STUDENT HANDBOOK

Texas A&M University-Texarkana
Department of Physical Therapy

2026-2027
DPT Program Student Handbook

Welcome

Congratulations and welcome to the Doctor of Physical Therapy (DPT) Program at Texas A&M University, Texarkana. We are excited to have you join our community of dedicated learners, educators, and clinicians committed to excellence in physical therapy.
As you embark on this rigorous and rewarding journey, you will be challenged to grow both professionally and personally. Our program is built on a foundation of service to community, quality education, and evidence-based practice, preparing you to become compassionate, skilled, and innovative physical therapists.

This student handbook will serve as a valuable resource throughout your time in the program, providing important information on policies, expectations, and the support available to help you succeed. We encourage you to engage fully in your education, collaborate with your peers, and embrace the opportunities that lie ahead.

We are here to support you every step of the way, and we look forward to seeing you thrive as future leaders in the field of physical therapy.

PREAMBLE

SACS COC

Texas A&M University Texarkana is accredited by Southern Association of Colleges & Schools, Commission on Colleges (SACS, COC) to award associate, baccalaureate, master, specialist, and doctoral degrees. For questions regarding accreditation the Commission on Colleges can be contacted at 1866 Southern Lane, Decatur, GA 30033- 4097 or phone (404) 679-4500.

CAPTE

Graduation from a physical therapist education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone; 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Texas A&M University Texarkana is seeking accreditation of a new physical therapist education program from CAPTE. The program has submitted an Application for Candidacy, which is the formal application required in the pre-accreditation stage. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the professional/technical phase of the program; therefore, no students may be enrolled in professional/technical courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

TAMUT reserves the right to change, without notice, any statement in this publication concerning, but not limited to, rules, policies, tuition, fees, faculty, curricula, and courses. This document is not a contract or an offer of a contract.

Equal Opportunity and Affirmative Action Statement

Texas A&M University-Texarkana (A&M-Texarkana) shall provide equal opportunity for employment to all persons regardless of race, color, sex, religion, national origin, age, disability, genetic information, veteran status, sexual orientation or gender identity and will strive to achieve full and equal employment opportunity for faculty and staff employees. We must ensure employees know University and System policies and procedures and foster a workplace community where individuals are valued for their diverse backgrounds and differences.

As stated in System Regulation 08.01.01, Civil Rights Compliance, when alleged or suspected discrimination, sexual harassment or retaliation is experienced, observed by, or made known to an employee, that employee is responsible for reporting that information in a timely manner to the appropriate contact as outlined in the regulation and University Rule 08.01.01.H1, Civil Rights Compliance.

Procedures related to discrimination, sexual harassment, or related retaliation allegations are initiated by filing a complaint with the appropriate Official Contact of A&M-Texarkana in accordance with University Rule 08.01.01.H1, Civil Rights Compliance.

Texas Labor Code 21.010 requires that all State employees receive mandatory Equal Employment Opportunity (EEO) training within 30 days of employment. The Code further requires that each employee must complete supplemental EEO training every two years. This includes all employees, student employees, part-time employees, and seasonal or temporary workers.

Questions should be directed to hr@tamut.edu

https://www.tamut.edu/administration/human-resources/employment/eeo.html

MISSION AND VISION

Texas A&M University Texarkana Mission

As a member of The Texas A&M University System, Texas A&M University-Texarkana is a comprehensive regional University that provides students with academically challenging, engaging, and rewarding educational experiences through quality teaching, scholarship, student support services, co-curricular programming, research, and service. Through the personal attention of our faculty and staff, students are afforded the opportunity to acquire the knowledge, abilities, and skills to become leaders in their chosen profession and to prepare for the opportunities of serving in a global environment.

Texas A&M University Texarkana University Core Values

Academic Excellence, Student Success, and Community Leadership

College of Nursing, Health and Human Services College Vision

To be a global leader in nursing, health, and human services education, fostering a culture of excellence, innovation, and inclusivity. We aspire to transform lives through research, exceptional teaching, and impactful community partnerships, shaping the future of health and human services with a commitment to justice, compassion, and holistic care.

College of Nursing, Health and Human Services Mission

The College of Nursing, Health and Human Services is dedicated to advancing health and well-being through excellence in education, research, and community engagement. We prepare compassionate and skilled professionals who are equipped to meet the evolving physical, mental, and social needs of all people. Our commitment to innovation, interprofessional collaboration, and lifelong learning empowers our graduates to lead and advocate for health equity and quality care globally.

Department of Physical Therapy Vision

The Doctor of Physical Therapy (DPT) program at Texas A&M University-Texarkana is committed to improving the health and well-being of rural populations through excellence in education, clinical practice, research, and community engagement. We prepare entry level physical therapists to address the unique challenges faced by rural communities, including limited access to care and a wide range of health needs. Through innovation, interprofessional collaboration, and a commitment to lifelong learning, our graduates are empowered to lead, advocate, and deliver high-quality care.

Department of Physical Therapy Mission

The Doctor of Physical Therapy (DPT) program at Texas A&M University-Texarkana is committed to improving the health and well-being of rural populations through excellence in education, clinical practice, research, and community engagement. We prepare entry level physical therapists to address the unique challenges faced by rural communities, including limited access to care and a wide range of health needs. Through innovation, interprofessional collaboration, and a commitment to lifelong learning, our graduates are empowered to lead, advocate, and deliver high-quality care.

PROGRAM GOALS AND OUTCOMES

Program goals

Goal 1: Prepare graduates for rural practice by educating physical therapists who are equipped to meet the unique challenges of rural communities. A) Establish partnerships with rural clinical education sites to provide clinical education opportunities B) Establish curricular focus on rural health and rural physical therapy

Responsibility:
A: Clinical Education; Advisory Committee
B: Curriculum Committee

A:
Target goal : 90% of completed clinical affiliations are in a rural setting.
Threshold goal: 80% completed clinical affiliations are in a rural setting.
Factors that Prompt Change: Less than 80% of students complete one clinical affiliation in a rural setting

B:
Target goal: 100% of courses in curriculum include a minimum of 3 teaching points or artifacts for rural health, rural healthcare or rural physical therapy practice
Threshold goal: 75% of courses in curriculum include a minimum of 3 focus areas on rural health, rural healthcare or rural physical therapy practice
Factors that prompt change: Less than 75% of courses in curriculum include a minimum of 3 focus areas on rural health, rural healthcare or rural physical therapy practice

Assessment Frequency: Annually

Data Sources:
A: Clinical Education Placement Reports; Advisory Committee - annual survey of rural practice needs
B: Curricular assessment

Goal 2: Ensure that 100% of DPT graduates graduate at entry level practice status: A) Ensure that each course targets the progressive development of clinical reasoning, communication, professionalism, and psychomotor skills needed for entry-level readiness. B) Ensure that the clinical education courses target progressive development of clinical reasoning, communication, professionalism, and psychomotor skills needed for entry-level readiness.

Responsibility:
A: Curriculum Committee
B: Curriculum Committee; Clinical Education Committee

A:
Target goal: 100% NPTE ultimate pass rate
Threshold goal: 90% NPTE ultimate pass rate
Factors that Prompt Change: NPTE ultimate pass rate of less than 90% of students

B:
Target goal: 100% of students achieve Entry Level practice on the CIET
Threshold goal: 99% of students achieve Entry Level practice on the CIET
Factors that Prompt Change: Less than 99% pf students achieve Entry Level practice on the CIET

Assessment Frequency: Annually

Data Sources:
A: FSBPT NPTE report
B: Clinical Internship Evaluation Tool (CIET)

Goal 3: Strengthen interprofessional collaboration and community engagement: Implement interprofessional collaboration events that include at least two rural focused projects with other health disciplines practicing in rural areas and rural community organizations to address the needs of rural populations.

Responsibility:
IPE Committee; Curriculum Committee

Target goal: 100% of students will participate in at least two IPEs with rural focus
Threshold goal: 90% of students will participate in at least two IPEs with rural focus
Factors that prompt change: Less than 90% of students participate in at least two IPE with rural focus

Target goal: Implement 4 IPE events per academic year
Threshold goal: 4 IPE events per academic year
Factors that prompt change: Less than 4 IPE events implemented per academic year

Target goal: IPE events will include 2 rural partners from healthcare or community organizations.
Threshold goal: 2 rural partners from healthcare or community organizations will be a part of each IPE
Factors that prompt change: Less than 2 rural partners from healthcare or community organizations will be a part of each IPE

Assessment Frequency: Annually

Data Sources:
Number of interprofessional events held per academic year
Number of health disciplines practicing in rural areas involved
Number of rural community organizations partners
Student participation rate

Goal 4: Deliver innovative, student-centered education focused on evidence-based practice and patient centered care: A) Provide a rigorous academic and clinical curriculum that equips students with advanced knowledge and practical skills to deliver evidence-based, patient-centered care. B) Use evidence-based, experiential, and technology-enhanced teaching methods to promote critical thinking, clinical reasoning, and lifelong learning.

Responsibility:
A: Curriculum Committee
B: Clinical Education Committee

A:
Target goal: class exam average of 85% or higher on each midterm and final exam
Threshold goal: class exam average of 80% or higher on each midterm and final exam
Factors that prompt change: class exam average of lower than 80% or higher on each midterm and final exam.

Target goal: NPTE first time pass rate of 100% or higher
Threshold goal: NPTE first time pass rate of 90%
Factors that prompt change: a) Below threshold for 2 consecutive years b) negative trends compared to national averages and trends

Target goal: 100% of students rated “Entry Level” on CIET
Threshold goal: 99% of students rated “Entry Level” on CIET
Factors that prompt change: More than 1% of students not rated at “Entry Level” on CPI

Target goal: 100% of students “Exceed” on OSCE 1 and OSCE 2
Threshold goal: 90% of students “Exceed” on OSCE 1 and OSCE 2
Factors that prompt change: More than 10% of students do not achieve “Exceed” on OSCE 1 and 2

Target goal: 90% of graduates agree/strongly agree that coursework is academically challenging and clinically relevant
Threshold goal: 85% of graduates agree/strongly agree that coursework is academically challenging and clinically relevant

Factors that prompt change: Less than 85% of responses describe the coursework as not academically challenging and clinically relevant.

B:
Target goal: 90% of courses integrate at least one experiential or evidence-based strategy
Threshold goal: 80% of courses integrate at least one experiential or evidence-based strategy
Factors prompting change: Less than 80% of courses integrate at least one experiential or evidence-based strategy

Target goal: 100% of faculty trained in online/distance education teaching within 2 years of onboarding
Threshold goal: 90% of faculty trained in online/distance education teaching within 2 years of onboarding
Factors prompting change: Less than 90% of faculty trained in online/distance education teaching within 2 years of onboarding

Target goal: 90% agree that teaching methods enhanced their critical thinking and clinical reasoning
Threshold goal: 80% agree that teaching methods enhanced their critical thinking and clinical reasoning
Factors prompting change: Less than 80% agree that teaching methods enhanced their critical thinking and clinical reasoning

Target goal: 90% of students meet benchmark scores on case-based exams, clinical decision tools, or concept mapping
Threshold goal: 80% of students meet benchmark scores on case-based exams, clinical decision tools, or concept mapping
Factors prompting change: Less than 80% of students meet benchmark scores on case-based exams, clinical decision tools, or concept mapping

Target goal: 90% of alumni demonstrate lifelong learning indicators (obtaining CEU's, specialty certifications and similar)
Threshold goal: 80% of alumni demonstrate lifelong learning indicators (obtaining CEU's, specialty certifications and similar)
Factors prompting change: Less than 80% of alumni demonstrate lifelong learning indicators (obtaining CEU's, specialty certifications and similar)

Assessment Frequency: Annually

Data Sources:
A: Grading rubrics, peer review of faculty, course syllabi review, NPTE pass rates, student course evaluations, CIET aggregated results, OSCE results, aggregated qualitative review of student reflective assignments, aggregated clinical instructor feedback, alumni surveys

B: Course delivery reviews, faculty development tracking, use of Canvas LMS analytics, formative and summative student feedback on effectiveness of instructional technology, aggregated qualitative assessment of student reflective assignments

Goal 5: Foster leadership and advocacy in rural health and rural healthcare: Develop graduates who demonstrate leadership and serve as advocates for improving access to physical therapy services in rural regions.

Responsibility: Curriculum Committee; Learning in Action Partnership Committee; Advisory Committee

Target goal: 90% of students participate in at least one leadership role or professional development activity (e.g., student government, professional organization, interprofessional project)
Threshold goal: 80% of students participate in at least one leadership activity
Factors that prompt change: Less than 80% of students participate in at least one leadership activity

Target goal: 100% of students engage in a rural-focused advocacy, service, or education activity before graduation
Threshold goal: 90% of students engage in a rural-focused advocacy, service, or education activity before graduation
Factors that prompt change: Less than 90% of students engage in a rural-focused advocacy, service, or education activity before graduation

Target goal: 90% of surveyed employers/alumni agree graduates demonstrate leadership and advocate for access in their roles
Threshold goal: 80% of surveyed employers/alumni agree graduates demonstrate leadership and advocate for access in their roles
Factors that prompt change: Less than 80% of surveyed employers/alumni agree graduates demonstrate leadership and advocate for access in their roles

Assessment Frequency: Annually

Data Sources:
Student Affairs Participation Tracking; Leadership or Professional Development Reflection Assignments; Course-Embedded Tracking (e.g., interprofessional education projects, LEAP); Faculty Advisor Reports; Event rosters/attendance; LEAP Program Logs (Learning in Action Partnership); Course Assignments with Rural Themes (e.g., community health modules, rural case studies); Clinical Education Site Reports identifying rural locations; Student Reflections; 1-Year and 3-Year Alumni Surveys - Employer Feedback Surveys; Advisory Committee Input

Goal 6: Promote Community Service and Engagement: Engage students and faculty in community service and outreach that strengthens relationships with rural populations and supports community-identified needs.

Responsibility: Learning in Action Partnership Committee; Advisory Board

Target goal: 100% of students complete at least one LEAP rural community engagement/service project before graduation
Threshold goal: 90% student participation in required LEAP activities
Factors that prompt change: Less than 90% student participation in required LEAP activities

Target goal: 90% of core faculty participate in at least one rural outreach, LEAP event, or service-learning activity annually
Threshold goal: 80% of faculty participate annually in at least one rural outreach, LEAP event, or service-learning activity annually
Factors that prompt change: Less than 80% of participate annually in at least one rural

outreach, LEAP event, or service-learning activity annually

Target goal: 90% of rural community partners report satisfaction with student/faculty engagement and desire continued collaboration
Threshold goal: 85% satisfaction across community partner feedback forms or interviews
Factors that prompt change: 85% satisfaction across community partner feedback forms or interviews

Target goal: 100% of students demonstrate reflective insight into rural health issues, service impact, and professional growth through LEAP reflections
Threshold goal: 90% meet program-defined reflection benchmarks
Factors that prompt change: Less than **90**% meet program-defined reflection benchmarks

Assessment Frequency: Annually
Data Sources:
LEAP Program Logs (student participation, completion records); Student Service Tracking Forms; Advising Notes; Course Completion Records (if service is tied to coursework); End-of-LEAP Reflection Submissions; Faculty Activity Logs; Event Sign-In Sheets or Reports; Faculty Service and Outreach Documentation (CVs, annual reviews); Committee Reports from LEAP or Learning in Action coordinators; Community Partner Surveys; Emails or Reports Documenting Community Feedback; Advisory Board Meeting Minutes; LEAP Reflection Assignments (rubric scored); Faculty Grading Rubrics
Goal 7: Improve Access to Physical Therapy Services in Rural Eastern Texas: Support initiatives and clinical partnerships that extend high-quality physical therapy care to areas with limited resources and healthcare infrastructure.

