



## **Doctor of Physical Therapy Program**

Department of Physical Therapy

College of Health Sciences

### **Faculty Handbook: Policies and Procedures**

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Preface .....	4
University of Kentucky Mission Statement.....	4
College of Health Sciences Mission Statement.....	4
Doctor of Physical Therapy Program Mission Statement .....	5
UK DPT Vision Statement.....	5
Program Values.....	5
Program Beliefs.....	6
Program Goals.....	6
UK DPT Curriculum Philosophy & Design.....	6
UK DPT Program Curricular Goals .....	7
I. Program Governance .....	8
A. Institutional Organization .....	8
B. Program Administration.....	8
B.1 Program Administrative Organizational Chart.....	10
C. Program Committees .....	10
C. 1 Admissions Committee .....	10
C. 2 Curriculum Committee.....	11
C. 3 Student Progression Committee.....	11
C. 4 Professional Standards Committee.....	12
C. 5 Program Administrative & Assessment Committee .....	13
D. Review of DPT Administrative Policies and Procedures .....	13
E. Creation & Revision of DPT Policies and Procedures.....	14
II. Compliance with Accreditation & Institutional Assessment.....	14
A. Policies Concerning CAPTE.....	14
A. 1 Progress Reports .....	14
A. 2 Submission of fees to CAPTE.....	15
A. 3 Response to CAPTE concerning Accreditation Activities .....	15
A. 4 CAPTE Activities .....	15
B. Institutional Assessment.....	15
III. Faculty Policies.....	16

A.	Reporting Structure .....	16
B.	Faculty Classifications .....	16
B. 1	Core Faculty .....	16
B. 2	Associated Faculty.....	16
B. 3	Voluntary Faculty .....	17
C.	Faculty Responsibilities .....	17
D.	Workload / Distribution of Effort.....	18
E.	Assignment of Courses & Teaching.....	19
E. 1	Core Faculty .....	19
E. 2	Associated Faculty.....	19
F.	Orientation for New Core and New Adjunct (Associated) Faculty .....	20
G.	Student Advisement.....	20
H.	Use of Program Funds.....	21
H.1	Purchase Requests: Equipment, Materials and Supplies, or Special Projects .....	21
H.2	Professional Development .....	21
I.	Outside Activity & Conflict of Interest / Commitment Reporting.....	22
IV.	Complaints .....	22
A.	Complaint Reporting.....	22
B.	Grievance Procedures of Students with Faculty .....	22
C.	Complaints that Fall Outside of Due Process.....	23
D.	Prohibition of Retaliation.....	23
V.	Program Communication.....	23
A.	Faculty Communications.....	23
B.	Communications to Students.....	24
VI.	Evaluations.....	24
A.	Evaluation of Student Performance.....	24
B.	Teaching Course Evaluations by Student.....	25
C.	Faculty Peer Evaluations .....	25
D.	Faculty Performance Reviews.....	25
E.	Faculty Development Plans.....	25
F.	Associated Faculty Evaluations .....	26
VII.	Student Issues.....	26

A.	Confidentiality of Student Information.....	26
B.	Faculty Conflict of Interest.....	26
C.	Student Retention and Progression.....	26
C.1	Student Progression Through Curriculum.....	26
C.2	Annual Progress Evaluations.....	26
C.3	Progress to Clinical Education & Clinical Progression.....	26
D.	Comprehensive Examination .....	27
E.	Special Accommodations: Examinations .....	27
VIII.	Clinical Education.....	28
A.	Clinical Education Administration.....	28
B.	Clinical Education Handbook .....	29
C.	Clinical Education Communications.....	29
D.	Assessment of the Clinical Education Curriculum.....	29

## **Preface**

This manual has been established to outline policies and procedures specific to the unique needs of the University of Kentucky (UK) Doctor of Physical Therapy (DPT) Program. Per the program professional accrediting body, the Commission on Accreditation in Physical Therapy Education (CAPTE), the DPT program must be recognized as *both* an academic program and professional doctoral program, with policies that recognize as such (**CAPTE Standard 3C**). The University of Kentucky has many policies and procedures that govern academic standards and outline the rights and responsibilities of students and faculty. Applicable resources to the DPT Program are as follows:

- University of Kentucky Academic Regulations
  - <https://www.uky.edu/regs/administrative-regulations-ar>
- College of Health Sciences Faculty Handbook
  - <https://www.uky.edu/chs/resources/faculty-handbook>
- University of Kentucky Code of Student Conduct:
  - <http://www.uky.edu/studentconduct/code-student-conduct>
- University of Kentucky HealthCare HIPAA Policies:
  - <http://ukhealthcare.uky.edu/Patients/HIPAA/>
- University of Kentucky Health Care College Student Professional Behavior Code:
  - <https://www.uky.edu/regs/sites/www.uky.edu.regs/files/files/HCCcode.pdf>

*University policy and procedures remain predominant over any policies or procedures herein.*

## **University of Kentucky Mission Statement**

The University of Kentucky is a public, land grant university dedicated to improving people's lives through excellence in education, research and creative work, service and health care. As Kentucky's flagship institution, the university plays a critical leadership role by promoting diversity, inclusion, economic development and human well-being.

The University of Kentucky:

- Facilitates learning, informed by scholarship and research.
- Expands knowledge through research, scholarship and creative activity.
- Serves a global community by disseminating, sharing and applying knowledge.

The university, as the flagship institution, plays a critical leadership role for the Commonwealth by contributing to the economic development and quality of life within Kentucky's borders and beyond. The university nurtures a diverse community characterized by fairness and equal opportunity.

## **College of Health Sciences Mission Statement**

The mission of the University of Kentucky College of Health Sciences (CHS) is to help the people of the Commonwealth of Kentucky and beyond attain the highest level of health possible. We fulfill our mission by educating the next generation of health care practitioners through education, innovative research, healing and compassionate care.

## **Doctor of Physical Therapy Program Mission Statement**

The mission of the Physical Therapy Program at the University of Kentucky is foremost to meet the physical therapy needs of Kentucky and contribute to global needs through education, research and service.

The Physical Therapy Program strives to develop competent physical therapists who are critical thinkers, educators, and professionals. Graduates of our program are prepared to value all people and be person-centered practitioners who are knowledgeable, ethical, independent and collaborative, adaptable, reflective, effective communicators, and service-oriented. We accomplish this through a wide variety of mechanisms:

1. Educational programs informed by scholarship and research which are designed to provide excellence in instruction as well as accessibility to a diverse student body. These programs include the professional DPT (Lexington and Center of Excellence in Rural Health campuses), post-professional program (PhD Program in Rehabilitation and Health Sciences), and continuing education courses.
2. Research, scholarship, and creative activities that contribute to the discovery, translation, and expansion of knowledge in the health sciences.
3. Service to the public (in urban and rural communities), to other professional disciplines, and to the profession of physical therapy.
4. Professional socialization through participation in professional activities and organizations.

## **UK DPT Vision Statement**

The University of Kentucky Physical Therapy Program aspires for *excellence*, aiming to the highest standards of education, clinical practice, research, professional duty, and social responsibility.

The Doctor of Physical Therapy Program will be distinguished for the following:

- Its breadth, depth, and collaborative approach to physical therapist education
- Clinical excellence and advancement of clinical practice
- Scholarly achievements and advancement of evidence-informed practice
- Dedication to the health and well-being of all communities
- Commitment to advocacy for the advancement of health care
- Professional contributions towards the advancement of the practice of physical therapy

## **Program Values**

- Inquiry & Ingenuity
  - UK DPT program believes research and scholarly inquiry are foundations required to deliver and advance the practice of physical therapy.
- Support
  - UK DPT program is committed to the success, professional advancement, personal endeavors, and well-being of students, faculty, and staff.
- Community Engagement
  - UK DPT program values deep relationships with mutual trust of our communities as we address societal needs.

- Community Service
  - UK DPT program is dedicated to the promotion of the health and wellbeing of all communities
- Professional Duty
  - UK DPT program is devoted to serving professional associations to advance the practice of physical therapy
- Belonging
  - UK DPT program embraces diversity of thought, background, experience, and ideas from all populations in the Commonwealth of Kentucky and beyond.

### **Program Beliefs**

- We believe that physical therapists should uphold the scientific foundations of the practice of physical therapy and the ethical principles of the profession.
- We believe that valuing individual and cultural differences is necessary for optimizing patient care and society.
- We believe in the cultivation of active learning environments that foster critical thinking and reflection.
- We believe that physical therapists should be leaders in the promotion of the health and well-being of all communities.
- We believe that membership in professional associations enhances continuous development.

### **Program Goals**

1. Develop competent physical therapists who excel in critical thinking
2. Produce impactful research and scholarship to advance clinical practice
3. Demonstrate commitment to service, within the community and profession
4. Lead as educators within our professional, academic, and clinical communities
5. Promote inclusivity and belonging for individuals of all backgrounds.

### **UK DPT Curriculum Philosophy & Design**

The curricular philosophy of the University of Kentucky's Physical Therapy Program reflects the mission of the Program through use of a spiral pattern. We utilize the following components to design and implement the course of study for the physical therapist student:

1. birth through the life course
2. basic through advanced
3. static through dynamic
4. typical and atypical
5. knowledge through application
6. acute, subacute and chronic pathology
7. knowledge acquisition through problem solving, application and dissemination
8. parallel practice through interprofessional and collaborative practice

Individual courses are linked through objectives that add to and refine the specific skills as the learner becomes prepared to integrate higher-level skills with previously learned concepts. This philosophy is implemented by utilizing the skills, strengths, and qualities of a diverse academic and clinical faculty.

## **UK DPT Program Curricular Goals**

### **1. Develop competent practitioners**

The primary goal of the program is to produce knowledgeable, adaptable, patient-centered physical therapy practitioners capable of meeting the health needs of the people of Kentucky and beyond. To achieve this goal, the practitioner will be able to assess and manage the patient in a variety of health care settings, with an added focus on the challenges and demands of the medically under-served and those who are culturally and linguistically diverse.

### **2. Develop practitioners as critical thinkers**

Students utilize the information gained early in the curriculum (e.g. basic sciences and basic clinical skills) as a foundation for the development of analytical skills. Students are challenged throughout the professional curriculum by a wide variety of problem-solving activities to analyze realistic situations and develop strategies for examination, evaluation, diagnosis, prognosis, intervention, and outcomes analysis. As the students' theoretical base of knowledge expands, students will use problem-solving skills to gather data, identify problems, and choose among alternatives for successful outcomes. Clinical experiences interspersed (or integrated) throughout the professional curriculum serve to reinforce knowledge and skills acquired in the classroom and laboratory.

### **3. Develop practitioners as health care educators**

The physical therapist is a primary provider of health care education to patients/clients and their family and caregivers, as well as to colleagues and the public. Our goal is to develop physical therapists committed to health promotion and disease and disability prevention for self, individuals, organizations and communities. We challenge students to develop effective and efficient strategies to provide high quality education through appropriate communication with individuals and communities.

### **4. Develop professional practitioners**

Professional socialization occurs throughout the physical therapy educational experience. Students are provided the opportunity to emulate as well as assimilate the qualities inherent in professionalism. Students model most closely those practitioners with whom they interact while developing their professional skills. Academic and clinical faculty act as professional role models to reinforce the concept of life-long learning. This conceptual basis emphasizes the importance of:

- a. Being an educated consumer of the scientific and professional literature and applying this new knowledge in the provision of physical therapy services.
- b. Utilizing the scientific inquiry process to conduct and disseminate research and/or other scholarly activities.
- c. Participation in professional activities and associations, community service, and interprofessional activities.

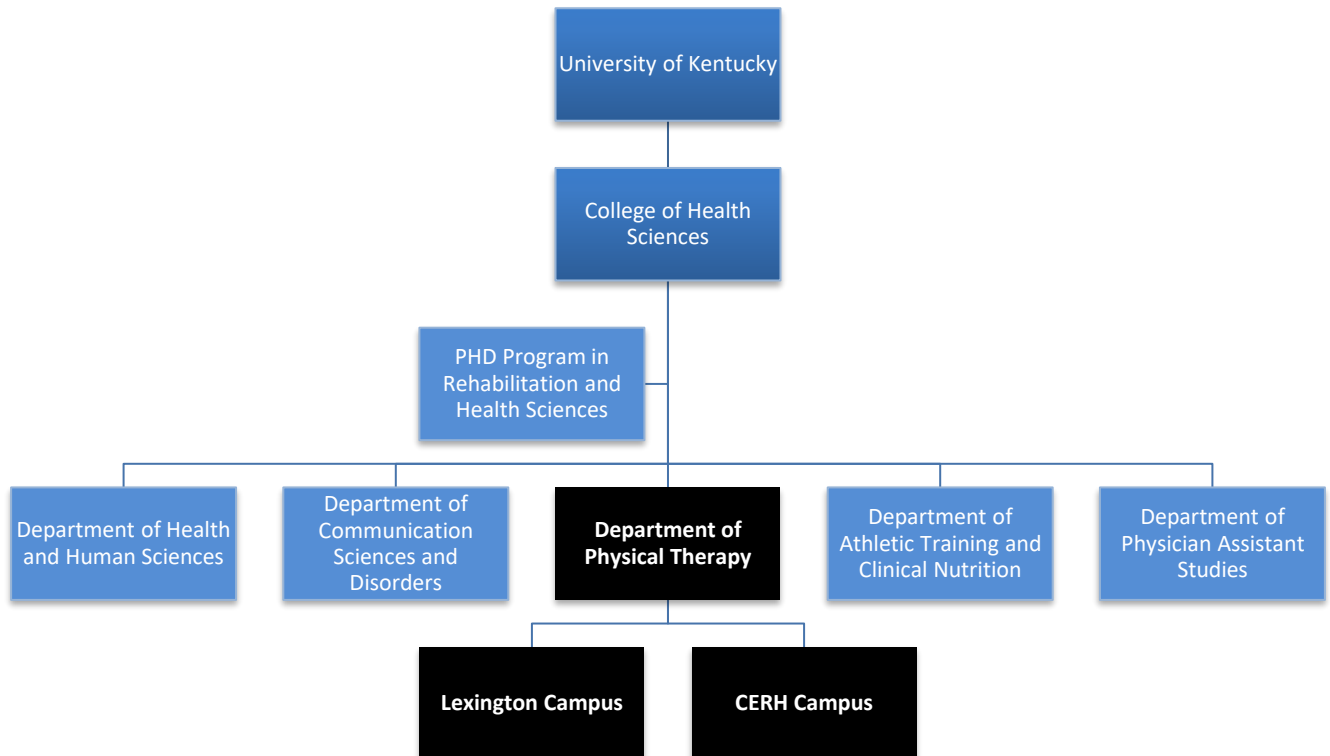


- d. Ongoing professional development through post-professional and continuing educational opportunities.

## I. Program Governance

### A. Institutional Organization

The Doctor of Physical Therapy (DPT) Program at the University of Kentucky (UK) is within the Department of Physical Therapy, in the College of Health Sciences at the University of Kentucky. The UK DPT program is located on two campuses with students located at both sites. One cohort is on the Lexington, KY campus while the other is at the Center for Excellence in Rural Health (CERH) in Hazard, KY. The DPT program is recognized as a “professional program” and thus does not reside within the UK Graduate School and thus possesses autonomy outside of the traditional UK Graduate policies and procedures in the regulation of both academic and student affairs.



### B. Program Administration

The academic administrator of all functions of the Doctor of Physical Therapy Program is the Program Director. This full-time core faculty member is responsible for the compliance of the program with the educational standards as outlined by the program’s accrediting body, the Commission on Accreditation in Physical Therapy Education (CAPTE). Program Director qualifications, responsibilities, and duties are outlined and determined by CAPTE (i.e., **Standards 4G, 4H**).

Expectations of Program Director roles and responsibilities as outlined by CAPTE are reflected within this document. The Program Director ensures compliance to all University policies and procedures. The UK DPT Program Director, who is currently also serving at the Chair of the Department of Physical Therapy reports to the Dean of the College of Health Sciences. The UK DPT Program Director may also serve as the Chair of the Department of Physical Therapy in the College of Health Sciences. If this dual role exists, the Program Director reports to the Dean of the College of Health Sciences

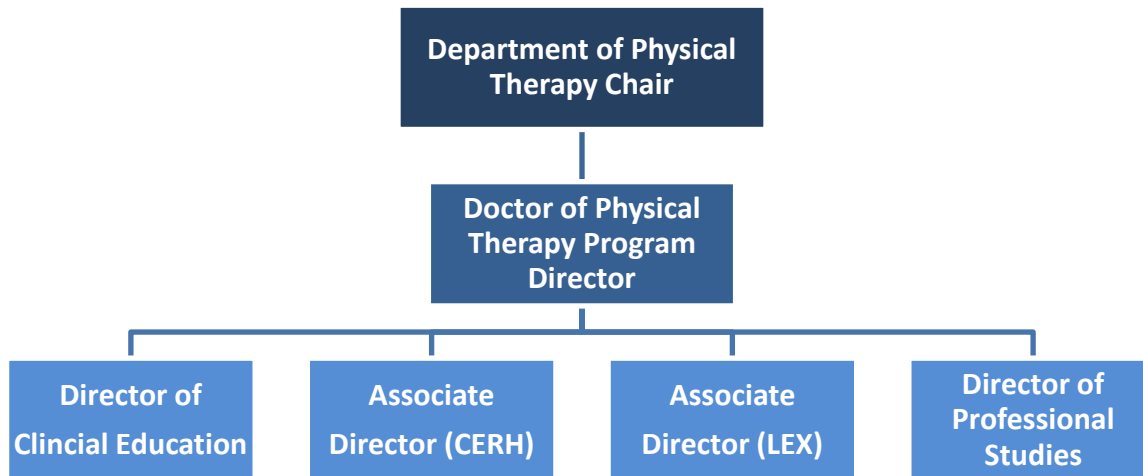
The Program Director is assisted in administrative functions of the program by two Associate Program Directors; a Director of Professional Studies; and a Director of Clinical Education. This group comprises the executive team for the program. It is constructed to denote the recognition of the program as both an academic and professional degree.

The *Associate Program Directors* serve in capacities to assist in administrative functions due to the complexity of the department and program. One associate director serves as the administrative point of contact for the CERH campus, serving as the primary liaison to the program director for all matters of the DPT program at the Hazard campus. The other associate director serves functions in the role of student recruitment activities and admissions. Both Associate Program Directors will work together with the curriculum committee chair to ensure curricular synergies between the geographically separate cohorts of DPT students, and facilities utilization.

The *Director of Professional Studies* serves as the lead core faculty member for student affairs, including student retention and advancement, as well as professional behaviors. This individual manages review for technical, performance, and professional standards of students by the faculty on an annual basis.

The *Director of Clinical Education (DCE)* serves as the core faculty member leading all clinical education curricula, policy, and related matters to student clinical education. The DCE is recognized by CAPTE as a core faculty with administrative functions for the program and responsibility for the clinical education curriculum.

## B.1 Program Administrative Organizational Chart



## C. Program Committees

The DPT Program utilizes several committees to assist in its operations and shared governance for the professional program. All committees are directed by and under the supervision of the Program Director. Each committee serves in advisory capacity and provides recommendations to the DPT Program Director. Decisions of the Program Director are made in alignment and in consideration of both professional accreditation (CAPTE) and institutional policy.

1. DPT Program committees are comprised of core faculty.
2. Committee membership is reviewed annually, and members are appointed by the Program Director upon assignment of annual distribution of effort (DOE).
3. The appointment of a committee chair is made by the Program Director and is subject to change.
4. When a committee is charged to meet for possible actions, it is expected to convene within 2 weeks to discuss the matter.
5. A written report of recommendations to the Program Director is required.
6. Committees are encouraged to meet to determine their annual procedures.

### C. 1 Admissions Committee

1. The purpose of the Admissions Committee is to ensure compliance with university / graduate admissions regulations and equitable consideration of all applicants to the DPT program, while also promoting high professional and academic standards. The Admissions Committee works in consultation with the Program Director throughout the admissions process to create, review/revise, and follow admissions policies and procedures of the university and college.
2. Under the leadership of the Associate Program Director, the Admissions Committee is responsible for developing a process for reviewing each application to the DPT Program. This

Committee works with the Program Director to review the application requirements and prerequisites for the program, in consideration of professional norms and expectations.

3. The committee develops the review processes for admissions, including evaluation criteria. Comprehensive changes in admissions requirements will undergo collective core faculty review for approval (**CAPTE 4N**). Following the review of applications, and subsequent vetting via interview processes, the committee will develop both an acceptance list and “Wait” list(s) for the program.
4. The Committee Chair (Associate Program Director) is responsible for consulting with the Program Director on admissions processes and decisions, which includes professional / academic standards and interview processes. The chair is also tasked with organizing committee meetings to discuss issues that may arise, contacting applicants, managing the Physical Therapy Centralized Application System (PTCAS) and coordinating admission with the College of Health Sciences Office of Student Affairs.

## **C. 2 Curriculum Committee**

1. The purpose of the Curriculum Committee is to ensure that the curriculum is consistent, logical and adheres to the guidelines put forth by both the university and professional accrediting body, CAPTE.
2. The Curriculum Committee acts in an advisory capacity to the Program Director to guide reassessment of the curriculum, review and revise course syllabi and objectives, and make suggestions of possible standardization and revisions. For purposes of comprehensive curricular assessment, as well as curriculum revision, the collective core faculty are involved in the review and decision-making process (**CAPTE 4N**).
3. The committee chair leads committee objectives and procedures, and manages changes through university curriculum management systems, in collaboration with the appropriate college administrative personnel, and in alignment with university expectations. Both Associate Directors overseeing curricular synergies shall be standing members of the curriculum committee.

## **C. 3 Student Progression Committee**

1. The purpose of the Student Progression Committee (SPC) is to evaluate student progression throughout the curriculum. The committee’s main task is to review student progress and report recommendations to the Program Director for students found to be at risk of not advancing successfully through the program. Activities of the SPC occur under the direction of the Program Director, which may transpire when there are faculty concerns of low performance in coursework, or unsatisfactory clinical performance.
2. The SPC will be composed of the Director of Professional Studies, the DPT student’s faculty advisor, and one of two standing committee members appointed by the Program Director at the beginning of the academic year. The Director of Professional Studies shall serve as chair for all activities of the SPC.
3. At the discretion of the Program Director, the SPC Committee or the entire core faculty may be included in SPC activities, student interactions, and/or decisions based on severity of the issue.

