alternate arrangements are needed.

1.5.2. Classroom Attire

CU PT is located on an interprofessional academic medical campus at CU-AMC and is part of the interdisciplinary campus at UCCS. It is not unusual to encounter other professionals in hallways and open areas. Therefore, care should be taken to dress in an appropriate manner for contact with the public and other campus community members when outside of the PT labs. Business casual or smart casual are recommended.

When guests join the classroom, it is appropriate to dress in business casual or smart casual attire. Learners should use discretion and remember that they are representing the CU PT Program to the guests. Each course instructor is responsible for alerting their class to the presence of guests on particular days.

1.5.3. Clinic Attire

Standards are raised when interacting with patients/clients, professional colleagues, and the general public. In clinical settings, learners are expected to dress in a way that promotes professionalism and allows for respectful, safe, and effective patient care (e.g., business casual/smart casual).

Please note that the clinic's dress code will supersede the CU PT dress code. For example, some settings will recommend that providers wear scrubs (e.g., inpatient acute care) while others may expect more formal attire. It is the learner's responsibility to understand facility requirements prior to their first day of clinic.

1.5.4. Professional Attire

When attending professional meetings, learners are representing the physical therapy profession and the CU PT Program. A minimum of business casual/smart casual attire is expected and professional attire (i.e., business formal) is recommended.

1.6. Mistreatment

1.6.1. Standards of Behavior

CU PT has a responsibility to provide an environment that is conducive to effective learning by creating an atmosphere of mutual respect among students, staff, residents, and faculty. This includes fostering an environment that is free from ridicule, exploitation, intimidation, sexual or other forms of harassment, physical harm, and threats of physical harm. To that end, CU PT will not tolerate the mistreatment of students or other members of its community, nor will it tolerate retaliation against any individual because they reported, in good faith, a violation of the program's professionalism standards. CU PT shall also:

- ✓ Provide confidential mechanisms and procedures by which learners can safely report mistreatment against them or others
- ✓ Use knowledge gained from these reports to educate members of the CU PT community about what constitutes mistreatment, with the goal of reinforcing a culture of mutual respect

1.6.2. Defining Mistreatment

We have adopted the American Association of Medical Colleges definition that states, "mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process". Examples of mistreatment include, but are not limited to:

- ✓ Public belittlement or humiliation
- ✓ Verbal abuse (e.g., speaking to or about someone in an intimidating or bullying manner)
- ✓ Physical harm or the threat of physical harm
- ✓ Requests to perform personal services in exchange for a positive assessment
- ✓ Being subject to offensive sexist remarks, or being subjected to unwanted sexual advances (verbal or physical)
- ✓ Retaliation or threats of retaliation
- ✓ Discrimination or harassment based on race, ethnicity, religion, sex, age, ability, or sexual orientation
- ✓ Use of grading or other forms of assessment in a discriminatory manner

1.6.3.Discrimination

At the University of Colorado (“university”), our vision pursuant to [Regent Policy 10.A](#) is to be a premier, accessible, and transformative public research university that has diverse and inclusive working and learning environments woven into the fabric of our entire organization. Such environments are crucial to promoting academic excellence, most notably outstanding teaching, learning, research, creative work, meaningful community engagement, and culturally responsive healthcare.

This Protected Class Nondiscrimination Policy (“Policy”) prohibits discrimination and harassment on the basis of race, color, national origin, sex, age, disability, creed, religion, veteran status, marital status, political affiliation, political philosophy, pregnancy or related conditions, sexual orientation, gender identity and gender expression consistent with [Regent Law Article 8.A: Nondiscrimination](#). This Policy is intended to ensure equal access to the academic and professional experiences at the university, defines prohibited conduct and reporting obligations, and provides information regarding campus support services for involved parties.

The university must have an office at each campus with specialized expertise to address allegations of prohibited conduct under this Policy in a manner that safeguards the dignity and rights for all involved. The Equity Offices at each campus implement this Policy and administer related campus procedures.

Full policy language is available here: <https://www.cu.edu/ope/aps/5065>

1.6.4.Sexual Misconduct

The University of Colorado (“university”) is committed to ensuring that students, faculty, and staff are not subjected to discrimination, including discrimination on the basis of sex, as well as other forms of sexual misconduct that are inconsistent with the university’s values and mission. This Sexual Misconduct Policy (“*Policy*”) is designed to ensure equal access to educational programs or activities at the University. The Policy prohibits all forms of sexual misconduct, which is defined as sexual assault, dating violence, domestic violence, sexual exploitation, stalking, and sexual harassment. This policy also defines related misconduct, including retaliation, failure to report, providing false or misleading information, and failing to abide with the orders or sanctions of the Title IX Coordinator or other authorized officials.

Full policy language is available here: <https://www.cu.edu/ope/aps/5014>

1.6.5.Reporting Peers, Staff, or Faculty for Mistreatment

Ombuds Offices

If a learner feels that they have witnessed unprofessional behavior in a classroom, clinical, or community learning environment, they are encouraged to contact the Ombuds Office. This office acts as a no-barrier, confidential, first-stop for students, staff, and faculty seeking guidance, information, and insight.

[Ombuds CU-AMC](#)

[Ombuds UCCS](#)

Office of Equity

Individuals who have been subject to discrimination or harassment based on protected classes, any form of sexual misconduct, and/or related retaliation, may report their concern to the Office of Equity. This office provides resources and support, as appropriate, to ensure all involved parties have access to a safe and inclusive environment. Depending on the nature of the alleged conduct, individuals have the ability to pursue reporting processes within the University and/or outside of the University. To make an online report, click on the “Submit a Report” button located here: [Office of Equity Reporting Page](#)

Office of Faculty Relations

The Office of Faculty Relations receives allegations of unprofessional behavior or conduct among faculty through a variety of channels. This office can serve as an advocate for the fair and equitable treatment of learners by facilitating the safe and confidential reporting of unprofessional behavior. To make an online report, click on the “Report a Concern” or “Contact Us” buttons located here: [Office of Faculty Relations Reporting Page](#)

Additional related policies and procedures can be found here: [University Policies](#)

CAPTE

If a situation should arise wherein a student believes that the CU PT Program is incompliant with the CAPTE accrediting guidelines, students are requested to bring the concern to the attention of the Program Director. If the concern is not satisfactorily addressed, the student may contact the Commission on Accreditation in Physical Therapy Education (CAPTE) at <http://www.capteonline.org/Complaints/>.

2. Curriculum

2.1. Philosophy

We seek to prepare ethical, reflective, and innovative clinicians who are committed to advancing the health and well-being of diverse individuals and communities. Professional identity formation is central to our philosophy. Students learn not only how to think and act, but how to be – how to embody the values, roles, and responsibilities of our profession.

Our curriculum is intentionally designed to cultivate professional identity formation within the Master Adaptive Learner Framework (Appendix 5.6) and reinforce the balanced integration of cognitive, technical, and affective skills (i.e., habits of the head, hands, and heart). Master Adaptive Learners develop strong metacognitive skills that support self-regulated and self-directed learning. We believe these skills equip learners with the ability to embrace complexity, navigate uncertainty, and thrive in changing systems. Within the Master Adaptive Learner framework, students develop skills across four (4) critical phases of learning:

1. Planning – accurately identifying gaps and resources
2. Learning – actively acquiring and applying new knowledge or skill
3. Assessing – critically appraising performance
4. Adjusting – thoughtfully adapting behaviors and practice based on feedback

Throughout the curriculum, key elements are integrated to prepare holistic clinicians:

1. Person- and Family-Centered Care – Acknowledges and integrates individuals’ unique values, preferences, and priorities, leading to a stronger therapeutic relationship, increased patient satisfaction, and improved outcomes.
2. Movement for Health across the Lifespan – Focuses on promoting health and preventing functional decline through movement at every life stage.
3. Cultural Responsiveness – Cultivates the provision of respectful and inclusive care that acknowledges the inherent dignity, rights, and diverse cultural backgrounds of all patients. This thread reinforces the importance of providing culturally and linguistically appropriate services.
4. Evidence- and Data-Driven Clinical Decision Making – Promotes the integration of foundational and behavioral sciences, clinical data, and patient values to make informed, ethical, and patient-centered decisions.
5. Interprofessional and Community-Engaged Practice – Prepares students to collaborate effectively with patients, families, and health professionals. It emphasizes communication, shared decision-making, and community partnerships in pursuit of coordinated, equitable, and transformative care.
6. Professional Identity Formation – Supports the development of master adaptive learners who are committed to learning, ethical practice, and the advance of society and our profession.

2.2. Goals, Outcomes, and Domains of Competence

Goals are broad statements that support the vision and mission of the program, while outcomes reflect the activities of learners, staff, and faculty in pursuit of stated goals. The following table lists goals and sample outcomes for learners enrolled in the CU PT program.

	Patient Care – Knowledge and Skills	Patient Care – Affective Behaviors	Health Systems	Societal Transformation	Master Adaptive Learner
Graduates will...	Demonstrate the knowledge and skills required for entry-level practice in meeting the diverse needs of patients across the lifespan	Demonstrate essential "habits of the heart" in their provision of person-centered care.	Demonstrate adaptability in evolving healthcare landscapes as evidenced by their ability to effectively manage resources, promote population health, and advance the physical therapy profession	Uphold our professional obligations to society by enacting our core values and adhering to our code of ethics	Embody the traits of a master adaptive learner (self-regulated learning, adaptive expertise, lifelong learning, reflective practice)
Sample Outcomes	Learners will graduate and pass the NPTE (Target = 95%)	Graduates will demonstrate person-centered care (Target = 100%)	Graduates will actively contribute to interprofessional collaborative practice (Target = 100%)	Learners will demonstrate professional behaviors in alignment with our code of ethics	Graduates will demonstrate high tolerance for ambiguity
Sample Indicators	Graduation Rates NPTE Pass Rates	Employer Survey	Employer Survey	CPI Graduate and Partner Feedback	PT-GQ Graduate and Partner Feedback

Domains of Competence are broad categories intended to capture the knowledge, skills, and behaviors of a profession. They contribute to the achievement of multiple student goals, while guiding course outcomes, learning objectives, and assessments. The following Domains of Competence, put forth by APTA, have been adopted by the CU PT Program:

Domain of Competence	Brief Description
Knowledge for Practice*	Identify, organize, synthesize, integrate, and apply knowledge and skills specific to improve the health of patients and populations
Patient Care and Client Services	Apply principles of evidence-based practice, clinical reasoning, and shared decision-making to the patient management model as a means of achieving desired outcomes
Communication	Communicate effectively to exchange information and strengthen relationships
Practice Management	Prioritize concerns and manage resources to ensure safe, legal, ethical, effective, and sustainable services
Education of Others	Demonstrate effective teaching skills in support of learning among patients, caregivers, colleagues, and community members
Reflective Practice and Improvement	Appropriately evaluate and adjust care practices to optimize outcomes
Professionalism	Commit to a high level of professional standards, as reflected in our Code of Ethics and Core Values
Systems-Based Practice in Healthcare	Demonstrate awareness of and responsiveness to the larger health system and engage in initiatives to improve care access, quality, and outcomes

*This domain represents an addition to APTA's original set of seven domains

2.3. Essential Functions and Technical Standards

2.3.1. Essential Functions

Physical therapists must efficiently conduct a patient examination, evaluate the results of this examination and synthesize data to establish an accurate clinical impression, prognosis and plan of care, implement appropriate interventions, and use the process of re-examination to assess patient outcomes and progress. Physical therapists must also possess the skills necessary to determine when a referral of the patient to another health professional or community-based resource is appropriate. Moreover, physical therapists must demonstrate that the care they provide is effective and evidence-based.