Responsibility: Clinical Education Committee; Learning in Action Partnership Committee

Target goal: 90% of clinical placements are in rural or resource-limited areas annually
Threshold goal: 80% of placements meet rural or resource-limited area criteria
Factors that prompt change: 80% of placements meet rural or resource-limited area criteria
Target goal: Establish 3 new partnerships with rural or health sites
Threshold goal: Establish at least 1 new partnership every 2 years
Factors that prompt change: Lack of establishment of 1 new partnership every 2 year
Target goal: 90% of students and CI evaluations rate the rural health experience as “high quality” or “satisfactory”
Threshold goal: 85% satisfaction or quality ratings
Factors that prompt change: Less than 85% satisfaction or quality ratings
Target goal: 100% of rural clinical sites report adequate support from the DPT program (communication, training, resources)
Threshold goal: 99% of sites feel adequately supported
Factors that prompt change: Less than 99% of sites feel adequately supported
Assessment Frequency: Annually
Data sources:
Clinical Placement Logs (including RUCA/HRSA classification for rural/resource-limited designation); Clinical Site Database (updated annually with site demographics and characteristics); Clinical Education Site Evaluation Forms (completed by students and clinical instructors); CIET (Clinical Instructor Evaluation Tool) Results; Student Clinical Reflections (focused on rural experiences); Rural Site Partnership Agreements; Partnership Development Logs (tracking outreach, new agreements, and timeline of engagement); Faculty or DCE Communication Logs (email summaries, outreach records, site visit notes); Community or

Clinical Partner Feedback Surveys; Annual Rural Site Support Surveys (assessing satisfaction with communication, training, and resources); Advisory Committee or Community Engagement Meeting Notes; Student Feedback on Rural Clinical Experiences (via end-of-clinical surveys or course evaluations)

Goal 8: Cultivate Empathy and Professionalism: Instill empathy, integrity, and professional behavior as essential attributes of physical therapy practice.

Responsibility: Curriculum Committee, Student Affairs Committee, Clinical Education Committee

Target goal: 100% of students rated at "Entry-Level" or above for professionalism, communication, and accountability on CIET
Threshold goal: 95% of students rated "Entry-Level" on key professional behavior criteria
Factors that prompt change: Less than 95% of students rated "Entry-Level" on key professional behavior criteria

Target goal: 0–1 formal professionalism concern per cohort
Threshold goal: No more than 2 substantiated professionalism violations per cohort
Factors that prompt change: More than 2 substantiated professionalism violations per cohort
Target goal: 100% of students meet or exceed expectations on empathy/professionalism components in reflections, narratives, or LEAP portfolios
Threshold goal: 90% demonstrate competence in reflective work and self-assessment rubrics
Factors that prompt change: Less than **90**% demonstrate competence in reflective work and self-assessment rubrics

Target goal: 100% of students rated as "professional" or "exemplary" in peer/faculty feedback during labs, group work, or service-learning
Threshold goal: 90% of students receive "meets expectations" ratings from peers/faculty
Factors that prompt change: Less than 90% of students receive "meets expectations" ratings from peers/faculty

Target goal: 100% of students successfully apply APTA Core Values to case studies, discussions, and assignments
Threshold goal: 90% demonstrate application of APTA Core Values in academic work
Factors that prompt change: Less than 90% demonstrate application of APTA Core Values in academic work

Assessment Frequency: annually

Data Sources:
CIET ratings on professionalism, communication, and accountability and Clinical instructor comments and narrative feedback; Professionalism Incident Reports – Documented professionalism violations (academic dishonesty, ethical breaches, behavioral concerns) and Student Affairs Committee reports; reflection assignments and rubrics including scored LEAP reflections, empathy narratives, or professionalism essays and faculty grading rubrics aligned with professionalism, integrity, empathy, or humility; peer, self and faculty professionalism evaluations – structured peer evaluations during labs, group work, and service-learning and utilization of the Professionalism Assessment Outcome Measure – School of Medicine Edition for self and faculty evaluation; course assignments involving APTA Core Values – rubric-scored written assignments assessing ethical reasoning and values application; student feedback or

self-assessments including end-of-course self-assessments or reflections on professionalism and communication and surveys or self-rating scales linked to core values and behaviors

Goal 9: Support Research addressing Rural PT and Rural Health Needs: Encourage scholarly activity that contributes to clinical excellence and addresses the health and rehabilitation needs of rural populations.

Responsibility: Scholarship Committee

Target goal: 100% of core faculty produce at least one scholarly product (publication, poster, grant, presentation) related to rural health or PT practice every 2 years
Threshold goal: 90% of core faculty produce relevant scholarly work every 2 years
Factors that prompt change: Less than **9**0% of core faculty produce relevant scholarly work every 2 years

Target goal: 90% of faculty- or student-led projects address rural or access-to-care issues
Threshold goal: 80% of projects address these themes
Factors that prompt change: Less than 80% of projects address these themes

Target goal: 100% of completed faculty/student projects are disseminated through presentation, publication, or community report
Threshold goal: 90% dissemination rate
Factors that prompt change: Less than 90% dissemination rate

Target goal: 2 grant submissions or funded projects related to rural PT every 3 years
Threshold goal: 1 grant submission every 3 years
Factors that prompt change: Less than 1 grant submission every 3 years

Assessment Frequency: annually

Data Sources: Faculty CV's, Annual Scholarship Reports, Research Project Spreadsheet, conference and abstract acceptance emails, IRB Submissions and approvals, Honors College logs, grant submission records, grant award letters

Goal 10: Develop a Sustainable Workforce for Rural PT: Recruit, support, and graduate students committed to practicing in rural areas and contributing to long-term community health improvement.

Responsibility: Recruitment Committee; Admissions Committee; Curriculum Committee; Job Fair Task Force

Target goal: 50% of each entering cohort comes from a rural background (as defined by HRSA or RUCA codes)
Threshold goal: 50% of each cohort from rural backgrounds
Factors that prompt change: Less than 50% of each cohort from rural backgrounds

Target goal: 100% of rural-background students retained through graduation
Threshold goal: 95% of rural-background students retained through graduation
Factors that prompt change: Less than 95% of rural-background students retained through graduation

Target goal: 100% of students participate in at least one rural clinical experience

Threshold goal: 90% participation in rural clinical experience
Factors that prompt change: Less than 90% participation in rural clinical experience

Target goal: 60% of graduates practice in rural area within 1 year of graduation
Threshold goal: 50% of graduates practice in rural area within 1 year of graduation
Factors that prompt change: 50% of graduates practice in rural area within 1 year of graduation
Target goal: 100% of rural-background alumni report intent to remain in rural practice after 3 years
Threshold goal: 80% report intent to remain
Factors that prompt change: Less than 80% report intent to remain

Assessment Frequency: annually

Data Sources:
Admissions data, student retention, LEAP program, Clinical Education placement logs, student surveys and reflections, graduate employment surveys 1 and 3 years, advising logs, career fair logs, employer feedback, Advisory Committee feedback, Texas Workforce data, APTA data and reports, Bureau of Labor Statistics Data and Reports

Student Goals

Goal 1: Student Competency Goal: Students will demonstrate entry-level competence in delivering evidence-based, patient-centered physical therapy care across clinical settings.

Responsibility: Clinical Education Committee

Target goal: 100% of students rated "Entry-Level" on CIET for Terminal Clinical Experience I and II.
Threshold goal: 99% of students rated "Entry-Level" on CIET for Terminal Clinical Experience I and II.
Factors that will prompt change: More than 1 percent of students rated at any rating other than "Entry-Level" on CIET for Terminal Clinical Experience I and II.

Assessment Frequency: Annually

Data Sources:
CIET, aggregated reports for monitoring student progress across clinicals, cohort level performance summaries, student clinical self-assessments, comparison of student self-assessment to clinical instructor ratings for accuracy, remediation records, faculty reports on student progression, outcomes of support efforts

Goal 2: Student Engagement and Community Service: Students will actively participate in community-based learning experiences that develop understand of impact of social determinants on health

Responsibility: Curriculum Committee; LEAP Committee

Target goal: 100% of students will participate in at least 1 LEAP experience
Threshold goal: 90% of students will participate in at least 1 LEAP experience

Factors that prompt change: Less than 90% of students will participate in at least 1 LEAP experience;

Assessment Frequency: Annually

Data Sources:
LEAP participation logs verifying attendance and completion of activities; LEAP documentation for project types, locations and student roles; student reflections in LEAP assignments; rubric scored reflections assessing understanding of social determinants of health; documentation of faculty involvement in organizing LEAP activities; student surveys assessing participation, satisfaction and barriers to LEAP engagement; feedback on site accessibility, transportation and scheduling; notes on challenges or trends in community partnership engagement

Goal 3: Student Leadership and Advocacy Goal: Students will engage in leadership and advocacy activities that promote access to physical therapy services and support the health of rural communities.

Responsibility: LEAP Committee; Scholarship Committee; Curriculum Committee

Target goal: 100% of students document one leadership or advocacy experience
Threshold goal: 90% participation rate in leadership or advocacy experiences
Factors that will prompt change: Less than 90% participation rate in leadership or advocacy experiences

Assessment Frequency: Annually

Data Sources:

- Student documentation of leadership or advocacy involvement; LEAP reflection essays or activity logs demonstrating outcomes and personal growth; capstone projects or professional portfolios with leadership or advocacy activities (e.g., community presentations, organizational involvement); student activity logs or event sign-in sheets; records of participation in leadership roles (e.g., student government, APTA, community health events); course assignments with advocacy components including graded advocacy letters, presentations, or community health campaigns integrated into the curriculum; APTA and/or student organization membership lists for documentation of membership and roles held in professional or student-led organizations; student surveys or self-assessments including end-of-program surveys assessing perceived leadership and advocacy development and self-reported experiences in rural advocacy or professional service; scholarship or conference Participation to document student presentations or attendance at professional meetings related to advocacy or public health

Faculty goals

Goal 1: Faculty Scholarly Contribution Goal: Faculty will engage in scholarly activity that advances clinical excellence and addresses the health and rehabilitation needs of rural and underserved populations.

Responsibility: Scholarship Committee

Target goal: 100% of faculty produce one scholarly work on rural/clinical practice every 2 years
Threshold goal: 90% scholarly output
Factors that will prompt change: Less than **9**0% scholarly output
Assessment Frequency: Annually

Data Sources:
Faculty CVs with documented publications, presentations, grants and other scholarly products; Identification of topics related to rural health or rural clinical practice; self-reported scholarly activity with type, venue and relevance of scholarly work; emails and other confirmations of faculty presentations and invited talks at local, state or national meetings; grant submission records, faculty surveys

Goal 2: Faculty Innovation in Teaching Goal: Faculty will implement innovative, experiential, and technology-enhanced teaching methods that promote critical thinking, clinical reasoning, and student engagement.

Responsibility: Curriculum Committee

Target goal: 100% of faculty use at least one such method per semester
Threshold goal: 90% of faculty integrate such methods
Factors that prompt change: Less than 90% of faculty integrate such methods

Assessment Frequency: Annually

Data Sources:
Course syllabi; faculty peer reviews; artifacts submitted to document examples of technology integration, innovative or experiential learning methods; student course evaluations; Canvas LMS analytics; faculty development participation logs or records

Goal 3: Faculty Rural Student Support Goal: Faculty will contribute to the recruitment, mentoring, and retention of students from rural backgrounds to support their academic success and professional development.

Responsibility: Admissions Committee; Recruitment Committee; Student Affairs Committee

Target goal: 100% of faculty engage in admissions outreach or rural student mentoring
Threshold goal: 90% faculty participation
Factors that prompt change: Less than 90% faculty participation
Assessment Frequency: Annually
Data Sources:
Admissions records, recruitment records, mentorship records, advising records, student surveys, retention reports, evidence of faculty involvement in proposals or initiatives linked to rural student support

Graduate Goals
Goal 1: Graduate Rural Practice Goal: Graduates will enter professional practice in a rural community within one year of completing the program.

Responsibility: Curriculum Committee; LEAP Committee; Student Affairs Committee; Recruitment Committee; Admissions Committee

Target goal: 80% employed in rural settings within 1 year
Threshold goal: 60% employed in rural settings within 1 year
Factors that prompt change: Less than 60% employed in rural settings within 1 year

Assessment frequency: Annually

Data Sources:

1 year graduate employment survey; graduate contact and follow-up records, RUCA/HRSA designation mapping to apply to graduate reported zip codes; employer records; job fair participation logs and records, alumni surveys at 1 and 3 years; graduate exit surveys

Goal 2: Graduate Professional Growth Goal: Graduates will engage in ongoing professional development through leadership, advocacy, continuing education, or pursuit of specialization to support rural health and clinical excellence.

Responsibility: Curriculum Committee; LEAP Committee; Student Affairs Committee; Recruitment Committee; Admissions Committee

Target goal: 100% of graduates report participation in CEUs, leadership, advocacy activities, achievement of specialization or completion of residency or enrollment in higher education within 3 years
Threshold goal: 90% of graduates report participation in CEUs, leadership, advocacy activities, achievement of specialization or completion of residency or enrollment in higher education within 3 years
Factors that prompt change: 90% of graduates report participation in CEUs, leadership, advocacy activities, achievement of specialization or completion of residency or enrollment in higher education within 3 years

Assessment frequency: Annually
Data Sources:
3 year alumni survey including self-reported participation in CEUs and continuing education courses, leadership roles in professional or community organizations, advocacy activities related to physical therapy or rural health, residency or fellowship enrollment/completion, board certification or clinical specialization, enrollment in post-professional degree programs (e.g., PhD, EdD); APTA or state chapter involvement including committee memberships, elected positions, volunteer roles; graduate exit survey; licensure or credentialing databases; Advisory Board; Employer surveys
Goal 3: Graduate Professional Values Goal: Graduates will consistently demonstrate empathy, integrity, and professional behavior in clinical practice, leadership, and advanced training environments.

