

Chapter 2: Professional & Academic Conduct

[Professional & Academic Standards](#)

[Academic Grading Policies](#)

[Test-Taking and Evaluation Policy](#)

[Faculty Instructional Philosophy](#)

[Professional Behaviors](#)

[Professional Dress](#)

[Collaborative Learning](#)

[Academic Conduct](#)

[Professional Expectations](#)

[University Academic Standards and Appeals Board](#)

[Learning Support Services](#)

[Professional Behaviors for the 21st Century](#)

[Higher Education Opportunity Act](#)

PROFESSIONAL and ACADEMIC STANDARDS

Good academic standing in the Physical Therapy Program is defined as continued enrollment, satisfactory academic progress, sound clinical skills, behavior that leads to professional competence and positive interpersonal and professional relations, and appropriate professional/ethical conduct and attitudes. Students are evaluated regularly in these five areas.

Students are expected to demonstrate behavior consistent with the Pacific University Code of Academic Conduct, American Physical Therapy Association (APTA) Code of Ethics, Guide to Professional Conduct, Physical Therapy Program Professional Behaviors, and state and federal laws governing the conduct of physical therapy. The Physical Therapy Program reserves the right to define professional competence and behavior, to establish standards of excellence, and to evaluate students in regard to them.

Agreement to abide by the policies and procedures of the University and the program is implicitly confirmed when students register each term. Students are expected to adhere to the various administrative and academic deadlines listed in the academic calendar and in course syllabi. Failure to do so may jeopardize their academic standing in the Physical Therapy Program and may constitute grounds for probation or dismissal from the program. Students must maintain good standing in the program in order to be eligible for, or continue on, any Physical Therapy Program administered scholarships.

A student's academic standing will be judged by one or more of the following:

1. Acceptable academic performance.
2. Acceptable progress in the development of clinical skills.
3. Compliance with School rules and procedures.
4. Professional procedures, ethical and legal conduct.
5. Evidence of behavior that supports professional conduct and interpersonal or professional

relations.

Faculty will evaluate academic performance, clinical skills, professional development and professional behaviors demonstrated in the educational environment and in clinical performance according to standards set forth in the University Catalog, the Physical Therapy Program Student Handbook, the APTA Code of Ethics and elsewhere.

Students will be given regular reports on their progress in the program. A student who is not performing adequately according to the standards will receive notification through written feedback and/or individual advisement. After receiving such warning, failure to improve performance before the next scheduled evaluation may result in academic probation.

Students placed on academic probation will receive formal written notification outlining the reasons for probation and expectations that must be met in order for probation to be lifted. Failure to meet the requirements of probation in a timely manner may result in dismissal from the program.

In the case of flagrant and intentional violations of the Code of Academic Conduct or APTA Code of Ethics, a student may be dismissed without previous warning at any time in his or her academic career.

In general, program decisions regarding academic standing are final. A decision may be appealed only if the student can show that 1) there was an error in the procedure used by the faculty, 2) there is new evidence sufficient to alter the decisions, or 3) the sanction imposed was not appropriate to the severity of the violation and professional or academic standards. The Director's office informs the student of faculty actions.

Appeals should be filed with the Director of the School of Physical Therapy & Athletic Training or the Executive Dean of the College of Health Professions within 10 days from the date of notification of the original action. Students are not allowed to attend class until the student has filed an appeal. Further appeals may be pursued through the University Standards and Appeals Committee.

Individuals convicted of felony may not be eligible for licensing in Physical Therapy. Students are urged to contact the appropriate licensing agency for further information.

Additional Information:

For details of professional and academic standards, academic policies and procedures, clinical policies and procedures, the appeals process, and the academic conduct policies, please see the following documents:

- Physical Therapy Program Student Handbook

- Physical Therapy Program Clinical Education Manual
- Physical Therapy course syllabi
- Additional resources are available in the Director’s office.

[Back to Top](#)

ACADEMIC GRADING POLICY

Grading Scale

A = 95-100 (94.5 – 100)	C = 77-79 (76.5 – 79.49)
A- = 90-94 (89.5 – 94.49)	F = less than 76.5
B+ = 87-89 (86.5 – 89.49)	P = Pass (equivalent to B- or above)
B = 83-86 (82.5 – 86.49)	NP = No Pass
B- = 80-82 (79.5 – 82.49)	I = Incomplete
	W = Withdrawal
	X = Continuing courses (<i>e.g.</i> , Bioethics)

This policy describes the standards by which progress is assessed and the determination of academic standing for the Doctor of Physical Therapy degree. Any changes to the Physical Therapy Program Academic Grading Policy must be approved by majority vote of the physical therapy faculty.

