



Last Updated: 07/27/12  
 Contact: nationalgovernance@apta.org

**PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES BOD P05-04-02-03 [Amended BOD 08-03-04-10]**

Core Values	Definition	Sample Indicators
Accountability	Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.	<ol style="list-style-type: none"> <li>1. Responding to patient's/client's goals and needs.</li> <li>2. Seeking and responding to feedback from multiple sources.</li> <li>3. Acknowledging and accepting consequences of his/her actions.</li> <li>4. Assuming responsibility for learning and change.</li> <li>5. Adhering to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activities.</li> <li>6. Communicating accurately to others (payers, patients/clients, other health care providers) about professional actions.</li> <li>7. Participating in the achievement of health goals of patients/clients and society.</li> <li>8. Seeking continuous improvement in quality of care.</li> <li>9. Maintaining membership in APTA and other organizations.</li> <li>10. Educating students in a manner that facilitates the pursuit of learning.</li> </ol>
Altruism	Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the physical therapist's self interest.	<ol style="list-style-type: none"> <li>1. Placing patient's/client's needs above the physical therapists.</li> <li>2. Providing pro-bono services.</li> <li>3. Providing physical therapy services to underserved and underrepresented populations.</li> <li>4. Providing patient/client services that go beyond expected standards of practice.</li> <li>5. Completing patient/client care and professional responsibility prior to personal needs.</li> </ol>

Core Values	Definition	Sample Indicators
Compassion/ Caring	<p>Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.</p> <p>Caring is the concern, empathy, and consideration for the needs and values of others.</p>	<ol style="list-style-type: none"> <li>1. Understanding the socio-cultural, economic, and psychological influences on the individual's life in their environment.</li> <li>2. Understanding an individual's perspective.</li> <li>3. Being an advocate for patient's/client's needs.</li> <li>4. Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language, and cognitive abilities, etc.</li> <li>5. Designing patient/client programs/ interventions that are congruent with patient/client needs.</li> <li>6. Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care.</li> <li>7. Focusing on achieving the greatest well-being and the highest potential for a patient/client.</li> <li>8. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases.</li> <li>9. Embracing the patient's/client's emotional and psychological aspects of care.</li> <li>10. Attending to the patient's/client's personal needs and comforts.</li> <li>11. Demonstrating respect for others and considers others as unique and of value.</li> </ol>
Excellence	<p>Excellence is physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.</p>	<ol style="list-style-type: none"> <li>1. Demonstrating investment in the profession of physical therapy.</li> <li>2. Internalizing the importance of using multiple sources of evidence to support professional practice and decisions.</li> <li>3. Participating in integrative and collaborative practice to promote high quality health and educational outcomes.</li> <li>4. Conveying intellectual humility in professional and interpersonal situations.</li> <li>5. Demonstrating high levels of knowledge and skill in all aspects of the profession.</li> <li>6. Using evidence consistently to support professional decisions.</li> <li>7. Demonstrating a tolerance for ambiguity.</li> </ol>

Core Values	Definition	Sample Indicators
		<ol style="list-style-type: none"> <li>8. Pursuing new evidence to expand knowledge.</li> <li>9. Engaging in acquisition of new knowledge throughout one's professional career.</li> <li>10. Sharing one's knowledge with others.</li> <li>11. Contributing to the development and shaping of excellence in all professional roles.</li> </ol>
Integrity	<p>Integrity is steadfast adherence to high ethical principles or professional standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.</p>	<ol style="list-style-type: none"> <li>1. Abiding by the rules, regulations, and laws applicable to the profession.</li> <li>2. Adhering to the highest standards of the profession (practice, ethics, reimbursement, Institutional Review Board [IRB], honor code, etc).</li> <li>3. Articulating and internalizing stated ideals and professional values.</li> <li>4. Using power (including avoidance of use of unearned privilege) judiciously.</li> <li>5. Resolving dilemmas with respect to a consistent set of core values.</li> <li>6. Being trustworthy.</li> <li>7. Taking responsibility to be an integral part in the continuing management of patients/clients.</li> <li>8. Knowing one's limitations and acting accordingly.</li> <li>9. Confronting harassment and bias among ourselves and others.</li> <li>10. Recognizing the limits of one's expertise and making referrals appropriately.</li> <li>11. Choosing employment situations that are congruent with practice values and professional ethical standards.</li> <li>12. Acting on the basis of professional values even when the results of the behavior may place oneself at risk.</li> </ol>
Professional Duty	<p>Professional duty is the commitment to meeting one's obligations to provide effective physical therapy services to patients/clients, to serve the profession, and to positively influence the health of society.</p>	<ol style="list-style-type: none"> <li>1. Demonstrating beneficence by providing "optimal care".</li> <li>2. Facilitating each individual's achievement of goals for function, health, and wellness.</li> <li>3. Preserving the safety, security and confidentiality of individuals in all professional contexts.</li> </ol>

Core Values	Definition	Sample Indicators
		<ol style="list-style-type: none"> <li>4. Involved in professional activities beyond the practice setting.</li> <li>5. Promoting the profession of physical therapy.</li> <li>6. Mentoring others to realize their potential.</li> <li>7. Taking pride in one's profession.</li> </ol>
Social Responsibility	Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.	<ol style="list-style-type: none"> <li>1. Advocating for the health and wellness needs of society including access to health care and physical therapy services.</li> <li>2. Promoting cultural competence within the profession and the larger public.</li> <li>3. Promoting social policy that effect function, health, and wellness needs of patients/clients.</li> <li>4. Ensuring that existing social policy is in the best interest of the patient/client.</li> <li>5. Advocating for changes in laws, regulations, standards, and guidelines that affect physical therapist service provision.</li> <li>6. Promoting community volunteerism.</li> <li>7. Participating in political activism.</li> <li>8. Participating in achievement of societal health goals.</li> <li>9. Understanding of current community wide, nationwide and worldwide issues and how they impact society's health and well-being and the delivery of physical therapy.</li> <li>10. Providing leadership in the community.</li> <li>11. Participating in collaborative relationships with other health practitioners and the public at large.</li> <li>12. Ensuring the blending of social justice and economic efficiency of services.</li> <li>13.</li> </ol>