Responsibility: Curriculum Committee; LEAP Committee; Student Affairs Committee; Recruitment Committee; Admissions Committee

Target Goal: 100% of employer or alumni feedback indicates consistent professionalism and

ethical behavior
Threshold Goal: 99% of feedback reflects professionalism
Factors that prompt change: 99% of feedback reflects professionalism

Assessment Frequency: Annually
Data Sources:
Employer surveys; 1-year and 3-year alumni surveys; state licensure board actions or disciplinary records; Advisory Board; Graduate exit surveys

CURRICULUM

The TAMUT DPT program is a traditional educational model delivered in a distance education format with on campus experiences including lab-based classes. Distance education (online) content is delivered using the Canvas Learning Management System. Lecture course content is delivered in synchronous online classes. On campus experiences occur during both Year 1 and Year 2. In Year 2, the elective course depending on the student's interests and the availability of instructors may be delivered by distance education or on campus. The elective class may include the opportunity for a learning opportunity in Texas or other states or internationally. Clinical education comprises the majority of Year 2, however, students will continue to engage in synchronous distance education classes to complete the program.

Advanced Placement, Testing out of Classes, Transfer Credit

All courses required for the Doctor of Physical Therapy degree, both didactic and clinical, must be completed with the TAMUT Department of Physical Therapy. The TAMUT Department of Physical Therapy does not grant advanced placement, credit for experiential learning, or transfer of credits from another program or institution.

Course Descriptions and Plan of Study

DPT 601 Gross and Functional Anatomy I Lecture

This is Part I of a two-part course in human gross anatomy and its relationship to impairments of the movement system. Embryology, histology, and gross anatomy of the head, neck, thorax, abdomen, pelvis, and perineum will be covered. Laboratory experiences will be provided using 3-dimensional anatomy software and anatomical models. Gained knowledge will be applied during the functional anatomy component of the course, where students will identify and palpate anatomical structures in a living human body during on-campus lab immersion experiences.

This course is a paired course with DPT 641.

DPT 641 Gross and Functional Anatomy I Lab

This is Part I of a two-part course in human gross anatomy and its relationship to impairments of the movement system. Embryology, histology, and gross anatomy of the head, neck, thorax, abdomen, pelvis, and perineum will be covered. Laboratory experiences will be provided using 3-dimensional anatomy software and anatomical models. Gained knowledge will be applied

during the functional anatomy component of the course, where students will identify and palpate anatomical structures in a living human body during on-campus lab immersion experiences.

This course is a paired course with DPT 601.

DPT 602 Ethics

This course explores the history of the physical therapy profession, core values, professional behavior, communication with clients and other professionals, and advocacy and leadership roles in the physical therapy profession at regional, state, and national levels. State and federal laws pertaining to the practice of physical therapy will be addressed. Special attention will be given to the Texas Practice Act for physical therapists and to the development of ethical values and establishing ethical competency.

DPT 604 Rural and Underserved Populations Health, Healthcare Access and Healthcare Policies

This course addresses the challenges of rural and under-served populations including healthcare access and healthcare systems in rural areas. The psychosocial aspects of health and disability will be explored. Additionally healthcare policies impacting rural and underserved populations will be analyzed. Special attention will be given to the health disparities common to rural and underserved populations of Texas.

DPT 607 Foundational Skills Lecture

This course covers basic physical therapy care and procedures, including correct body mechanics, infection control, assessment of vital signs, use of assistive technologies, gait training, transfers, and application of passive and active assistive range of motion procedures. Emphasis will be placed on application of these procedures with patients in acute and intensive care settings. Students will learn to communicate effectively with patients, family members, the health care team, and others while maintaining cultural humility. Gained knowledge will be applied to patient scenarios during on-campus lab immersion experiences.

This course is a paired course with DPT 647.

DPT 647 Foundational Skills Lab

This course covers basic physical therapy care and procedures, including correct body mechanics, infection control, assessment of vital signs, use of assistive technologies, gait training, transfers, and application of passive and active assistive range of motion procedures. Emphasis will be placed on application of these procedures with patients in acute and intensive care settings. Students will learn to communicate effectively with patients, family members, the health care team, and others while maintaining cultural humility. Gained knowledge will be applied to patient scenarios during on-campus lab immersion experiences.

This course is a paired course with DPT 607.

DPT 605 Human and Exercise Physiology Lecture

This course explores human physiological systems and their response to acute and chronic exercise. Emphasis will be placed on the cardiovascular, neuromuscular, musculoskeletal, and pulmonary systems as well as the concepts of homeostasis, bioenergetics, and metabolism.

Students will apply gained knowledge during on-campus lab immersion experiences and in the analysis of disorders of various physiologic systems.

This course is a paired course with DPT 645.

DPT 645 Human and Exercise Physiology Lab

This course explores human physiological systems and their response to acute and chronic exercise. Emphasis will be placed on the cardiovascular, neuromuscular, musculoskeletal, and pulmonary systems as well as the concepts of homeostasis, bioenergetics, and metabolism. Students will apply gained knowledge during on-campus lab immersion experiences and in the analysis of disorders of various physiologic systems.

This course is a paired course with DPT 605.

DPT 603 Evidence-based Practice I

This is a foundational course for the evidence-based practice paradigm in physical therapy as well as use of the models of ablement and disability. In addition, common statistical terms and tests along with study reliability and validity and psychometric properties of outcome measures will be covered. Students will learn effective search strategies and application of research study findings to patients under the evidence-based practice paradigm. Emphasis will be on application of evidence in clinical practice.

DPT 606 Gross and Functional Anatomy II Lecture

This is Part II of a two-part course in human gross anatomy and its relationship to impairments of the movement system. Gross anatomy of the upper and lower extremities will be covered. Laboratory experiences will be provided using 3-dimensional anatomy software and anatomical models. Gained knowledge will be applied during the functional anatomy component of the course, where students will identify and palpate anatomical structures in a living human body during on-campus lab immersion experiences.

This course is a paired course with DPT 646.

DPT 646 Gross and Functional Anatomy II Lab

This is Part II of a two-part course in human gross anatomy and its relationship to impairments of the movement system. Gross anatomy of the upper and lower extremities will be covered. Laboratory experiences will be provided using 3-dimensional anatomy software and anatomical models. Gained knowledge will be applied during the functional anatomy component of the course, where students will identify and palpate anatomical structures in a living human body during on-campus lab immersion experiences.

This course is a paired course with DPT 606.

DPT 609 Movement Science Lecture

This course covers the control and regulation of human movement by the nervous system and how movement is affected by neuropathology. Special attention will be given to common movement disorders (involving the spinal cord, basal ganglia, cerebellum, and motor cortex) often seen by physical therapists.

This course is a paired course with DPT 659.

DPT 659 Movement Science Lab

This course covers the control and regulation of human movement by the nervous system and how movement is affected by neuropathology. Special attention will be given to common movement disorders (involving the spinal cord, basal ganglia, cerebellum, and motor cortex) often seen by physical therapists.

This course is a paired course with DPT 609.

DPT 608 Neuroscience Lecture

This course explores the anatomy and function of the central, peripheral, and autonomous nervous systems and their relationship to physical therapy practice. Knowledge acquired during the online sessions will be reinforced by laboratory experiences with the use of 3-dimensional software and laboratory immersions where students will learn to assess neurologic functions using tests commonly used in clinical settings.

This course is a paired course with DPT 658.

DPT 658 Neuroscience Lab

This course explores the anatomy and function of the central, peripheral, and autonomous nervous systems and their relationship to physical therapy practice. Knowledge acquired during the online sessions will be reinforced by laboratory experiences with the use of 3-dimensional software and laboratory immersions where students will learn to assess neurologic functions using tests commonly used in clinical settings.

This course is a paired course with DPT 608.

DPT 610 Rural Business Models

This course prepares students for the business of physical therapy including management and finance. Students will develop skills in leadership, clinic administration, management of human resources, and understanding diagnostic coding and payer relationships. Emphasis will be placed on exploration of successful rural practice models and the application of business principles in rural settings. Students will develop a business plan for a rural physical therapy business/practice.

DPT 611 Rural Community Health Promotion and Wellness

This course explores barriers and opportunities for health promotion and wellness in rural communities at the individual level and within a healthcare setting. Areas of focus include population health, the role of nutrition in chronic health conditions, and teaching and learning strategies for individuals and community groups. Students will develop and implement a program to enhance health behaviors and outcomes in a rural community.

DPT 612 Interventions of the Movement System Lecture

This course covers the foundations and principles of exercise prescription used by physical therapists for healthy and clinical populations. Students will learn to address functional limitations related to range of motion, muscle strength, balance, coordination, and cardiopulmonary endurance. Emphasis will be placed on indications, contraindications, and

progression of exercise through the rehabilitation spectrum across the lifespan. Gained knowledge will be applied during on-campus lab immersion experiences.

This course is a paired course with DPT 652.

DPT 652 Interventions of the Movement System Lab

This course covers the foundations and principles of exercise prescription used by physical therapists for healthy and clinical populations. Students will learn to address functional limitations related to range of motion, muscle strength, balance, coordination, and cardiopulmonary endurance. Emphasis will be placed on indications, contraindications, and progression of exercise through the rehabilitation spectrum across the lifespan.

This course is a paired course with DPT 612.

DPT 613 Clinical Medicine I

This course explores genetics, histology, diagnostic imaging, pharmacology, and pathophysiology of the human body with a focus on the musculoskeletal and nervous systems.

DPT 614 Clinical Diagnostics I Lecture

This course develops student competence in patient interviewing, selection of tests and measures used across multiple settings, and documentation. During on-campus lab immersion experiences, students model professional behavior while performing range of motion, strength, and muscle length testing, along with neurologic screening exams, and other outcome measures.

This course is a paired course with DPT 654.

DPT 654 Clinical Diagnostics I Lab

This course develops student competence in patient interviewing, selection of tests and measures used across multiple settings, and documentation. During on-campus lab immersion experiences, students model professional behavior while performing range of motion, strength, and muscle length testing, along with neurologic screening exams, and other outcome measures.

This course is a paired course with DPT 614.

DPT 615 Evidence-based Practice II

This course builds on the content and knowledge from Evidence-based Practice I. This course develops knowledge of research methods, statistical analysis, and critical review of published literature relative to physical therapist practice. Students will learn to search, appraise, and synthesize findings related to diagnosis, treatment, and management of disorders commonly seen by physical therapists. The use of data informatics in the healthcare environment is introduced. Emphasis will be on application of evidence in clinical practice.

DPT 620 Musculoskeletal I Lecture

This course teaches students psychomotor skills necessary to perform examination, evaluation and treatment of musculoskeletal disorders of the spine. Students develop clinical reasoning skills through the use of case studies. During on-campus laboratory experiences, students apply

learned skills while practicing examination and treatment interventions commonly used in musculoskeletal clinical practice.

This course is a paired course with DPT 670.

DPT 670 Musculoskeletal I Lab

This course teaches students psychomotor skills necessary to perform examination, evaluation and treatment of musculoskeletal disorders of the spine. Students develop clinical reasoning skills through the use of case studies. During on-campus laboratory experiences, students apply learned skills while practicing examination and treatment interventions commonly used in musculoskeletal clinical practice.

This course is a paired course with DPT 620.

DPT 613 Clinical Medicine II

This course provides students a foundation in diagnostic imaging, pharmacology and pathophysiology of the endocrine, cardiovascular, and pulmonary systems with a focus on rural populations.

DPT 618 Assistive Technologies Lecture

This course prepares students for the management of patients with amputations and conditions requiring orthotics, prosthetics, braces and other assistive technologies. Students will practice fitting, therapeutic exercises, gait assessments, and gait training of patients with amputations as well as other pathological conditions. Assistive technology devices for the upper extremity and the spine will also be included. Application of this knowledge will occur during on campus lab immersion experiences.

This course is a paired course with DPT 678.

DPT 678 Assistive Technologies Lab

This course prepares students for the management of patients with amputations and conditions requiring orthotics, prosthetics, braces and other assistive technologies. Students will practice fitting, therapeutic exercises, gait assessments, and gait training of patients with amputations as well as other pathological conditions. Assistive technology devices for the upper extremity and the spine will also be included. Application of this knowledge will occur during on campus lab immersion experiences

This course is a paired course with DPT 618.

DPT 619 Geriatrics

This course provides students with the foundational knowledge to evaluate and treat movement disorders affecting the aging adult utilizing the 4M Age Friendly Initiative. Emphasis will be placed on mobility, mentation, medication and what matters to the older adult. Tthis course will also explore how environmental factors including housing, home safety, and transportation impact the older client. Students will critically examine healthcare facilities for older adults under the Age Friendly Initiative.

DPT 628 Integumentary

This course prepares students to perform comprehensive examination and management of disorders of the integumentary system. Focus will be given to the evaluation and treatment of open wounds and burns as well as other dermatological conditions.

DPT 622 Musculoskeletal II Lecture

This course teaches students psychomotor skills necessary to perform examination, evaluation and treatment of musculoskeletal disorders of the lower extremity. Students develop clinical reasoning skills through the use of case studies. During on-campus laboratory sessions, students apply learned skills while practicing examination and treatment interventions commonly used in musculoskeletal clinical practice.

This course is a paired course with DPT 682.

DPT 682 Musculoskeletal II Lab

This course teaches students psychomotor skills necessary to perform examination, evaluation and treatment of musculoskeletal disorders of the lower extremity. Students develop clinical reasoning skills through the use of case studies. During on-campus laboratory sessions, students apply learned skills while practicing examination and treatment interventions commonly used in musculoskeletal clinical practice.

This course is a paired course with DPT 622.

DPT 621 Clinical diagnostics II Lecture

This course prepares students to appropriately select and administer balance and gait assessment in special patient populations. Emphasis will be placed on the administration and use of common outcome measures used in brain injury, Parkinson’s disease, neuromuscular conditions, vestibular disorder, stroke, and cancer.

This course is a paired course with DPT 671.

DPT 671 Lab Clinical diagnostics II Lab

This course prepares students to appropriately select and administer balance and gait assessment in special patient populations. Emphasis will be placed on the administration and use of common outcome measures used in brain injury, Parkinson’s disease, neuromuscular conditions, vestibular disorder, stroke, and cancer.

This course is a paired course with DPT 621.

DPT 616 Cardiopulmonary Lecture

Application of previously acquired knowledge of cardiovascular/pulmonary anatomy and physiology. in evaluation and treatment of selected cardiopulmonary medical conditions. Screening examinations for the cardiovascular and pulmonary systems in patients with disorders involving other body systems also will be covered. as will the basics of ECG interpretation. Application of learned skills and knowledge will occur during on-campus immersion lab experiences, allowing students to master the skills for examination and treatment of the client with cardiovascular or pulmonary conditions.

This is a paired course with DPT 676.

DPT 676 Cardiopulmonary Lab

Application of previously acquired knowledge of cardiovascular/pulmonary anatomy and physiology. in evaluation and treatment of selected cardiopulmonary medical conditions. Screening examinations for the cardiovascular and pulmonary systems in patients with disorders involving other body systems also will be covered as well the basics of ECG interpretation. Application of learned skills and knowledge will occur during on-campus immersion lab experiences, allowing students to master the skills for examination and treatment of the client with cardiovascular or pulmonary conditions.

This course is a paired course with DPT 616.

DPT 625 Musculoskeletal III Lecture

This course teaches students psychomotor skills needed to perform examination, evaluation and treatment of musculoskeletal disorders of the upper extremity. Students develop clinical reasoning skills through the use of case studies. During on-campus laboratory sessions, students apply learned skills while practicing examination and treatment interventions commonly used in musculoskeletal clinical practice.

This course is a paired course with DPT 685.

DPT 685 Musculoskeletal III Lab

This course teaches students psychomotor skills needed to perform examination, evaluation and treatment of musculoskeletal disorders of the upper extremity. Students develop clinical reasoning skills through the use of case studies. During on-campus laboratory sessions, students apply learned skills while practicing examination and treatment interventions commonly used in musculoskeletal clinical practice.

This course is a paired course with DPT 625.

DPT 624 Interprofessional Studies in Rural Medicine

This course prepares physical therapy graduates to employ collaborative patient/client-centered practice and interprofessional collaboration to improve the effectiveness of health care. Students explore professional roles within the healthcare professions; empathy, spirituality, and cultural humility; self-reflection and self-care strategies. Teaching and learning strategies for professionals and clients and communication strategies for clients and professionals also are covered. Students will work in teams to develop interprofessional collaborative practice to provide comprehensive care in rural communities.

DPT 623 Pain Science and physical agents Lecture

Introduction to management of patients with chronic pain syndromes and associated psychosocial factors using emerging and contemporary concepts of assessment, education, treatment, and outcomes. Current best practice techniques and research are integrated to provide discussion of the multi-dimensional and multi-disciplinary nature of chronic pain, to enhance evidence informed patient care, and to advance societal health. Students will learn how to safely apply physical agents including superficial and deep heat, cold, electrotherapeutic modalities in different patient populations.

This course is a paired course with DPT 683.

DPT 683 Pain Science and physical agents Lab

Introduction to management of patients with chronic pain syndromes and associated psychosocial factors using emerging and contemporary concepts of assessment, education, treatment, and outcomes. Current best practice techniques and research are integrated to provide discussion of the multi-dimensional and multi-disciplinary nature of chronic pain, to enhance evidence informed patient care, and to advance societal health. Students will learn how to safely apply physical agents including superficial and deep heat, cold, electrotherapeutic modalities in different patient populations.

This course is a paired course with DPT623.

DPT 626 Clinical Medicine III

Integration of previous knowledge acquired in Clinical medicine I and II to develop clinical reasoning skills through the use of case studies. Special attention will be given to drug interaction and disorders of the movement system commonly seen by physical therapists.

DPT 627 Neurorehabilitation Lecture

Study of motor learning and motor control and the application of these principles to the evaluation and treatment of patients with neuromuscular disorders. Application of this knowledge will be enhanced by on-campus lab immersion experiences in which students will integrate newly acquired knowledge with previous information from gross anatomy, neuroscience, and movement science to identify and select outcome measures appropriate for the neurological client. Additionally, students will learn how to treat movement disorders in neurological conditions affecting the US population such as CVA, spinal cord injuries, Parkinson's disease and others.

This course is a paired course with DPT 687.

DPT 687 Neurorehabilitation Lab

Study of motor learning and motor control and the application of these principles to the evaluation and treatment of patients with neuromuscular disorders. Application of this knowledge will be enhanced by on-campus lab immersion experiences in which students will integrate newly acquired knowledge with previous information from gross anatomy, neuroscience, and movement science to identify and select outcome measures appropriate for the neurological client. Additionally, students will learn how to treat movement disorders in neurological conditions affecting the US population such as CVA, spinal cord injuries, Parkinson's disease and others.

This course is a paired course with DPT 627.

DPT 629 Integrated Clinical Experience I (9 weeks)

This course is a full-time clinical experience in which the students work under the supervision of a licensed physical therapist. Students will have the opportunity to develop critical thinking skills as they evaluate and treat patients in a real practice environment. Students will be placed in different settings but not limited to acute care, outpatient, inpatient rehab or special settings. As measured by the Clinical Internship Evaluation Tool (CIET) students should achieve target performance ratings at the end of the clinical experience.

DPT 630 Pediatrics Lecture

Synthesis of foundational concepts presented across the curriculum and application to the pediatric population with emphasis on neurologic and musculoskeletal conditions. Students will observe and analyze normal human development, reflex integration and their association with movement development. Lectures and lab will focus on treatment and handling techniques in the pediatric population. Application of knowledge and development of clinical reasoning skills in the pediatric population will occur during on-campus lab immersion experiences.

This course is a paired course with DPT 690.

DPT 690 Pediatrics Lab

Synthesis of foundational concepts presented across the curriculum and application to the pediatric population with emphasis on neurologic and musculoskeletal conditions. Students will observe and analyze normal human development, reflex integration and their association with movement development. Lectures and lab will focus on treatment and handling techniques in the pediatric population. Application of knowledge and development of clinical reasoning skills in the pediatric population will occur during on-campus lab immersion experiences.

This course is a paired course with DPT 630.

DPT 631 Primary Care for Rural Physical Therapy

Exploration of the role of physical therapists as the provider of choice for movement disorders in a rural area. This class will build on Interprofessional Studies in Rural Medicine, Rural Business Models, and Rural Health Promotion and Wellness to prepare the student to become an independent practitioner working within a medical model. Emphasis will be given to chronic diseases including heart disease, cancer, chronic respiratory diseases, and diabetes. Pharmacology and diagnostic imaging well as interprofessional collaboration will be emphasized.

DPT 632 Doctoral Synthesis I

This course is designed to develop clinical thinking skills by synthesizing information regarding diagnostic and treatment skills through case studies. Students will conduct evaluation and management of complex cases using case studies, including practicing psychomotor and clinical-decision skills, communication skills, interprofessional relationships, and ethics.

DPT 633 Terminal Clinical Experience I (13 weeks)

This course is a terminal clinical experience in which the students work under the supervision of a licensed physical therapist. Students continue to refine critical thinking skills as they evaluate and treat patients across the lifespan and continuum of care. Students will be placed in different settings but not limited to acute care, outpatient, inpatient rehab or special settings. As measured by the Clinical Internship Evaluation Tool (CIET) student should perform at entry-level.

DPT 634 Scholarship in Advocacy and Leadership I
Integration of evidence-based clinical practice, advocacy and research through the development of health promotion and wellness programs and expansion of rural business models begun in Year One of the program. Additional focus will be placed on leadership and advocacy

strategies, especially for rural physical therapists and rural populations, as well as cultural humility and ethical practice. A data informatics project will be conducted to build on knowledge from Evidence-based practice II. This course series serves as the Capstone work of the DPT Curriculum.

DPT 635 Terminal Clinical Experience II (9 weeks)

This course is a terminal clinical experience in which the students work under the supervision of a licensed physical therapist. Students will solidify critical thinking skills as they evaluate and treat patients across the lifespan and continuum of care. Students will be placed in different settings but not limited to acute care, outpatient, inpatient rehab or special settings. At the completion of this internship, students will be able to be competent at managing a full workload of patients with varying disorders of the movement system. Student will achieve entry-level or above entry-level performance on the Clinical Internship Evaluation Tool (CIET).

DPT 638 Special Topics**

Elective course in a topic such as include pelvic health PT, dry needling, advanced wound care, advanced orthopedic and neurological techniques as well as financial management (list of topics is not comprehensive but rather an example of what might be offered). This class will meet on weekends or evenings in a seminar format after completion of the terminal clinical experience II.

DPT 637 Doctoral Synthesis II

This course is focused on advanced clinical reasoning and the movement system. In preparation for the NPTE exam, pathophysiology, examination, evaluation, and intervention of the musculoskeletal, cardiovascular, pulmonary, lymphatic systems, other systems and non-systems will be reviewed. Students will be exposed to mock exams and cases to prepare for the board exam.

DPT 636 Engaged Scholarship in Advocacy and Leadership II
Formulation of individual professional development plans for life-long learning and continued professional engagement including mechanisms for seeking collaborative partnerships, community resources, and opportunities for professional service and leadership. Students will finalize their rural business models and health promotion and wellness programs through further scaffolding of knowledge integration.

Plan of Study

Year 1 Semester 1a	
DPT 601	**Gross and functional anatomy I - Lecture**
DPT 641	**Gross and functional anatomy I -Lab**
DPT 602	**Ethics LEC**

DPT 607	**Foundational Skills - Lecture**
DPT 647	**Foundational Skills Lab**
DPT 604	**Rural and underserved populations**
Year 1 Semester 1b	
DPT 605	**Human and exercise physiology - Lecture**
DPT 645	**Human and exercise physiology - Lab**
DPT 603	**Evidence-based practice I**
DPT 606	**Gross and functional anatomy II- Lecture**
DPT 646	**Gross and functional anatomy II - Lab**
Year 1 Semester 2a	
DPT 608	**Neuroscience - Lecture**
DPT 658	**Neuroscience - Lab**
DPT 609	**Movement Science- Lecture**
DPT 659	**Movement Science - Lab**
DPT 610	**Rural business models**
DPT 611	**Rural community health promotion and wellness**
Year 1 Semester 2b	
DPT 612	**Interventions of the movement system - Lecture**
DPT 652	**Interventions of the movement system - Lab**
DPT 613	**Clinical medicine I**
DPT 614	**Clinical diagnostics I- Lecture**
DPT 654	**Clinical diagnostics I - Lab**
DPT 615	**Evidence-based practice II**
Year 1 Semester 3a	
DPT 616	**Cardiopulmonary - Lecture**
DPT 676	**Cardiopulmonary - Lab**
DPT 617	**Clinical medicine II**
DPT 618	**Assistive technologies - Lecture**

DPT 678	**Assistive technologies - Lab**
Year 1 Semester 3b	
DPT 619	**Geriatrics**
DPT 628	**Integumentary**
DPT 620	**Musculoskeletal 1 - Lecture**
DPT 670	**Musculoskeletal 1 - Lab**
DPT 621	**Clinical diagnostics II - Lecture**
DPT 671	**Clinical diagnostics II -Lab**
Year 2 Semester 1a	
DPT622	**Musculoskeletal II - Lecture**
DPT 682	**Musculoskeletal II - Lab**
DPT 623	**Pain science and physical agents - Lecture**
DPT 683	**Pain science and physical agents - Lab**
DPT 624	**Interprofessional studies in rural medicine**
Year 2 Semester 1b	
DPT 625	**Musculoskeletal III - Lecture**
DPT 685	**Musculoskeletal III - Lab**
DPT 626	**Clinical medicine III**
DPT 627	**Neurorehabilitation - Lecture**
DPT 687	**Neurorehabilitation -Lab**
Year 2 Semester 2a	
DPT629	**Integrated Clinical Experience (9 weeks)**
Year 2 Semester 2b	
DPT 630	**Pediatric physical therapy - Lecture**
DPT 690	**Pediatric physical therapy - Lab**
DPT 631	**Primary care for rural physical therapy**
DPT 632	**Doctoral synthesis I**
Year 2 Semester 3a	

DPT 633	**Terminal Clinical Experience I (13 weeks)**
DPT 634	**Engaged Scholarship in Advocacy and Leadership I**
Year 3 Semester 1a	
DPT 635	**Terminal Clinical Experience II (9 weeks)**
DPT 636	**Engaged Scholarship in Advocacy and Leadership II**
Year 3 Semester 1b	
DPT637	**Doctoral Synthesis II**
DPT638	**Special Topics (elective from list)**

Contact Hour Calculation

For lecture-based classes TAMUT utilizes a x3 modifier for the contact hours. The number of weeks per semester is stated in the syllabus. The contact hours are based on the number of weeks of contact x the semester credit hours assigned by the university x the modifier. For example, Anatomy 601 Lec is a 2 SCH class with a modifier of 3 and meets for 8 weeks (2 SCH x 3 modifier x 8 weeks). Thus, the contact hours are 48 for Anatomy 601 Lec.

For lab-based classes, 1 SCH equals 16 contact hours. These contact hours are in person during the on-campus experience. For example, Anatomy 641 Lab is a 1 SCH resulting in 16 contact hours.

The faculty are responsible for structuring classes and on campus lab to assure the instructional content exclusive of breaks meets the required contact hour requirements for each course. Courses are scheduled to accommodate the ability to have breaks in class time.

Remediation

TAMUT DPT utilizes both content remediation and academic coaching. Both are available to students. Individual course syllabi address remediation and how to access remediation, when it is required or per student's request.

Graduation Requirements

For a student to graduate from the TAMUT Doctor of Physical Therapy program, the student must be in a good academic and professional standing, have had satisfactory progress in all

terms of the academic program and clinical education including successfully completing the required credit hours of academic and clinical education course work.

ACCOUNTABILITY AND RESPONSIBILITY

Students must take ownership of their actions and decisions. The TAMUT DPT process is: Acknowledge errors, learn from them, and strive for improvement. Students must meet all academic deadlines. Students must plan and manage time effectively to ensure tasks and assignments are completed as posted. Students must consistently participate and contribute to classroom discussions, group work, and other activities as required by course instructors.

Student conduct must conform to the principles outlined in the APTA Guide for Professional Conduct APTA Guide for Professional Conduct , APTA Code of Ethics https:Code of Ethics for the Physical Therapist | APTA and the TAMUT Student Code of Conduct Student Code of Conduct (Academic Information < Texas A&M University-Texarkana (tamut.edu) any legal guidelines and/or statutes. Students must adhere to the policies and procedures of the TAMUT DPT Program.

Professional Behavior

As a Doctor of Physical Therapy student at TAMUT professional behaviors are demonstrated in all interactions including, but not limited to peers, faculty, staff, clinical instructors, patients, and clients and inclusive of all time on campus, synchronous classes, clinical education and community service. We strive to create a learning environment reflecting the professionalism and integrity expected in both academic and workplace settings. The following guidelines outline the standards for professional behavior for students. These behaviors not only foster a respectful and productive learning environment but also prepare students for success in their future careers.

Professional behavior in the classroom serves as a foundation for the development of professional behavior in clinical settings. By fostering respect, accountability, and effective communication in an academic environment, students establish the habits and ethical standards necessary to provide high-quality patient care. The consistency of these behaviors in the classroom helps ensure a seamless transition to clinical practice, where professionalism is critical to patient outcomes, team collaboration, and maintaining trust within the healthcare system.

All classes except clinical education use the **Professionalism Assessment – School of Medicine edition** Professionalism Assessment (umc.edu) to assess professional behaviors in student faculty communication, didactic education, immersive labs, community service and on-campus interactions. Clinical education uses the **Clinical Internship Evaluation Tool (CIET)** to assess professional behaviors during clinical education experiences.

The Professionalism Assessment will be documented as a part of the course objectives at a minimum of 1 time per course; however, faculty have the ability to increase this requirement.