I. Grades

- Didactic Courses: Each course syllabus will state whether an “A-F/I” or “P/NP/I” scale is used for that course.
- Clinical education experiences: The grading system is P, NP, and I.
- Incomplete (I) grade: An instructor may issue an incomplete grade if the majority of coursework is completed satisfactorily, but health or other extenuating circumstances keep the student from completing the course. An “I” grade is not a substitute for a failing or otherwise undesirable grade; it cannot be granted to a student who is failing a class and wants additional time to submit make-up work in order to improve a grade. Prior to submitting an “I” grade, the instructor and the student complete an Incomplete Grade Contract detailing the requirements for completion and submission of all remaining work and specifying a timeline for completion. After submission of the work, the instructor completes a Grade Change Form and submits it to the School Director for approval; the form is then processed by the Registrar’s office.
- Withdrawal (W) grade: A student may choose to withdraw from a didactic course through the

week that corresponds to completion of 2/3 of the course and receive a “W” grade. It is the responsibility of the student to notify the instructor and the Registrar's Office regarding withdrawal from a class; failure to do so may result in a failing grade. If the student chooses to withdraw from a course, he/she can continue with the remainder of the courses within that semester. However, the student will not be able to progress within the program until he/she re-takes the course the following academic year. In order to be eligible to re-take this course, the student must be in good academic standing (See II.C.). Students also need to consider that a course withdrawal will impact their ability to complete the program in the 4.5 academic year maximum for completion (See II.B. and II.F.4.).

- E. X grade: An instructor may issue an “X” grade for successful completion of semester requirements for a course that spans multiple semesters. The “X” is replaced with a final “P” grade if all required components of the course are successfully completed or an “NP” grade if all required components of the course are not successfully completed.
- F. Remediation of any practical or written examination within a course is at the discretion of the respective faculty member and will be stated in the course syllabus. There is no remediation for the final course grade.

II. Academic Standing and Progression through the Program

- A. Progression through the program. All courses within a semester must be satisfactorily completed before a student may enroll in courses in the subsequent semester. If a clinical education experience is not completed secondary to personal/medical reasons, faculty will determine whether a student is allowed to progress through the program.
- B. Timeline for completion of program. A student must complete the curriculum in no longer than 4.5 academic years from matriculation. Progression delayed by personal/medical reasons will be evaluated by faculty on a case-by-case basis.
- C. Good Academic Standing: A student is considered to be in good academic standing if he/she: (1) completes didactic courses with a grade of 79.5% (B-) or better, and (2) passes didactic courses and clinical education experiences graded as P/NP. A student remains in good academic standing if he/she receives no more than one grade of C in a didactic course.
- D. Probation: Academic probation indicates concern about the student’s performance in the program. By placing the student on academic probation, the student is notified of the faculty’s concern regarding past performance. A student is placed on academic probation following the attainment of one F/NP grade (either didactic or clinical course) or C grades in two didactic

courses in the curriculum.

- i. The Director will notify the student in writing that he/she has been placed on academic probation, and that he/she will remain in this academic standing for the remainder of the program. This letter will contain an Action Plan pertinent to that student. The Director will also notify the Registrar that the student should be placed on academic probation.

E. Probation with Suspension: A student is placed on probation with suspension for either of the following reasons:

- i. If a student receives one F/NP grade in a didactic or clinical course, the student is suspended from the program at the end of that semester in which the F/NP grade was received. The Director will notify the student in writing that he/she has been placed on suspension with an Action Plan pertinent to that student. Before progressing further through the program, the student must repeat failed coursework when offered in the subsequent academic year.
- ii. Violation of the Code of Academic Conduct or the Physical Therapy Code of Ethics. The Director will notify the student in writing that he/she has been placed on suspension with an Action Plan pertinent to that student. This Action Plan will outline criteria to be met for the student to re-enroll in the program.

F. Dismissal: A student is dismissed from the program for any of the following reasons:

- i. Attainment of two F/NP grades in didactic or clinical courses
- ii. Attainment of one F/NP in didactic or clinical courses and two C grades in didactic courses
- iii. Attainment of three C grades in didactic courses
- iv. Inability to complete the curriculum in 4.5 academic years. As noted above (Section II.B.), progression delayed by personal/medical reasons will be evaluated by faculty on a case-by-case basis.
- v. Flagrant and intentional violations of the Code of Academic Conduct or the Physical Therapy Code of Ethics. No previous warning is required for this type of dismissal.

G. Leave of Absence or Administrative Withdrawal: If the student leaves the program for a personal/medical reason, documentation of such must be provided to the Director and the Registrar. The student will have the opportunity to re-enroll the following academic year in the semester that the student did not successfully complete. In the case of a medical leave of absence/medical withdrawal, the student must provide a letter of medical clearance to the

Director and Registrar before re-enrollment.