2.3.2. Technical Standards

Technical Standards reflect the abilities that a physical therapist must possess to engage in the essential functions outlined above. The Commission on Accreditation of Physical Therapy Education (CAPTE) accredits professional physical therapy programs and requires that graduates of these programs be able to deliver entry-level clinical services. Graduates of entry-level programs are required to possess a broad base of cognitive, psychomotor and affective skills to practice physical therapy and meet professional standards. Please refer to Appendix 5.5 for a description of our program's technical standards.

2.3.3. Reasonable Accommodations

CU PT is committed to attracting and educating students who will help make the physical therapist workforce more representative of the patients it serves. The Program values diversity, access, and inclusion, and encourages learners with disabilities to review the Technical Standards described in Appendix 5.4 to determine whether they might require accommodations to fully engage in the CU PT curriculum. Should learners have questions about accommodations or wish to seek accommodations, they are encouraged to contact the [Office for Disability, Access, and Inclusion](#) to confidentially discuss their accommodation needs.

Learners with approved accommodations will have these listed in their student portal, and will need to select those courses for which the accommodations apply.

2.4. Structure

2.4.1. Credit Requirements

DPT core courses, clinical education experiences, and electives are listed on the [CU PT website](#)

2.4.2. Non-Credit Requirements

All learners are required to complete additional non-credit requirements including:

Humanities

Each humanities session exposes learners to stories of illness, disability, and injury through the use of imaginative media such as film, poetry, and fiction that represent the vagaries of the human condition across the lifespan.

Center for Advancing Professional Excellence (CAPE)

CAPE is a full-service assessment and education center located on the Anschutz Medical Campus that specializes in the use of standardized patients and simulators. A Standardized Patient (SP) is an individual who is carefully trained to portray or simulate all aspects of a real patient as part of a case scenario to provide an opportunity for a student to learn or be evaluated on their clinical skills.

Simulation Learning Center

The Simulation Learning Center, located on the UCCS campus, uses innovative educational strategies and experiential learning to prepare students to meet present and future healthcare needs.

Interprofessional Education Course Series

The University of Colorado Anschutz Medical Campus has a campus-wide longitudinal interprofessional education program, which incorporates teamwork/collaboration, values/ethics, and quality/safety content. The interprofessional offerings include didactic coursework: Interprofessional Collaborative Practice, Interprofessional Ethics and Health Equity, Team based Simulation, and Clinical Transformations.

2.4.3. Registration and Tuition

All students are registered for courses each semester by the Registrar under the direction of the Physical Therapy Program. The Program provides relevant details regarding course registration. The exception to this is enrollment in a dual degree program. Students in these programs ought to confer with advisors in both programs to ensure they are able to register for classes.

Each student is responsible for paying all tuition and fees imposed by the University for courses in which they are enrolled. Having an outstanding balance (e.g., tuition, books) will likely result in your registration being blocked. Such financial holds may prohibit a student from progressing in the program until full payment is made.

2.5. Academic Calendar and Class Schedule

2.5.1. Academic Calendar

Academic calendars are published by the registrar and can be found here:

- CU-AMC: <https://www.cuanschutz.edu/registrar/academic-calendars/>

- UCCS: <https://www.uccs.edu/admissions-aid/calendar>

Please note, students ought to refer to their class schedule (see below) when planning personal activities.

2.5.2. Class Schedule

A draft class schedule (meeting dates and times) will be shared via Microsoft Calendar by CU PT approximately six weeks before the start of each semester. While this schedule is intended to be accurate and complete, changes may be made as the semester progresses. Every effort will be made to avoid changes in the length of the semester, examination times, or scheduled breaks once the schedule is published.

2.6. Oversight and Evaluation

2.6.1. Faculty

The CU PT Faculty is responsible for the overall design, implementation, evaluation, and modification of a curriculum that is reflective of contemporary practice and consistent with established goals and domains of competence.

2.6.2. Curriculum Committee

The Curriculum Committee is charged with 1) reviewing and updating the curriculum to reflect current knowledge and contemporary practice, 2) ensuring there is horizontal (across courses) and vertical (across years) alignment of content and workload, 3) setting and enforcing educational policies, 4) promoting innovation, and 5) engaging students and faculty in key decisions. The committee is additionally responsible for ensuring the curriculum aligns with current CAPTE criteria (Commission on Accreditation in Physical Therapy). The Curriculum Committee is comprised of a Chair (Director of Curriculum), the Director of Clinical Education, additional faculty who represent the major track courses, and student representatives.

2.6.3. Course and Program Evaluations

Evaluating the quality and effectiveness of course components and faculty teaching strategies are necessary to continually improve the student experience and educational quality at CU PT. Evaluation results are used by course coordinators, members of the Curriculum Committee, and Program Directors to plan curricular changes, identify opportunities for improvement, and meet accreditation standards.

2.6.3.1. Formative Evaluations

Individual faculty may seek informal feedback while their course is in progress to assist in optimizing the learning environment.

2.6.3.2. Summative Course Evaluations

Learners are expected to formally assess courses and instructors at the end of each semester. A web-based evaluation system is administered centrally, and learner confidentiality is strictly maintained. The information collected is used by course instructors to guide course design and the Director to inform the annual review process.

2.6.3.3. Program Evaluations

The Assessment Committee additionally coordinates program surveys and conducts focus group discussions with key partners (e.g., students, clinical instructors, employers, etc) to further assess program effectiveness.

3. Promotion toward Graduation

3.1. Assessment Strategies

As a health professions education program, we have a responsibility to ensure graduates of our program are able to uphold our profession's social contract, demonstrate competence, and practice safely. We assess these abilities using the strategies outlined below. Such feedback is an essential part of one's professional development and represents an opportunity for all learners to identify (and address) potential gaps in cognitive, psychomotor, and affective skills.

3.1.1. Formative Assessment

Formative assessments refer to a range of evaluative processes that support learning. These assessments are designed to encourage self-reflection, help learners identify their strengths and opportunities for improvement, and support learners' growth and professional development. Examples of formative assessments include, but are not limited to:

- Quizzes (e.g., iRAT – Individual Readiness Assurance Test)
- Skills Checks
- Direct Observation with Feedback (from faculty, peers, patients, etc.)
- Case Discussions
- Reflective Writing
- Self-Assessments

3.1.2. Summative Assessment

Summative assessments refer to a range of evaluative processes designed to assess learners performance relative to a specific standard or benchmark. CU PT leverages the following summative assessments:

- Didactic Examination: Assessment of cognitive skills through multiple choice, matching, and short answer responses.
- Practical Examination: Assessment of cognitive, psychomotor, affective, and clinical reasoning skills through mock patient encounters (e.g., CAPE / Integrated Practical Exam).
- Competency Examination: Assessment of cognitive, psychomotor, affective, and clinical reasoning skills through abbreviated case vignettes.
- Comprehensive Assignments: Assessment of cognitive, affective and clinical reasoning skills through a written assignment or presentation (e.g., Capstone).
- Performance during Clinical Education: Assessment of cognitive, psychomotor, affective and clinical reasoning skills in the clinical environment using the Clinical Performance Instrument (CPI).

3.1.3. Individual versus Group Work

Faculty use a variety of formative and summative assessments. Learners should carefully review course expectations regarding the completion of these assessments. In the event of uncertainty, learners should error on the side of working independently and seek authorization to work with one or more students. The following guidelines are meant to provide additional guidance:

3.1.3.1. Completion of Work Independently/On Your Own

Learners are expected to complete summative assessments without consultation or discussion with peers. Course coordinators will indicate to what extent you are allowed to use handouts, texts, and other resources.

3.1.3.2. Collaboration with Independent Submission

Learners may work in pairs or groups while gathering or processing information, however, individuals must complete and submit the assessment independently.

3.1.3.3. Completion of Work in Groups

Learners may work in pairs or groups to complete the assessment. Individuals within the same group will typically receive the same grade, however, there are instances where faculty may choose to leverage peer reviews to inform individual grades.

3.1.4. Change Requests for Summative Assessments

Summative assessments are to be completed at the designated time. Any learner arriving and/or starting late will have the remainder of their allotted time to complete the assessment. If the assessment involves working with a peer, the course instructor may reassign students at their discretion. Learners with accommodations approved through the Office of Disability Access and Inclusion (ODAI) may have extended time or other assessment-based accommodations. They are also expected to adhere to established schedules and the policies outlined in this paragraph.

Any request to modify the time or date of a summative assessment must be requested and approved at least 4 weeks prior to the scheduled assessment through a formal, written request to the Absences Committee.

3.2. Grading Policy

The University of Colorado has had a [Uniform Grading Policy](#) since 1974.

3.2.1. Assigning Letter Grades:

Satisfactory Grades	
A	≥93%
A-	90-92%
B+	87-89%
B	83-86%
B-	80-82%
C+	77-79%
C	73-76%

3.2.2. Additional Grade Designations:

Grade	Definition and Use
I (Incomplete)	A grade of incomplete is assigned when required coursework is not completed by the date when final course grades are due. Learners will be required to complete all requirements for this grade to be changed. Failure to complete outstanding requirements within one year will result in the “I” converting to an “F” grade.
IP (In Progress)	This designation is reserved for a course or project (e.g., thesis or dissertation) that spans multiple semesters. It may also be applied under extenuating circumstances when an extension has been granted.
S (Satisfactory) U (Unsatisfactory)	A non-letter grade of satisfactory or unsatisfactory is applied when: Course requirements are satisfied or expectations are met (S) Course requirements are not satisfied or expectations are NOT met (U) Credit is earned for an “S”. No credit is earned for a “U”. Neither is included in GPA calculations. It is not within program policy to allow for a course to be retaken to improve one’s academic record.
W (Withdrawal)	A grade of withdrawal is given when a learner leaves a course or clinical experience before being assigned a final letter grade. It is only used when a learner has been approved for a Leave of Absence

3.2.3. Calculating GPA

Satisfactory	Unsatisfactory
A = 4.0	C- = 1.7
A- = 3.7	D+ = 1.3
B+ = 3.3	D = 1.0
B = 3.0	D- = 0.7
B- = 2.7	F = 0.0

C+ = 2.3	
C = 2.0	

3.2.4. Appealing a Course Grade

CU PT is committed to the ideal of academic freedom and recognizes that the assignment of grades is the responsibility of individual faculty members. Learners have the right to appeal a final course grade and CU PT has a responsibility to respond to such an appeal in a timely and judicious manner.

3.2.4.1. Criteria:

Learners may appeal a grade on the grounds that the methods or criteria for evaluating performance, as stated in the syllabus, course Canvas site, or clinic manual, were not properly applied in determining the grade.

3.2.4.2. Procedure:

Any learner wishing to appeal a grade will first discuss the issue with the course coordinator. Should the learner wish to initiate a formal appeal, they must send an appeal letter to the course coordinator, the Chair of the SPC, and the Program Director. This letter must be sent within seven (7) days of the learner's conversation with the course coordinator regarding the appeal. The letter must state the reason(s) for the appeal, indicate the grade requested, and provide a rationale based on one's application of the scoring criteria.

The Course Coordinator and a member of the SPC will meet with the student to discuss the appeal within 15 business days of receipt of the appeals letter. Before the meeting, the student should provide the Course Coordinator with copies of all materials pertinent to the appeal such as the course syllabus, papers, tests, write-ups, etc.

If, after the meeting, the student and consulting faculty responsible for assigning the grade determine a change of grade is warranted, then the Course Coordinator will change the grade. If the Course Coordinator determines that a change of grade is not warranted, they must notify the student within 5 business days. The student may then appeal the decision of the Course Coordinator to the Director of the Physical Therapy Program. The Director may meet with the student and Course Coordinator before making the ruling. The decision of the Director of the Physical Therapy Program is final.

3.3. Performance Standards

3.3.1. Academic

Learners must successfully complete and pass all required courses in sequence and maintain a minimum cumulative GPA of 3.0 or above to be in good academic standing and progress through the program.

3.3.1.1. Summative Assessments:

The minimum passing grade for any summative assessment is $\geq 73\%$. Learners who do not pass a summative assessment will undergo performance remediation [Please refer to the "[Remediation and Early Alert Policy](#)"]. One exception to this rule is the Integrated Practical Examination (e.g., CAPE) which has a passing grade of 80%.

3.3.1.2. Courses:

The minimum passing grade for any course is $\geq 73\%$. Learners must additionally complete all course requirements as outlined in the course syllabus and/or Canvas shell. Learners who do not pass a course will undergo a course remediation [Please refer to the "[Remediation and Early Alert Policy](#)"].

3.3.1.3. Program:

Learners must complete all credit and non-credit requirements in sequence and obtain a minimum passing grade in every course.

3.3.1.4. Minimum GPA Requirements

Summer 1

- Semester GPA of 3.00 or above

- Minimum passing grade (i.e., 73%) in each course

Fall 1 and Beyond

- Semester GPA AND Cumulative GPA of 3.0 or above
- Minimum passing grade (i.e., 73%) in each course

3.3.2. Clinical

The Clinical Performance Instrument is currently used to assess student's performance in clinical education. Performance thresholds help determine a student's pass/fail status. A "passing" score indicates that a student has met the required level of clinical competency, while a "failing" score indicates the student did not meet the required level of clinical competency. Members of the Clinical Education team (clinical advisors and the Director of Clinical Education) will use these ratings, along with written comments from the CPI, to inform a holistic decision regarding the students pass/fail status.

3.3.3. Professional

Drawing on a number of professional documents, we have identified and adopted a core set of professional standards for members of the CU PT community. These standards fall into five broad categories or patterns of behavior:

- Ethical Conduct and Integrity
- Reflective Practice and Improvement
- Effective Communication and Interpersonal Skills
- Active Engagement and Collaboration

A more detailed description of these standards and expectations can be found in Appendix 5.5. For additional guidance, please refer to "[Professional Behaviors for the 21st Century](#)"

3.3.4. Monitoring Standards

A Student Tracking System is used to monitor learners' performance during their time in the CU PT program. Concerns regarding academic, clinical, or professional standards are submitted by faculty through an online reporting mechanism that is reviewed by the Chair of the SPC (see below). When relevant, these concerns may be brought forward to the larger faculty and/or Program Director.

3.4. Academic Misconduct

Academic integrity reflects adherence to the principles of honesty, trust, fairness, respect, responsibility, and courage in all academic endeavors. Examples include admitting to your mistakes and taking responsibility for them, refusing to participate in unethical practices, acting with honesty and fairness in all situations, and upholding program and professional standards. The following reflect instances where such principles are disregarded. This list is not meant to be exhaustive; the program reserves the right to consider instances of academic misconduct on a case-by-case basis.

3.4.1. Cheating

Any use or attempted use of external support in the completion of an assessment that is not expressly authorized or permitted by the instructor or course coordinator. Examples of cheating include:

- Possessing or using unauthorized notes, materials, or resources during the assessment
- Accessing unauthorized resources or online learning platforms during the assessment
- Copying or attempting to copy material from another student's assessment
- Using generative AI to complete an assignment
- Allowing another student to copy material from your assessment
- Communicating with current or former students regarding content while the assessment is in progress
- Obtaining for oneself or distributing assessment questions and/or solutions

3.4.2. Plagiarism

Submitting work that is not your own without acknowledging, citing or referencing the original source of the work. It doesn't matter whether you do this accidentally or on purpose, whether you change the words to make

them your own or simply copy and paste. When you are using another person's thoughts and ideas, you must reference the source material.

3.4.3. Unauthorized Possession, Use, or Distribution of Academic Materials

Learning materials (including presentations, quizzes, exams, recordings, or other intellectual property) are intended for use by currently enrolled CU PT students, along with the instructors and faculty charged with delivering content and administering courses. The unauthorized use of intellectual property is strictly prohibited.

In accordance with Policy 5-K of the University of Colorado Board of Regents, entitled "Policy on Intellectual Property that is Educational Material", faculty members of the University of Colorado maintain copyright ownership of their material. Such learning materials are protected under copyright laws and may not be copied, displayed, broadcast, distributed, or published without the written consent of the creator/instructor and without giving proper attribution to the creator/instructor. This prohibition includes placing materials on any web page or the internet for use by, or access to, any person, including the student. While students will be able to download material for personal use, sharing or posting of such materials (within, across, or outside their cohort) will be considered a violation of copyright laws and the honor code.

Recording any learning activity without the written permission of the instructor and an announcement to the class is prohibited, unless such recording is carried out pursuant to an ODAI accommodation. Recordings can inhibit free discussions, thereby infringing on the academic freedom of instructors and students.

3.4.4. Prohibited Use of Artificial Intelligence

Artificial intelligence (AI) is a broad term encompassing systems that can perform tasks that typically require human intelligence. Traditional AI primarily focuses on analyzing data, predicting outcomes, and problem-solving with defined parameters, whereas generative AI primarily focuses on creating or generating content (text, images, audio, and video) based on data patterns. Examples of generative AI include ChatGPT, Co-Pilot, and Notebook LM.

AI has played a critical role in shaping health professional education by offering tools that enhance learning, critical thinking, and skill development. Recognizing its potential, the CU PT faculty seek to integrate AI tools ethically and responsibly while preserving the value of gaining foundational knowledge, processing information, and developing ideas without the support of AI.

The following principles and responsible use guidelines will direct the use of AI in the CU PT program:

Accepted Platforms	Accepted generative AI platforms can be found here: https://www.cuanschutz.edu/offices/iss/artificial-intelligence
Principles	
Honesty	Students should be truthful about their use of AI tools, especially when completing academic assignments, writing clinical notes, or making decisions in patient care simulations. If a student uses an AI tool to draft a portion of a reflection or documentation, they should acknowledge the tool's use, rather than presenting it as entirely their own original work.
Integrity	Integrity involves consistent adherence to professional and academic standards, even when AI tools make it easy to cut corners. Students should avoid misusing AI to generate fabricated data, falsify clinical observations, or shortcut learning processes, thereby maintaining the authenticity of their professional development.
Respect	Respect in AI use includes protecting patient privacy, safeguarding intellectual property, and honoring the boundaries of technology in human care. Students should never input identifiable patient data or course materials into public AI systems. They should also respect faculty and peers by using AI to supplement—not replace—collaborative learning and professional dialogue.
Accountability	Students must take responsibility for how they use AI, including verifying information generated by AI and understanding its limitations. If a student relies on AI for clinical reasoning practice, they remain responsible for cross-checking recommendations

	with evidence-based sources and clinical guidelines before applying them.
Responsible Use	
Bias	Students ought to be aware of potential biases in AI algorithms that can arise. In most instances, AI biases reflect the designers' biases. The critical evaluation of AI outputs is essential to identify and mitigate such biases. Relatedly, when using AI tools, students should seek to understand the underlying processes and limitations of these systems to ensure responsible use.
Permissible Use	AI tools may be used to: <ul style="list-style-type: none"> Assist in formatting citations and managing references Support learning, as permitted or encouraged by faculty Gain a basic understanding of AI's capabilities and limitations Learners must document their use of AI tools in an "Acknowledgments" or "Disclosures" section or equivalent statement, detailing how the tools were used to support their work. For example, this could include specifying whether the AI tool assisted with brainstorming, grammar checking, citation generation, or other tasks. For example, "The authors of this student handbook used generative AI (Co-Pilot) to create and revise limited content, including this AI policy".
Prohibited Use	AI tools may not be used to: <ul style="list-style-type: none"> Fabricate data or other material presented as original work. Circumvent stated learning objectives or the advancement of critical reasoning skills that are essential to the formation of one's professional identity. This includes completing all or part of an assignment using AI without explicit faculty permission. Disclosure of personal information (self and others) or intellectual property.

Reference: Masters, K. (2023). Ethical use of Artificial Intelligence in Health Professions Education: AMEE Guide No. 158. *Medical Teacher*, 45(6), 574–584.

Failure to adhere to this policy, including the misuse of AI or lack of transparency in its use, will be treated as a violation of the honor code. Such cases will be referred to the Student Promotions Committee for review and potential disciplinary action.

3.4.5. Other Examples of Academic Misconduct

- **Collusion:** Collusion involves engaging in unauthorized cooperation with one or more other students to complete an assessment. This is different to working on group assignments that are intentionally designed to engage and collaborate with others. Examples of illegitimate cooperation include working with a friend or group of friends to write an essay or report that is meant to be an individual piece of work. It can also include sharing quiz or exam questions and answers with other students, as well as written assignments like reports and essays. Illegitimate cooperation can unfairly advantage a student or group of students over others. Students should also never share their work with others as there is a risk the person you share it with could circulate it to others.
- **Fabrication:** Wholly or partially creating false data, evidence, or ideas that are passed off as original or genuine.
- **Falsification:** Altering or misrepresenting official or unofficial documents to any faculty, university official, or office. This includes but is not limited to academic transcripts, applications, financial aid documents, resumes, letters of recommendation, or related documents.

3.4.6. Violations

If a student is suspected of academic misconduct or any honor code violation, any of the following may occur:

- The individual who suspects a violation may (and is encouraged) to meet with the student and discuss what they observed. This conversation represents an opportunity to explore the issue from multiple

- perspectives. No other action is needed if the conversation suggests there was no violation.
- The student may be referred to the Student Promotions Committee (with or without an initial conversation). During this meeting, the committee will engage in a conversation with the student to explore the issue. The committee will collect information and insights from other individuals involved prior to recommending any particular course of action.

3.5. Student Promotions Committee

The Student Promotions Committee (SPC) is charged by the Director and faculty to ensure that learners meet the academic, clinical and professional standards required to advance through the program. Members are responsible for reviewing student performance, enforcing program and professional standards, and recommending promotion decisions.

3.5.1. Membership

The SPC is composed of a chairperson, the Director of Clinical Education, the Director of Student Affairs, the Director of the Curriculum, and appointed faculty.

3.5.2. Nature of Deliberations

Deliberations and communication within the SPC are intended to be positive and strengths-based in support of learners' progression through the program.

3.5.3. Meeting with the SPC

SPC meetings with individual learners may additionally include the learner's faculty advisor, course instructor/coordinator, or advocate as appropriate.

3.6. Consequences of Not Meeting Program Standards

As a health professions education program, we have a responsibility to ensure graduates of our program are able to uphold our profession's social contract, demonstrate competence, and practice safely. We assess these abilities using the strategies outlined above. For their part, learners are responsible for engaging in self-regulated learning (please see the Master Adaptive Learning Framework in Appendix 5.6) and meeting the academic, clinical, and professional standards outlined above to progress in the program and practice as a licensed physical therapist. When learners have difficulty meeting these standards, it is imperative that they pro-actively engage with key personnel to resolve outstanding issues. This will typically include working with others to identify challenges, examine the factors contributing to their performance, develop an action plan to achieve competence, and reassess performance.

The following actions, individually or in combination, may be recommended when a learner is not meeting program standards or is at risk for not meeting these standards. They are intended to support learners in attaining lifelong, self-regulated learning strategies that ensure the achievement and maintenance of competence throughout one's career.

3.6.1. Remediation

As a health professions education program, we have a responsibility to ensure graduates of our program are able to demonstrate competence, uphold our profession's social contract, and practice safely. For their part, students are responsible for engaging in self-regulated learning and meeting the academic, clinical, and professional standards required to progress in the program and practice as a licensed physical therapist. When learners have difficulty meeting these standards, it is imperative that they pro-actively engage with key personnel to resolve outstanding issues. This will typically include working with others to identify challenges, examine the factors contributing to their performance, develop an action plan to meet program standards, and reassess performance.