Faculty who may have a perceived conflict of interest may be recused by the Program Director.

4. As part of the evaluation process, and to assess if the student is meeting the academic and/or clinical standards for advancement in the DPT program, the committee and/or collective core faculty may take any or all of the following actions, as appropriate:
  - a. meet with the student
  - b. review relevant coursework or grades
  - c. review performance in clinical education experiences in consultation with the Director of Clinical Education
5. Based on their findings, the SPC, depending on nature of interaction, will make their recommendations to the Program Director.
  - a. These recommendations may include remedial coursework, continued clinical assignments, program probation, or dismissal from the program.
  - b. Resolutions approved by the Program Director will be implemented by the SPC, and the student will be given timely notice (within 2 weeks) in writing of necessary course of action or decisions.
6. If the committee is recommending a student dismissal or pulling back a student out of cycle, the collective core faculty must review and approve the recommendation (**CAPTE 4N**).

#### **C. 4 Professional Standards Committee**

1. The Professional Standards Committee ensures that professionalism of DPT students is maintained, and behaviors are in accordance with those outlined in the professional conduct section of the DPT Student Handbook. Incidences of misconduct or unprofessional behavior reported to the Program Director may result in investigation and intervention by this committee. Activities of the Professional Standards Committee occur under the direction of the Program Director, which may transpire when there are faculty concerns related to professional behaviors incongruent with program or professional level expectations.
2. The Professional Standards Committee will be composed of the Director of Professional Studies, the Associate Program Director from the campus location where the student is primarily assigned, and the student's academic advisor. If the advisor is the aforementioned Associate Program Director, the alternate Associate Program Director shall serve. The Director of Professional Studies shall serve as chair for all activities of the SPC.
3. At the discretion of the Program Director, the Professional Standards Committee alone, or the entire core faculty, may be included in Professional Standards activities, student interactions, and/or decisions based on severity of the issue. Faculty who may have a perceived conflict of interest may be recused by the Program Director.
4. The Committee will meet with students, or any other party involved and make recommendations for resolution to the Program Director. Recommendations can be based on, but are not limited to, the severity of the offense and/or the number of occurrences.
  - a. Recommendations may include a required course of action by the student for remediation, including but not limited to: letter of concern, letter of reprimand,

- program probation, suspension, or program dismissal.
- b. Resolutions approved by the Program Director will be implemented by the committee and the student will be given timely notice (within 2 weeks) in writing of necessary course of action or decisions.
5. If the committee is recommending a student dismissal or pulling back a student out of cycle, the collective core faculty must review and approve the recommendation (**CAPTE 4N**).

#### **C. 5 Program Administrative & Assessment Committee**

1. The Program Administrative and Assessment Committee is charged with the maintenance and oversight of accreditation procedures and requirements, the leadership of the ongoing formal assessment that determines the extent to which the program meets its stated mission, as well as efficacy of other administrative aspects of the program, including policies and procedures. The assessment process occurs on an annual basis and involves the collection, analysis, and reporting of data, strengths, weaknesses, and recommendations. This process includes the formal annual Institutional Effectiveness Review (fall semester), the review of the DPT Program Policies and Procedures (December), and development / revision of the Program Assessment Matrix and timeline of program assessment (December). This committee also leads the evaluation of the effectiveness of the Clinical Education Program.
2. The committee is comprised of the program executive team and is chaired by the Program Director. It includes the Associate Program Directors, the Director of Professional Studies, the Director of Clinical Education, who is identified by CAPTE as faculty with administrative duties (**CAPTE 4H, 4J**), and the chair of the curriculum committee. Information is collated and presented to the core faculty, stakeholder groups and/or other agencies as appropriate (CAPTE &/or accrediting bodies, Office Strategic Planning and Institutional Effectiveness, etc.).
  - a. During assessment of the clinical education program, the Director of Clinical Education serves as chair of the committee.
  - b. During assessment activities of the curriculum, the curriculum committee chair shall chair the committee.

#### **D. Review of DPT Administrative Policies and Procedures**

All core faculty are responsible to read and comply with the DPT Student Handbook and DPT Faculty Handbook. The Program Director, Associate Program Directors, in consultation with the Director of Professional Studies, Director of Clinical Education, and faculty as appropriate, continuously assesses the extent that these policies and procedures meet program needs and are in congruent with the institution. Necessary adjustments are made throughout the year as needed. The Faculty and Student Handbooks are also formally reviewed each year at the annual program review retreat by the collective core faculty.

1. A formal review of policies will take place each year by the collective core faculty.
2. Some policies, such as committee-specific procedures, will be reviewed by faculty members according to their responsibilities on the specific committees during the year.
3. Throughout the academic year, revisions to administrative processes are communicated to all faculty members by either electronic communication or during faculty meetings.
4. The Program Director will ensure all handbooks are updated with new or revised policies and procedures.

## **E. Creation & Revision of DPT Policies and Procedures**

Doctor of Physical Therapy Program Policies and Procedures are created in congruence with institutional regulations and professional / accreditation requirements (i.e., CAPTE). DPT Policies and procedures within this manual may be revised or created in the following means:

1. Program Director may create or revise a policy to align with institutional expectations.
  - a. Must be approved by appropriate institutional representative at the college or university level if there is risk of perceived deviation from an institutional policy.
2. Program Administrative & Assessment Committee may propose a new policy / procedure or revision to an existing DPT policy / procedure.
  - a. Must be compliant with institutional expectations.
  - b. Must be approved by 2/3 vote of collective core faculty.
  - c. Must be approved by appropriate institutional representative at the college or university level if there is risk of perceived deviation from an institutional policy.
3. Any core faculty member in the DPT program may propose a new policy / procedure or revision to an existing policy / procedure.
  - a. Must be approved by Program Administrative & Assessment Committee.
  - b. Must be approved by 2/3 vote of collective core faculty.
  - c. Must be approved by appropriate institutional representative at the college or university level if there is risk of perceived deviation from an institutional policy.

## **II. Compliance with Accreditation & Institutional Assessment**

### **A. Policies Concerning CAPTE**

The Program Director is tasked with ensuring compliance with professional accreditation policies and procedures. Activities relative to CAPTE and other accrediting bodies are inclusive of the Program Administration and Assessment Committee, and as appropriate, the collective core faculty. This includes the maintenance and accuracy of publicly accessible information required by CAPTE, timely submission of annual fees and required documentation, notification of expected or unexpected substantive changes, and maintenance of compliance with accreditation standards and procedures (**CAPTE 3H**).

#### **A. 1 Progress Reports**

1. The Program Director is responsible for submitting progress reports relating to program matters to CAPTE, the submission of the Annual Accreditation Report, subsequent compliance reports per CAPTE request, and submission of fees to CAPTE.
2. Upon receiving notice that a progress report must be submitted, the Program Director, along with appropriate Associate Dean overseeing graduate affairs, and/or Dean of the College of Health Sciences, will construct a plan of action to respond to the report and timeline. The Program Director is responsible for implementing any actions needed and writing the progress report.

## **A. 2 Submission of fees to CAPTE**

Upon notification by CAPTE that fees are due, the request for fees is promptly forwarded to the appropriate administrative support personnel within the college business center who processes payment of the fee request.

## **A. 3 Response to CAPTE concerning Accreditation Activities**

The Doctor of Physical Therapy Program is accredited by CAPTE. The Program Director is responsible for responding to all CAPTE requests for data and for any documents submitted to them. All core faculty are responsible to contribute to accreditation activities as needed and as assigned.

## **A. 4 CAPTE Activities**

1. It is the responsibility of the Program Director to understand CAPTE policies. These responsibilities include responding to all directives of the Commission regarding accreditation activities, notifying CAPTE of any substantive program changes, completing the Annual Accreditation Reports, and responding to any requests from the Commission for program data. This may include progress reports, reports of graduation rates, performance on state licensing examinations, and employment rates.
  - a. Substantive change policies required by CAPTE include a change in program leadership, change in the administrative structure in which the program is housed, and significant decreases in resources available to the program (faculty, staff, space, equipment, funding, etc.), changes in the size of classes to be admitted, major curricular changes, and establishment of an expansion program. Additionally, the institution and program are responsible for notifying CAPTE of any threatened or actual change in institutional accreditation status or legal authority to provide postsecondary education immediately upon notification of this change in status.
2. It is the responsibility of the Program Director to help return the Program to compliance with the Evaluative Criteria within the prescribed timeframe designated by CAPTE after the determination that the program is out of compliance.
  - a. If the Program Director receives notification of any changes that need to be made to comply with the evaluative criteria, he or she will consult with the appropriate Associate Dean of academic affairs and/or Dean of the College of Health Sciences, and draft a plan of action. Other personnel in the College or University may be consulted as necessary.

## **B. Institutional Assessment**

Assessment activities transpire through the UK Office of Strategic Planning and Institutional Effectiveness (OSPIE).

1. Annual assessment processes are managed by the Program Director, and involve direct action of an appointed Assessment Liaison, with input from the Program Administrative and Assessment Committee.
2. All assessment documents required are reviewed by the CHS Associate Dean of Academic Affairs prior to submission.



### III. Faculty Policies

#### **A. Reporting Structure**

All core and associated faculty within the Doctor of Physical Therapy program report to the Program Director for all matters related to teaching, research, service, and administrative function (**CAPTE 4A, 4H**).

#### **B. Faculty Classifications**

Faculty in the UK DPT Program include those that who may possess the designation as “Core” faculty in the DPT Program or “Associated” faculty of the DPT program.

##### **B. 1 Core Faculty**

1. Core faculty designation must align with CAPTE expectations and definitions (**CAPTE 4A**).
2. In order to be classified as Core faculty in the Department of Physical Therapy, the faculty member must hold responsibilities that directly contribute to the mission of the DPT program. This involves:
  - a. substantive, direct instruction and mentorship of DPT students; **or**
  - b. research activities that benefit the program/department; **or**
  - c. administrative activities that create opportunities for student development as entry-level physical therapists; **and**
  - d. service activities involving professional aspects of the DPT program which include but are not limited to professional standards of students, student retention and progression, curriculum evaluation and design, and admissions of the DPT program.
3. Core faculty may include those who are physical therapists or non-physical therapists but must meet the aforementioned criteria (**B.1, 1,2**).
4. Core faculty are either in a tenure-eligible, or non-tenure track faculty position.
  - a. All faculty titles comply with university regulations.
  - b. Tenure-eligible positions are categorized as “regular” or “special” title series. Non-tenure-eligible positions are deemed “clinical” or “research” title positions.
  - c. The UK DPT program does not have faculty titled “Instructor” or “Lecturer” due to the nature of CAPTE requirements of all core faculty to possess a scholarly research agenda as well as doctoral training.
  - d. Faculty with an academic / research doctoral degree (i.e., PhD) are typically hired into tenure track positions, while those with clinical doctoral degrees (i.e., DPT) are typically hired into non-tenure track, “clinical” positions due to the nature of their doctoral training.
    - i. Deviation may occur due to the nature of the faculty work and contributions to the program.

##### **B. 2 Associated Faculty**

1. Non-core faculty and adjunct faculty are deemed “Associated Faculty” in the DPT program. These may be current full-time faculty of other departments within UK or clinicians with UK

HealthCare, or externally-employed experts in their area of involvement and/or contribution to the DPT program.

2. Associated faculty designation must align with CAPTE expectations and definitions (**CAPTE 4D**).
3. Associated faculty of the DPT program who are employed by UK carry primary responsibilities that do not involve activities of primarily teaching DPT students *and* carrying out professional roles typical of core faculty as described above.
4. Associated faculty can carry the formal title as “Adjunct faculty.” Such appointment is formally outlined in UK regulations.

### **B. 3 Voluntary Faculty**

1. Voluntary faculty designations are provided to individuals who devote part of their time to the program. Voluntary faculty are regulated through UK regulations – AR 2-10
2. Voluntary faculty may not meet CAPTE definitions of Associated Faculty (**CAPTE 4D**).
3. Typical use of Voluntary Faculty designation in the Physical Therapy Department are for those who serve as clinical education faculty who request the formal designation.

### **C. Faculty Responsibilities**

Faculty are required to carry out duties as assigned in alignment with assigned Distribution of Effort. The following are additional requirements for core faculty in the DPT program:

1. All faculty, regardless of core/associated – tenure/non-tenure track – rank, are required to possess and maintain contemporary expertise in areas of assigned duties and teaching responsibilities. This is obtained and maintained through various mechanism including but not limited to continuing education, research, professional engagement, etc. (**CAPTE 4A, 4D**)
2. All core faculty are responsible for contributing to the determination and implementation of academic standards for the Doctor of Physical Therapy degree program.
3. All core faculty have a responsibility for developing, reviewing, and revising the DPT curriculum.
  - a. Attendance in the annual program retreat for purposes of program assessment and evaluation is required.
4. All *core* faculty who are physical therapists, except the Program Director and Director of Professional Studies are required to perform student advising and annual assessments of student advisees.
  - a. Advising activities include:
    - i. Meeting with and/or consulting students experiencing progression issues academically
    - ii. Meeting with and/or consulting students experiencing professional conduct issues.
    - iii. Consulting with students when student is on formal full-time clinical education experiences (midterm), and providing feedback to the DCE
  - b. Assessment of annual student progress conducted via electronic reviews of student progress report, with possible in-person follow-up
5. All core faculty must possess a record of institutional or professional service (**CAPTE 4C**)
6. All core faculty must regularly attend faculty meetings of the Program/Department and College.

7. All core faculty must commit to developing and maintaining an ongoing scholarly agenda (**CAPTE 4B**).
8. All core faculty are expected to advise students in research capstones.
  - a. Project supervision / mentorship may fluctuate year to year but is expected to average 1 per cohort year.
9. All core faculty who are licensed physical therapists are expected to participate in interprofessional education activities to fulfill student co-curricular IPE requirements, should needs arise.
10. All core faculty are required to participate in annual student professional conduct reviews of students, as organized by the Director of Professional Studies.
11. During the decision-making for evaluation of student performance, annual assessment, advising, retention/advancement, and/or professional standards, all core faculty must evaluate students within their scope and role as a professional education faculty. Their decisions must be made within their professional judgment and without bias or manners that are arbitrary or capricious.
  - a. Any faculty with a reasonable conflict of interest shall be excluded from the decision-making process.
  - b. In scenarios where student progression is discussed, for whatever reason, faculty must safeguard the privacy and dignity of students. Discussions should not include members of the public, un-required university officials, or staff non-essential to the faculty determination of the student standing.