Readmission: The catalog in effect at the time of a student's initial enrollment indicates the specific requirements for that student. Students leaving the program for 3 consecutive terms or more must apply for readmission to return and would re-enter the program under the requirements in effect at the time of readmission.

Auditing: At the discretion of the respective faculty member, the Physical Therapy Program will allow students accepted into the Program and other currently enrolled CHP students to audit courses. Students must declare the audit option before the end of the add-drop period; once the audit option has been declared, the course cannot revert back to the graded option.

Non-Degree Seeking Students: Alumni, current students, and applicants accepted into the Program are not permitted to study as non-degree seeking students.

[Back to Top](#)

TEST-TAKING AND EVALUATION POLICY:
Developed by Physical Therapy Faculty and Students:
Adopted by Faculty and Students on 4/30/18

“The Center for Academic Integrity provides a definition of academic integrity that includes honesty to oneself and others, trust and open communication between students and faculty, fair treatment and mutual respect between faculty and students, and personal responsibility to help prevent cheating. The emphasis is on cooperation between faculty, students, and institutional administration; sharing responsibility by all parties; and on giving students a broader role in academic integrity policy implementation and adjudication.”¹

The objectives of this Test-Taking and Evaluation Policy are to:

- Protect the students.
- Protect the integrity of the examination process.
- Create a culture of integrity.
- Arrive at agreement among faculty on mandatory and optional components of guidelines.
- Create a culture of safety, rather than distress and threat.
- Communicate such a policy clearly and regularly to students and faculty.
- Incorporate a developmental process, i.e., use the guidelines as a vehicle for professional development of test-taking skills.
- Consider and re-consider the impact of and potential need for physical space.
- Preserve fairness across all examination environments.
- Maintain an open and collaborative relationship with the students in the development, implementation, and ongoing improvement of such policy.

The policy consists of the following three elements: Faculty Responsibility, Student Responsibility, and Examination Administration.

FACULTY RESPONSIBILITY:

- Provide a well-lit space conducive to test-taking.
- Provide adequate seating arranged as necessary to provide sufficient space between students. This may also include the use of exam dividers.
- Ensure that if exam dividers are used, they will be taken down at the end of the exam.
- Provide a sufficient number of proctors dependent upon the size and layout of the room.
- Clearly specify allowable items and resources for in-class and out-of-class examinations.
- Provide sufficient time to complete the examination.
- Display the time at the front of the class using the projector screen for written exams.
- Clearly communicate the time at which the examination is complete.
- Thoroughly screen all items during development of the examination to minimize errors.
- Thoroughly review all test questions to minimize errors, including appropriate forms of item analysis for reliability and difficulty.
- Grade exams within 10 business days.
- Post exam scores within 10 business days.
- Dedicate sufficient time to review examinations with the class.

STUDENT RESPONSIBILITY:

- Report suspicious incidents that appear to compromise the integrity of the exam to faculty.
- Refrain from verbal or non-verbal communication for the time period between the distribution of the examination until all examinations have been secured by the proctor.
- Bring only allowable items to the examination: pens/pencils, highlighters, erasers, beverage, snack, tissues, sweatshirt/jacket, and lip balm.
- Upon completion of the testing period for paper-based exams, immediately place writing utensils down, turn exam and scan/bubble sheets face down and return the examination and all scratch paper to the proctor.
- Upon completion of the testing period for all computer-based exams, immediately close your laptop and return all scratch paper.
- Arrive on time for the start of the examination, as extra time will not be given to complete the rest of the exam.
- Protect the integrity of all examination materials before, during, and after the examination. For example, students should not discuss the content of an examination with their classmates or other classes of students.

IN-CLASS EXAMINATION ADMINISTRATION:

- Items allowed in examination: pens/pencils, highlighters, eraser, beverage, snack, tissues, sweatshirt/jacket, and lip balm.
- Items allowed on table during examination: pens/pencils, highlighters, eraser, scratch paper, beverage, snack, tissues, and lip balm.
- Students must leave their other belongings (e.g., backpacks) at the front of the classroom or in their locker.
- For exams that require calculations, a calculator will be provided by the program to each student.
- Computers and power cords are allowed only for computer-based exams, during which faculty will require students to use a lockdown browser.
- Note that scratch paper will be provided by the program and must be submitted at the end of your exam.
- Allowable items may not be shared.
- Only one student is allowed out of the room at a time.
- No questions about exam content are allowed during the examination.
- A student may inform faculty of technical difficulties during the exam.