#### References

1. Albanese, M. Students are *not* customers: A better model for education. *Acad Med.* 1999; 74(11):1172-1186.
2. American Physical Therapy Association. *A Normative Model of Physical Therapist Professional Education: Version 2000.* American Physical Therapy Association, Alexandria, VA; 2000.
3. Arnold, L. Assessing professional behavior: Yesterday, today and tomorrow. *Acad Med.* 2002; 77(6):

4. Cary, JR, Ness, KK. Erosion of professional behaviors in physical therapist students. *Journal of Physical Therapy Education*. 2001; 15 (3):20-24.
5. Cohen, CB, Wheeler, SE, Scott, DA and the Anglican Working Group in Bioethics. Walking a fine line: Physician inquiries into patient's religious and spiritual beliefs. *Hastings Center Report* 31. 2001; 5:29-39.
6. Coles, R. The moral education of medical students. *Acad Med*. 1998; 73(1):55-57.
7. Covey, SR. *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change*. Simon & Schuster Adult Publishing Group, New York, NY: August 1990.
8. Covey, SR, Merrill RA, Merrill RR. *First Things First: To Live, To Love, To Learn, To Leave a Legacy*. Simon & Schuster Trade Paperbacks, New York, NY: May 1995.
9. Covey, SR, Reynolds. *Principled-Centered Leadership: Strategies for Personal and Professional Effectiveness*. Simon & Schuster Adult Publishing Group, New York, NY: September 1992.
10. DeRosa, C. Innovation in physical therapy practice. *PT Magazine*. February 2000:40-46.
11. Epstein, RM. Mindful practice. *JAMA*. 1999; 282(9):833-839.
12. Fox, RC. Time to heal medical education? *Acad Med*. 1999; 74(10):1072-1075.
13. Ginsburg, S, Regehr, G, Stern, D, Lingard, L. The anatomy of the professional lapse: Bridging the gap between traditional frameworks and students' perceptions. *Acad Med*. 2002; 77(6):
14. Greenlick, MR. Educating physicians for the twenty-first century. *Acad Med*. 1995; 70(3):179-185.
15. Hayward, LM, Noonan, AC, Shain, D. Qualitative case study of physical therapist students' attitudes, motivations, and affective behaviors. *J Allied Health*. 1999; 28: 155-164.
16. Hensel, WA, Dickey, NW. Teaching professionalism: Passing the torch. *Acad Med*. 1998; 73(8):865-870.
17. Kirschenbaum H. Values clarification to character education: A personal journey. *Journal of Humanistic Counseling, Education, and Development*. 2000; 39(1):4.
18. Kopelman, LM. Values and virtues: How should they be taught? *Acad Med*. 1999; 74(12):1307-1310.
19. Ludmerer, KM. Instilling professionalism in medical education. *JAMA*. 1999; 282(9):881-882.
20. MacDonald, CA, Cox, PD, Bartlett, DJ, Houghton, PE. Consensus on methods to foster physical therapy professional behaviors. *Journal of Physical Therapy Education*. 2002; 16(1):27-35.
21. Markakis, KM, Beckman, HB, Suchman, AL, Frankel, RM. The path to professionalism: Cultivating humanistic values and attitudes in residency training. *Acad Med*. 2000; 75(2): 141-150.
22. May WW, Morgan BJ, Lemke JC, Karst GM, et al. Development of a model for ability-based assessment in physical therapy education: One program's experience. *Journal of Physical Therapy Education*, 1995, 9 (1):3-6.
23. Pellegrino, ED. Toward a virtue-based normative ethics for the health professions. *Kennedy Institute of Ethics Journal*. 1995;5(3): 253-277.
24. Perry, J. Professionalism in physical therapy. *Phys Ther*. 1964; 44(6):429-434.
25. Robins, LS, Braddock III, CH, Fryer-Edwards, KA. Using the American board of internal medicine's

“elements of professionalism” for undergraduate ethics education. *Acad Med.* 2002; 77(6):

26. Sullivan, WM. What is left of professionalism after managed care? *Hastings Center Report* 29. 1999; 2:7-13.
27. Swick, HM, Szenas, P, Danoff, D, Whitcomb, ME. Teaching professionalism in undergraduate medical education. *JAMA.* 1999; 282(9):830-832.
28. Triezenberg, HL. Teaching ethics in physical therapy education: A Delphi study. *Journal of Physical Therapy Education.* 1997; 11(2):16-22.
29. Triezenberg, HL, McGrath, JH. The use of narrative in an applied ethics course for physical therapist students. *Journal of Physical Therapy Education.* 2001; 15(3): 49-56.
30. Weidman, JC, Twale, DJ, Elizabeth LS. *Socialization of Graduate and Professional Students in Higher Education: A Perilous Passage?* ASHE-ERIC Higher Education Report Volume 28, Number 3. San Francisco, CA: Jossey-Bass; 2001.

Relationship to Vision 2020: Professionalism (Academic/Clinical Education Affairs Department, ext 3203)

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure