Physical Therapist Assistant Program

CLINICAL EDUCATION HANDBOOK
2020
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Rowan-Cabarrus Non-Discrimination Statement

Rowan-Cabarrus Community College (RCCC) does not discriminate; exclude participation in programs or activities, or limit employment or application opportunities based on race, color, national origin, religion, sex, gender identity or sexual orientation, disability, military or veteran status, or age. Rowan-Cabarrus Community College is an equal opportunity institution and employer.

Any student may request a review of any College decision or action alleged to be discriminatory or have a negative effect on the student’s enrollment status at Rowan-Cabarrus Community College.

A grievance must be presented, in writing, within 30 days after the action or decision in question. Processing at each step cannot exceed 20 working days; however, the time may be extended by agreement of both parties or by extenuating circumstances as decided by the administrator to whom the grievance is presented. If administrator at each step does not meet processing time limitations, the grievant may then request higher administrative assistance in obtaining requested relief. If the grievant does not meet the stated time limitations, the process will be terminated and such grievance cannot be resubmitted.
RCCC and Physical Therapist Assistant Program Accreditation Notice

Effective November 14, 2018, Rowan-Cabarrus Community College has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). If needing to contact the program/institution directly, please call Anna Marie Prado, PTA, M.Ed., Program Director at (704) 216-7180 or email at annamarie.prado@rccc.edu.

Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates that the program is progressing toward accreditation and may matriculate students in technical/professional courses. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.
INTRODUCTION

Welcome to Clinical Education! Along with general education and technical education courses, clinical education plays a vital role in the preparation of Physical Therapist Assistants (PTAs). This handbook is to serve as a reference for the PTA student for all clinical education policies, procedures, processes, and guidelines. This handbook will also be made available to the clinical education faculty/staff at sites where students complete clinical education experiences, specifically the Clinical Instructor (CI) and Center Coordinator of Clinical Education (CCCE).

The RCCC PTA Program Clinical Education Handbook contains all clinical education policies and procedures relevant to the student. The appendices include all applicable RCCC and American Physical Therapy Association (APTA) documents. All students are expected read the Clinical Education Handbook, along with the PTA Student Handbook, RCCC Catalog, and RCCC Student Handbook, and to be familiar with all guidelines for policies, procedures, and conduct. Students are responsible for all information contained in the Clinical Education Handbook and PTA Program faculty are available for questions regarding all content contained therein.

For additional information on the clinical education portion of the RCCC PTA Program curriculum, please contact the Academic Coordinator of Clinical Education (ACCE), Karey Martin at karey.martin@rccc.edu or (704) 216-7218.

Thank you,

The RCCC PTA Faculty
Rowan-Cabarrus Community College (RCCC) Mission

Rowan-Cabarrus improves lives and builds community through public higher education and workforce development.

Physical Therapist Assistant (PTA) Program Mission

The RCCC PTA Program is committed to improving the quality of life for our graduates by developing them into educated, ethical, competent and caring professionals who will serve the community and its needs by providing quality, evidence-based care under the direction and supervision of a physical therapist.

PTA Program Vision

The RCCC PTA Program will be recognized in the region, state, and nation as a quality PTA educational program with superlative faculty members, staff, and students dedicated to . . . “Transforming society by optimizing movement to improve the human experience.”

PTA Program Philosophy

The RCCC PTA Program is a student-centered program with an open academic environment that inspires students to obtain a solid foundation in the skills and abilities to use critical thinking to become competent PTAs.

The PTA Program integrates a variety of instructional methods to advance students from basic knowledge and skills in the classroom and laboratory to comprehensive, evidence-based care in the community.

The PTA Program cultivates commitment in our students to continue to grow professionally as well as personally through self-assessment, continued learning, and involvement in professional associations.

The PTA Program strives to develop professionals who recognize and understand the various factors that influence the delivery of physical therapy and possess the ability to adapt and modify patient care and therapeutic intervention to succeed in the various physical therapy settings.
PTA Program Goals

The goals of the RCCC PTA Program are to:

1. Graduate competent, ethical, and professional entry-level physical therapist assistants able to work under the direction and supervision of a physical therapist.

2. Provide a comprehensive, evidence-based curriculum blending didactic and clinical education that is reflective of contemporary physical therapy practice.

3. Promote the importance of lifelong learning and involvement with the professional organization in order to support the profession of physical therapy.

4. Function as an integral part of the College through faculty participation in committee assignments, professional development, and recruitment activities.

PTA Program Objectives

Graduates of the RCCC PTA Program will be able to:

1. Work under the direction and supervision of a physical therapist in a legal, ethical, and competent manner as a PTA.

2. Demonstrate the professional and value-based behaviors of an entry-level PTA.

3. Demonstrate a commitment to professional development and life-long learning.

4. Demonstrate effective communication skills in a culturally competent manner with patients and their families/caregivers, other healthcare providers, and the public.
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**TOTAL PROGRAM CREDITS**  74
PTA Course Descriptions

PTA Physical Therapy
Course Information

PTA 110     Intro to Physical Therapy
This course introduces the field of physical therapy including the history and standards of practice for the physical therapist assistant and basic treatment techniques. Emphasis is placed on ethical and legal considerations, universal precautions, vital signs, documentation, basic patient preparation and treatment skills, and architectural barrier screening. Upon completion, students should be able to explain the role of the physical therapist assistant and demonstrate competence in basic techniques of patient care.

PTA 120     Functional Anatomy
This course provides an organized study of anatomy and kinesiology. Emphasis is placed on the integration of structure and function of the skeletal, articular, muscular, nervous, and circulatory systems to include gait analysis. Upon completion, students should be able to describe the components and demonstrate function of these systems as applied to physical therapy.
Corequisite:  PTA 140

PTA 130     Physical Therapy Procedures I
This course includes concepts of injury and repair and documentation methods. Emphasis is placed on physiological effects, indications, contraindications, and skilled applications of selected therapeutic modalities. Upon completion, students should be able to safely, correctly, and effectively apply the emphasized techniques and procedures with understanding of correct documentation.
Corequisite:  PTA 110

PTA 140     Therapeutic Exercise
This course covers muscle physiology, exercise concepts, testing, and applications to the spine and extremities. Topics include strength, endurance, flexibility, and exercise protocols and progressions. Upon completion, students should be able to demonstrate skill in applying therapeutic exercise principles for non-neurological conditions in a safe and appropriate manner.
Corequisite:  PTA 120

PTA 150     Physical Therapy Procedures II
This course is designed to include the theory and practice of additional therapeutic interventions. Topics include but are not limited to electrotherapy, burn and wound care, biofeedback, and selected data collection methods. Upon completion, students should be able to apply these modalities and treatment techniques effectively and safely and demonstrate knowledge of physiological principles involved.
Prerequisite: PTA 130

PTA 160  Physical Therapy Procedures III
This course introduces treatment and measurement techniques and discusses treatment programs for selected neuromusculoskeletal dysfunction and injuries. Topics include soft tissue and joint dysfunction, selected assessment techniques, and various exercise programs. Upon completion, students should be able to demonstrate the application of selected data collection methods and functional interventions.
Prerequisite: PTA 150

PTA 170  Pathophysiology
This course is a survey of basic pathology with emphasis on conditions most frequently observed and treated in physical therapy. Topics include etiology, pathology, manifestation, treatment, and prognosis. Upon completion, students should be able to explain repair processes, categorize diseases, define pathology, identify organ/body systems involved, and discuss treatment and prognosis.

PTA 180  PTA Clinical Ed Intro
This course introduces the physical therapy clinic in planned learning experiences and practice under supervision. Emphasis is placed on reinforcement of learned skills in direct patient care and communication. Upon completion, students should be able to demonstrate satisfactory performance in learned patient care skills, communication activities, and professional behaviors.

PTA 212  Health Care/Resources
This course provides an overview of various aspects of health care delivery systems and the interrelationships of health care team members. Topics include health agencies and their functions, health care team member roles, management, and other health care issues. Upon completion, students should be able to discuss the functions of health organizations and team members and aspects of health care affecting physical therapy delivery.

PTA 222  Professional Interactions
This course is designed to assist in the development of effective interpersonal skills in the physical therapist assistant setting. Topics include reactions to disability, the grieving process, methods of communication, motivation, health promotion, disease prevention, and aging. Upon completion, students should be able to discuss and demonstrate methods for achieving effective interaction with patients, families, the public, and other health care providers.

PTA 240  Physical Therapy Procedures IV
This course covers normal development, adult and pediatric/CNS dysfunction, spinal cord injuries, amputee rehabilitation techniques, and cardiopulmonary rehabilitation. Topics include neurology review, selected rehabilitation techniques, ADL and functional training, prosthetic and orthotic training, and environmental access. Upon completion, students should be able to demonstrate safe and correct application of selected rehabilitation techniques for neurological dysfunction, cardiopulmonary conditions, and amputations.
PTA 252   Geriatrics for the PTA
This course is designed to provide more in-depth knowledge of physical therapy care for the geriatric individual. Topics include health promotion, wellness programs, and medical problems specific to the elderly. Upon completion, students should be able to discuss and describe special problems and programs for the elderly.

PTA 254   Pediatrics for the PTA
This course provides an in-depth study of pediatric dysfunction and rehabilitation techniques. Topics include severe and profound attention deficit disorder, sensory integration, and rehabilitation in the school setting. Upon completion, students should be able to discuss selected pediatric dysfunctions and demonstrate specialized rehabilitation techniques.

PTA 260   Advanced PTA Clinical Ed.
This course provides full-time clinical affiliations for planned learning experiences and practice under supervision. Emphasis is placed on reinforcement of learned skills in direct patient care, communications, and professional behaviors. Upon completion, students should be able to demonstrate satisfactory performance as an entry-level physical therapist assistant and as a member of the physical therapy team.
Prerequisite:  PTA 180

PTA 270   PTA Topics
This course covers the physical therapist assistant profession in preparation for the state licensure exam. Topics include developing time management skills and practicing for the competence examinations. Upon completion, students should be able to identify individual academic strengths and weaknesses and utilize this information to continue self-study for the licensure exam.

PTA 280   PTA Issues I
This course consists of reports, discussions, and guest lectures on the latest physical therapy techniques, equipment, and health sciences specialties. Topics include reports on extradepartmental experiences, case studies, and literature reviews. Upon completion, students should be able to discuss specialized physical therapy equipment and/or related fields and display competent writing skills.
Clinical Education Course Objectives
PTA 180 – Clinical Education Intro Course Objectives

Upon successful completion of this course, all participants will:

1. Demonstrate the ability to safely perform selected physical therapy assessment skills and treatment interventions, within the PTA scope of practice and the physical therapist’s plan of care, at the CPI level of “Advanced Beginner” under the customary direction and supervision by the physical therapist.

2. Demonstrate the ability to perform adequate documentation and communication with the physical therapist regarding all aspects of patient status, patient treatment, and patient response to treatment at the CPI level of “Advanced Beginner” under the customary direction and supervision by the physical therapist.

3. Demonstrate the ability to effectively educate patients, family members/caregivers, and other healthcare providers within the PTA scope of practice and physical therapist’s plan of care at the CPI level of “Advanced Beginner.”

4. Demonstrate the ability to communicate with patients, family members/caregivers, and other healthcare providers in a culturally competent and professional manner at the CPI level of “Advanced Beginner.”

5. Demonstrate the ability to participate in scheduling and other routine administrative procedures of the physical therapy department at the CPI level of “Advanced Beginner.”

6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate at the CPI level of “Advanced Beginner.”

7. Demonstrate appropriate legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers under the customary direction and supervision by the physical therapist at the CPI level of “Advanced Beginner.”

PTA 260A – Advanced Clinical Education A Course Objectives

Upon successful completion of this course, all participants will:

1. Demonstrate the ability to safely perform selected physical therapy assessment skills and treatment interventions, within the PTA scope of practice and the physical therapist’s plan of
care, at the CPI level of “Advanced Intermediate” under the customary direction and supervision by the physical therapist.

2. Demonstrate the ability to perform adequate documentation and communication with the physical therapist regarding all aspects of patient status, patient treatment, and patient response to treatment at the CPI level of “Advanced Intermediate” under the customary direction and supervision by the physical therapist.

3. Demonstrate the ability to effectively educate patients, family members/caregivers, and other healthcare providers within the PTA scope of practice and physical therapist’s plan of care at the CPI level of “Advanced Intermediate.”

4. Demonstrate the ability to communicate with patients, family member/caregivers, and other healthcare providers in a culturally competent and professional manner at the CPI level of “Advanced Intermediate.”

5. Demonstrate the ability to participate in scheduling and other routine administrative procedures, including billing and performance improvement activities of the physical therapy department at the CPI level of “Advanced Intermediate.”

6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate at the CPI level of “Advanced Intermediate.”

7. Demonstrate appropriate legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers at the CPI level of “Advanced Intermediate” under the customary direction and supervision by the physical therapist.

8. Demonstrate the ability to communicate appropriately to physical therapy staff during an in-service presentation.

PTA 260B – Advanced Clinical Education B Course Objectives

Upon successful completion of this course, all participants will:

1. Demonstrate the ability to safely perform selected physical therapy assessment skills and treatment interventions, within the PTA scope of practice and the physical therapist’s plan of care, at the CPI “Entry Level” under the customary direction and supervision by the physical therapist.

2. Demonstrate the ability to perform adequate documentation and communication with the physical therapist regarding all aspects of patient status, patient treatment, and patient
response to treatment at CPI “Entry Level” under the customary direction and supervision by the physical therapist.

3. Demonstrate the ability to effectively educate patients, family members/caregivers, and other healthcare providers within the PTA scope of practice and physical therapist’s plan of care at the CPI “Entry Level.”

4. Demonstrate the ability to communicate with patients, family member/caregivers, and other healthcare providers in a culturally competent and professional manner at the CPI “Entry Level.”

5. Demonstrate the ability to participate in scheduling and other routine administrative procedures, including billing and performance improvement activities of the physical therapy department at the CPI “Entry Level.”

6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate at the CPI “Entry Level.”

7. Demonstrate appropriate legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers at the CPI “Entry Level” under the customary direction and supervision by the physical therapist.

8. Consistently demonstrate entry level Professional Behaviors in all interactions with patients, family members/caregivers, physical therapy personnel, and other health care providers by displaying all Professional Behaviors at CPI “Entry Level.”

9. Summarize a case study during a presentation to the physical therapy staff and stakeholders utilizing appropriate communication skills.
PTA PROGRAM CLINICAL EDUCATION POLICIES

The following information is a supplement to the Rowan-Cabarrus Community College (RCCC) student policies. The following is the link to the RCCC Student Handbook: https://legacy.rccc.edu/catalog-2019-2020/

All students are responsible for becoming aware of the RCCC policies and procedures, as well as other important information found in the RCCC Student Handbook. In instances in which program policies differ from general RCCC policies, such as admissions criteria, grading policies, or behavior policies, the RCCC administration supports the PTA Program policies. Any questions regarding RCCC or PTA Program policies may be directed toward the PTA faculty members or the Dean of the Health and Education Department, Wendy Barnhardt, EdD, at wendy.barnhardt@rccc.edu or (704) 216-3700.

Students are expected to have a thorough understanding of the content of the RCCC PTA Clinical Education Handbook, which is provided annually at the start of the spring semester. After reviewing the policy and procedure manual, students will sign and date the “Clinical Handbook Agreement,” which is an agreement in which the student states he/she understands the content of the handbook and agrees to abide by the policies and procedures set forth during clinical education experiences as a PTA student.

GENERAL CLINICAL EDUCATION INFORMATION

Clinical education experiences are an integral part of the training and preparation of PTAs. All RCCC students will spend a minimum of 624 hours in supervised clinical education, encompassing 16, full-time weeks over the course of three clinical education experiences. These experiences are planned sequentially and in coordination with classroom and laboratory experiences. The PTA Program ACCE is responsible for the coordination of all clinical education activities. Responsibilities of the ACCE are found on page 34.

All clinical education experiences take place in clinical sites that meet program requirements and have a current contractual agreement with RCCC. The Clinical Affiliation Agreement is included in the Appendix. Students are assigned to these sites by the ACCE and in agreement with the clinical site. Direct supervision and instruction of the student is provided by a Clinical Instructor (CI) or Instructors who is/are qualified appropriately for the type or level of content to be learned by the student, as assigned by the clinical site’s Center Coordinator of Clinical Education (CCCE) and in collaboration with the ACCE. Responsibilities of the Center Coordinator of Clinical Education (CCCE) and the Responsibilities of the Clinical Instructor (CI) are found on page 35. The ACCE and RCCC Administration determine the dates during which the clinical education courses are in session well in advance of the academic year.

The daily hours required by the students when participating in Clinical Education are dependent upon the hours of the facility and the schedule of the CI. PTA 180 Clinical Education Introduction is a four-week, full-time experience, and PTA 260 Advanced Clinical Education A and B are each six-
week, full-time experience. Students must complete their experiences within the assigned time frame/semester. Additional time may be required at the discretion of the clinical faculty and ACCE for reasons such as the makeup of absences or to satisfactorily meet the clinical education objectives.

Students must participate in at least one inpatient clinical education experience (An inpatient facility is one in which the patient is admitted into the facility for care, including acute care, long-term acute care, inpatient rehabilitation, and short-term/long-term inpatient rehabilitation (SNF) and at least one outpatient experience. The third clinical education experience will be chosen by the ACCE to ensure each student has experience with a variety of diagnoses and patients across the lifespan. There are some facilities that encompass multiple practice settings (e.g. an acute-care hospital with an in-house rehabilitation unit). Students may attend two of their clinical experiences at a single facility, but are not permitted to attend all three clinical affiliations at a single facility.

Clinical sites may have additional requirements in order for PTs or PTAs to become CIs, but the PTA Program has several minimum requirements in order for a PT or PTA to serve as a CI. Those qualifications are located in the next section describing clinical education policies.

The following guidelines have been formulated to assist the student, CI, and CCCE in understanding the Clinical Education phase of the RCCC PTA Program. It is recommended that all parties read and understand the guidelines prior to the start of any Clinical Education experience.

**CLINICAL EDUCATION GUIDELINES FOR THE PTA STUDENT**

Students are expected to follow both the RCCC and clinical site policies and procedures during the clinical education experiences. Any questions regarding clinical site policies or procedures should be directed to the CI and CCCE. If a student perceives discrepancies between RCCC policies and a clinical site’s policies, the student should additionally contact the ACCE, who will arbitrate any actual or perceived discrepancy.