OUT-OF-CLASS EXAMINATION ADMINISTRATION:

- Unless explicitly stated otherwise by faculty:
 - The examination will be conducted independently during the examination block time.
 - Communication among students during the examination is strictly prohibited.
 - Completed examinations must be processed according to clearly specified guidelines provided by the faculty.
 - Use of or access to any electronic communications or social media/networking is strictly prohibited.
 - Completed examinations must be submitted to faculty by the previously established deadline.
 - Failure to submit a completed examination in a timely manner is subject to penalty.

Resources:

1. International Center for Academic Integrity; Rutland Institute for Ethics. Clemson University. <http://www.academicintegrity.org/>

FACULTY INSTRUCTIONAL PHILOSOPHY

The faculty of the Physical Therapy Program thoroughly embraces the concept of adult learning. As such, each party in the teaching/learning relationship must accept certain responsibilities in order for the system to flourish. We believe that it is the faculty role to serve as *facilitators* in the process rather than mere *dispensers* of knowledge. The faculty create a setting which maximizes student learning and fosters *professional* development, not merely the traditional student role. Such an environment is created when the instructor teaches in ways which stimulate and challenge, provides timely, behavior-specific feedback, while simultaneously assisting each student to reach his/her full potential. However, the student assumes the ultimate responsibility for the overall quality of her/his educational experience by becoming actively involved in the process, providing ongoing feedback to faculty and peers alike.

The concept of ability (competency) based learning and assessment is a part of the educational philosophy shared by the Physical Therapy faculty. This concept evolved from the recognition by educators in many disciplines that, in addition to a core of cognitive and psychomotor skills, a certain repertoire of behaviors is required for success in any given profession.

Traditional formats often assess only recall or recognition of information, as with multiple choice, fill-in-the-blank, or true-false questions. In ability-based assessment, the student's performance will be observed in a variety of different formats as the student completes different types of professional tasks. Appraisal of the student's performance is based on explicit behavioral criteria which have been shared with the student prior to assessment. This provides information about the student's ability to analyze and apply information in the ways he/she would actually use it in practice.

Ability-based learning and assessment provides the student with clear guidelines about instructor expectations and reflects real-life situations. Assessment is considered an integral part of the learning experience. Explicit criteria and timely feedback help students develop the ability to self-assess, self-correct, and self-direct their development.

With the exception of your laptop computer and any associated peripheral devices essential to the function of interaction with the course material (e.g., mouse, portable external disc drive, flash drive), no portable electronic devices (e.g., iPods, iPads, iPhones, Blackberries, cameras, etc.) are permitted during any formal, informal, or otherwise scheduled meeting of this course (this includes, but is not restricted to, lectures, laboratories and examinations). Any device that draws power from a battery, USB connection, or direct electric connection power source, is considered a portable electronic device and is not permitted to be used. If such devices are on your person, or in your personal effects, they should at all times be in the shutdown/power off (not standby) mode. Medical devices are

excluded from this section.

No audio, video, or photographic recordings are permitted of any course session, whether part of the formal course schedule or otherwise, without the signed, written consent of the course faculty. All course materials are intended for individual student use only; for the purpose of learning and applying the material. Reproducing or distributing course material widely is not permitted.

[Back to Top](#)

PROFESSIONAL BEHAVIORS

Professional behavior is vital to the success of each student physical therapist, the Physical Therapy Program, and the Physical Therapy profession. The process of becoming an effective physical therapist involves attaining competency not only in professional knowledge and skill, but behavior as well. These requisite behaviors, attributes, or characteristics may not be explicitly part of any given profession's core of knowledge and technical skills, but they are nevertheless essential for success in that profession. The abilities which define expected behavior within a given profession serve as the foundation for ability-based learning.

The term “Generic Abilities” and behavioral criteria specific to the practice of physical therapy were first classified by the faculty of the UW-Madison Physical Therapy School, and have been validated and accepted by clinicians as defining physical therapy professional behavior. The Faculty of the Physical Therapy Program at Pacific has chosen to adopt these originally defined abilities, with some minor modifications, as *Professional Behaviors*. The quality of professional behavior expected of Pacific University graduates is exemplified by the ten Physical Therapy-specific professional behaviors and the three levels of associated behavioral criteria. Satisfactory progress is demonstrated by exhibiting *beginning* level criteria by the end of the first year of the program, *developing* level criteria by the end of the second year and *entry level* criteria by the end of the final clinical education experience in the third year (please refer to the section on [Professional Behaviors](#)). *These behavioral guidelines apply both to the classroom and to the clinical setting.* Specific to the clinical setting, each student is expected to demonstrate appropriate professional behaviors and commitment to learning throughout the clinical education experience. This includes, but is not limited to, being punctual and prepared for every work day, respecting his/her clinical instructor, and being committed to a positive learning experience. Specifically, the Professional Behaviors to which we refer are:

1. Commitment to learning
2. Interpersonal skills
3. Communication skills
4. Effective use of time and resources
5. Use of constructive feedback
6. Problem solving
7. Professionalism
8. Responsibility
9. Critical thinking
10. Stress management

Mastery of this repertoire of behaviors facilitates the ability to:

1. Generalize from one context to another
2. Integrate information from different sources
3. Apply knowledge and skills in the practice setting
4. Synthesize cognitive, affective, and psychomotor behaviors
5. Interact effectively with clients, families, the community, and other professionals.

To facilitate development of competency in the ten Professional Behaviors, faculty (classroom faculty and clinical instructors) provide formal and informal feedback to all students. Specific professional behavior is assessed during practical examinations, laboratory experiences, and presentations as well.

Also, students are encouraged to recognize the importance of self-assessment in their development as students and professional physical therapists. Reflecting on past experiences is an extremely valuable method of assessing one's own performance and planning more useful strategies for the future. We also expect each student to seek feedback from fellow students, clinical educators, and faculty.

If a student demonstrates behaviors inconsistent with the Professional Behaviors, the following response will occur:

1. The student will be provided feedback regarding perceived inappropriate behavior(s) and relevant expectations of the instructor/faculty.
2. If a change to more appropriate behavior(s) does not occur, the student will be subject to appropriate consequences as determined by the faculty ranging from remediation to dismissal from the program.

[Back to Top](#)

PROFESSIONAL DRESS

Physical Therapy students are expected to abide by the dress code established by each clinical facility. In general, attire should be appropriate for the setting as well as the activity in which the student is involved. It is also important that patients, families, visitors and colleagues be able to easily identify students as Physical Therapist students. Each student is provided with a name tag before embarking on the first clinical rotation and is expected to wear this name tag during all clinical work.

[Back to Top](#)

COLLABORATIVE LEARNING

The faculty encourages students in the Physical Therapy Program to engage in collaborative learning: to help each other to attain the knowledge and develop the skills necessary to be a competent physical therapist. Although attaining admission to the Program is highly competitive, succeeding as a physical therapist requires working cooperatively with others for the benefit of patients, the profession and society. Because grading in the Program is criterion based, it is an excellent opportunity for students to practice the behaviors that will help them succeed as physical therapists in an increasingly collaborative professional environment. However, collaboration does not involve copying another student's work, or having one or two members of a group doing all of the work. Students are encouraged to seek/offer help from/to their classmates, but each completed assignment must represent the student's own work.

[Back to Top](#)

ACADEMIC CONDUCT

Appropriate academic conduct as defined by the University is expected of all students in the School. The values of academic integrity that foster an atmosphere of trust between faculty and students are the same values exemplified by the *APTA Guide of Professional Conduct* and *School of Physical Therapy Professional Behaviors*. It is expected that all students behave the same way while they are in the academic setting as they would in the clinical setting and vice versa.

Each student is expected to demonstrate appropriate professional behaviors and commitment to learning throughout the semester. In keeping with the professional behavior that all members of a health care team uphold, each student enrolled in this course is expected to conduct her/himself in a respectful and professional manner. This includes, but is not limited to, being punctual and prepared for every class session; respecting his/her classmates and the instructor during class discussions; working

independent of classmates when asked to do so; working in a positive and productive manner with classmates on group projects; respecting oneself by presenting his/her own ideas and opinions in a positive and thoughtful manner that demands the attention and respect of classmates; and being committed to a positive learning experience. (See Pacific University's Student Handbook for university policies)

[Back to Top](#)

PROFESSIONAL EXPECTATIONS

Attendance: Students have personal responsibility for class attendance, participation, and completion of assignments. A large portion of classes are composed of experiential learning sessions, discussions and experiences difficult to obtain from any one textbook. Attendance and class participation is expected for maximum learning. When absence is inevitable, the student is responsible for contacting the faculty member or if unavailable, the department administrative contact, PRIOR to class to be missed.

Assignment of make-up work, if any, is at the discretion of the instructor.

In case of illness or an emergency please call in to inform the School 503-352-7279.

Interpersonal Skills and Behavior: The general principle governing academic conduct standards at Pacific is that students have the obligation to conduct themselves as mature and responsible members of the community. Honesty and integrity are expected of all students in class participation, examinations, assignments, patient care and other academic work. Each student is expected to demonstrate appropriate professional behaviors and commitment to learning. In keeping with the professional behavior that all members of a health care team uphold, each student is expected to conduct her/himself in a respectful and professional manner. This includes, but is not limited to, being punctual and prepared for every class session; respecting his/her classmates and the instructor; working independently of classmates when asked to do so; working in a positive and productive manner with classmates on group projects; presenting his/her own ideas and opinions in a positive and thoughtful manner that demands the attention and respect of classmates; and being committed to a positive learning experience.