3.6.1.1. Definition

Remediation is a structured opportunity, aimed at advancing essential cognitive, psychomotor, and affective skills using evidence-based strategies to support learners' progression through the program, encourage professional identity formation, and promote the public's safety. It is designed to have a beginning and an end, with a clear set of requirements to be considered successful.

3.6.1.2. Guiding Principles

- Professional Integrity: Faculty are responsible for ensuring that graduates of our program meet academic, clinical, and professional standards. For their part, learners and graduates are expected to uphold our profession's ethical principles.
- Master-Adaptive Learning: Remediation represents an integral aspect of health professions education. Rather than being viewed as a punishment, it should be viewed as an opportunity to explore one's professional identity formation and promote self-regulated learning through the Master-Adaptive Learner Framework.
- Holistic, Learner-Centered Approach: Learners and key faculty will approach concerns holistically and work together to develop individualized remediation plans.
- Transparency and Equity: Our program seeks to promote fair, supportive, and transparent processes.

3.6.1.3. Application

Performance remediation is required under the following circumstances:

- Academic – Failure of a summative assessment (<73%). Note – failure of a final summative assessment may require remediation before the final course grade can be posted and result in an “In Progress” grade (IP).
- Clinical – Failure to meet performance standards during the clinical education experience. Such standards are assessed using CPI scores and comments.
- Professional – Demonstration of a single egregious behavior (legal or ethical violation) or ≥ 2 concerning patterns of behavior that are inconsistent with the standards outlined in the Student Handbook. The four primary patterns of behavior that emerge from the literature include engagement, integrity, interpersonal interactions, and self-reflection [Chapter 13, Remediation in Medical Education].

Course remediation is required under the following circumstances:

- Academic – Failure of a didactic course (<73%). The exception to this remediation policy is DPTR 5001: Clinical Anatomy I. Anatomy is foundational to the practice of physical therapy, and students' performance in DPTR 5001 is highly correlated with future academic success. As a result, students must pass Clinical Anatomy I on their first attempt to progress in the program. Students who fail Clinical Anatomy I will meet with members of the Student Promotions Committee to discuss their options.
- Clinical – Failure to meet performance standards at the conclusion of the clinical education experience. Such standards are assessed using CPI scores and comments.

Please see the [CU PT Remediation and Early Alert Policy](#) for additional details and procedures.

3.6.2. Early Alert

3.6.2.1. Definition

Early alert is a structured process designed to identify learners who may be at risk of failing to meet program standards but who do not meet the criteria for remediation. This proactive approach emphasizes the importance of early identification and intervention to promote student success. The goal is to support self-regulated learning and growth through the Master Adaptive Learner framework in order to avoid more serious consequences. Please see the [CU PT Remediation and Early Alert Policy](#) for additional details and procedures.

3.6.2.2. Application

Early Alert Status will be applied under the following circumstances:

- Academic
- A grade of C or C+ ($73\% \leq \text{Grade} < 80\%$) is earned in any course
- The learner demonstrates a record of poor performance on two summative assessments in one course or one summative assessment in two or more courses within the same semester.

- Clinical – The learner passes the clinical education experience but exhibits concerning behaviors that require monitoring.
- Professional – The learner demonstrates a pattern of concerning behavior(s) that is inconsistent with the expectations of professionalism detailed in the Student Handbook. The four primary patterns of behavior that emerge from the literature include engagement, integrity, interpersonal interactions, and self-reflection [Chapter 13, Remediation in Medical Education].

3.6.3. Probation

3.6.3.1. Definition and Rationale

Probation may be recommended by the SPC when academic, clinical, and/or professional standards are not met. Furthermore, probation may influence one's progression in and completion of the program and noted in reports to state licensing boards.

Learners placed on Probation will receive a letter from the Chair of the SPC that:

- States the reason(s) for being placed on probation (academic, clinical, and/or professional)
- Outlines the requirements necessary to be removed from probationary status
- Lists resources available to the learner that may assist them in improving their performance
- Explains the consequences if the conditions warranting probation are not resolved by the end of the following semester. Possible actions include, but are not limited to:
 - Delaying the start of one's clinical education experience
 - Being dismissed from the program
- Requests a mandatory follow-up meeting (with members of the SPC and additional key personnel, as needed) to discuss concerns, explore underlying factors, and develop a course remediation plan

Learners will be taken off of probation if, at the completion of the subsequent academic term, all requirements (as stated in the probation letter) have been met. Probationary status is only allowed one time during a learner's progression through the program. Learners placed on probation a second time for failing to meet academic, clinical, or professional expectations will be recommended for dismissal by the SPC. Moreover, learners who exhibit additional lapses in academic, clinical, or professional performance while on probation will be recommended for dismissal by the SPC.

3.6.3.2. Academic Probation

At the end of each semester, a degree audit (review of all grades, semester GPA, and cumulative GPA) is conducted for each learner. A learner will be placed on Academic Probation if they fail to meet the minimum GPA standards outlined previously. A learner may be placed on Academic Probation without having been on Academic Alert.

Learners on Academic Probation must achieve a semester GPA of 3.0 or above in all subsequent semesters AND a cumulative GPA of 3.0 or above by the end of the second of two semesters on probation. If these GPA requirements are met, the learner will come off probation and continue in good academic standing. Failure to meet either GPA requirement (semester or cumulative) will result in a dismissal recommendation by the SPC to the Director. Final decisions regarding dismissal will be made by the Director.

3.6.3.3. Clinical Probation

A learner will be placed on Clinical Probation if they:

- Fail to practice in a safe manner that minimizes risk to the patient, self, or others
- Violate legal or professional standards
- Are unable to show improvement over time
- Display additional concerning behaviors that warrant probation

A learner may be placed on Clinical Probation without having been on Clinical Alert.

3.6.3.4. Professional Probation

A learner will be placed on Professional Probation if they demonstrate a single egregious behavior (legal or ethical violation) or ≥ 2 concerning patterns of behavior that are inconsistent with the standards outlined in this handbook. The four primary patterns of behavior that emerge from the literature include:

- *Integrity*. Example – violate our program’s honor code or our profession’s code of ethics
- *Self-Reflection*. Example – fail to reflect on and respond to constructive feedback
- *Interpersonal Interactions*. Example – exhibit disrespectful communication or behavior toward peers, patients, staff, faculty, or others
- *Engagement*. Example – miss required learning activities as the result of excused or unexcused absences in a single semester. Students with five (5) or more excused absences or two (2) or more unexcused absences per semester will be placed on Professional Probation.

A learner may be placed on Professional Probation without having been on Professional Alert.

3.6.4. Leave of Absence

3.6.4.1. Definition and Rationale

A leave of absence (LOA) is a period of non-enrollment during which time the learner remains in the program but is not formally working toward DPT degree requirements. Learners in good standing, who have extenuating personal or life circumstances that are interfering with their ability to progress through the program, may be approved for a leave of absence. LOAs are granted for up to one year, though learners may request a one year extension. If an extension is granted, the entire LOA will be limited to a maximum of two academic years. Learners have five years from the time of matriculation to complete the program. If they are unable to complete program requirements within this time frame, they will be withdrawn from the program.

Given the program’s curricular structure, LOAs for shorter than one year are typically not possible and unlikely to be considered.

3.6.4.2. Requesting a LOA

The following table summarizes the steps required for requesting a leave of absence and resuming courses following the absence.

Medical	<p>During your time at the University of Colorado, you may experience life situations, or medical and/or psychological conditions that significantly interfere with your academic and personal success. In these instances, it may be necessary to take time away from CU Anschutz to focus on your overall health and well-being. A medical leave of absence is intended to provide you with the opportunity to fully attend to your needs (typically for one full academic year for the CU PT program). CU-AMC has created a process to support you in navigating the steps needed to take a Medical Leave of Absence:</p> <ol style="list-style-type: none"> 1) Fill out the Medical Leave of Absence Application located on the Office of Student Affairs website: https://www.cuanschutz.edu/student/support/medical-leave-of-absence#:~:text=A%20medical%20leave%20of%20absence,a%20Medical%20Leave%20of%20Absence. 2) A member of the Student Outreach and Support team will contact you to learn more about your concerns and walk you through the process, including communicating with you, your program, and relevant offices. 3) Complete and submit all necessary documentation to Student Outreach and Support and the CU PT Director of Student Affairs. Please note that students are not on a Medical Leave of Absence until all necessary documentation is submitted and you receive a notice from Student Outreach and Support that your leave has been approved. 4) Communicate with your faculty advisor and the Director of Student Affairs according to the LOA approval letter. <p>The full policy can be accessed here: https://www.ucdenver.edu/docs/librariesprovider254/student-services/medical-leave-of-absence-policy-anschutz.pdf?sfvrsn=c967d1b9_2</p>
General (e.g., personal, financial, military, etc.)	<p>When a LOA is necessitated by other needs, the student will:</p> <ol style="list-style-type: none"> 1) Notify the Director of Student Affairs of their intention to take leave 2) Submit the following to the Director of Student Affairs <ol style="list-style-type: none"> a. A completed Leave of Absence Request Form b. Any additional documentation that is required as part of the leave request (e.g., documentation substantiating the need for the leave) 3) Communicate with your faculty advisor and the Director of Student Affairs according to the LOA approval letter.
Completion of Dual Degree Program	<p>Learners who wish to take a leave to complete a secondary degree as part of our dual degree programs must contact the Director of the Dual Degree Program and the Director of Student Affairs at least 3 months prior to any matriculation date of the secondary program. At the end of the LOA, the learner must notify the Director of the Dual Degree Program and the Director of Student Affairs at least 60 days prior to their return.</p>

3.6.4.3. During the LOA

Students on LOA are in a period of non-enrollment. As such, additional tuition is not charged to the student during this period. In addition, the student is not covered by medical malpractice insurance and there is no assumption that the student will need access to classrooms, facilities, or campus resources. Badge access to campus facilities will be suspended. Further, a student on LOA will be temporarily removed from email listservs, Canvas courses, and program communications. Exceptions to these conditions involve students enrolled in a dual degree program.

3.6.4.4. Re-Enrolling

The following table summarizes the steps required for re-enrolling in the program after a leave of absence.

Medical	<p>To re-enroll in the program following a medical LOA, students must:</p> <ol style="list-style-type: none">1) Submit a completed application to the Office of Student Outreach and Support via their student portal2) Submit documentation in fulfillment of the LOA conditions and approval letter <p>Student Outreach and Support will notify the program upon submission of the student's completed application and request that the student be approved to return. The program will determine whether any additional conditions they specified for the student's return have been met and will outline the expectations/requirements for re-entry into the program. These conditions may include, but are not limited to, completing suspended coursework and re-affirming the student's ability to meet the program's technical standards (with or without accommodations). If the student is not ready to return on the agreed-upon date, the student may request an additional year of leave (if available) or they will be asked to withdraw from the program.</p>
General (e.g., personal, financial, military, etc.)	<p>To re-enroll in the program following a general LOA, students are required to submit the following, in writing, to the Director of Student Affairs:</p> <ul style="list-style-type: none">○ What they have done during their time away to prepare for re-entry○ How they have met the requirements outlined in the LOA approval form○ The extent to which they have addressed any issues necessitating their LOA○ Their ability to meet the program's Technical Standards for Admission, Promotion, and Graduation. <p>An assessment of readiness to return will be made by the SPC. This could include assessment of didactic knowledge, clinical skills, and/or professional behaviors.</p>
Completion of Dual Degree Program	<p>Toward the end of their LOA, the learner must notify the Director of the Dual Degree Program and the Director of Student Affairs (in writing) at least 60 days prior to their return regarding their intentions.</p>

Curricular adjustments are uncommon, but they may be made on an individual basis as recommended by the SPC and approved by the Program Director and relevant course coordinators. Under some circumstances, additional courses/credits may be a requirement of re-enrollment in and progression through the program. The student will be responsible for covering additional tuition costs. Please note that financial aid and scholarships could be impacted by a LOA. Learners are strongly encouraged to work with the Office of Financial Aid to determine the impact of LOA on their financial situation. Per our program's accreditation requirements, students have five (5) years from the point of matriculation, to complete the program (i.e., graduate).