Penalties for violations of professional behavior are:
Level 1: Faculty member will speak to the student in a documented conversation. The documentation is sent to the Student Affairs Committee Chair. (Examples: tardiness 1-2 times, failure to wear scrubs on campus, lack of participation in labs or synchronous sessions)

Level 2: Faculty member will speak to the student in a documented conversation. Student and faculty member will meet with Student Affairs Committee Chair. A written warning will be completed. An action plan will be implemented. Program Director will be notified. (Examples: chronic tardiness i.e. tardy more than 2 times, non-correction of the Level 1 warning, inappropriate language used in labs or online)

Level 3: E.A.G.L.E.S. remediation - For repeated minor offenses or a single, more serious infraction (examples: chronic tardiness, missed deadlines, or inappropriate attire or repeated offenses or violations related to professional skill deficiencies, lack of preparedness for class or lab inadequate or poor teamwork, or inappropriate touching or sexual comments, posting comments or pictures of classmates or faculty on social media without permission, posting inappropriate comments on social media about classmates or faculty. A formal, written document outlining the violation, the expected corrective actions, and the consequences of failing to meet expectations. The student, faculty member, Student Affairs Committee Chair and Program Director will sign this document. E.A.G.L.E.S. is academic coaching with specific course objectives and modules to be completed.

Level 4: Dismissal from the program with F in the class(es) where behavior occurred - For major violations of professional behavior (examples but not exclusive: gross misconduct, serious ethical breaches, or failure to complete a mandated remediation plan for previous professional behavior violation(s), patient harm or gross safety violations, severe ethical violations including violation of privacy (use of pictures or personal health identifiers (PHI) on social media, sharing of photos taken in labs, Learning Experience in Action Partnerships and HIPAA violations), violation of the TAMUT alcohol and drug policy, plagiarism, cheating, use of AI to complete assignments, failure to attend on campus immersive lab or Learning Experience in Action Partnership – this list is not exhaustive.) A formal, written document outlining the violation(s) will be signed by the student, faculty member, Student Affairs Committee Chair and Program Director. This formal, written document outlining the violation and the dismissal from the program will be placed in the student file and reported to the university. Process for reporting is found at this link Texas A&M Texarkana | Student Conduct (tamut.edu)

Respectful Communication

Students must engage in respectful and constructive communication with peers, faculty, and staff, both in person and through digital platforms. Use appropriate language in all forms of communication. Discriminatory, abusive, or inappropriate language will not be tolerated.

Punctuality and Attendance

Students must attend all scheduled classes, meetings, and events on time. Lead instructor or course coordinator must be notified in advance of any absences or tardiness. Students must be in the lab or synchronous session within 2 minutes of the posted time of the beginning of class.

Attendance including time of sign in and out is kept by the software. Absences must be uploaded to the course Canvas assignment for reporting absences.

Dress Code

ID Badge

The TAMUT campus ID badge is the only identification accepted for verification on campus, in distance education-based synchronous classes, for testing and for the first day of clinical education experiences.

Professional Appearance and Environment

Students must wear TAMUT DPT scrubs while on campus (including walking from the car to the classroom/lab). TAMUT DPT scrubs must be worn when leaving the immediate lab space unless otherwise approved by the instructor. Students must dress appropriately according to the requirements of specific classes, labs, or clinical settings. Some settings and events will have specific dress code requirements. Students must maintain a neat and clean appearance.

Dress appropriately: While comfort is important, please ensure your attire is suitable for a classroom setting. Business casual or neat, casual wear is ideal for the distance education environment for synchronous classes or other online meetings. Pajamas and other nightwear are not allowed.

- Avoid distracting outfits: Clothes with offensive language, images, or inappropriate designs cannot be worn during class.
- Consider how you would dress for an in-person class or meeting or clinical education. Your attire should reflect the same level of respect and professionalism.

Background:

Ensure a distraction-free environment. Choose a quiet and clean space to attend class. Avoid cluttered or messy backgrounds. If you have to use a bedroom use the blur function on the meeting software. Use virtual backgrounds and blur the background as needed. Be mindful that virtual backgrounds may be distracting.

- Be mindful of what's visible: Ensure that anything visible in your background is appropriate for a classroom setting.

Confidentiality

Students must respect the privacy and confidentiality of peers, faculty, and any sensitive information encountered during the course of study.

Teamwork and Collaboration

Students must collaborate effectively with peers, demonstrating flexibility, open-mindedness, and the ability to compromise. Students must show respect for differing opinions and contribute positively to group work without dominating or withdrawing from shared responsibilities.

Technology Use

Students must use technology responsibly, including phones, laptops, and other devices, to support learning rather than distract them from it. In classrooms and meetings, silence devices and refrain from using them for non-academic purposes unless otherwise permitted by the instructor. Cameras must be turned on during synchronous classes and meetings unless permission to turn the video off has been granted by the instructor.

Conflict Resolution

Students must approach conflicts or disagreements with peers, faculty, or staff in a professional manner. Students must seek to resolve issues through appropriate channels and open communication. Students must avoid hostile, aggressive, or disruptive behaviors that could undermine a positive learning environment.

Students must treat all members of the university community with dignity and respect, regardless of background, identity, or belief.

Alcohol and Drug Use

Students are expected to conduct themselves in a professional manner during all components of the DPT curriculum including refraining from drug use and alcohol use and use impacting synchronous classes, on campus experiences and clinical experiences. Texas A&M University Texarkana has multiple policies regarding alcohol and drug use. These policies as well as the state law (Drug-Free Schools and Communities Act [DFSCA] 2023 are found at Texas A&M Texarkana | Alcohol and Drug Information (tamut.edu).

Substance Abuse

The Texas A&M University System is committed to maintaining an environment free from substance abuse and complying with state and federal laws. The Texas A&M System policy governing this may be found in the following regulation: 34.02 Drug and Alcohol Abuse and Rehabilitation Programs. 34-02-01-h1.pdf (tamut.edu) and at tamut-annual-drug-and-alcohol-abuse-prevention-program-notice1.pdf

Students exhibiting behavior where intoxication or altered consciousness is involved If a faculty member observes such behavior, and if such behavior is observed or validated by another faculty member or clinical instructor, the student must be removed from the educational or patient setting immediately. The Director of Clinical Education must be notified immediately.

Policy on Safety of Students serving as subjects and/or Patient Simulators

I. Purpose

The purpose of this policy is to establish guidelines that ensure the physical and psychological safety of students acting as patients and standardized patients during didactic and lab sessions. This includes protecting participants from harm, promoting informed consent, and fostering a respectful learning environment.

II. Policy Statement

All students and standardized patients (SPs) participating in lab activities must be treated with respect, dignity, and care. Physical activities and role-play must be conducted within safe parameters to prevent injury, emotional distress, or inappropriate behavior.

III. Definitions

- **Student as Patient**: A student voluntarily participating as the subject of examination or treatment simulation during lab activities.
- **Standardized Patient (SP)**: A trained individual portraying a patient scenario for educational purposes.
- **Lab Instructor**: A faculty member overseeing the learning activity.

IV. Safety Guidelines

A. Informed Consent

1. At the beginning of each course/lab, students and SP will be informed of activities requiring physical interaction and/or risk of injury.
2. Students may opt out of any activity that makes them uncomfortable, and a substitute activity will be offered. No academic penalty will be imposed on students for choice of activity.
3. Written consent will be obtained from students acting as patients and SPs for each session.

B. Scope of Activities

1. Only examination and intervention techniques appropriate for pre-clinical education and supervised learning may be performed.

2. Techniques involving high-velocity manipulations, sensitive body areas (e.g., pelvic, breast, or genital regions), or invasive procedures are **not permitted** unless explicitly authorized, supervised, and trained.
3. Physical contact must be respectful, professional, and within the educational scope of practice.

C. Supervision and Instruction

1. A qualified instructor must be present for all hands-on lab activities.
2. Instructors are responsible for ensuring students understand technique limits and can perform them safely.
3. Any deviation from safe practice must be corrected immediately.

V. Reporting and Incident Management

A. Incident Reporting

1. Any physical injury, emotional distress, or boundary concern must be reported immediately to the course instructor or lab coordinator.
2. An incident report will be completed and submitted to the Program Director within 24 hours.

B. Follow-up

1. Injured or distressed individuals will be offered access to student counseling services.
2. Incidents will be reviewed to assess causes, implement safeguards, and update lab protocols as needed.

VI. Responsibilities

- **Students** must conduct themselves professionally, follow all safety instructions, and respect the rights of peers and SPs.
- **Faculty/Instructors** must maintain a safe environment, monitor interactions, and model appropriate behaviors.
- **Standardized Patients** will receive training on safe role performance and have the right to stop participation at any time.

VII. Enforcement

Violation of this policy may result in:

- Removal from lab activities
- Referral to the DPT Student Affairs and E.A.G.L.E.S or Advisor (dependent on prior professional behavior reports)

Academic Integrity and Student Honor Code

Academic Information < Texas A&M University-Texarkana (tamut.edu)

student-conduct-code.pdf (tamut.edu)

A Maxient Conduct Manager (or similar – per TAMUT adoption) report will be filed to track academic dishonesty.

Academic Integrity

Academic honesty is expected of all students enrolled at Texas A&M University-Texarkana. Cheating on examinations, unauthorized collaboration, falsification of research data, plagiarism, and undocumented use of materials from any source constitutes academic dishonesty and may be grounds for a grade of 'F' in the course and/or disciplinary actions without the option of dropping or withdrawing. The university defines plagiarism as "taking and using as one's idea the writing, invention, expression, or ideas of another person."

Student Honor Code

Texas A&M University-Texarkana expects high standards that include academic honesty, personal integrity, and ethical, academic behavior of all its students. Reverence, relentless curiosity, and a willingness to participate are essential qualities of an emerging scholar, and the university encourages these qualities. A student's personal integrity, ethical behavior, and sense of honor contribute to a respectful and positive academic climate allowing all students to develop as scholars and reach their greatest academic potential. Since students are responsible for maintaining an academic climate based on trust and respect, they should report any activity threatening a climate conducive to learning to an instructor or administrator.

Violations of Academic Regulations

1**. Identify and Report the Violation**
Action: Ensure any suspected violation is reported promptly by faculty, staff, or students.
Process: Faculty, staff, or peers who observe a potential violation document the incident, including time, date, and details.
Submit: By email to the program director

2. **Initial Review**

Action: Program Director conducts a preliminary review to determine the validity of the report.
Process: The program director reviews the evidence and consults institutional policies to classify the severity of the violation.
If the report lacks merit or evidence, it is dismissed.

3. **Notify the Student**
Action: Program Director formally notifies the student in writing about the alleged violation.
Process: Include details of the alleged violation, the evidence, and the specific academic regulations involved.
Provide the student with a copy of the academic integrity policy and explain their rights, including the right to respond.

4. **Student Response**
Action: Allow the student an opportunity to respond to the allegation.
Process: Program Director schedules a meeting with the student to discuss the incident.
Permit the student to present their account of events, provide evidence, or identify witnesses.
Ensure the student is aware they may have an advisor or advocate present.

5. **Investigation**
Action: Program Director conducts a thorough investigation into whether the violation requires further examination.
Process: Program Director gathers additional evidence as needed. This may include coursework, exam records, or testimony from witnesses.
Program Director consults relevant faculty or clinical instructors for context if the violation involves coursework or clinical education.
Program Director documents all findings comprehensively.

6. **Determine Responsibility**
Action: Decide whether the student is responsible for the violation.
Process: The Program Director reviews the evidence and the student's response.
The Program Director will apply the preponderance of evidence standard (or as defined by institutional policy) to determine responsibility.

7. **Assign Sanctions**
Action: If the student is found responsible, the Program Director determines appropriate sanctions.
Process: Sanctions should align with the severity of the violation and institutional policies.
Examples include:
Minor Violations: Warning, remedial assignments, or grade penalties.
Major Violations: Probation, suspension, or dismissal from the program.
The Program Director communicates the sanctions to the student in writing, including the rationale and terms for compliance.

8. **Appeals Process**
Action: Allow the student to appeal the decision or sanctions.
Process: Outline the appeals process in the academic regulations.

The student must appeal the sanctions within 48 hours. This appeal will go to the Division Chair. The Division Chair has the option of including the Dean of the College of Nursing, Health and Human Services and the Provost Office.

9. **Implement and Monitor Sanctions**
Action: The Program Director works with the faculty to enforce the sanctions and monitor compliance.
Process: The Program Director records the violation and sanctions in the student's academic file.
Ensure the student completes any remedial actions or probationary requirements.
Provide ongoing support or counseling as needed.

GRADING

Grading Policies

All courses in the DPT program are graded on the following scale:
A: 90.00-100
B: 80.00-89.99
C: 75.00-79.99
D: 60.00-74.99
F: <59.99

- TAMUT DPT utilizes the 3 C Rule for program success/dismissal. The student will be dismissed when the 3rd C is earned in any class across the curriculum. For example: Student A earns a C in Anatomy I, then earns a C in Anatomy II, then earns a C in Neuroscience. Student A is dismissed when the C in NeuroAnatomy is earned.
- TAMUT DPT utilizes the 3 Practical Exam Rule. When 2 practical exams across the curriculum have been failed and successfully remediated AND the student fails the 3rd practical exam the student is dismissed from the program. There is no opportunity for remediating the 3rd failed practical. For example: Student A fails a practical in Foundational Skills, retakes the practical and passes. Then fails the practical in Clinical Diagnostics 1, retakes the practical and passes. Then in Neuroscience, the student fails the practical. Student A is dismissed.
- All final grades will be truncated to the second decimal place.
- Rounding and curving of grades is against TAMUT DPT grading policy.
- Course grades below 75.00 are failing grades and will result in dismissal.
- Within a course a grade below 80 will require remediation.
- Remediation is mandatory if the exam or practical grade is below 80.
    a. **note: DPT 641, 646, and 650 do not contain practical examinations and therefore the practical remediation policy will not be applicable to those courses.

- Practical exam re-takes are based on a 100-point scale; however, the highest grade a student can earn on a practical re-take is 80. Example: a student earning 100 points on the re-take will make 80. A student earning 70 points on the re-take will make 56.

- Clinical education courses are graded as S- Satisfactory or U-Unsatisfactory.
- Practical exams must be remediated prior to the end of the immersive lab.
- E.A.G.L.E.S. remediation is available for immersive labs or practical exams.

Student Grade Appeal - Other than Final Grade in Course

The Student Grade Appeal Form is found in the Student Canvas. The Student Grade Appeal = Other than Final Grade in Course must be utilized when appealing an exam, quiz, project, assignment or exam grade.

Student Grade Appeal for Final Grade in Course

TAMUT has a formal policy for appeal of a course grade. Course Grade Appeal. This procedure provides guidance for the discussion and resolution of grade disputes. Students may not use this process to appeal grades for individual assignments, academic misconduct or illegal discrimination.