Written Assignments: All written assignments must reflect the quality expected of students enrolled in graduate level professional programs. The American Medical Association (AMA) Manual of Style should be used as a reference. This manual is a required reference for this curriculum and is a standard reference book in the Pacific University Library. It is also the style that is followed in Physical Therapy,

Journal of the American Physical Therapy Association.

See [Chapter 5](#) of this Handbook for referencing guidelines. For all papers, the following minimum standards must be adhered to:

1. Typewritten.
2. Proper grammar, sentence structure, spelling, and organization.
3. Proper referencing. All papers should include references.

Professional writing skills are essential. Development and refinement of these skills will be facilitated during your professional education. Papers will not be considered which do not adhere to the minimum standards and will be returned to the student for revision. Students are strongly encouraged to allow sufficient time in completion of papers to have another individual read their papers for editing/proofing purposes. The policy for papers turned in late is up to the individual faculty member.

[Back to Top](#)

UNIVERSITY ACADEMIC STANDARDS AND APPEALS BOARD

Each of the schools and colleges of Pacific University has a formal academic standards committee which carries out academic policy review, hears and rules on issues of student academic progress, alleged unprofessional conduct, or issues of alleged violation of the Academic Code of Conduct.

Membership on college and school academic standards committees shall be determined by those colleges and schools, according to standard procedures.

All requests for appeals of rulings by college or school academic standards committees shall be submitted in writing to the Vice President for Academic Affairs within 10 school days after the ruling is received by the student. Appeals shall be heard by the University Standards and Appeals Board, which is a standing committee of the University.

The University Standards and Appeals Board will make the decision to hear appeals of college/school academic standards committee rulings if one or more of the following criteria are met:

1. there was an error in procedure by a school of college academic standards committee,
2. there is new evidence sufficient to alter a decision is available,
3. or if the sanction(s) imposed was not appropriate in relation to the severity of the violation.

Normally, appeals dealing with introduction of new evidence will be returned by the University Standards and Appeals Board to the original academic standards committee for reconsideration. If the appeal involves inappropriate sanctions or procedural errors, the University Standards and Appeals Board will hear the case and rule on the appeal. Decisions of the University Standards and Appeals Board are final.

Membership on the University Standards and Appeals Board (7):

1. Vice President for Academic Affairs
2. Registrar
3. Three Faculty
 - a) one from the College of Arts and Sciences
 - b) one from the faculties of the professional schools (Optometry, Physical Therapy, Occupational Therapy, Professional Psychology, Education)
 - c) one faculty member mutually agreed upon by the appellant and the Vice President for Academic Affairs
4. Two students

- a) one appointed from the Undergraduate Community Council
- b) one appointed from the Professional Students Council

A faculty member will be elected to serve as chair of the committee. Membership for faculty is for a period of two years (staggered terms). Students may be appointed for one year. The Vice President for Academic Affairs shall appoint alternate members in cases of conflict of interest.

Hearings

The Vice President for Academic Affairs shall inform students of the appeal process and options, including the student's right to an advisor. Any non-attorney member of the University community may serve as an advisor. Students are responsible for presenting their appeal, therefore, advisors may not participate directly in the appeal hearing.

- All hearings shall be conducted in private and shall remain confidential.
- Students may present witnesses and evidence.
- There shall be a single verbatim record of the appeal. The record shall be the property of the University.
- The Vice President for Academic Affairs is responsible for ensuring that policy and procedures are followed.
- Appeals Board decisions shall be determined by majority vote. All votes shall be by secret ballot.
- All members of the Appeals Board must be present for a hearing to take place.
- Decisions made by the Appeals Board are final.

[Back to Top](#)

LEARNING SUPPORT SERVICES

In accordance with Section 504 of the Rehabilitation Act of 1973 and the more recent Americans with Disabilities Act (1991), Pacific University does not discriminate with respect to individuals with disabilities and provides the same educational opportunities for students with disabilities that it provides for all students, unless an undue burden would result.

The University maintains academic standards which apply to all students. However, students with disabilities may require additional or specialized services to meet academic standards.

The term "learning disability" refers to disorders in one or more of the basic processes involved in understanding or in using language, spoken or written, which may manifest itself in difficulty with listening, speaking, reading, writing, spelling or performing mathematical calculations.