3.6.4.5. Communication

If possible, and when applicable, the Director of Student Affairs and the student's faculty advisor should co-create a communication plan with the student. In the case of a medical LOA, students are not obligated to respond, except as outlined in their mLOA approval letter.

3.6.5. Referral to Support Services

3.6.5.1. Definition and Rationale

The Student Promotions Committee may refer learners who have been placed on academic alert or recommended for remediation or probation and learners who have requested any type of LOA for academic support, health counseling, or other resources as a condition of the committee's LOA approval.

3.6.6. Withdrawal

3.6.6.1. Definition and Rationale

The decision to withdraw from the program is voluntary. A learner who decides to withdraw from the program must report this decision to the Director of Student Affairs or the Program Director. A meeting between the learner, Director of Student Affairs, and other key personnel will be held to ensure that a well-informed decision is made. Should the learner choose to withdraw, they must:

- Complete the Program Withdrawal Form
- Obtain signatures from the Program Director and required campus officials
- Submit the completed form (with required signatures) to the Director of Student Affairs and the Program Director

Failure to complete these steps may result in the following issues:

- Tuition and fees expectations
- Failing grades on the official transcript
- Inability to earn a future degree from CU

A learner's academic or clinical status at the time of withdrawal will be determined by the SPC and the Program Director. Withdrawal will be characterized as:

- Withdrawal in Good Standing – Learner has met all academic, clinical, and professional standards.
- Withdrawal Not in Good Standing – Learner has failed to meet all academic, clinical, or professional standards.

3.6.7. Dismissal

The decision to dismiss a learner from the program is made by the Program Director (upon the recommendation of the SPC) and reflects the learner's inability to meet academic, clinical, or professional standards and/or their inability to meet probation requirements (see above).

Any learner who has been recommended for dismissal will receive a formal notification from the Program Director. This notification will describe the decision and provide a rationale for the decision (based on the program standards outlined above).

3.7. Appealing a Dismissal Decision

3.7.1. Steps

1. The learner will send a written notification, via email, to the Chair of the SPC regarding their interest in and rationale for appealing the decision.
 - a. Upon receipt of this notification, the Chair of the SPC will initiate contact with the Senior Associate Dean for Education within the School of Medicine, essentially alerting them to the learner's interest in appealing the program's decision.
2. The learner will be offered the assistance of a Student Advocate from the School of Medicine to assist them with the appeal.
3. After notifying the Chair of the SPC, the learner must file an official written appeal with the Senior Associate Dean of Education within the School of Medicine. This document must be sent via email or delivered to the Senior Associate Dean's office and must:
 - a. Be submitted no later than seven (7) calendar days after receipt of the written notification of dismissal from the Program Director.
 - b. State the learner's interest in appealing the program's decision
 - c. Provide detailed and sufficient evidence disputing the program's decision
4. Failure to meet these requirements (as determined by the Associate Dean of Education) shall be sufficient cause to deny the appeal. Under these circumstances, the original dismissal letter from the Program Director shall be considered final.
5. The decision of the Senior Associate Dean of Education, in response to the learner's appeal, shall be considered final. In the event the appeal is not granted, the learner must follow the withdrawal process outlined above.

3.7.2. Additional Considerations

During the formal appeals process (i.e., following submission of a written appeal to the Associate Dean of Education):

- New evidence may not be presented unless the learner can prove that such evidence was previously unavailable. The Senior Associate Dean of Education shall determine whether new evidence can be submitted.
- The Senior Associate Dean of Education may request a meeting with members of the SPC collectively or individually collectively or individually for any reason.
- The Senior Associate Dean of Education may request additional information related to the learner's academic, clinical, or professional performance during their time in the program.

An appeal may be granted by the Senior Associate Dean of Education if the Program Director's decision is not:

- Supported by substantial evidence
- Consistent with the nature of the violation, given the learner's previous performance or extenuating circumstances

3.7.3. Burden of Proof

During the appeals process, the burden of proof rests with the learner. The student must demonstrate, by a preponderance of evidence, that their dismissal was unsubstantiated with regard to their ability to meet the academic, clinical, or professional expectations set forth by the program.

4. Additional Information

4.1. The Learning Environment

4.1.1. Facilities and Equipment

Whenever facilities and/or equipment are used, it is the responsibility of the user to restore them to a quality as good as they were found. Users are expected to be respectful of previously scheduled events and the needs of others, realizing that these are shared resources.

4.1.2. Labs and Lab Groups

Students may use the PT Program labs for study and practice during the week when classes are not taking place, after hours or during weekends with ID badge or mobile ID card access. Audio/visual equipment is not to be used after hours or during weekends, unless authorized by the Program Technology liaison. All PT lab equipment, supplies, and materials are for the exclusive use of current students as part of their physical therapy educational curriculum. Therefore, all school equipment and materials, including but not limited to anatomical models, stethoscopes, BP cuffs, goniometers, stopwatches, and wheelchairs, are for educational purposes only and should be left available for all students. AMC PT Lab doors must be closed and remain locked for security purposes. Doors to the hallway cannot be propped open for more than 90 seconds or Campus Security is called.

If Campus Security is called to respond to an unlocked door, students who last accessed the lab through the open door will be responsible for paying the fees charged to the Program for a breach of security.

All students take responsibility for the following activities after each class and/or lab:

- Place all dirty linen into red or blue hanging linen bags.
- Throw out any garbage (drinks, paper, etc).
- Place chairs and plinths in standard configuration (displayed on screen and posted in labs).
- Return equipment or supplies to cabinets/ correct storage location
- Plug in hi-lo tables and replace outlet covers.

- Wipe table head/ face rests after use with disinfectant. All users should use a sheet or clean with disinfectant after every use and should drape face hole with towel to protect equipment from facial oils.
- Tidy kitchen area in room 3300 at AMC/Room 402 at UCCS. Wipe counters, put/throw away items after use.
- Close windows.

Students are assigned to specific lab groups with the main purposes of 1) designating equal numbers of students in lab spaces and for optimal instructor: student ratios and 2) allowing students to have a broader experience. Each semester lab groups are reassigned for reasons of space, equipment, faculty instruction, and attention. Therefore, permission is required for any lab group changes. If there are circumstances that necessitate a student to change lab groups for a single day, the student must receive permission to do so from the individual Course Coordinator. If there are circumstances which necessitate that a student change lab groups for the entire semester, the student must discuss this change with, and receive permission from, the Administrative Staff Member who created the lab groups for the requested semester. PT Program faculty members are not required to facilitate lab group changes or to require one student to change lab groups for the benefit of another. Students are offered the opportunity to submit carpool requests and an attempt will be made to honor them, but this may not always be possible.

4.1.3. Badge and Parking Access

CU-AMC

Badge Access: Identification badges are issued at AMC during orientation and should be worn at all times when on campus. Students must have an ID badge to access the PT Program Labs and buildings on campus. ID badges must be returned when the student withdraws or graduates. The Security Badging Office will replace lost badges or those deemed defective. Replacement fees are subject to change; contact the ID Access Office at (303) 724-0399 for more information.

Parking: If students choose to pay for parking, ID badges control access to the campus parking lots with restricted access.

UCCS

Badge Access: Electronic Mobile Identification cards are used for the UCCS campus. Students may use their ID Card to access the PT Program Labs and buildings on campus. Instructions for creating your Mobile ID Card can be found at <https://liononecard.uccs.edu/mobile-id>.

Parking: Students can login to the UCCS Parking Portal using the “Student, Faculty, Staff” login button. Registration must occur BEFORE parking to avoid citations. The parking portal is <https://uccs.aimsparking.com>

4.2. Learner Support and Wellbeing

4.2.1. Resources

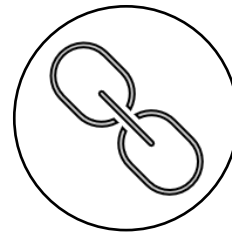
The University of Colorado offers a number of resources to support student well-being across three domains (success, wellness, and belonging). The following graphic depicts the kinds of resources available to students under each domain. Learners are encouraged to ask their peers, faculty advisor (or other trusted faculty member), and/or the Director of Student Affairs regarding their needs and potential resources.



Office of Disability Access &
Inclusion (ODAI)
Peer Tutoring Program
Writing Center



Wellness Center
Mental Health Support
Nutrition Classes
Food Pantry



CARE Team
Community Cafe
Volunteer Opportunities
Special Interest Groups



To learn more, login to your profile at <https://you.cuanschutz.edu>

CU-AMC: <https://www.cuanschutz.edu/student/support>

UCCS: <https://www.uccs.edu/experience/academic-services-support>

4.2.2. Health Disclosures

4.2.2.1. Disclosure of Activity Limitation(s)

This policy outlines the process for Doctor of Physical Therapy (DPT) students to disclose any temporary or permanent physical, mental, or emotional limitations that may impact their ability to safely and effectively participate in academic, clinical, laboratory, and service-learning activities. It applies to all students enrolled in CU PT, including those participating in classroom, lab, simulation, immersion, clinical education, and other program-related learning activities.

The goal is to ensure student and patient/client safety, uphold professional and technical standards, and provide appropriate support and accommodations in alignment with institutional policies. Students must be able to meet our program's technical standards, with or without reasonable accommodations, in order to complete all degree requirements.

Students are responsible for promptly informing the Director of Student Affairs, their faculty advisor, and their course instructor(s) if they experience any new, emerging, or ongoing condition or circumstance that may limit their ability to full engage in program learning activities. Such disclosure should be made as soon as reasonably possible after the onset of the condition. The student, with guidance from the Director of Student Affairs and key faculty, will determine the extent of learning that might be impacted and develop a reasonable learning plan as appropriate. The student is ultimately responsible for knowing their own limitations and refraining from activities that could impact patient safety or worsen their condition.

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 and any changes to their condition.

4.2.2.2. Disclosure of Injury during Structured Learning Activity

A student who is injured during a required learning activity will notify the instructor immediately following the incident.

- CU-AMC: The instructor will complete an injury report through the "File a Claim" link on the [University Risk Management Website](#).
- UCCS: The instructor will notify the UCCS Risk Management Director who will complete and file a

report.

Please note that any injury that happens outside of structured learning activities (e.g., while practicing in the lab outside of a structured lab session) is not covered by workers' compensation or accidental coverage.

4.3. Engagement Opportunities

4.3.1. APTA Membership

CU PT recognizes the benefits that membership in the American Physical Therapy Association (APTA) provides to our learners and strongly encourages learners to join. As future leaders of the profession, it is essential for learners to engage with the professional community, stay informed about advancements in the field, and contribute to the collective voice advocating for our profession and society.