Written Examinations

Students are provided only one opportunity to take written examinations within academic courses. Remediation and re-testing are not offered for failed written examinations. Students who do not achieve 80% on a written examination must undergo content remediation. The remediation plan will be made with the class instructor. Remediation cannot increase the original grade. Remediation is intended to improve content comprehension.

Practical Examinations and Competency Skills Checks

Practical exams and skills checks are graded assessments of the student's psychomotor skills, clinical reasoning skills, professional behaviors, and safety awareness in a simulated patient scenario. A student must pass these assessments to successfully pass each course and demonstrate their adequate preparation for clinical education experiences. Each course will contain individual rubrics and safety requirements may vary between classes. Any demonstration of unsafe, unprofessional, or unethical behavior during these assessments will result in an automatic failure regardless of overall score on the exam. Students who fail a practical exam or skills check due to unsatisfactory performance or behavior will be afforded one opportunity to re-test and pass the examination. Prior to a re-test, the student will discuss their performance with the course instructor and may be required to complete remedial training to ensure satisfactory achievement of requisite knowledge and skills. The course instructor or examiner will determine when the re-test will be conducted. Unless special arrangements can be made, the re-test must be completed during the lab immersion session. Students are responsible for rescheduling transportation and/or lodging if additional onsite time is necessary for remediation or retesting.

This procedure provides guidance for the discussion and resolution of grade disputes. Students may not use this process to appeal grades for individual assignments, academic misconduct or illegal discrimination.

ATTENDANCE

For a student to be successful in the TAMUT DPT program the student must commit to preparation, participation and professional behavior. Participation can only happen if students are in class or in lab.

1) Attendance – Attendance is mandatory for on–campus experiences and synchronous classes. The schedule is subject to change due to weather or unforeseen events but is not expected to change. It is the student's responsibility to schedule other events accordingly. Additionally travel plans must be made for the student to attend the entire on-campus experience. Each lab course component will contain the steps to be taken if for any reason a student cannot attend the lab. Absence of more than 10% of the on-campus experience is considered “absent”.
2) Eating during Class/Lab - For synchronous sessions students should not eat during the session because full attention should be given to the subject matter. In addition, during synchronous sessions there are hands-on activities that will preclude students from eating. Food is not allowed in any of the classroom or lab spaces on campus.
3) Personal Days – Each student is allowed one personal day of absence during two 8-week semesters i.e. one absence per 16 weeks defined as Spring A/B, Summer A/B, Fall A/B. Personal days cannot be taken during the on-campus experience. Personal days are intended for personal matters that may arise during the semester. Students must notify the instructor at least 24 hours in advance, except in cases of emergency, to ensure proper documentation of the absence. The absence must be documented in the Canvas course. The student is responsible for all missed material, assignments, and any required make-up work. Personal days cannot be used for exams, presentations, or other critical assessments. Unused personal days do not carry over into subsequent periods of the course. Personal days cannot be taken on Monday and Friday without permission of the instructor teaching on Monday and Friday.

See Clinical Education Handbook for attendance during clinicals.
1) Excused absences – If a student misses an immersion lab or a synchronous session due to illness and that illness lasts more than 2 days then a medical provider note will be required. Students should not attend immersion labs while they are sick.
2) Lab immersions

a) Food and drink policy – as noted in #1, students should not eat during the immersion labs. Sufficient time will be given for students to eat. Students should bring drinks in containers with lids to avoid spilling. There will be labs where students are not allowed to bring drinks even in non-spill containers. The instructor will be responsible for notifying students of appropriate clothing. Students should be aware of the need to expose various parts of the human body. If there are concerns about exposure of the body, please contact the instructor to determine if accommodation can be arranged. The instructor, the student and Program Director will work with the student to attempt to accommodate the student. Be aware that not every accommodation can be accomplished – some testing and examination require parts of the body to be exposed.

b) Dressing on campus – The official scrubs must be worn on campus including walking from the car to the lab or classroom area. Students must wear official scrubs when not in the classroom or immersive lab.
c) Dressing for lab – Students are responsible for dressing appropriately for the lab. Each lab addresses different topics and thus the dress may be slightly different. Generally, athletic gear is appropriate. The instructor will post an Announcement on Canvas about how to dress for the specific lab. Clothing must not be sexually explicit or contain religious or political slogans. Because the immersion labs are several days in length, students must either plan to launder their lab clothing or bring enough appropriate clean clothing to wear during the lab. Athletic shoes are appropriate for the lab. Open-toed shoes or sandals should be avoided because they will not provide stability for the students.

3) **Lateness** – Students should plan to arrive prior to the time of the beginning of lab or synchronous sessions. Because the immersive labs are short and there is significant content to be covered it is imperative the labs begin on time and that students be on time. Being on time is an important part of a professional education. Penalties for being late are addressed in the Professional Behaviors section of this handbook.

4) **Clinical Education –** see Clinical Education Handbook

Clinical Education

Student deemed NOT SAFE FOR CLINICAL EDUCATION:
Before clinical experiences, the Director of Clinical Education (DCE) and the clinical education committee review clinical readiness. As needed the DCE will meet with faculty and students to determine student readiness. Faculty have access to their own practical scores where lack of safety is an automatic fail. The DCE will meet with the Clinical Education Committee to discuss students who have been noted to not be safe for clinical education. After this meeting then the DCE will bring the issue to the Faculty Meeting. The Faculty will discuss and vote on how to move forward. Options will include dismissal, deceleration, and remediation. The student will be offered Deceleration with remediation. However, the faculty will vote to dismiss the student from the program if Faculty believe remediation will not be successful. If the student accepts deceleration and fails to complete the remediation, the student will be dismissed from the program.

Student Workload

Students can expect to devote 60 hours or more per week to coursework in the TAMUT DPT program.

Working during DPT program
Some students can manage working. This decision is left to the discretion of the student. However, if a student is working and the academic coach or any faculty member recognizes signs of distress or inability to keep up in classes then the student will work with the academic

coach on steps to move forward. If this issue becomes serious the student will be placed on a professional behavior contract.

Incomplete Policy

The incomplete policy follows the TAMUT guidelines for assigning Incomplete as a grade. http://catalog.tamut.edu/academic-information/grading-system/

1. The instructor may give an incomplete grade ("X") when a student's work is satisfactory in quality; but, due to circumstances beyond his or her control, the student has not completed the work by the end of the semester.
2. The student must contact the instructor to initiate the request for a grade of incomplete and, if the instructor grants the request, to initiate discussion with the instructor concerning fulfillment of remaining course requirements in a timely manner.
3. If the faculty member agrees to the student's request, the faculty member must complete an "Incomplete Grade" form detailing the circumstances that prevented the student from completing the course and listing the remaining requirements for completing the course. The deadline for completing the course work is the last class day of the next long term immediately after the term in which the instructor posted the incomplete grade. If the student does not complete the work by that time, the university will automatically convert the incomplete grade to a grade of F except in cases of pregnancy or medical emergencies.
4. The student, instructor, and dean must sign the completed "Incomplete Grade" form. The student may access the form on the university Web site located in the "Faculty Forms" section. In cases where the student is unavailable, the student may give written agreement by fax, e-mail, or letter. A representative of an incapacitated student must contact the Registrar's Office for further instructions.
5. The student should submit the original copy of the "Incomplete Grade" form to the Registrar's Office. The faculty member should maintain a copy; the faculty member should give or mail a copy to the student; and the dean's secretary should file a copy of the form in the dean's office.
6. In rare cases, the instructor may assign incomplete grades for every student in a course. In this case, one "Incomplete Grade" form for the entire student roster will suffice, and the form requires no student signatures.

No Grade Policy

No Grade (NG) Designation (TAMUT Policy) No grade policy is found at http://catalog.tamut.edu/academic-information/grading-system/

1. Under very unusual circumstances and with appropriate documentation, an instructor may recommend to the dean of his or her college that the dean give a No Grade "NG" as a final grade in a course.
2. The student must contact the instructor to initiate the request for a No Grade and provide the required documentation. If the instructor believes that extenuating circumstances warrant a grade of NG, the student, instructor, and dean must sign the "No Grade" form. Locate the form on the university Web site located in the "Faculty Forms" section. In cases where the student is unavailable, the student may give written agreement by fax, e-mail, or

letter. A representative of an incapacitated student must contact the Registrar's Office for further instructions.

3. The student should submit the original copy of the "No Grade" form to the Registrar's Office. The faculty member should maintain a copy, the faculty member should give or mail a copy to the student, the faculty member should send a copy to the Offices of Financial Aid and Veteran Services, and the dean's secretary should file a copy in the dean's office.
4. If the student received financial aid or veteran's benefits for the course, he or she is responsible for contacting the Offices of Financial Aid and Veteran Services regarding any adverse effects the grade of NG may have on the student's financial aid or benefits.

Grade Appeal Procedure

For a final course grade, the student has twenty-four (24) hours from grade posting to initiate the appeal process within the DPT program. To appeal a grade in a course, the student must email the primary course faculty and copy the Program Director. The student's formal appeal must include the following information:

▪ All relevant information related to the issue being appealed
▪ Any evidence to be considered during the appeal review including why the assigned grade is incorrect
▪ The student's desired outcome

The primary course faculty will review the appeal letter and decide within twenty-four (24) hours of receiving the letter. If the grade is overturned, the student will be notified of the adjusted course grade. If the grade is upheld, the course grade will remain.

Academic Withdrawal

Given the accelerated and cohort sequential nature of the Doctor of Physical Therapy Program, a student who withdraws from one or more course(s) for any reason does not meet the minimum requirements for progression in the program and will be dismissed from the program.

Leave of Absence and Deceleration Policy

Given the accelerated and sequential nature of the Doctor of Physical Therapy Program, an approved incomplete will remove the student from the course sequence for their cohort. Leave of absence must allow the student enough time to enroll with the following cohort to progress sequentially in the curriculum. This is called deceleration. Any deceleration specific to clinical education courses must be approved by the Director of Clinical Education. The maximum approved leave of absence is twelve months.

Academic Accommodations

The Doctor of Physical Therapy (DPT) program is committed to providing equal access to all educational opportunities, including classroom, laboratory, and clinical learning environments. In accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and university policy, reasonable accommodations are provided for students with documented disabilities.

What Are Accommodations?

Accommodations are adjustments or supports that help ensure students with disabilities can participate fully and equitably in their education. They are **not modifications to curriculum or competency standards**, but may include changes in:

- Testing conditions (e.g., extended time, quiet testing environment)
- Note-taking assistance
- Accessible classroom or lab seating
- Alternative formats for instructional materials
- Use of assistive technology
- Adjustments to physical lab activities (e.g., ergonomic supports, modified tasks)

Lab-Specific Accommodations

Because DPT education involves hands-on learning, accommodations in lab settings may also include:

- Modified positioning or technique practice roles
- The option to observe rather than participate in specific lab activities when medically necessary
- Assistance with equipment handling or physical support, if required
- Use of adaptive devices during skill practice
- Additional time or repetition for skill development

All lab accommodations are implemented in a way that supports student learning **without compromising essential program competencies**.

Requesting Accommodations

1. **Disability Services Office**
    a. Students must first contact the university's designated office for disability services and provide documentation of their condition.
    b. The office will determine eligibility and provide an official accommodation letter.
2. **Share the Accommodation Letter with the Program**
    a. Students must provide the accommodation letter to the course faculty of record listed on the course syllabus to initiate implementation. The letter

must be provided in each new semester/class if the student wishes to use the accommodations.

3. **Confidentiality**
    a. All disability-related information is kept confidential and only shared with relevant faculty or clinical instructors as necessary to implement accommodations.
4. **General policies**
    a. Accommodations are **not retroactive**—they apply only after the accommodation plan is shared.
    b. Students are responsible for discussing how accommodations will be applied in labs or clinical education, especially when physical tasks are involved.
    c. The program will collaborate with the student and the accessibility office to provide reasonable and appropriate support while ensuring safety and competency requirements are met.

Students access disability services a**t** Texas A&M Texarkana | Disability Services (tamut.edu)

Doctoral Program Backup Plan for Texas Higher Education Coordinating Board

At TAMUT the Kinesiology program offers 2 Master's degree programs. - in Adaptative PE and in Sport's Management. Students who decelerate or withdraw from the DPT program are eligible to apply for admission to the Kinesiology Master's programs. The Kinesiology program and the Graduate School have specific admissions criteria that must be met.

University Notification of Academic/Professional Behavior:

Eagle CONNECT (Maxient) is the university early alert system for students who are having difficulty meeting the expectations in their coursework or in their professional behaviors.

Health Implications of DPT Education and Career

I. Purpose

To inform students of potential health and safety risks associated with participation in didactic, laboratory, clinical components of DPT program and clinical DPT practice.

II. Policy Statement

Participation in DPT education and clinical practice may expose students/clinicians to physical, emotional, and environmental health risks.

III. Potential Health Risks

A. Academic and Laboratory Settings

- **Physical contact** with peers or equipment during lab activities

- **Musculoskeletal strain or injury** during skill practice or demonstration
- **Exposure to latex**, cleaning agents, or other allergens
- **Emotional discomfort** during role-playing or simulated patient interactions

B. Clinical Practice Settings

- **Exposure to infectious diseases** (e.g., COVID-19, influenza, hepatitis, MRSA)
- **Physical injury** from patient handling, falls, or equipment
- **Emotional or psychological stress** due to patient interactions or clinical demands
- **Exposure to hazardous materials**, such as cleaning products, bodily fluids, or radiation
- **Fatigue or burnout** due to long hours and emotional demands of clinical care

Minimum Technology Requirements

The DPT curriculum is delivered using a hybrid education model. The DPT Program encourages faculty and students to develop, integrate, and/or use innovative technology (approved for use by the University) in ways that improve course delivery, active learning, coaching, communication, and student outcomes. This model requires that students possess the necessary technology to participate fully in the program. Additional recommendations are made so that students can create a distance-learning environment suitable for physical therapist education. These requirements and recommendations are shared with prospective students to provide prospective students with the transparency necessary to make an informed decision about participation in the TAMUT DPT program.

Even while using the most compatible applications, some software and applications may not be fully compatible with all hardware and across all platforms. In these situations where incompatibility results, it is the student's responsibility to view any required files utilizing compatible hardware. Computers are available in the TAMUT Library for students who are local to the Texarkana area. The TAMUT faculty and staff will assist with local-to-student libraries to obtain internet access for students who are unable to access coursework.

In all circumstances, faculty must insure protection of student data in accordance with FERPA, HIPAA, and TAMUT policies. All personal computers and electronic devices must be password protected and maintained in secure environments. Students also have a responsibility to maintain information security.

At a minimum: Students are required to have a mobile device AND a laptop computer that meet the following specifications:

Laptop Computer

The recommended minimum hard drive is 512 GB with RAM of 16 GB.