It is the student's obligation to provide acceptable evidence that he/she has a learning disability; Pacific University requires that this be documented through psycho educational or psycho-neurological testing by an appropriate professional (licensed psychologist or educational specialist). If you have or believe that you may have a disability and need special accommodations, please contact Kimberly Garrett, Director of Support Services, Student Life, at 503.352.2171 or via email at kjgarrett_mrc@pacificu.edu. Students may then be referred to the Director of the Counseling Center to review that documentation or for a referral if they have not yet obtained the appropriate assessment. A list of referrals for specialists who do assessments for learning disabilities is available. Learning Support Services will partner with you to review the necessary documentation, discuss the services Pacific offers and facilitate the provision of any accommodations required for specific courses. It is *extremely* important that you begin this process no later than the end of the first week of the semester.

If it is determined that the student does fit the criteria for having a learning disability, the following accommodations may be available:

- tutoring
- classroom accommodation (sitting near the front, for example)
- permission to tape lectures and/or classroom discussions
- readers
- note-takers
- advance copies of syllabi and lecture notes
- access to computers with voice activation and speech synthesis software
- extra time as needed for exams
- a space with minimal distraction for exams

It is the student's responsibility to contact the Director of Learning Support Services to discuss his/her needs and request any of these services. The request will be evaluated and appropriate resources provided. It is also the student's responsibility to notify instructors of special needs. If the instructors have questions regarding the student's request they may be referred to the Director of Learning Support Services for consultation on how to accommodate the student. Services other than those described above are not available through the University. However, students may be referred to learning disability specialists in the community.

[Back to Top](#)

Professional Behaviors for the 21st Century

Definitions of Behavioral Criteria Levels

Beginning Level – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

Intermediate Level – behaviors consistent with a learner after the first significant internship

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

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

Background Information

In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific *Generic Abilities*. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study.

Since the initial study was conducted, the profession of Physical Therapy and the curricula of the educational programs have undergone significant changes that mirror the changes in healthcare and the academy. These changes include managed care, expansion in the scope of physical therapist practice, increased patient direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association's Vision 2020 supporting doctors of physical therapy.

Today's physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. Most recently (2008-2009), the research team of Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA completed a research project that built on the work of other researchers to analyze the PT-Specific *Generic Abilities* in relation to the changing landscape of physical therapist practice and in relation to generational differences of the "Millennial" or "Y" Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21st century.

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to the original 10 *Generic Abilities*, however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE's) and Clinical Instructors (CI's) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE's), Academic Faculty, CCCE's and CI's from all regions of the United States.

This resulting document, ***Professional Behaviors***, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The 'developing level' was changed to the 'intermediate level' and the title of the document has been changed from *Generic Abilities* to ***Professional Behaviors***. The title of this important document was changed to differentiate it from the original *Generic Abilities* and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

Preamble

In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002)

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

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

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

Professional Behaviors

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post-Entry Level:

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

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

Beginning Level:

- ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- ❖ Recognizes impact of non-verbal communication in self and others

- ❖ Recognizes the verbal and non-verbal characteristics that portray confidence
- ❖ Utilizes electronic communication appropriately

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning Level:

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

Intermediate Level:

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

Entry Level:

- ❖ Independently locates, prioritizes and uses resources to solve problems
- ❖ Accepts responsibility for implementing solutions
- ❖ Implements solutions
- ❖ Reassesses solutions
- ❖ Evaluates outcomes
- ❖ Modifies solutions based on the outcome and current evidence
- ❖ Evaluates generalizability of current evidence to a particular problem

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

- ❖ Demonstrates punctuality
- ❖ Provides a safe and secure environment for patients
- ❖ Assumes responsibility for actions
- ❖ Follows through on commitments
- ❖ Articulates limitations and readiness to learn
- ❖ Abides by all policies of academic program and clinical facility

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

- ❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary
- ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity

- ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development
- ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices
- ❖ Discusses role of physical therapy within the healthcare system and in population health
- ❖ Demonstrates leadership in collaboration with both individuals and groups

Post Entry Level:

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

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

8. **Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:

- ❖ Comes prepared for the day's activities/responsibilities
- ❖ Identifies resource limitations (i.e. information, time, experience)
- ❖ Determines when and how much help/assistance is needed
- ❖ Accesses current evidence in a timely manner
- ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards
- ❖ Self-identifies and initiates learning opportunities during unscheduled time

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

- ❖ Demonstrates appropriate affective responses in all situations
- ❖ Responds calmly to urgent situations with reflection and debriefing as needed

- ❖ Prioritizes multiple commitments
- ❖ Reconciles inconsistencies within professional, personal and work/life environments
- ❖ Demonstrates ability to defuse potential stressors with self and others