#### **D. Workload / Distribution of Effort**

1. Assignment of Distribution of Effort (DOE) is made by the Department Chair / Program Director. Efforts are made to comply with disciplinary norms of physical therapy education as outlined by CAPTE's annual aggregate program data report, but meeting this precise DOE is not guaranteed. Considerations are made to the responsibilities of each core faculty member to have an ongoing research / scholarly activity agenda, commensurate with faculty rank/line. Faculty provide input into the assignment of DOE assignments.
2. Typical DOE for regular title series tenure-track, faculty is approximately 0.30-0.60 research, 0.20-0.40 teaching, and 0.05-0.10 service when averaged over a given academic year during their pre-tenure timeframe.
  - a. Post-tenure, regular title faculty should aim to receive sponsored research for DOE in research. Without sponsored research, DOE will be in the range of 0.10 to 0.15.
  - b. To exceed this threshold, sponsored research must be obtained, or measurable metrics should be agreed upon with chair, and approved by dean.
3. Special title series tenure track faculty may have further variation in DOE assignment due to nature of their "special title" appointment. These faculty may carry greater DOE in administration, teaching, or other activities as prescribed in their position description.
4. Non-tenure track faculty have a typical DOE ranges associated with their primary responsibilities.
  - a. Clinical title series faculty may have allocations that include clinical practice, but expectation of clinical practice is not always a requirement.

- b. Research title series faculty shall have allocations of predominant research activities, but may have other areas assigned (i.e. teaching, service).
- 5. Regardless of faculty line (i.e. regular title, special title, clinical title), all faculty with a “core faculty” designation must have effort allocation in research and scholarly activity to meet CAPTE expectations for scholarly activity (**CAPTE 4B**).
  - a. Typical assignment of effort for research and scholarly activity may range based on comprehensive roles in the program, but will typically range between 5-15%, with some fluctuation per agreement with chair and measurable metrics expected.
- 6. As core faculty with administrative roles as identified by CAPTE, the Program Director and Director of Clinical Education (**CAPTE 4G,H,I,J**) must possess formal administrative workload commensurate with the required duties and responsibilities associated with the compliance with accreditation expectations for these roles. This workload allocation also includes the Director of Professional Studies (DPS).
- 7. In recognition of the DPT program as a professional degree program with added complexity (**CAPTE 3C**), the DOE assignment process considers several factors in teaching assignment which includes but is not limited to: faculty role in course, preparation of course activities, associated travel, and time required for grading/assessment.

## **E. Assignment of Courses & Teaching**

### **E. 1 Core Faculty**

- 1. Doctor of Physical Therapy Program core faculty are assigned courses by the Department Chair/ Program Director with a notice that is in accordance with College procedures each spring. Changes in assignment of teaching may occur with advanced notice of a given semester (typically no less than 8 weeks).
- 2. Determination of courses assigned is based on the following criteria: comprehensive program needs, and contemporary expertise of the faculty in a specified area as defined by CAPTE.
- 3. Course assignments / teaching expectations are ultimately assigned by the program director/department chair, with approval by the dean.
- 4. Faculty teaching activities on a volunteer basis for other courses, departments, and programs do not automatically warrant DOE assignments by the chair.

### **E. 2 Associated Faculty**

- 1. Associated faculty (i.e., lab assistants, guest lecturers) are assigned to DPT courses based on comprehensive impacts to faculty workload, program need, budget considerations, and contemporary expertise of the associated faculty member.
  - a. Associated faculty involvement in courses is contingent on approval of the Department Chair/Program Director. Determinations are based on DOE of core faculty, accreditation requirements relative to content area, and budget.
  - b. Core faculty must meet established deadlines for requests of associated faculty by the program director. Deadlines will be established each semester.
  - c. Associated faculty requests require approval and are not guaranteed.

2. Once approved by the program director, the appropriate staff member will process the request. Core faculty should not contact staff regarding requests and should direct inquiries to the program director.

## **F. Orientation for New Core and New Adjunct (Associated) Faculty**

The Office of Faculty Advancement and Clinical Engagement conducts onboarding and orientation activities for all faculty.

1. New faculty and associated faculty to the department will be provided an orientation covering:
  - a. Resources for faculty rights and responsibilities (i.e., faculty policies etc.)
  - b. Resources for teaching effectiveness and assessment of student learning
  - c. Resources for locations of department policies and procedures (if appropriate)
2. All new core (full-time) faculty are expected to attend a human resources orientation to cover basic HR questions in congruence with college expectations.
3. All full-time and part-time (associated) faculty receive information on the rights and responsibilities of UK faculty, as well as resources for teaching effectiveness.
4. All associated faculty shall undergo a consultative / training session on teaching and assessment of student learning. This session, led by the Curriculum Committee, may include the following:
  - a. Assessment of student learning
  - b. Learning objectives
  - c. Teaching effectiveness as it relates to course construct and content areas
  - d. Overview of accreditation expectations
  - e. Review of content areas of the National Licensure Examination
  - f. Review of any published curricular guidelines (if applicable)
5. All associated faculty are evaluated for teaching effectiveness by core faculty leading the course in which they are involved. They may also be evaluated by students involved in the course.
  - a. Teaching evaluations are reviewed by the program director, shared with the associated faculty member, and stored electronically.

## **G. Student Advisement**

1. Upon matriculation into the DPT Program, students are assigned a core faculty member as their faculty advisor. The faculty advisor will provide academic and professional guidance to the student.
  - a. Students are *recommended* to meet with their faculty advisor at least once per academic term.
  - b. The faculty advisor shall conduct an annual evaluation of their DPT student advisees in the late summer / early fall of each year to ascertain progress towards degree and meeting desired program outcomes for students.
    - i. These reviews also include annual goal setting to be completed in year 1 and year 2 as well as professional development (5-year goals) for graduating students.

## **H. Use of Program Funds**

### **H.1 Purchase Requests: Equipment, Materials and Supplies, or Special Projects**

The Program Director must pre-approve all funds use and purchases. Faculty should not contact staff members or college business centers for purchases or travel expenses until written approval is obtained from the Program Director.

1. Any requests from faculty for the academic year must be submitted to the Program Director in writing with justification involving any courses or research activities with which the requested materials will be associated.
2. The Program Director will review requests, and if applicable, consult with the college budget office (i.e., for unbudgeted requests).
  - a. Upon approval, the Program Director will forward the approval to the appropriate staff member who will complete the purchase.
3. Faculty should not contact staff members directly for purchases unless written approval is obtained from the Program Director.
4. Equipment and / or materials and supplies should be requested prior to the semester in which the requested items are needed. Failure to comply may result in denial of request or inability to meet the requests when the items are needed.
5. Funds for consumable goods and equipment in research laboratories are not guaranteed. Some intentional dual use may be required of specified purchases (i.e., equipment that may also be used for course instruction).
6. Research faculty are expected to generate external funds to support their lab functions as funding for these activities is not guaranteed.
7. Exceptions to the requirement of advanced written approved from the Program Director are the following:
  - a. General office supplies
  - b. Travel associated with activities at the Center for Excellence in Rural Health
  - c. Travel for clinical education site visits
  - d. Funds use associated with non-recurring fund accounts such as those from research grants, contracts, or start-up funding
8. For purchases and travel involving needs at the Center for Excellence in Rural Health, the Associate Program Director at the CERH has approval authority.

### **H.2 Professional Development**

1. Requests for funds for professional development are made to the Department Chair / Program Director.

2. The Program Director will review requests, and if applicable, consult with the college budget office (i.e., for unbudgeted requests). College policy or administration decisions for denial may supersede the request and /or recommendation by the Department Chair / Program Director.
3. Upon approval, the faculty member will be referred to the appropriately directed staff member or college business center to facilitate purchases/reimbursement of expenses.
4. Faculty should not contact staff members or college business centers for travel expenses unless written approval is obtained from the Program Director.

#### **I. Outside Activity & Conflict of Interest / Commitment Reporting**

1. All outside activity, including clinical activity, must be reported annually, in compliance with UK established academic regulations (AR 3:14; 7:2; 7:6; 7:9; GR X; GR XIV)
2. Faculty members who wish to use UK facilities for any other activity outside of his/her scope of employment must contact the Department Chair / Program Director for guidance in seeking the appropriate approval from the university.
3. Faculty members who wish to invite or coordinate with outside vendors for activities that fall outside of approved primary teaching or research activity (i.e., continuing education) must contact the Department Chair / Program Director for guidance in seeking the appropriate approval from the university.

### **IV. Complaints**

#### **A. Complaint Reporting**

1. All complaints should be directed to the Department Chair / Program Director. Although individual faculty may attempt to resolve various complaints, the Chair / Director shall be informed of complaints by faculty. This includes complaints from students about any aspects of the program, complaints about students from any source, complaints concerning any aspects of clinical activities, or any other aspect of the program.
2. The Department Chair / Program Director will handle complaints when the nature of the complaint warrants interceding, and the matter cannot be resolved through an informal process. The Chair / Director may consult at any time with the appropriate college Dean's office representative, or the University legal counsel, depending on the complainant and nature (i.e., student vs. faculty).
3. The Department Chair / Program Director or designee will maintain a record of the nature of the complaint.

#### **B. Grievance Procedures of Students with Faculty**

Due process for students' complaints:

The DPT Program guarantees due process to students, assuring to the extent possible, safety and confidentiality in the process and its outcome. The faculty is charged to exercise their best judgment in their attempt to obtain an optimal result for the student involved in this process. Faculty members and students owe each other mutual respect and civility. Student problems should be resolved informally, whenever possible, before the filing of a formal written grievance, and open communication is encouraged so that resorting to formal grievance procedures will not be necessary. Formal grievance by students will follow university-level regulations within the UK Academic Ombud Services.

### **C. Complaints that Fall Outside of Due Process**

1. When there is a complaint by a party that falls outside of due process, the complaint will be taken by the Program Director, who review the complaint with the appropriate personnel within the department (i.e. DCE, Director of Professional Studies, etc.) or collective core faculty in the DPT program.
2. Although the Program will aim to address and resolve issues that arise in this manner, based on the nature and scope of the complaint, the party may or may not receive a response by the Program Director. All complaints will be held in an electronic file by the DPT Program Director.

### **D. Prohibition of Retaliation**

The DPT program strictly prohibits retaliatory acts of any kind towards a complainant. Retaliation from faculty or staff is a violation of the UK Ethical Principles and Code of Conduct, and guidelines from the Office of Institutional Equity and Equal Opportunity and may be cause for university action. Retaliation of DPT students towards any complainant can be viewed as a violation of the DPT professional standards and will follow professional standards violation procedures for the DPT program.

## **V. Program Communication**

### **A. Faculty Communications**

When the Program Director receives any new information regarding changes in policies, procedures, responsibilities, etc. by means of his or her role as a member of the CHS Executive Council, or representative with other institutional or professional entities, this information shall be shared with faculty as he or she determines, typically at faculty meetings or faculty email. All important changes in current policies will be communicated and made in designated handbooks, if applicable.

1. The Department Chair / Program Director &/or Director of Professional Studies is responsible for relating information to DPT students and faculty concerning the Program or the University.
2. The Department Chair / Program Director is responsible for disseminating information concerning University and Department policies through required program meetings, email, or other means as determined.
3. The Director of Clinical Education is responsible for communications about clinical internships to the Program Director, core faculty, and to the students as necessary.



4. The director of Professional Studies is responsible for communications regarding university regulations related to student affairs.
5. If changes in course scheduling need to occur, faculty must work with the Curriculum Committee Chair to make appropriate changes and document such changes on the internal schedule.
6. Faculty must notify the Program Director if he or she will be unavailable due to personal leave or sick leave.

## **B. Communications to Students**

1. Faculty will formally review student performance annually, communicate results, and be available to meet with students to discuss as requested.
2. The Program Director will be responsible for notifying students of any new or updated regulations, policies, and procedures.
3. Students may meet with the Program Director to discuss any programmatic issues with any of the Program Directors through scheduled meetings as requested. Meetings are encouraged to allow open communication between students and the Program.
4. Student cohorts meet with the Program Director and collective core faculty available each semester to discuss issues related to their PT education. Issues may be related and discussed by all faculty at the next scheduled faculty meeting, depending on the nature of the information.
5. The primary mode of communication with students, when conducted via email, will be to the students' UK email account.

## **VI. Evaluations**

### **A. Evaluation of Student Performance**

1. Student performance in each course is evaluated by faculty members assigned to the course, as indicated on the course syllabus.
  - a. All clinical skill laboratory courses must require 80% proficiency in lab exams in order for a student to progress in the course / curriculum.
2. Student performance is evaluated, with all grading practices applied in a fair and equitable manner, and as indicated on the course syllabus.
3. In cases of course examinations or assignments being graded without the utilization of a rubric, the assigned course instructors have the academic freedom to determine student performance, as long as decisions are based on their expertise and without bias, or arbitrary and capricious factors.

4. Student performance in clinical education courses is assessed and determined by the Director of Clinical Education, as outlined in the course syllabus and in the Clinical Education Handbook.

## **B. Teaching Course Evaluations by Student**

1. Each faculty serving as the instructor of record on a course is evaluated by all students for each course during a prescribed timeline.
2. Course evaluations are distributed electronically to students by the appropriate university office prior to the final examination period.
3. Course evaluation results originate from the CHS Dean's office for faculty advancement and are distributed electronically to each faculty member in the subsequent semester.
  - a. Course evaluations are reviewed by the Dean or Dean's office representative, as well as the Department Chair / Program Director.
  - b. Course evaluations are typically a part of faculty annual performance reviews, the tenure and promotion review process, and often in consideration of other university awards.

## **C. Faculty Peer Evaluations**

1. Core faculty may elect to receive peer evaluations of their teaching of DPT students. This evaluation may be considered for faculty annual performance evaluation and other considerations for recognition of teaching effectiveness.
2. Peer evaluations must be provided to the Program Director and faculty being evaluated.
3. The format for peer evaluation is developed by the curriculum committee, in consultation with the Program Director.

## **D. Faculty Performance Reviews**

1. Faculty performance reviews (FPR) are conducted in accordance with CHS regulations and in a timeline established by the college. The review is conducted by the Department Chair / Program Director.
  - a. Faculty shall provide requested documentation to the appropriate staff member to allow for efficient data entry and communication of information that will be used in FPR.
  - b. Once the FPR is completed, the faculty member will be provided the evaluation for his/her review and signature.
2. Faculty must be available to meet and discuss the FPR results.

## **E. Faculty Development Plans**

1. Faculty performance reviews will be involved in the formation of faculty development plans (CAPTE 4E).

2. Development plans are established, reviewed, and/or revised on an annual basis.

#### **F. Associated Faculty Evaluations**

1. Associated faculty are reviewed by the faculty member who oversees the course in which the individual is involved.
2. Documentation is provided to the associated faculty member.
3. Evaluation documentation is created and revised by the curriculum committee.

### **VII. Student Issues**

#### **A. Confidentiality of Student Information**

Student information is protected under the Family Educational Rights and Privacy Act (FERPA). All faculty are expected to be familiar with guidelines as they apply to students at the University Kentucky.

#### **B. Faculty Conflict of Interest**

When DPT core faculty are making decisions about student status in the program, any faculty member with a real or perceived conflict of interest should be recused. The Program Director retains the right to decide on the nature of recusal from faculty involvement in the decision-making process if a real or perceived conflict of interest exists.

#### **C. Student Retention and Progression**

##### **C.1 Student Progression Through Curriculum**

DPT core faculty possess the right to make retention and advancement recommendations and/or professional standards recommendations, if decisions are made in a manner that is within the professional judgment of each individual faculty member and are not arbitrary, capricious or with ill-intent.