The benefits of membership include:

- Access to a wealth of professional resources, including the guide to physical therapist practice, professional journals, and clinical practice guidelines.
- Eligibility for various awards and scholarships at the state and national level
- Opportunities for career development and advancement through networking events, mentorship programs, and job boards
- Discounts on continuing education courses, conferences, and certification exams
- Participation in advocacy efforts to influence public policy and promote the profession
- Engagement with a community of peers and experienced professionals through academies and special interest groups
- Membership in World Physiotherapy, a global network of physiotherapists

Learners will gain exposure to APTA during our program's orientation and professional development course series. The following represent additional opportunities to engage with our professional community:

- APTA Combined Sections Meeting (CSM)
- APTA Academy and Section Meetings - Many academies and sections additionally host their own annual conferences!
- Rocky Mountain Annual Conference and Physical Therapy Expo
- APTA Colorado Board of Directors Meetings
- Capitol Hill Day

4.3.2. Student Governance

CU PT is committed to fostering a professional learning environment that encourages student engagement, leadership, and shared responsibility in shaping the learning environment. Student governance is a vital component of professional identity formation. It cultivates leadership, promotes accountability, encourages advocacy, and strengthens communication between students, staff, and faculty. Through their active participation, students contribute to a culture of collaboration, inclusive excellence, and continuous improvement.

During the first summer semester, the faculty class advisor will:

- Review elected positions with members of the class
- Invite candidate nominations
- Oversee elections

If an elected position includes the need to handle cash on behalf of the class, the individual holding this position must also be a student employee.

4.3.2.1. Executive Committee

The Executive Committee serves as the central body for student governance. It ought to provide a structured forum for addressing student concerns, planning initiatives, and fostering communication with program leadership.

4.3.2.2. Committee Representation

Representation on program committees is critical to elevating the student voice and perspective in these

conversations. Committee Representatives may be invited to present during meetings and submit regular updates to the committee chair.

4.3.2.3. General Responsibilities

- Represent student interests in academic, clinical, and professional matters
- Provide constructive feedback to program leadership
- Collaborate in planning student-led events, service initiatives, and wellness activities
- Uphold program values and model professional integrity
- Promote transparency and open communication among students, staff, and faculty

4.3.3. **Special Interest Groups**

The Office of Student Affairs and CU PT support the creation and growth of student organizations and special interest groups. Please contact the Director of Student Affairs if you are considering starting an organization or special interest group. Our university recognizes the following types of organizations:

- Campus Wide Organization – These organizations are open to all students regardless of school/college/program and are not associated with a larger local, state, or national group.
- Affiliated Student Organization – These organizations are connected to only one school/college/program.
- Associated Student Organization – These organizations are connected to local, state or national organizations and have been recognized as a chapter at CU.

Additional information regarding organization registration can be found here:

<https://www.cuanschutz.edu/student/campus-life/organizations#ac-associated-student-organization-2>

4.3.4. **Volunteerism and Community-Engaged Learning**

CU PT views community volunteer and service opportunities as critical to the formation of one's professional formation. This policy clarifies guidelines for students participating in three (3) types of volunteer experiences, based on the relationship between the partner organization and CU PT.

4.3.4.1. Official Partner of CU PT

Volunteer experiences with organizations that are considered an official partner or extension of CU PT receive formal support from the program in terms of resources (e.g., human and/or financial). If these experiences fall within the scope of students' responsibilities, they will be covered by the university's professional liability insurance and workers' compensation insurance. In some cases, the partner organization will have additional insurance for volunteers. Signed memoranda of understanding (MOU) with partner organizations describe the purpose and scope of the relationship, the roles and responsibilities of key players, all events and activities, resource needs and expectations, onboarding requirements, and communication plans.

The following organizational criteria guide CU PT's formal partnerships:

- Expresses mission, vision, and set of goals
- Supports the health and wellness of historically underserved populations
- Elevates community voices and community-driven solutions
- Seeks to co-create multi-directional learning opportunities
- Commits to at least one activity per academic year

Partners include, but may not be limited to

- DAWN Health
- Stout Street Clinic
- PT Moves Me
- Rusty Gloves
- Special Olympics
- Western Stock Show

4.3.4.2. Communicated through CU PT

CU PT will occasionally communicate paid or volunteer opportunities to students, staff, faculty, and alumni. Students may pursue these opportunities, however, they should be aware that these experiences are not

covered under the CU PT umbrella. As a result, students are responsible for obtaining their own professional liability insurance, health insurance, and workers' compensation insurance (if these are not provided by the organization). If, for example, a malpractice claim was filed by an individual or the organization, the student could be named in the claim and would have to provide their own defense. Moreover, they must clarify the limits of their scope of practice as student physical therapists and communicate to any client or organization that they are not licensed to provide physical therapy services (without the direct supervision of a licensed PT). Students are encouraged to inquire about training and onboarding expectations of the organization and consider additional safety concerns (e.g., providing care in someone's home).

4.3.4.3. External to CU PT

Students may elect to pursue a paid or volunteer experience through any individual or organization (e.g., Food Bank of the Rockies). These opportunities differ from 4.3.4.2 above in that there has not been any communication through CU PT. Students may pursue these opportunities, however, they should be aware that these experiences are not covered under the CU PT umbrella. As a result, students are responsible for obtaining their own professional liability insurance, health insurance, and workers' compensation insurance (if these are not provided by the organization). If, for example, a malpractice claim was filed by an individual or the organization, the student could be named in the claim and would have to provide their own defense. Moreover, they must clarify the limits of their scope of practice as student physical therapists and communicate to any client or organization that they are not licensed to provide physical therapy services (without the direct supervision of a licensed PT). Students are encouraged to inquire about training and onboarding expectations of the organization and consider additional safety concerns (e.g., providing care in someone's home).

When learners are unsure about what type of volunteer experience applies, they can consult with PT Program faculty or the Program Administrator, who may seek additional clarification from University Legal Counsel.

4.3.5. Donations and Fundraising

- Donations – When we raise money to support a not-for-profit organization (e.g., money raised under the auspices of the Marquette Challenge is donated to the Foundation for PT Research). Generally speaking, the University is hesitant to approve these sorts of initiatives. Such efforts require a significant amount of administrative support to obtain the proper approvals.
- Fundraising – When we raise money to support members of our CU PT program (e.g., money raised for student scholarships).

4.4. Scholarships and Awards

Awards and scholarships are available for all students. Full information on available funding opportunities and application processes can be found on the program website.

4.5. Requirements for Graduation

4.5.1. Registration

Doctoral candidates are responsible for responding in a timely manner to all email communications regarding graduation registration and related activities.

4.5.2. Exit Interviews

Candidates are expected to complete an exit survey and participate in an exit focus group. Information gained from these activities are used to evaluate the program and inform key decisions moving forward.

4.5.3. Post-Graduation Information

Candidates are required to inform the program of their new mailing address and place of employment. This information will be collected via email (formstack) and used to update CAPTE accreditation requirements and support alumni engagement. We similarly appreciate alumni updating their contact information over time.

4.5.4. The National Physical Therapy Licensure Examination and Licensure

The National Physical Therapy Licensure Examination (NPTE) is administered by the Federation of State Boards of Physical Therapy (FSBPT). Learners are registered with FSBPT by CU PT during their first summer semester. Learners are responsible for claiming their account through FSBPT. Exam processes, dates, and

instructions to apply for initial state licensure can be found on the [FSBPT website](#). This information will also be reviewed within the curriculum.

Note – Students will enroll in a 1-credit NPTE Prep Course during Summer 3. An important component of this course is completion of the Practice Exam and Assessment Tool (PEAT). Starting with the 2026 cohort, approval to take the NPTE prior to graduation will depend on one's PEAT score and their successful completion of CE I and II. Please refer to the NPTE Prep Course syllabus, the CE III syllabus, or the CE Handbook for details regarding this contingency.

A full list of all states and the requirements for licensure is available on the [FSBPT website](#). This tool defines the process of obtaining licensure. Students who are seeking initial licensure in Colorado will find the application information at the [DORA website](#). Students are responsible for requesting official transcripts from the [University of Colorado Anschutz Medical Campus Registrar](#). Information on the [Licensure Compact](#) is also available at the FSBPT website.

4.6. Requirements for Clinical Education

Please refer to the Clinical Education Handbook for information regarding specific Clinical Education requirements.

4.7. Additional Policies

The CU PT program adheres to all University and Campus policies.

4.7.1. FERPA

The Family Education Rights and Privacy Act of 1974 (FERPA) deals specifically with the education records of students, affording them certain rights with respect to those records. For purposes of definition, education records are those records which are:

1. Directly related to a student and
2. Maintained by an institution or a party acting for the institution.

FERPA gives students who reach the age of 18 or who enroll in a post secondary institution the right to inspect and review their own education records. Furthermore, the right to request amendment of records and to have some control over the disclosure of personally identifiable information from these records, shift from the parent to the students at this time.

FERPA applies to the education records of persons who are or have been in attendance in post secondary institutions, including students in cooperative and correspondence study programs, video conference, satellite, internet or other electronic forms. FERPA does not apply to records of applicants for admission who are denied acceptance or, if accepted, do not attend an institution. CU Anschutz considers "enrollment" to begin on the first day of classes of the semester in which a student initially enrolls. FERPA rights end at death, but records may be released at the university's discretion.

Full policy language is available here:

- CU-AMC: <https://catalog.ucdenver.edu/cu-anschutz/university-policies/>
- UCCS: <https://registrar.uccs.edu/student-resources/records-and-privacy/ferpa-the-family-educational-rights-and-privacy-act>

4.7.2. Social Media Use

Learners are expected to use social media in a manner that is respectful, professional, and consistent with the ethical standards of the physical therapy profession. This policy applies to all forms of social media, including but not limited to Facebook, X, Bluesky, Instagram, LinkedIn, blogs, and online forums. The following are guidelines for the responsible and professional use of social media:

- Confidentiality – Do not discuss patient details or clinical experiences that could violate patient confidentiality or HIPAA regulations.
- Representation – Clearly distinguish between personal opinions and professional statements. Any posts that could be interpreted as reflecting our program or university should be factual, respectful, and aligned with campus values.

- Respect – Avoid posting content that could be considered discriminatory, harassing, or defamatory.
- Professional Engagement – Refrain from engaging in arguments and avoid posting content that could be perceived as offensive or inappropriate.
- Academic Integrity – Do not share or post any program materials, exams, or assignments without the express written consent of the instructor(s).

Failure to comply with this social media policy may constitute a failure to meet professional standards and result in disciplinary action.

4.7.3. Substance Use

As an academic community, The University of Colorado Denver | Anschutz Medical Campus is committed to providing an environment in which learning and scholarship can flourish. The possession or use of illegal drugs, or the abuse of those which may otherwise be legally possessed, seriously affects the University environment, as well as the individual potential of our students and employees. The University enforces state laws and related University policies, including those prohibiting the following activities on campus:

- A. Providing alcoholic beverages to individuals under 21 or possession or consumption of alcoholic beverages by individuals under 21.
- B. Distribution, possession, or use of illegal drugs or controlled substances.
- C. Possession of firearms or other dangerous weapons.

The abuse of alcohol and other drugs by students, regardless of age and of location (on-campus or off-campus), is prohibited by the Student Code of Conduct and Ethics and Professionalism codes on the University of Colorado Denver | Anschutz Medical Campus. This includes on- or off- campus activities sponsored by the University, such as officially sanctioned field trips, student-sponsored social activities, club sports travel, as well as activities of a student organization recognized by the institution. Professional meetings attended by employees and institution-sponsored activities abroad also fall under this code of conduct. The University can, and will, impose disciplinary sanctions for violations. Students are also subject to city ordinances and state and federal laws. A separate policy addresses violations by University staff.

The University strongly encourages students and staff members to voluntarily obtain assistance for a dependency or abuse problem before such behavior results in an arrest and/or disciplinary referral, which might result in their separation from the institution.

The use of, or addiction to, alcohol, marijuana, or controlled substances is not considered an excuse for violations of the Student Code of Conduct or staff expectations, and will not be a mitigating factor in the application of appropriate disciplinary sanctions for such violations.

Help is available both on campus and within the community for students and staff members who are dependent on, or who abuse the use of alcohol or other drugs. Services are available at the Student and Community Counseling Center, (303-315-7270) for CU Denver Campus Students, Student Mental Health Services (303-724-4716) for CU Anschutz students, and The Colorado State Employee Assistance Program (303-866-4314) for CU Denver | Anschutz employees. These resources as well as other professional agencies will maintain the confidentiality of persons seeking help for personal dependency and will not report them to institutional or state authorities. The CU Denver Health Promotion and Engagement Coordinator, (303)315-4009, provides educational and awareness programming, information, and assistance for CU Denver students. The Director of Student Health Promotion at the CU Anschutz Medical Campus, (303)724-7674, provides this programming for CU Anschutz students.

Full policy language is available here:

- CU-AMC: <https://catalog.ucdenver.edu/cu-anschutz/university-policies/>
- UCCS: <https://aod.uccs.edu/policy>

4.7.4. Drug Screening

4.7.4.1. Policy

The University of Colorado School of Medicine requires that all students submit to a drug screen prior to starting the clinical experiences portion of their program or sooner if designated by the program. A negative drug screen is required for participation in any clinical experience. This policy applies to all enrolled students in the MD, PT, and PA degree programs.

4.7.4.2. Rationale

All health care providers are entrusted with the health, safety and welfare of patients, have access to controlled substances and confidential information and operate in settings that require the exercise of good judgment and ethical behavior. Thus, an assessment of a student's possible impairment that could diminish the student's capacity to function in such a setting is imperative to promote the highest level of integrity in patient care.

Clinical facilities that serve as educational and training sites for students increasingly require drug screening for individuals who provide services within the facility and particularly for those individuals who provide patient care. Clinical experiences are an essential element of all curricula and are required of School of Medicine Students in the MD, PT and PA degree programs. In addition, many licensing agencies require that individuals pass a drug screen as a condition of licensure and/or employment. It is thus in the interests of both students and the School of Medicine to identify and resolve potential issues where a student may not be allowed to participate in a clinical experience due to use of controlled or illegal substances. For purposes of this policy, "illegal substances" means illegal use of controlled or illegal (i.e. prohibited) substances. It does not mean prescription drugs that are lawfully being taken by a student prescribed by a licensed health care professional; the student must be under the direct medical care of the licensed health care professional.

Although marijuana is legal in the State of Colorado, marijuana is a Schedule 1 substance under federal law and continues to be an illegal substance for purposes of this policy. In addition to other illegal drugs as described above, the overuse and/or abuse of alcohol in the learning environment is also prohibited under this policy. The University of Colorado School of Medicine has the responsibility to attend to factors that may adversely affect the security of the clinical environment and thus increase liability exposure. As a result, the school seeks to enhance its scrutiny of students involved in patient care activities and who are in clinical settings.

4.7.4.3. Process

- Students enrolled in the MD, PT, and PA programs will receive information about the requirement for drug screening, deadlines for compliance, results reporting and associated fees from their respective educational program representatives. Students will be responsible for the cost of the required drug screening, either individually or through a student fee as determined by each program.
- Students will receive specific instructions from their program representatives regarding the location of the designated vendor drug screen sites and a Drug Screen Authorization document to submit to the vendor including authorization for results to be released to the designated individual in their educational program.
- Results of the student drug screen will be reported electronically to the designated individual in the appropriate educational program, typically within 2 business days. Review of drug screen results will be conducted by the Medical Director of the designated vendor to determine a passing or failing level. The information will be conveyed to the designated individual within the education program. Students who receive a positive screen will be reviewed by the individual program either by a designated individual or a committee and any consequences will be communicated to the student in writing.
- The student has the right to review the information reported by the designated vendor for accuracy and completeness and to request that the designated vendor verify that the drug screen results are correct. Prior to making a final determination that may adversely affect the student, the program will inform the student of his/her rights, how to contact the designated vendor to challenge the accuracy of the report, and the role of the designated vendor in any decisions made by the program.
- Drug screening results will be recorded in an internal database within each educational program and maintained only for the duration of enrollment for each student.
- Drug screen results may be reported to clinical experience sites for clinical placements in compliance with contractual agreements.
- If required by a specific clinical site, a student may be required to submit to additional drug screening based on the contractual agreements with those clinical sites.
- A student whose test results in a Negative Dilute or an insufficient sample may be required to retest immediately. Costs of any retesting are the responsibility of the student. Multiple retests resulting in a negative dilute may be considered a failed test.

- Any individual student may be required at any time to submit to immediate drug screening for cause. This may occur through the designated vendor or it is possible that a contract with a specific clinical training site may have specific requirements dictating the process, handling, and reporting of “for cause” drug screening of an individual student while the student is participating in a clinical experience.

Students who refuse to submit to any required drug screen will be dismissed from their education program.

4.7.4.4. Positive Results

Students who do not pass a required drug screen may face disciplinary action, including administrative withdrawal from courses, placement on a leave of absence, or dismissal from the program. Students may be referred for evaluation and treatment through the Colorado Physicians Health Program (CPHP), Peer Assistance Services, or another designated program as a condition for remaining in the program at the student’s expense. Students found to have a substance abuse problem that that will likely pose a danger to patient care, as determined through the drug screening evaluation process, will be referred for independent evaluation and treatment at the student’s expense.

4.7.4.5. Additional Information

The School of Medicine takes patient safety very seriously. The Technical Standards for students require that all students be able to meet the physical and cognitive demands of the clinical setting as well as exhibit sound judgment at all times. Students who are seriously ill, injured or taking medication that impairs judgment (including, but not limited to, lawfully prescribed medications and Medical Marijuana) may not be able to meet the Technical Standards, and therefore may not be suitable for the clinical environment where patient safety is the topmost concern. A determination of any conditions on a student’s ability to participate in clinical experiences or to otherwise proceed in the program will be handled through a committee as determined by each program (MD, PT and PA). Additionally, the School of Medicine is very concerned about alcohol and drug abuse. A student may be required to undergo evaluation and treatment through the Colorado Physicians Health Program (CPHP), Peer Assistance Services, or by another designated evaluation source in order to remain in the program.

Pursuant to the University of Colorado Drug Screening policy outlined above, all CU PT students must comply with the outlined procedures. Students who attempt to falsify their drug screening tests or results will be in violation of the program’s Honor Code. Consequently, a student will be referred to the SPC who may recommend the student not progress in the program.

4.7.5. Immunization Requirements

[Campus Policy 7014A](#) addresses immunization requirements for current and newly enrolled students at the University of Colorado Anschutz Medical Campus. Students are encouraged to remain up-to-date on immunizations as recommended by the Centers for Disease Control and Advisory Committee on Immunization Practices.

1. Except as described in Section B(3) below, all enrolled and matriculated students on the Anschutz Medical Campus (except those in Extended Studies) are required to obtain and provide verification regarding the below required immunizations. For the purposes of this Policy, the term “students” includes, but is not limited to, all current students, including part-time, full-time, degree-seeking, non-degree seeking, hybrid (combination of online and in person, either: (i) on campus and/or (ii) in clinical settings), visiting students, undergraduate, or graduate students enrolled at CU Anschutz.

Requirements	Description
Td series and booster	One Tdap booster done at age 11 years old or later AND Td booster if last Td-containing vaccine more than 10 years ago.
Measles (Rubeola)	Dates of 2 (measles or MMR) vaccines or positive titer; must submit copy of titer result.
Mumps	Dates of 2 (mumps or MMR) vaccines or positive titer; must submit copy of titer result.
Rubella	Date of 1 (rubella or MMR) vaccine or positive titer; must submit copy of titer result.
Hepatitis B	Second and third of three vaccines (includes the one dose prior to registration) of three dose series OR First and second vaccines of two dose series AND Evidence of serologic immunity; must submit copy of result.

Varicella	Evidence and dates of 2 Varicella vaccines OR positive titer; must submit copy of result.
Tuberculosis (TB) Screening	You must have TB screening done within 12 months prior to matriculation. TB screening is either: 2 TST tests at least 1-3 weeks apart, the 2nd being done within 12 months of matriculation OR an IGRA blood (Interferon Gamma Release Assay QFTG or T-spot) IGRA testing is preferred for individuals who have a history of receipt of BCG vaccine. If you have ever had a positive TST or IGRA test; Initial clinical evaluation including chest x-ray is required to rule out active TB disease for individuals with a positive screen unless documentation is provided of completion of an approved treatment regimen for latent tuberculosis infection. If you have are diagnosed with latent tuberculosis infection but you do not complete an approved treatment regimen, you will need to complete an annual TB clearance questionnaire yearly while at CU Anschutz.
Influenza	Annual vaccine.
Polio	Evidence of all four doses of four dose series; must submit copy of result.

* Students with questions about medical exemptions may contact vaccine@cuanschutz.edu. To request a religious exemption complete [this form](#).

2. Students who do not comply with the immunization requirements described in this policy may not be allowed to enroll in succeeding terms and/or be assigned to clinical sites until the requirements are met.
3. Students who are enrolled exclusively in online courses or programs and will never come to the CU Anschutz campus must consult with their respective school or program regarding immunization requirements.
4. In order to come into compliance with the above-described immunization requirements, Students may be assessed a charge.
5. Student immunization records are protected information under the Family Educational Rights and Privacy Act (FERPA). Health information contained in some immunization records also may be protected information under the Health Insurance and Portability and Accountability Act (HIPAA). These records must, therefore, be stored and maintained in a secure manner.
6. The management of immunization/immunity requirements and compliance at CU Anschutz will be carried out by individual program staff or a centralized immunization services office or outside contracted reviewer(s) in a manner best suited to program guidelines and campus and program resources.
7. Students who do not meet posted deadlines for submitting certification forms and completing any other requirements in a timely fashion will not be allowed to register in their first and/or subsequent term and/or be assigned to clinical settings and responsibilities until the required information has been submitted. A financial penalty may be assessed for delayed document processing.
8. Each school or college or program with students assigned to clinical or community settings will determine and monitor if and when new or continuing students need other medical tests, procedures, or equipment to meet compliance requirements related to their training (e.g., annual TB tests, CPR, TB mask fit, etc.). Unless otherwise arranged, students are responsible for obtaining and paying for those medical services not covered by their insurance plans.
9. Students in clinical and community training programs in all years of their studies are responsible for complying with all of the immunization requirements set by individual clinical sites (including additional immunizations not required by CU Anschutz such as COVID-19) and supplying (if requested) to affiliated health care facilities any records of their physical examinations, immunization status, and other medical tests and other forms of required documentation (related to, for instance Occupational Health and Safety Administration, Health Insurance Portability and Accountability Act, and The Joint Commission requirements).
10. Some international destinations may require proof of vaccines for entry to the country. If a student is traveling internationally as part of a University program, there may be additional immunization requirements.

5. Appendix

5.1. APTA Code of Ethics

Note – APTA’s Code of Ethics is currently undergoing revision and expected to be published July 2025

Preamble

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

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

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive. The APTA Guide for Professional Conduct and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

This Code of Ethics describes the desired behavior of physical therapists in their multiple roles (eg, management of patients and clients, consultation, education, research, and administration), addresses multiple aspects of ethical action (individual, organizational, and societal), and reflects the core values of the physical therapist (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

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

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

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

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

2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.

2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

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

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

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.

4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.

4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

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

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

6B. Physical therapists shall take responsibility for their professional development based on critical self assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

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

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

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.

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

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

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

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

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

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under- utilization of physical therapist services.

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

5.2. APTA Core Values

Accountability

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

Altruism

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

Collaboration

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

Compassion and Caring

Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

Duty

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

Excellence

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

Inclusion

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

Integrity

Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions. ©2021 American Physical Therapy Association. All rights reserved.

Social Responsibility

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

5.3. CU PT Honor Code

To uphold one's societal obligations as a physical therapist, learners must prioritize ethical conduct and act with honor and integrity under all circumstances. This necessarily starts with one's education, as learners are developing and refining their professional identity. Academic dishonesty is intolerable as it erodes the trust of current and future colleagues and patients. Such dishonesty violates our professional code of conduct. When working with patients, we trust that our colleagues are being honest. Saying I checked a patient's blood pressure when I actually didn't could harm the patient. Saying I know how to perform a particular skill when in fact I don't (because I cheated on an assessment) could harm the patient. In healthcare, honesty is a fundamental responsibility.

Professional education at the University of Colorado is conducted under the honor system. This system confers many responsibilities and freedoms upon students, while fostering mutual trust and respect among all members of the CU PT community. The CU PT Honor Code represents a philosophy and set of rules that require learners and their peers to hold each other accountable for their actions. Its aims are to instill and maintain ethical and honest behavior and to create a culture where unethical and dishonest behavior are not tolerated.

5.3.1. Fundamental Principles

The CU PT Honor Code is rooted in principles that emphasize ethical conduct. It serves as a foundation to promote honesty, integrity, respect, and accountability.

- Honesty - Honesty is essential for cultivating a culture of trust within the academic and clinical learning environments. Students are expected to communicate truthfully, present original work, and accurately represent their knowledge, skills, and actions. Academic honesty includes appropriate citation of sources, truthful reporting of clinical experiences, and transparency in self-assessment.
- Integrity - Integrity means doing the right thing—even when no one is watching. It involves consistently aligning one's actions with ethical and professional standards. Students demonstrate integrity by upholding program policies, avoiding conflicts of interest, and maintaining confidentiality in clinical practice.
- Respect - Respect honors the inherent dignity, rights, and contributions of every individual. Students demonstrate respect by actively listening, valuing diverse perspectives, practicing cultural humility, and fostering an inclusive and supportive learning environment.
- Accountability - Accountability involves taking responsibility for one's actions and decisions. Students are expected to own their learning, admit to and correct their mistakes, and uphold the standards of the profession. Accountability also means being dependable, meeting obligations, and contributing in a positive and meaningful way to the learning environment.

5.3.2. Violations

Although it is not possible to list every situation that violates CU PT's Honor Code, the following examples ought to serve as a reference point. When faced with uncertainty, students are expected to solicit guidance from faculty.

- Honesty – Examples of dishonest behavior include plagiarism, cheating, prohibited possession, use, and/or distribution of assessments, falsification of official records, and misrepresentation of one's competence.
- Integrity – Examples of violations in this area include engaging in dishonest behavior to avoid consequences, enabling/ignoring unethical behavior, participating in actions that undermine our profession's core values or code of ethics, and breaching confidentiality.
- Respect – Examples of disrespecting others include the unauthorized use or distribution of program materials and intellectual property (e.g., presentations, recordings, learning cases, assessments), theft of or damage to university property or the property of others, disruption of learning activities, harassment or discrimination, cultural insensitivity, and any other conduct that demeans or threatens others.
- Accountability – Examples of violations in this area include failing to meet professional obligations, blaming others for personal shortcomings, submitting assignments or paperwork past their due date, neglecting professional responsibilities, and showing up unprepared for patient care.

5.3.3. Student Responsibilities

All students who enter health professional programs are expected to demonstrate honesty, integrity, respect, and accountability in all academic, clinical, and professional situations. Students ought to adhere to the policies outlined in this handbook and conduct themselves according to the principles underlying the CU PT Honor Code. Upon matriculation into the program, students will attest to reading, understanding, and committing to the CU PT Honor Code.

5.3.4. Program Responsibilities

Each school will have a standing Student Honor and Conduct Committee. As appropriate, each program may have standing committees. The CU PT Student Promotions Committee (SPC) explores and addresses potential violations of the program's Honor Code. Within the context of potential honor code violations, the SPC examines alleged violations from multiple perspectives and makes a recommendation to the faculty and Program Director. Possible recommendations include, but are not limited to, early alert, probation, remediation, and dismissal.

The University adheres to all appropriate local, state, and federal laws, and cooperates with law officials in all matters. Any alleged violation of local, state, or federal law will be referred to the appropriate law enforcement agency. Such laws have precedence over the provisions of this handbook and honor code.

5.3.5. Procedures

If a student is suspected of an honor code violation, any of the following may occur:

- The individual who suspects a violation may (and is encouraged) to meet with the student and discuss what they observed. This conversation represents an opportunity to explore the issue from multiple perspectives. No other action is needed if the conversation suggests there was no violation.
- The student may be referred to the Student Promotions Committee (with or without an initial conversation). During this meeting, the committee will engage in a conversation with the student to explore the issue. The committee will collect information and insights from other individuals involved prior to recommending any particular course of action.

5.3.6. Attestation

I, [INSERT NAME] attest that I have received and read the CU PT Student Handbook and Honor Code. I understand that these policies govern my academic, clinical and professional responsibilities and that any violations may result in disciplinary action (including dismissal). Should I have questions regarding the content of the Student Handbook or Honor Code, I will direct my questions to my Program Director.

Residential Pathway Director: Michael Harris-Love, PT, MPT, DSc, FGSA, FAPTA

Hybrid Pathway Director: Daniel Malone, PT, PhD, CCS

I will assume responsibility for my actions, and commit to acting with honesty, integrity, and respect.

Signature

Date

5.4. CU PT Professional Standards

Breaches of professional behavior and decorum may be broadly categorized as deficits in ethical conduct and integrity, reflective practice and improvement, effective communication and interpersonal skills, and active engagement and collaboration. The following table provides a definition for each of these categories as well as examples of sub-standard behavior. Please note that this list is NOT intended to be exhaustive.

Standard	Definition	Sub-Standard Behaviors
Ethical Conduct and Integrity	Adhering to 1) our profession's core values and code of ethics in all academic, clinical, research, and community settings and 2) all program and institutional policies and codes of conduct.	Plagiarizing or sharing assessments Using generative AI in a way that circumvents learning Falsifying information (e.g., drug screen results) Breaching patient confidentiality Failing to disclose errors in clinical care
Reflective Practice and Improvement	Actively embracing the principles underlying the Master Adaptive Learner Framework: self-regulated learning; adaptive expertise; lifelong learning; and reflection.	Dismissing or becoming defensive in response to constructive feedback Repeating the same mistakes (i.e., difficulty identifying and addressing gaps) Demonstrating limited/superficial insight into one's own strengths and limitations
Effective Communication and Interpersonal Skills	Using clear, respectful, and professional communication in verbal, non-verbal, and written communication. This includes active listening, cultural responsiveness, and building positive relationships with peers, faculty, patients, and colleagues.	Using disrespectful language toward peers, patients, faculty, or colleagues Failing to respond to emails or team communication in a timely or courteous manner Interrupting or dominating conversations without actively listening to others' perspectives Dismissing peer, patient, or faculty concerns without empathy or consideration Demonstrating poor or inappropriate nonverbal communication
Active Engagement and Collaboration	Showing initiative, participating fully in learning activities, and contributing in meaningful ways to team-based learning and patient care.	Missing class (unexcused absences) Arriving late or being unprepared for required learning activities Failing to follow through on commitments Avoiding team-based assignment responsibilities Disregarding others' input or undermining team cohesion Demonstrating a lack of interest or effort in engaging with peers, patients, faculty, or colleagues

Reaching consensus about professional behaviors and decorum is difficult given the complexities and nuances involved and the implicit differences between settings. Any apparent breach of professional behavior or decorum addressed by the program will adhere to the review process as stated in the Student Handbook. Additional input from the SOM Equity Office may be requested by a student, faculty member, or the Student Promotions Committee Chair regarding final determination of breaches in professional behavior or decorum. For additional guidance, please refer to "Professional Behaviors for the 21st Century" [<https://www.marquette.edu/physical-therapy/documents/professional-behaviors.pdf>].

5.5. Technical Standards for Matriculation, Promotion, and Graduation

Candidates for the Doctor of Physical Therapy degree must be able to meet the minimum technical standards listed below, with or without reasonable accommodations, to successfully matriculate into, promote through, and graduate from the CU PT Program. The term “candidate” refers to individuals who have accepted the program’s offer of admission (candidates for matriculation) or are currently enrolled in the program (candidates for progression and graduation).

5.5.1. Observational

Candidates must be able to use observation skills in all didactic and clinical learning environments, including but not limited to, lectures, laboratory dissection of anatomical donors, clinical simulations, and demonstrations of clinical skills. Observation includes, but is not limited to, assessment of movement, gait, edema and skin changes, recorded digital and waveform readings, and other graphic or measurement images to determine a patient’s condition. Observation requires vision, hearing, and somatic sensations, or the functional equivalent.

5.5.2. Communication

Candidates must be able to communicate effectively and sensitively with patients to elicit information regarding affect and functional activities, as well as perceive non- verbal communications. Candidates must also be able to communicate effectively and efficiently in person, virtually, and in writing with interprofessional colleagues to convey information essential for safe and effective care.

5.5.3. Psychomotor

Candidate must possess sufficient motor function to effectively manage the patient encounter from patient examination through intervention. Candidates must be able to provide general and therapeutic care that is safe for the patient, any caregivers, and themselves. This includes, but is not limited to, the performance, description or direction of others to safely lift, transfer, guard, and position patients. In addition, many physical therapy interventions require advanced hands-on skills to safely perform patient care including manual therapy, wound debridement, and treatments that use accessory devices.

5.5.4. Intellectual

Candidates must be able to measure, calculate, reason, analyze, integrate, and synthesize information in a timely fashion in order to efficiently and effectively solve problems. Candidates must be able to synthesize knowledge and integrate relevant aspects of patient history and examination to develop an effective treatment plan. Candidates must be able to comprehend and analyze spatial relationships of anatomical structures and systems as they pertain to human movement.

5.5.5. Social and Behavioral

Candidates must possess the psychological ability required for the full utilization of their intellectual abilities, for the exercise of good judgment, for the prompt completion of all responsibilities inherent to diagnosis and care of patients, and for the development of mature, sensitive, and effective relationships with patients, interprofessional colleagues, and other health care providers. Candidates must be able to tolerate physically and mentally taxing workloads and function effectively under stress. They must be able to adapt to a changing environment, display flexibility and learn to function in the face of uncertainties inherent in the clinical care of, and communication with, patients and their family/caregivers.

5.5.6. Professional

Candidates must maintain and display ethical and moral behaviors commensurate with the role of a physical therapist in all interactions with patients, faculty, staff, students, clinical colleagues, and the public. The candidate is expected to understand the legal and ethical aspects of the scope of physical therapy and function within the legal, ethical standards, and core values of the physical therapy profession.

5.6. Master Adaptive Learner Framework

The following descriptions were drawn from Cutrer, Pusic, Gruppen, Hammoud, and Santen. The Master Adaptive Learner. AMA MedEd Innovation Series 2020.

The master adaptive learner is described as an individual who utilizes the metacognitive approach to self-regulated learning that leads the development of adaptive expertise. The Master Adaptive Learner (MAL) model provides a common language and framework to facilitate self-regulated learning in individuals throughout the spectrum of health professional training.

The four gears of the MAL process form the center of the model representing the required phases of activity.

Planning

- Identify gaps in knowledge, skill, or attitude
- Prioritize gaps as an opportunity for learning
- Search for appropriate resources necessary for learning

Learning

- Appraise learning resources to ensure time spent engaging in learning is appropriately focused
- Seek and engage in active learning strategies

Assessing

- Try new strategies
- Compare and contrast internal and external feedback (*informed self-assessment*)
- Calibrate self-assessment skills

Adjusting

- Apply what was learned to practice
- Incorporate new ideas and understanding into your evolving skill base