Post Entry Level:

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

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

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

Pacific University Compliance with the Higher Education Opportunity Act Peer-to-Peer File Sharing Requirements

Introduction

H.R 4137, the Higher Education Opportunity Act (HEOA), is a reauthorization of the Higher Education Act. It includes provisions that are designed to reduce the illegal uploading and downloading of copyrighted works through peer-to-peer (P2P) file sharing. These provisions include requirements that:

- Institutions make an annual disclosure that informs students that the illegal distribution of copyrighted materials may subject them to criminal and civil penalties and describes the steps that institutions will take to detect and punish illegal distribution of copyrighted materials.
- Institutions certify to the Secretary of Education that they have developed plans to “effectively combat” the unauthorized distribution of copyrighted material.
- Institutions, “to the extent practicable,” offer alternatives to illegal file sharing.

This document outlines Pacific’s plan to comply with these requirements.

Defining Copyright Infringement

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. In the file-sharing context, downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement.

Annual Disclosure

Consistent with our educational principles, we view education as the most important element in combating illegal sharing of copyrighted materials at Pacific. We use a wide variety of methods to inform our community about the law and Pacific’s response to copyright infringement claims:

- In order to use the University’s computing resources, all members of the Pacific Community agree to an Appropriate User Policy that includes a section on copyright compliance. The most recent version of the Appropriate Use Policy may be found on the University web site at:
http://www.pacificu.edu/system/files/forms/Pacific_University_Appropriate_Use_Policy.pdf
- All new community members are required to read and accept the Appropriate Use Policy in order to activate their Pacific computer accounts.
- University Information Services Network Assistants provide information on the University copyright policy for undergraduate students as part of their normal programming requirements. Programming may include live discussion sessions, information placed in the school newspaper, and posters mounted around the University to discourage illegal file sharing.

This is a publication of University Information Services. For further assistance please contact the Technology Information Center (503-352-1500, lower level Marsh) or University Information Services for the Health Professions Campus (503-352-7243, HPC 211) or email help@pacificu.edu.

- New graduate students are required to attend an orientation session that includes information about the University's copyright policy.
- An email will be sent each year from the Chief Information Officer to all community members detailing university policies regarding distribution of copyrighted materials.
- This statement will be posted on the Pacific University web site.

Plans to “Effectively Combat” the Unauthorized Distribution of Copyrighted Material

Pacific University currently employs bandwidth-shaping technology to prioritize network traffic. We limit the amount of bandwidth available to P2P applications but we do not filter such applications since much of the traffic is legal.

The University investigates each Digital Millennium Copyright Act notice received in a timely manner. University Information Services staff members identify and document information related to community members suspected of using the network resources at the time of the infringement. Documentation for suspected student infringement is given to the Department of Student Affairs. Suspected misuse by faculty or staff members is reported to the Chief Information Officer. First time offenders must meet with a university representative to be trained and given information regarding copyright law. Any identified illegal content is then removed from the community member's computer. Subsequent violations and lack of compliance with copyright laws may result in disciplinary actions being taken by the University which are handled according to the appropriate student, faculty, or staff handbook procedures.

Alternatives to Illegal File Sharing

The EDUCAUSE web site provides links to sites that provide numerous options for obtaining music, videos, and other digital content in a legal manner. Members of the Pacific community are encouraged to take advantage of these legitimate sources of digital content. The relevant page on the EDUCAUSE web site is at:

<http://www.educause.edu/legalcontent>

Consequences of Sharing Copyrighted Materials

Copyright infringement constitutes a violation of university policy and may create potential liability for both civil and criminal actions. Please note that action on the part of the University as a matter of policy does not remedy or immunize a user against possible legal actions by the content owner, or in very serious cases involving large quantities of material, possible criminal actions brought by public law enforcement.

Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or “statutory” damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For “willful” infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504, 505.

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Willful copyright infringement can also result in criminal penalties, including imprisonment of up to five years and fines of up to \$250,000 per offense.

For more information, please see the web site of the U.S. Copyright Office at www.copyright.gov, especially their FAQ's at www.copyright.gov/help/faq.

Other Resources

University Copyright Usage Guidelines:

<http://www.pacificu.edu/faculty-staff/documentation-and-forms/copyright-basics/copyright-usage-guidelines>

Student Code of Conduct

<http://www.pacificu.edu/about-us/offices/student-conduct/student-handbook/student-code-conduct>

Employee Handbooks:

<http://www.pacificu.edu/about-us/offices/finance-administration/human-resources/policies>

Copyright Law of the United States of America can be found at:

<http://www.copyright.gov/>

This document will be reviewed and updated yearly.

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