**Academic Requirements**

Students are not permitted to begin a clinical education course until all prerequisite general education courses are successfully completed with a “C” or better and technical courses are successfully completed with a grade of “B” or better. This includes passage of all required competency skills check-offs and practical examinations. If a student has an Incomplete (“I”) grade in a general education or technical course, the clinical education course may not begin until the student completes the general education or technical course. Once a student successfully satisfies the requirements to remove the Incomplete grade for the general education or technical course, the clinical education experience will begin according to the PTA Program schedule. As a result, the student may experience a delay in continuing in the PTA program until that clinical education course is offered again.
Readiness for Clinical Experiences

The PTA Program Committee will assess each student’s readiness prior to each clinical education experience. The student will either be placed or not be placed in the clinic based on this assessment. Considerations will include, but are not limited to the following areas:

1. Skill competency demonstrated on competency skill check-offs and practical exams
2. Professional Behaviors status
3. Prior or current probationary status
4. Clinical evaluations and performance from completed clinical education experiences
5. Ability to perform assessment techniques and treatment interventions in a safe and competent manner

An important aspect of this readiness assessment is determining if the student is safe for clinical practice. Safety in patient care is a priority of this program. In order to insure that the student will be able to perform in a safe manner that minimizes risk to patients, self, and others, the PTA faculty will consider all of the areas listed above. In addition, all competency skill check-offs and practical exams will be monitored for safety criteria, including retakes.

In the event a student is not deemed by the PTA Program Committee to be ready for a scheduled clinical education experience, the student will be immediately made aware of the concern and counseled on the available opportunities to remediate, as appropriate. The student will be notified in writing if they are placed on program probation or if they are denied a clinical placement.

Professional Behaviors

Although much time and effort within the PTA Program is dedicated to knowledge and skill acquisition, it is equally necessary for students to develop appropriate professionalism. Professional behavior is expected at all times. Students are expected to follow professional standards when in the classroom, laboratory, and clinical settings. The guidelines for these standards are:

1. APTA Values-Based Behaviors for the Physical Therapist Assistant
   These values-based behaviors provide definitions and sample indicators (examples, not an exhaustive list) that describe the actions the PTA would perform to express the eight values most commonly associated with PTAs.

2. Values-Based Behaviors for the PTA Self-Assessment Tool
   This self-assessment tool is intended to: 1) increase awareness of the values-based behaviors, and 2) provide a format for documenting the frequency with which an individual demonstrates the eight values-based behaviors on sample indicators (not an exhaustive list).
3. **American Physical Therapy Association (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant**

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all PTAs as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all PTAs shall adhere.

4. **APTA Guide for Conduct of the Physical Therapist Assistant**

This Guide for Conduct of the Physical Therapist Assistant (Guide) is intended to serve PTAs in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) of the American Physical Therapy Association (APTA).

5. **Professional Behaviors Assessment Tool**

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.

Ten specific “Professional Behaviors” are assessed throughout the PTA Program curriculum. PTA Program faculty will assess the Professional Behaviors once per semester, with students also performing a self-assessment once per semester.

**Expected Professional Behavior levels are:**

- **a.** End of Semester I: All Professional Behaviors at beginning level or higher
- **b.** End of Semester II: A minimum of 50% of Professional Behaviors at intermediate level or higher
- **c.** End of Semester III: All Professional Behaviors at intermediate level or higher
- **d.** End of Semester IV: All Professional Behaviors at entry level

Faculty will provide both oral and written feedback regarding professional behaviors each semester. Copies of this feedback will be placed in the student's file. Students are expected to change unsatisfactory behaviors after receiving feedback from faculty. If a student is not demonstrating professional behaviors at an appropriate level, a plan for improvement may be developed by faculty with participation and input from the student. Identified deficits in professional behavior with no improvement may result in program academic probation or dismissal.

The PTA Program also believes that professionalism involves consistent classroom and laboratory attendance and engagement. It is not enough to only be present for classroom, laboratory, or clinical sessions. Students who portray an attitude of disinterest, disengagement, or disrespect
often have difficulty meeting classroom, laboratory, and/or clinical objectives and could potentially have difficulty attaining or maintaining employment.

The PTA faculty members, as well as the Dean of the Health and Education Department as necessary, will address incidents of unprofessional behavior. Incidents will be handled on a case-by-case basis, some of which may result in immediate dismissal (such as academic dishonesty, breaches of confidentiality, or patient abuse). Others may require an action plan or remediation as determined by the instructor. Students with multiple incidents of unprofessional behavior will be dismissed from the PTA Program.

**Attendance**

It is expected that students will attend each day of each clinical education experience, arriving on time and staying until the workday is completed and all requirements (documentation, billing, etc.) have been met. Students should not leave the clinical area for any reason until excused by the CI. Excessive or repeated attendance or timeliness issues will be considered as a component of the CPI assessment and may put the student at risk of a failing grade in the clinical education course.