##### **C.2 Annual Progress Evaluations**

Each student will be required to have an annual review to assess the student's didactic performance, research progress, and professional development. Annual reviews will be completed by the student and DPT faculty advisor. Low performance or failure to address weak areas on the review by the student may result in action by either the Professional Conduct or Student Progression Committees.

##### **C.3 Progress to Clinical Education & Clinical Progression**

Each student's preparation to enter clinical education is assessed by both the Director of Clinical Education and collective core faculty. In order for students to enter full-time clinical education experiences, they must have passed all lab-based exams in the curriculum with an 80% or higher and be without professional standards concerns by the faculty (**CAPTE 4N**). Students will have expected benchmarks of clinical performance that will be specific to each level of clinical affiliation as deemed appropriate by the Director of Clinical Education. These benchmarks are specifically stated in each

clinical education course syllabi and the clinical education manual. Students must pass their final clinical affiliation with a rating all of the items on the Clinical Performance instrument (CPI) indicating that the student has attained the entry-level standards of Professional Practice and Patient Management (see Clinical Education Handbook).

#### **D. Comprehensive Examination**

The following procedures guide the comprehensive examination for DPT Students.

1. Each student is required to pass a comprehensive examination.
2. The program utilizes the Practice Exam & Assessment Tool (PEAT) from the Federation of State Boards in Physical Therapy as the comprehensive exam.
  - a. A scale score of 600 is deemed a passing score on the PEAT.
  - b. Students will have the opportunity to retake the final comprehensive exam twice if they fail to earn a passing score.
3. If a student does not pass the comprehensive exam (PEAT) after their second attempt, a case-based examination will be given with a focus in areas of deficit as identified in the PEAT exams.
  - a. In order to pass the case-based exam, students must orally defend their decision-making for the patient cases.
  - b. The examining committee will consist of DPT core faculty with expertise in the domains of the patient cases.
4. Students will not be allowed to graduate if they do not pass the examination on the third attempt.
5. Students who do not pass the third attempt (case study oral exam) will be assessed by the collective core faculty in accordance with student progression proceedings to determine appropriate actions. Students could be required to undergo remediation or be dismissed.
6. Exam outcomes will be reviewed annually at a regularly scheduled DPT faculty meeting after the exam is taken (each attempt).

#### **E. Special Accommodations: Examinations**

The standing policy via the current UK Physical Therapy Student Handbook is as follows below for reference. The following guide faculty processes for accommodations via the Disability Resource Center (DRC):

1. Student must be registered with the DRC.
2. Accommodations can only be considered under the following
  - a. Formal correspondence is received by the DRC
  - b. Student meets with faculty to discuss accommodations need or is already known by faculty member to need accommodations from prior coursework or interactions
3. If accommodations are requested by the student, and the faculty declines offering the accommodations, the following must occur:
  - a. Faculty exercises professional judgement
  - b. Faculty meets with student to ensure an interactive process to discuss determination for declining accommodations
4. Faculty may decline accommodations that are requested under the following circumstances:
  - a. The accommodations lower the standards of the course or program
  - b. The accommodations fundamentally alter the course or program, **or**
  - c. The accommodations are overly administratively or fiscally burdensome

5. If a faculty declines accommodation recommendations from the DRC, that faculty must notify the Director of Professional Studies who will communicate this information to the DRC for reporting purposes

From the UK Physical Therapy Student Handbook:

*The University of Kentucky is committed to providing accommodations for all persons with disabilities registered with the Disability Resource Center. Students who need accommodations must be registered with the Disability Resource Center (DRC) (<https://www.uky.edu/DisabilityResourceCenter/>) and receive recommendations from the DRC in order to request accommodations from the course instructor.*

*Students with disability accommodations must provide adequate notice for the need of an accommodation. It is best practice to contact the course instructor at the beginning/or prior to the semester to discuss the needed accommodations. Students should provide DRC letters to faculty within the first two weeks of a given semester or upon receiving the letter, but not within seven days of need of the accommodations. Deviation from this timeline may result in the inability or delay to provide the accommodations. No accommodations will be provided until the student has met with the course instructor &/or communicated with the faculty member to review the accommodation letter.*

*Students are expected to take all examinations at the scheduled time and place unless accommodations have been made by the UK Disability Resource Center Services (DRC), for matters related to possible disability, or with the assigned faculty on a course for other matters. Students receiving DRC accommodations but NOT the DRC physical space/facility due to campus location or access issues, must utilize the room provided by the faculty member in charge of the course.*

**Communication of DRC recommendations to a faculty does not automatically warrant an accommodation.**

*Faculty will exercise their professional judgement in all matters regarding their course, in consultation with the Program Director or designee, and faculty advisor when appropriate. Accommodations for additional time to take written exams does not extend to laboratory practical exams. Additional time is not given for other graded activities that occur as part of a class activity and that occur within the scheduled time for a specific class. Letters of accommodation from the DRC will be evaluated and considered by the course instructor, but the recommendations may not be automatically implemented. Accommodations cannot (1) lower the standards of the course or program, (2) fundamentally alter the course or program, or (3) be overly administratively or fiscally burdensome.*

***Compliance with standards of physical therapy practice, essential functions as described in the aforementioned section, patient safety, and licensure exam preparation will guide the decision-making when considering accommodations. Thus, as students progress into the later portion of the physical therapy curriculum and expectations align with standards of entry-level practice, the DPT program may not be able to provide the accommodations included in the letter. If this is the case, an interactive process will be initiated with the student, DRC and any other individuals that may be able to provide expertise to determine if there are potential alternatives.***

## **VIII. Clinical Education**

### **A. Clinical Education Administration**

The Director of Clinical Education (DCE) is a member of the core faculty who is responsible for the administration of the clinical education curricula, which includes the clinical education courses, student preparation for clinical education, oversight of all aspects of the clinical experiences or internships, and assessment of clinical education outcomes. The DCE assures the program is following all CAPTE criteria

regarding clinical education and participates in Institutional Assessment processes each year through data collection and reporting. The DCE is supported by an Assistant DCE and department staff member.

## **B. Clinical Education Handbook**

Clinical Education policies and procedures are outlined in the UK DPT Clinical Education Handbook. These are maintained by the DCE and reviewed and updated annually. This handbook is communicated to the DPT students annually and each time students are entering into a clinical education experience throughout the program.

## **C. Clinical Education Communications**

Communications procedures between students, staff, clinical instructors, site coordinators and the DCE are outlined in the Clinical Education Handbook. All inquiries regarding clinical education received by faculty should be directed to the DCE for responses and consultation. While advisement may be acceptable, all authority and representation of UK DPT shall be deferred to the DCE.

## **D. Assessment of the Clinical Education Curriculum**

1. The evaluation of the clinical education program occurs on a continuous basis. Review of the program is led by the DCE in a core faculty meeting. In addition, the DCE leads discussions throughout the year regarding collective and individual student performance, clinical education faculty feedback, and suggestions for potential changes to the didactic or clinical education curriculum that could influence outcomes. Clinical education program evaluation takes part in concurrence with the program curricular and outcomes evaluation.
2. Additional sources of evaluation are multi-faceted in nature and include the following: feedback from clinical education faculty, current student feedback, graduating students exit interview feedback, the DCE, and the collective core faculty.
3. The clinical education program is further evaluated through Teaching Course Evaluations (TCE) and the APTA Clinical Education Site Evaluation form for each of the clinical education courses. This is a direct reflection of the site, CI and DCE performance, as well as the clinical education program as a whole.