	Windows	Mac
Processor	i5 or i7 Intel® Core™, Apple M1, or equivalent processor	i5 or i7 Intel® Core™, Apple M1, or equivalent processor
Display	13-inch display *(or larger recommended)* 1024 x 768 screen resolution or better	13-inch display *(or larger recommended)* 1024 x 768 screen resolution or better
Hardware	Webcam (internal or external) and microphone required Phone Tripod – for use in testing	Webcam (internal or external) and microphone required Phone Tripod – for use in testing
Operating System	Windows 10 or higher	Apple OS 10.15 (Catalina) or higher
RAM	16GB (or larger)	16GB (or larger)
Hard Drive	512GB preferred	512GB preferred
Networking	Wireless: 802.11g (or higher)	Wireless: 802.11g (or higher)
Bandwidth	Minimum 15Mbps Download/2 Mbps Upload Speed	Minimum 15Mbps Download/2 Mbps Upload Speed
Software	Microsoft Office 365 (Available for free download from BGSU student email account.)	Microsoft Office 365 (Available for free download from BGSU student email account.)
	Acrobat Reader Other computer software/ applications required by the program	Acrobat Reader Other computer software/ applications required by the program

Mobile Device

Android, Apple, and Microsoft products are acceptable and must have mobile broadband capabilities. (Please note: Microsoft Surface Pro can be considered under both laptop and mobile device categories. If you are considering a Surface Pro for use

as a laptop, please see minimum computer requirements above.) Please see below for example products:

Android - Example products include phones and tablets from Acer, ASUS, Google, HTC, and Samsung. Android operating system version 6.0 or newer is required.

Apple - Example products include the iPhone and iPad of various generations. Apple operating system version 9.0 or newer is required.

Mobile broadband capability for the mobile device is suggested to provide an internet connection when a local wireless network is not available.

Computer Etiquette

Synchronous

The expectation for all synchronous video interactions is that students will have their cameras on with appropriate attire, lighting, and backgrounds. A student may request permission from the faculty member if they cannot have their camera on during a particular session. Attending class with a web camera off without prior permission of the instructor may result in identification of a professional behavior/conduct concern. The expectation for any video conferencing and recording is that students utilize appropriate lighting and backgrounds. The background must be professional and non-distracting.

Computer Programs

1. Canvas is the Learning Management System (LMS). These minimum requirements are for the full Canvas web version. Students may choose to substitute with the Canvas App on their mobile device at times but should note the Canvas App does not have the same functionality as the full Canvas web version. The program builds resources as per the full Canvas web version.
2. Respondus LockDown Browser and Respondus Monitor - These programs integrate with the Canvas LMS and may be utilized to provide assessment security in the remote environment.
3. ExamSoft – This program may be utilized to provide assessment security in the remote environment as well as with exams given while on campus.
4. Zoom – This is a video and web-conferencing tool available to TAMUT faculty, staff and students to support working, teaching and learning remotely and online.
5. The Microsoft Office 365 suite includes Word, PowerPoint, Excel, Outlook, Teams, OneDrive and many other Microsoft Office tools.

Home Lab/Study Needs

Students should set up an area where they can practice skills and create submission videos. Suggestions for home labs include: phone or tablet tripod, ring light or other light source, appropriate lighting and background (for synchronous classroom time students should not use a bedroom space where the bed will be in the screen),

headsets or earbuds, adequate space and some kind of treatment space (ie mat, chair, bed, massage table, etc).

STUDENT LEADERSHIP

The student leadership plan for the Doctor of Physical Therapy (DPT) program is designed to promote student involvement, foster professional development, and create opportunities for students to engage with faculty and the larger university community. Leadership roles will allow students to enhance their communication, leadership, and advocacy skills while contributing to the development and success of their cohort.

1) Elected individuals will remain in office for the duration of their DPT program unless otherwise specified or requested to step down.
2) All officers must maintain a cumulative GPA equal or greater than 3.5 and demonstrate professional behavior throughout their tenure to be eligible for election.
3) Class elections are supervised by the faculty class advisor.
4) Descriptions of the officer's roles and responsibilities are found below.
5) The faculty class advisor is available to clarify or answer questions related to each of the class officer's job descriptions/responsibilities.
6) All nominees will address the class to discuss their background, qualifications, and motivation to be a class officer.
7) Negative comments regarding the other candidate(s) is a professional behavior violation.
8) Voting will occur through an anonymous online survey ie Google Froms and similar.
9) Each officer will be elected by a simple majority vote.

Structure of the Student Leadership

Each cohort in the DPT program will have a set of elected student officers responsible for representing the cohort and serving as a liaison between students, faculty, and administration. Leadership roles will include the following positions:

1. **President**
2. **Vice President**
3. **Secretary**
4. **Treasurer**

Officer Roles and Responsibilities

1. **President**
    a. Represents the cohort at official functions and meetings, including presenting faculty meetings as asked.

b. Oversees all class activities and ensures that student concerns and feedback are communicated effectively to faculty and program leadership.
c. Collaborates with class officers to organize:
    1. Fundraising activities
    2. APTA events (national and local)
    3. Outreach programs
    4. Social events
d. Maintains regular contact with the class advisor.
e. Serves as the primary liaison between the cohort and faculty.
f. Coordinates meetings with the student leadership team and ensures that student leaders are fulfilling their responsibilities.

2. **Vice President**
    a. Assists the President in carrying out leadership duties and takes over the President's responsibilities when the President is unavailable.
    b. Helps organize cohort events, service projects, and professional development opportunities.
    c. Coordinates with the class representative(s) to address student concerns.
3. **Secretary**
    a. Maintains accurate records of cohort meetings, including leadership meetings and any communications with faculty.
    b. Distributes meeting minutes and announcements to the cohort.
    c. Coordinates communication between student leadership and the entire cohort.
4. **Treasurer**
    a. Manages the cohort's finances, including fundraising efforts and budget management for cohort activities and events.
    b. Works with the Secretary to maintain transparent financial records, including expenditures related to class events or service projects.

Election Process

1. **Election Timing -**Elections will be held during immersive labs in Semester 1A.
2. **Nomination Process**
    a. Students interested in running for leadership positions will submit a nomination form, detailing their goals and qualifications for the role.
    b. Nominations will be open to all cohort members, and students can nominate themselves or others.
3. **Election Procedures**
    a. Once nominations are finalized, candidates will be given an opportunity to present their platforms to their cohort during a scheduled cohort meeting.
    b. Elections will be conducted via a secure online voting system, ensuring privacy and fairness in the voting process.
    c. Each student will have one vote for each leadership position. The candidate with the majority of votes will be elected.
4. **Term Length**
    a. Officers will serve from the time of election to graduation.

Annual Student Presentation at Faculty Meeting

One of the key responsibilities of the **Cohort President** will be to present at the annual faculty meeting. The purpose of this presentation is to:

- Provide faculty with a student-led review of the cohort's experiences, accomplishments, and challenges over the past year.
- Offer feedback on the curriculum, clinical experiences, and student well-being, giving faculty a clearer understanding of student needs and opportunities for program improvement.
- Present ideas or initiatives developed by the cohort to further enhance the student experience.
- Highlight any professional development or service activities the cohort has undertaken.

The Cohort President's presentation at the faculty meeting will serve as an important platform for student voices to be heard in program decision-making and will foster an ongoing collaborative relationship between students and faculty.

Leadership Development and Support

The DPT program will provide ongoing support to student leaders through:

- **Leadership Development Workshops:** Organized by the program to equip student leaders with communication, leadership, and conflict resolution skills.
- **Faculty Advising:** Each cohort will have a faculty advisor who works closely with student leadership to offer guidance, answer questions, and provide support throughout the year.
- **Regular Meetings with Program Leadership:** Student leaders will meet periodically with program leadership to discuss student concerns, suggest improvements, and receive updates on program developments.

MISCELLANEOUS

Criminal Background Checks, Sex Offender Registry Checks, Drug Testing

Students enrolled in the TAMUT DPT Program will required to undergo background checks, sex offender registry checks and drug testing at intervals (ie clinical sites may each want a new check and drug testing).

Emergency Contact Form

Students enrolled in the TAMUT DPT Program are required to provide the program with emergency contact information.

Health Insurance

Student health insurance is available through The AcademicBlue Student Health Plan. Details are available at Texas A&M University – Texarkana | Home (myahpcare.com). Student health insurance is not required unless it is required by a clinical site.

Immunization and Health Requirements including drug screening

see Clinical Education Handbook

BLS/CPR

As a student health provider, students are required to obtain and maintain certification in Basic Life Support (BLS) from the American Heart Association (AHA) or Red Cross. The certification is valid for two years and may require renewal during the program depending on the initial date of certification.

Professional Liability Insurance

TAMUT DPT provides professional liability insurance under the university general insurance policies.

Class cancellations

If a faculty member must cancel a live, online learning activity or class, it is the faculty member's responsibility to notify all students via Canvas Announcement prior to the scheduled class time. If unable to do so, the faculty will notify the Chair, who will notify students. It is the responsibility of the faculty member to determine the most appropriate means of rescheduling the cancelled class and will communicate this to the students.

Class interruption

Internet outages, power outages, webinar service downtime, and other technology difficulties may periodically disrupt the initiation or ongoing delivery of live online learning activities or classes. If an interruption occurs that affects the faculty, the faculty will notify students as soon as possible. Students must remain online for a minimum of 30 minutes and await further instructions while service is restored. If a service interruption affects an individual student, it is the student's responsibility to immediately notify the instructor via email or phone. The instructor will determine whether make-up work is required.

Inclement Weather Policy

Students are not expected to travel to immersion labs when the University is officially closed or in instances when roads and airports are closed due to poor weather

conditions. Students must assume responsibility for their own health and safety, as well as for their academic responsibilities.

▪ All University closings will be announced on Canvas as well as via the university emergency notification system.

▪ Students should check the University home page for the most up to date information regarding the status of the University.

▪ Students who are unable to travel to class due to extreme conditions, closed roads or closed airports/cancelled flights are to notify the instructor for the class they will miss.

Catastrophic weather or events

TAMUT and TAMUS will coordinate with local, state, and federal agencies to provide immediate assistance to students affected by the disaster, which may include:

- Temporary housing for displaced students.
- Emergency financial assistance for basic needs, such as food, clothing, and shelter.
- Access to mental health and counseling services to address trauma and emotional well-being.

Students affected by a catastrophic emergency will be provided with flexible academic options to ensure minimal disruption to their studies. This may include online learning opportunities, assignment extensions, or alternative scheduling for exams and clinical rotations.

Faculty will be instructed to accommodate affected students, offering additional academic support where necessary.

In cases of prolonged displacement or hardship, TAMUT and TAMUT DPT will work with TAMUS to consider adjustments to tuition, fees, or withdrawal penalties based on the severity of the situation.

A DPT Emergency Response Team will be established to serve as a point of contact for students needing help navigating resources or academic accommodations.

TAMUT and TAMUT DPT will ensure that students have access to legal and advocacy services to assist with FEMA applications, insurance claims, and other disaster recovery needs.

TAMUT, TAMUT DPT, and TAMUS will collaborate with community organizations, healthcare providers, and charitable entities to expand assistance options for affected students, including health services, transportation, and community recovery initiatives.

Use of Distributed Materials/Lectures

Students are not permitted to communicate or distribute through media or other means any materials provided to students by the TAMUT DPT program. This includes incoming students in newer cohorts, potential students, friends, family and any others. Materials cannot be posted on Facebook, Instagram, or websites (example: Quizlet). Failure to comply with this policy is in violation of the professional behavior requirements and the academic honesty policy

HIPAA

DPT students if not already familiar with HIPAA and the protection of private medical information will learn this concept in Ethics. Further information is available in the Clinical Education Handbook. Students must maintain the confidentiality of any information pertaining to patients and clients. The following behaviors/actions are prohibited:

1. releasing personal health information of any type by any means to an individual/agency who does not have the legal right to access the information
2. unauthorized use, copying, reading of patient medical records
3. taking patient records outside of the clinical facility
4. tampering with patient information

Student Complaints

Texas A&M Texarkana | Student Complaints (tamut.edu)

Prior to filing a formal complaint, students are encouraged to resolve the concern directly with the individuals involved. Students will find that most situations can be effectively addressed in this manner. A student's right to a prompt and equitable resolution of the filed complaint shall not be impaired by the student's pursuit of other remedies, such as filing a complaint with the responsible federal department or agency. Students are provided opportunities to specifically address complaints through established university procedures for sexual or gender-based discrimination, employment, admissions to the university, disciplinary action, parking citations, academic matters, and grade appeals. The following procedures should be followed for handling other concerns not listed above.

1. General Student Complaint
    a. Use this form to report an incident with a University department, staff, faculty or student. This form should not be used for incidents that relating to these areas:
    b. Complaints regarding academic or disciplinary matters
    c. Complaints regarding discrimination
    d. Complaints regarding sexual harassment
    e. Complaints regarding grades or grading
    f. Complaints regarding Distance Education Student Grievance for Financial Aideneral Student Complaint Form

2. Incident Reporting Forms
    a. Please complete the applicable form below. The links connect you with a secure Website to submit your information. Once the form is complete hit submit and it will automatically be sent to Student Life. You can submit the forms anonymously however, this might limit our ability to investigate your information. If for some reason you cannot connect to the forms, stop by the Office of Student Life in UC 125.
    b. Use one of these forms if you have a behavioral incident with a student that would be addressed through the Student Code of Conduct.
    c. Student Conduct Incident Report
    d. Residence Life Incident Report
    e. Academic Misconduct Report
    f. Student of Concern Report

3. Formal Grievance
    a. Any student, hereinafter referred to as the student, wishing to submit a grievance shall initially file a formal grievance in writing to the Assistant Vice President of Student Life, herein referred to as the administrator. If the grievance is against the Assistant Vice President of Student Life, then the student should notify in writing the Director of Compliance.
    b. The written notice should state the specific grievance; student's name, address, and telephone number; specific date(s); if possible, names of other persons allegedly involved as either witnesses or participants; and specific remedies sought. The written grievance must be signed and dated by the student and submitted within 30 business days of the alleged incident. A determination as to whether complaints submitted after this deadline will be considered on a case-by-case basis by the administrator.
    c. After the grievance is received, the investigative period may last up to 30 business days; extenuating circumstances may cause the University to deviate from the defined time frames. An investigation shall follow the submission of the grievance
    d. The administrator shall conduct the investigation or appoint a university or system investigator, if necessary. The administrator will take reasonable measures to avoid any and all conflicts of interest in selecting the investigator. The investigator will gather all facts pertaining to the grievance and submit those in writing to the administrator.
    e. This procedure ensures thorough investigations, affording all involved parties an opportunity to submit evidence relevant to the grievance.
    f. The administrator shall send a written resolution to the student with the outcome(s), reason(s) for the decision, any remedies afforded, if any, and notice of the appeals process. The administrator shall also forward a copy of the resolution to the employee overseeing the area or individual and be kept on file for one calendar year in the Office of Student Affairs.