Absences are only warranted in cases of personal illness, personal or family (parent, spouse, sibling, or child) emergencies, and death of a family member, including extended family. For an unexpected absence, the student must notify the CI prior to the start of the workday and then notify the ACCE immediately. Request for absence for any other reason must be discussed in advance with the ACCE and will be determined individually. Students are not permitted to make such a request to the CI or CCCE until first approved by the ACCE. The student must complete the Request for Leave Form and receive permission from the ACCE. The clinical education experience is the student’s priority, therefore all outside work and personal obligations are secondary. There will be no rearrangements of the student’s clinical schedule to accommodate. Students must request time off for religious observances from the ACCE in advance and must make up the time.

In the case of medical absences, the ACCE and/or CI may require a physician’s excuse for absence in excess of three days. Students should exhibit good judgment regarding illness. In general, a student should not attend if he/she has uncontrolled signs or symptoms such as a fever or active, productive cough. Students who fail to follow the procedure for planned or unplanned absences may face disciplinary action.

Students are eligible for a total of two days off for sickness or personal time during the three clinical education experiences. All absences must be made up. Students are required to complete any other assignments from RCCC or the clinical site that were missed due to absence.

If a weather event leads to the closing of any RCCC campus, all students are still expected to report to the clinical site, weather permitting and using his/her best judgment for safe travel. It is recommended that the student contact the clinical site, inform his/her CI that RCCC is closed, and collaboratively make a decision on the safety of travel and when the student is expected to report to the clinical site.
All students are required to make up any missed days prior to completion of the clinical education experience. Students are required to submit in writing to the ACCE on the Request for Leave Form a plan to make up the missed time in order to be eligible for successful completion of the clinical education experience.

**Dress code for Clinical Education**

The PTA Program does not have a specific dress code applicable to all clinical education sites, instead deferring the dress code to the individual clinical site. Students should recognize that although certain clothing types or styles, hair colors or styles, piercings, and tattoos may be culturally popular, they may not be considered clinically appropriate or acceptable. In general, items or attire that are not appropriate or acceptable by clinical sites include:

- Jeans
- Short skirts or dresses
- Clothing with excessive material that could inhibit normal movement
- Tops or bottoms that reveal the midriff, cleavage, or undergarments during normal movement
- Excessively worn, stained, odorous, or discolored items
- Hats
- Sandals, flip-flops, open-toe shoes, or high heels
- Long hair that is not pulled back
- Hair that is dyed an unnatural color
- Facial hair that is not short and neatly trimmed
- Garish or excessive makeup
- Excessively long or dirty fingernails
- Excessive jewelry
- Visible body piercings, including nose piercings (a single ear piercing in each ear is acceptable)
- Visible tattoos

**Clinical Education Documentation Requirements**

Prior to beginning each of the clinical education experiences, students must have verification of completion of the following requirements:

- Certification in the American Heart Association Basic Life Support for Healthcare Providers (BLS).
- Proof of liability insurance. This insurance is required of all students and is included in the student activity fee. The cost is approximately $13.00 per year.
- Completion of a satisfactory physical examination, including the ability to meet physical requirements and proof of required immunizations. All requests for or questions regarding the physical examination forms are made to the ACCE.
• Submission of Child Abuse Clearance. Students with criminal and/or child abuse backgrounds may not be permitted to engage in clinical education experiences and therefore may not be eligible for program completion, licensure, or employment. Specific questions may be directed to the ACCE, Program Director, or the Federation of State Boards of Physical Therapy (www.fsbpt.org).

Some sites will have more stringent requirements, such as those listed below. Students are not permitted to request sites based on the presence or absence of site requirements and students will not be reassigned based solely on not meeting site requirements.

• Some clinical sites require FBI background checks, which include fingerprinting.
• Some clinical sites require completion of a drug screening urinalysis. Students with positive drug findings may not be eligible for program completion, licensure, or employment. Specific questions may be directed to the ACCE, Program Director, or the Federation of State Boards of Physical Therapy (www.fsbpt.org).

All programs within RCCC’s Health and Education Department use Castle Branch for certified background checks for compliance tracking, immunizations, drug testing, and document storage.

**Emergency Care**

For injuries, urgent medical events, or other emergencies associated with the clinical education experience, students should follow the procedures of the clinical site. The ACCE should be notified as soon as possible in the event of an actual or suspected emergency. RCCC is not responsible for the costs of emergency care of the student.

**Expenses**

Students are responsible for all costs associated with clinical education experiences. Associated costs, in addition to tuition and fees, may include transportation, meals, housing, professional dress, or site requirements such as additional criminal background checks, screenings, immunizations, health insurance or safety certifications. While the personal and financial needs of the student may be considered, the ACCE will make the final decision for student placement based primarily on educational factors.

**Gifts**

In alignment with the APTA Code of Ethics for the Physical Therapist and the Standards of Ethical Conduct for the Physical Therapist Assistant, gifts of substantial value are not permitted from patients to students. If a gift is offered or received, the student should consult with the CI or ACCE as to its appropriateness. Similarly, students should not offer gifts of substantial value to patients, CIs, or other related personnel.
Holidays

Students will abide by the holiday schedule established by the clinical facility, and not the academic calendar of RCCC. If the clinical education site is closed during a holiday, the student will also have that day off.

Religious Holidays: The student must submit a completed Request for Leave Form to request time off for Religious Holidays to the ACCE a minimum of three days prior to the holiday and approval will be pending clinical site policy.

All students are required to make up any missed days prior to completion of the clinical education experience. Students are required to submit in writing to the ACCE on the Request for Leave Form a plan to make up the missed time in order to be eligible for successful completion of the clinical education experience.

Identification

Students must wear identification while at the clinical site. According to the policies of the individual sites, the student may be required to wear either the RCCC-issued nametag or the facility may require its own separate identification. If there is a fee associated with the facility’s required identification, it is the responsibility of the student to cover the cost.

Informed Consent

Any and all patients encountered during clinical education experiences must be informed that the care they are receiving is being provided by a student PTA. Students must seek and receive consent prior to treating all patients, and patients have the right to refuse treatment being provided by students. Consent may not be readily attainable from all patients due to many factors, including altered mental status, cognitive changes, or other temporary or permanent conditions that prevent an individual from providing informed consent. In these cases, consent must be obtained from another responsible party. Students are required to consult with their CI if there is any question as to the patient’s ability to provide informed consent. The student will then follow the recommendation or policy of the CI/clinical site.

Orientation to the Clinical Site

Most clinical sites have a formal orientation procedure, which may be required to be completed either prior to or at the beginning of the clinical education experience. Depending on the clinical site, the orientation may be provided on site or electronically. The procedure may include topics such as documentation procedures, safety policies and procedures, legal policies and procedures, or any other necessary policies and procedures. The Clinical Orientation Checklist included in the Appendix should be completed, signed, and returned to the ACCE within the first week of the clinical education experience. If there is a fee associated with the facility’s orientation process, it is the responsibility of the student to cover the cost.
Privacy and Confidentiality

Confidentiality is the principle of medical ethics that the information about a patient is private and there are limitations on how and when it can be disclosed. The technical PTA courses teach appropriate privacy and confidentiality including HIPAA, and the student is expected to maintain appropriate practices. Breaches in confidentiality can result in disciplinary action, dismissal from the PTA Program, and potentially legal action. Completion of the Confidentiality Agreement must be signed and submitted to the ACCE by each student before participation in activities at a clinical site, any related activities in the curriculum, and in the clinical education component of the program. This form is located in the Appendix.

With the present atmosphere in healthcare and potential competition among clinical sites, it is also necessary to keep confidential all clinical sites’ proprietary information.

Academically, the PTA Program maintains the confidentiality of student and clinical site information.

Safety

Safety is of the highest priority in the RCCC PTA Program for all students, faculty, staff, patients/clients, and any other persons related to or involved in the education of PTA students. Students are not permitted to attend any clinical education experience or participate in any clinical education course unless all prerequisite coursework is completed successfully.

Students are required to inform the CI and ACCE if they have any issues or conditions that could potentially put themselves or patients at risk. Examples include, but are not limited to: an injury that may prohibit the provision of safe and complete patient care, an infectious or potentially infectious illness, a debilitative or degenerative condition that may prohibit the provision of safe and complete patient care, and pregnancy. These issues or conditions do not automatically prevent students from participating in clinical education experiences, and any issues or conditions will be dealt with on a case-by-case basis between the student, CI, CCCE, and ACCE.

Students are taught Standard Precautions, hand washing, and other infection control practices prior to their Clinical Education courses. It is expected that they abide by all appropriate infection control practices. Any additional training is at the discretion of the clinical site.

Clinical Instructors should not ask students to perform treatment activities outside the scope of PTA practice. In addition, students should not agree to perform activities outside the scope of PTA practice even if asked. Students should not perform assessment techniques or treatment activities that have not been learned from coursework or previous clinical experience, unless these skills are taught and assessed by the CI prior to the student performing them. Clinical Instructors who teach skills that are within the scope of PTA practice but were not covered in the PTA program are responsible for assessing the student’s competence with the skill prior to patient treatment. It is expected that the CI and student clearly communicate with each other to ensure safe patient care.
at all times. The student should confer with the CI about any treatment activities in which the student is unfamiliar or does not feel that he/she has sufficient experience or skill. PTA students should not perform any assessment technique or treatment activity on a patient in which they feel unqualified or unprepared to do so.

Any issues regarding safety should be immediately addressed by the CI. Issues should be addressed in the CPI and may be documented in detail at the discretion of the CI in the Problem Behavior Form. Each safety issue will be handled on a case-by-case basis, and may result in verbal or written warnings up to and including failure of the Clinical Education course, dependent on the nature of and number of safety issues.