4. Appeal
    a. An individual may appeal the decision of the administrator within five (5) business days after receipt of the written decision. Appeals must be in writing and submitted to the Vice President of Student Affairs. The Vice President of Student Affairs will review the original complaint and the written appeal and may conduct additional investigation, if necessary. The Vice President of Student Affairs will provide a written decision to the complainant within fifteen (15) business days of the officer's receipt of the appeal. The decision of the VPS is final

5. Emergency or Immediate Assistance
    a. To report immediate threats to life or property or if you require emergency assistance, please contact the University Police or call 911.

6. Texas A&M University System
    a. The Texas A&M University System also maintains an online system for reporting waste, fraud, abuse, or other serious ethics violations. It is available by visiting the TAMUS site, or by calling (888) 501-3850.

Non-student/employee complaints

EthicsPoint - Texas A&M University System - this is the link to the form.

EthicsPoint

Every person, regardless of position, shares in the responsibility for promoting an ethical and safe environment. If you have factual information suggestive of misconduct involving any A&M System member, employee, student, or other affiliate, we want you to report it. Examples of reportable issues include fraud, theft, misuse of A&M System resources or information, violations of safety rules or environmental laws, conflicts of interest, NCAA violations, illegal discrimination, and general student and/or employee misconduct.

We would like you to resolve concerns through established institution/agency channels whenever possible, but we recognize that this is not always an option. In such circumstances, we encourage you to utilize the Risk, Fraud and Misconduct Hotline so that we may properly address your concerns. The Hotline is operated 24 hours a day, 365 days a year. Reports submitted through the Hotline will be forwarded to the appropriate institution or agency officials for prompt action and the reporter can remain anonymous to the extent allowed by law.

The link to the EthicsPoint page is in the bottom banner of every TAMUT webpage.

FERPA/Confidentiality of Student Records

All student records are confidential. Faculty and staff members have the responsibility to protect student records. No information concerning a student will be released to organizations or individuals outside of the university without the student's consent. Parents must have written consent on file prior to discussing the student's status, grades or professional behaviors.

Policy on Equipment Calibration, Safety Checks, Use, and Maintenance

This policy establishes guidelines for the calibration, safety checks, proper use, and maintenance of all DPT equipment to promote efficiency, compliance, and a safe working environment.

Calibration and Equipment Safety Checks

To guarantee precise and consistent results, all DPT equipment requiring calibration shall be inspected and calibrated according to manufacturer's specifications and institutional requirements. Calibration schedules will be maintained, and records will be documented for compliance and audit purposes.

1. **Frequency and Documentation**: Equipment calibration must be performed at regular intervals as recommended by the manufacturer or regulatory standards. A digital record shall be maintained to track calibration dates, results, and any corrective actions taken. Typically DPT equipment undergoes calibration checks and electrical leakage testing annually.

2. **Responsibility**: An external calibration service is utilized for TAMUT DPT equipment. The service company utilizes stickers on equipment for all equipment required to be tested.

3. **Safety Checks**: Routine safety checks (including inspecting cords for fraying, loose connections etc) shall be conducted before the use of any DPT equipment. Any malfunction, irregularity, or potential hazard identified during safety checks must be reported immediately, and the equipment must be removed from service until corrective measures are completed.

4. **Non-Compliance**: Equipment that fails calibration or safety checks must not be used until it is repaired, recalibrated, and verified as safe for operation.

All faculty, staff, and students using DPT equipment are responsible for adhering to this policy. The faculty and administrative support personnel will conduct periodic audits to ensure compliance with calibration, safety checks, and maintenance procedures. This policy will be reviewed annually and updated as needed to align with best practices and regulatory requirements.

Failure to comply with these guidelines may result in disciplinary action, suspension of equipment uses privileges, or other corrective measures as deemed necessary.

Infection Control

Microsoft Word - Infectious Disease Prevention Plan 2018 (tamut.edu)

1. General Principles

- **Compliance with Regulations:**
  All program participants must comply with federal, state, and local infection control regulations, including those set by the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), and the institution's own health and safety protocols.
- **Education and Training:**
  All students, faculty, and staff must undergo annual training in infection prevention and control measures, including hand hygiene, personal protective equipment (PPE) use, and proper disinfection techniques.

2. Hand Hygiene

- **Mandatory Practice:**
  Hand hygiene is mandatory before and after patient contact, after contact with potentially infectious materials, and after removing gloves or other PPE.
- **Methods:**
  Use of alcohol-based hand sanitizers is preferred unless hands are visibly soiled. In such cases, soap and water must be used.

3. Personal Protective Equipment (PPE)

- **Usage Requirements:**
  PPE (gloves, masks, eye protection, gowns) must be used when there is a risk of exposure to infectious agents. Specific PPE will be required in labs and clinical settings based on the level of risk.
- **Proper Donning and Doffing:**
  Training on the correct use of PPE, including how to don and doff PPE to avoid contamination, must be provided and adhered to.

4. Environmental and Equipment Cleaning

- **Disinfection of Surfaces:**
  Clinical and lab areas must be cleaned and disinfected regularly, especially high-touch surfaces. This includes treatment tables and mats. Equipment used during patient care must be cleaned and disinfected between patients, standardized patients and students.
- **Student Responsibilities:**
  Students are responsible for ensuring that shared equipment and surfaces they use during labs and clinicals are properly disinfected.

5. Infection Control in Clinical Settings

- **Standard Precautions:**
  Standard precautions, such as treating all blood and bodily fluids as potentially infectious, must be followed at all times.
- **Additional Precautions:**
  Depending on the clinical setting, additional transmission-based precautions (e.g., airborne, droplet, contact precautions) must be implemented as appropriate.

6. Student and Faculty Health

- **Vaccination Requirements:**
  All students, faculty, and staff are required to maintain up-to-date vaccinations per university and clinical site requirements.
- **Health Monitoring:**
  Individuals must self-monitor for symptoms of infectious diseases and report any symptoms to the faculty during immersive labs. Those exhibiting symptoms of an infectious disease must refrain from participating in program activities until cleared by a healthcare provider.
- **Exposure Reporting:**
  Any exposure to potentially infectious materials must be reported immediately to the clinical supervisor and program director. Follow-up care and infection testing will be conducted according to institutional protocols.

7. Lab Protocols

- **Lab Safety:**
  Infection control procedures must be strictly followed in the lab, including the use of PPE and proper disinfection of equipment.
- **Simulation and Patient Interaction:**
  Simulated patients and volunteers participating in lab activities must follow the same infection control protocols as students and faculty.

8. Response to Outbreaks or Pandemics

- **Pandemic Preparedness:**
  The program will adjust infection control protocols during outbreaks or pandemics, following guidance from the university and public health authorities. This may include changes to lab schedules, clinical rotations, and use of telehealth or remote learning options.
- **Communication:**
  Clear communication channels will be established to keep students, faculty, and staff informed of infection control updates and changes in policy during an outbreak or pandemic.

<u>Storage and Use of Hazardous Materials</u>

I. Purpose

This policy establishes procedures for the safe handling, use, labeling, and storage of hazardous materials within the Doctor of Physical Therapy (DPT) program.

II. Policy Statement

The DPT program may utilize small quantities of hazardous materials (e.g., disinfectants, cleaning agents, ultrasound gel, biohazard waste, isopropyl alcohol, or other chemicals) during laboratory instruction and clinical simulation. All hazardous materials will be properly labeled, stored, and disposed of according to applicable safety protocols and regulations.

III. Definitions

- **Hazardous Materials**: Any chemical, substance, or agent that poses a risk to health, safety, or the environment due to its chemical properties or method of use.
- **MSDS/SDS**: Material Safety Data Sheet / Safety Data Sheet – documentation that outlines handling procedures, health risks, and emergency information for each hazardous material.
- **Biohazardous Waste**: Any material contaminated with potentially infectious agents, including sharps, gloves, or bandages used in simulated or clinical lab activities.

IV. Handling and Use of Hazardous Materials

1. **Training**
    a. Students and employees who may come in contact with hazardous materials must complete basic safety training, including PPE use and chemical handling.
2. **Labeling**
    a. All containers must be clearly labeled with the material's name, hazards, and handling instructions.
    b. No unmarked or unlabeled containers may be used or stored.
3. **PPE Requirements**
    a. Proper use of personal protective equipment (e.g., gloves, goggles, lab coats) is required when handling hazardous substances.
    b. PPE is provided in all relevant lab spaces where hazardous materials are used.

V. Storage of Hazardous Materials

1. **Storage Guidelines**

a. Hazardous materials will be stored in designated, locked cabinets clearly labeled with appropriate signage (e.g., “Flammable,” “Corrosive,” “Biohazard”).
b. Materials will be segregated by compatibility class (e.g., acids, bases, flammables) to prevent reactions.
c. Storage rooms and cabinets must remain locked when not in use and access is limited to authorized personnel.

2. **Inventory Management**
    a. A complete inventory of hazardous materials will be maintained.
    b. SDS for all hazardous substances will be kept in an accessible location in each lab where hazardous materials are used.
3. **Expiration and Disposal**
    a. Hazardous materials will be monitored for expiration dates and disposed of according to manufacturer recommendations/requirements.

CAMPUS FACILITIES

Lab Access/Study Access

The DPT labs are available to use outside of the immersion lab hours from 7am to 10pm. In addition to this space the library has study spaces as well as the University Center just outside of the library. Additionally, there is study space in the Patterson Student Center and all floors of BASS and SCIT and UC. Outside spaces are also available with internet access.

Counseling Center

Student counseling services are available from the Counseling Center in the University Center Room 420 from 8am-5pm Monday-Friday. Services are free. Students may be referred to services within the Counseling Center or in the community. The Counseling Center will assist students in accessing the appropriate services for their needs. The phone number is 903-334-6613. Link to the email address is at Counseling services.

IT Services

IT Services provides technology support for all TAMUT students. IT provides the Eagle ID and Acemail. IT is available at 903-334-6603 from 8am-5pm. IT does not service individual devices.

Library

The John F. Moss library is the TAMUT campus library. The TAMUT library is accessed using the student login. Resources are available electronically. If the library does not have the requested material it can be requested using the interlibrary loan. Library hours for the physical plant library are subject to change; however, the online services are available 24/7.

Religious Holidays

Please speak with the individual instructor if your religion observes a holiday during synchronous classes or immersive labs in order to make accommodations and keep up with the coursework.

Veteran's Services

TAMUT serves as a One Stop Shop for coordination of all academic activities, progress and needs for Veterans. Veteran's Services are located on the first floor of the BASS Building near the front door. Information is located at Texas A&M Texarkana | Veterans Services (tamut.edu)

Firearms

Firearms are allowed per Texas law into some areas of the campus but not in other areas. Please be aware of the rules. UPD is responsible for enforcing the rules. As a firearm owner it is your responsibility to know and obey the rules. There is no tolerance for not knowing and following the rules. Carrying a firearm into a restricted building will result in dismissal from the program.

Student ID

Student IDs will be issued during the orientation. Please keep the ID on your person when on the TAMUT campus. The ID card gives access to the physical spaces. For online testing you will be required to show your ID. If you lose the ID card please notify the ID card office.

Email Policy

Email is the official communication of the TAMUT DPT program.

Parking while on campus

Parking permits are sold at the front business counter on the first floor of the BASS building. Parking permits must be placed on the rearview mirror with the parking number facing toward the front of the vehicle. Permits can be used to park in any lot except the Bringle Lake Village (BLV) lot. Visitor parking is strictly for visitors. Some

parking is Reserved for specific usage - parking permits do not allow parking in these Reserved spacesThe BLV lot is reserved for residents of the BLV dorm. See TAMUT Parking Regulations for more information including fines Texas A&M Texarkana | Parking Tags and Information (tamut.edu)

TAMUT Police Department

The TAMUT Police Department is responsible for safety on the campus. TAMUT operates under the Jeanne Clery Disclosure of Campus Security Policy and Campus Crimes Statistics Act (Clery Act). Under the Clery Act students will be alerted to crime or criminal activity impacting the campus. No campus is 100% safe however the TAMUT campus has not had any serious criminal activity. Emergency blue calls are located across campus for use in case of emergency. Additionally students can call the UPD and be escorted to their vehicle as needed.

Texas A&M Texarkana | University Police Department (tamut.edu)

University Emergency Management Plan

emergency_management_plan.pdf (tamut.edu)

The mission of the Emergency Management Team is to protect lives and property, to mitigate the effects of a disaster, to respond to emergencies promptly and properly and to aid in recovery. Located across the campus in every building is an emergency shelter for tornados and severe weather. In the Texarkana region, tornadoes and severe thunderstorms as well as hail are common and impactful. It is required for students and faculty to be aware of the warnings and to seek shelter in the appropriate shelter when a warning is issued. Tornados do impact the local area in a significant way. The university has tornado shelters in each building.

Student Acknowledgement of reading this book.

_____ _____

Student Signature **Date**

Appendix A – Student Survey

Purpose:
This survey is intended to gather feedback from students to evaluate and enhance the quality of the DPT program. Your responses are anonymous and will help the program make data-informed improvements.

Please respond to each item based on your experience in the program.

Section 1: Policies and Procedures

1. I understand the academic policies and procedures of the DPT program.
   - ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
2. Program policies are applied fairly and consistently.
   - ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
3. I feel comfortable asking faculty or staff for clarification about policies.
   - ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

---

Section 2: Instructional Equipment and Technology

4. The laboratory and classroom equipment meet the learning needs of the curriculum.
   - ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
5. Technology used in the program (e.g., simulation, LMS, video capture, EMR) is effective and reliable.
   - ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
6. I have received sufficient instruction and support for using educational technology.
   - ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

---

Section 3: Physical Space and Learning Environment

7. Classrooms and laboratories are clean, accessible, and appropriately equipped.
   - ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
8. Student lounge, locker space, and common areas are adequate and comfortable.
   - ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

Section 4: Library and Learning Resources

9. The library provides adequate access to relevant physical therapy texts and research databases.
    - ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
10. I feel confident locating scholarly resources for coursework and research.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

11. Learning resources (e.g., online modules, recordings, anatomy models) support my success in the program.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

---

Section 5: Student Services

12. I am aware of the student services available to me (e.g., tutoring, counseling, disability services).

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

13. I have accessed student services during my time in the program.

- ☐ Yes ☐ No
- If yes, please indicate which services you've used and describe your experience:

Section 6: Financial Aid Services

14. I understand how to access financial aid resources and information.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

15. The financial aid office has been responsive and helpful when I needed support.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

---

Section 7: Health and Wellness Services

16. I am aware of available health services (e.g., campus clinic, mental health counseling, wellness programs).

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

17. I have used health or wellness services while enrolled in the DPT program.

- ☐ Yes ☐ No
- If yes, please describe your experience:

_____

Section 8: Overall Experience

18. I feel supported by faculty and staff in the DPT program.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

19. The program provides an environment that fosters my personal and professional growth.

- ☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree

20. What are the greatest strengths of the DPT program?

- _____

21. What specific areas of the program need improvement?

- _____

22. Do you have any additional comments or suggestions?

-