Social Media

Students must recognize that social media outlets (Facebook, YouTube, etc.) are in the public domain, and any posting may be viewed by RCCC personnel, classroom and clinical faculty, and potential employers. If students are found to be engaged in illegal, unethical, or unprofessional activity via social media, whether engaged in, during, or outside of business or school hours, they are subject to any applicable RCCC and/or clinical facility policies. It is recommended that all students be extremely careful and thoughtful with any content delivered via social media, considering that information told to another person by the student could also be used inappropriately on social media. The student is responsible for any and all confidential or unprofessional information communicated by him/her to a third party and delivered via social media. The student must comply with all clinical facility HIPAA policies. Reference to any patient(s), clinical site(s), school faculty or staff, even in generic terms, is strictly prohibited. If any issues arise, the PTA faculty will consult the RCCC student conduct policies (from the RCCC Student Handbook) as well as any applicable PTA Program and/or clinical facility policies.

Student Behavior

Students are expected to conduct themselves with ethical and professional behavior at all times, following all APTA, RCCC, and clinical site guidelines. Appropriate behavior is instructed and modeled by the instructors and described in the PTA Student Handbook. If a CI and/or CCCE have questions or issues regarding a student’s behavior, the conflict section of this handbook should be consulted. Although formal student assessment occurs via the Clinical Performance Instrument, CI’s have the option, at their discretion, of completing the additional Problem Behavior Form, as found in the Appendix, to assist the student in identifying and correcting problematic behavior.

Supervision

Students are not permitted to perform any treatment activities at a clinical site without direct CI supervision and under the direction and supervision of a licensed physical therapist. If there are any unexpected circumstances, such as an absence of the CI or a supervising PT, the student should notify the ACCE. Dependent on the circumstances and personnel, the ACCE will decide if the student is able to temporarily work with another staff member or perform non-patient care duties.
Transportation

Students are responsible for any and all transportation related to clinical education, including transportation between multiple clinical sites within a company, unexpected changes in clinical site location on any given day of a clinical education experience, etc.

Use of Technology

While the PTA Program recognizes the potential usefulness of many electronic devices, unauthorized or inappropriate use of technology is not permitted at any clinical education site. Additionally, any use of technology for recording may constitute a HIPAA violation. Small computers or communication devices may have clinical applications or internet capabilities, but they should not be used during patient care times. All use of communication or other electronic devices while on clinical site property, whether or not for appropriate clinical or personal use, must be approved by the student’s CI. A clinical site has the right, and is supported by the PTA Program, to request that the student leave all phones, tablets, computers, and any other electronic device in his/her car during all clinical education hours. If a student has a situation that requires personal communication during clinical education hours (for example, the student has a family member in the hospital or is responsible for the care of a child), the student is required to notify the ACCE, CI, and CCCE prior to the start of the clinical education experience and establish an agreement with all parties for use of a communication device on clinical site property.

EVALUATION, GRADING, and PROGRESSION FOR CLINICAL EDUCATION

A weekly summary of the clinical education experience is beneficial for both the student and the clinical instructor. It is an opportunity to share expectations and aid in the education of the student during the clinical education experience. The clinical instructor should have a scheduled meeting with the student at the end of each week in a private area to discuss the student’s strengths, areas for improvement, and goals for the next week. The Clinical Instructor/Student Meeting Form located in the Appendix should be completed and signed after each meeting. These forms are to be sent to the ACCE by the student at midterm and conclusion of the clinical education experience.

The tool utilized to assess clinical performance and progression is the Clinical Performance Instrument (CPI), which was developed by the American Physical Therapy Association (APTA), is the most commonly utilized instrument to assess student performance in clinical education experiences. Students, as well as the Clinical Instructors (CIs), are expected to familiarize themselves with the document and can contact the ACCE with any questions pertaining to the document or its usage.

The Physical Therapist Assistant Clinical Performance Instrument (PTA CPI) is a standardized, validated instrument used to assess student performance during clinical education experiences. Students and CIs will access the CPI online in order to complete a self-assessment and student
assessment at midterm and at the conclusion of the clinical education experience. All students and CIs must first take the appropriate free CPI training course (LMS-120: 2012 PTA CPI) on the APTA Learning Center before using the CPI to assess themselves or students. (APTA membership is not required for the course or CPI access.)

Read the APTA instructions below located at:

- APTA Quick Start Instructions for CPI Online Training Course
- APTA Tips for CPI Online Training Course
- APTA Frequently Asked Questions about the CPI Training and Account Access

The CPI is to be completed at both the midterm and conclusion of each clinical education experience. At each point of evaluation, the CI and the student is required to complete:

1. The rating indicating the level of performance of the student.
2. Narrative comments related to each rating in order to provide the student and ACCE will clear reasoning for the rating given.
3. Summative comments on the overall performance of the students, including areas of strength and areas for improvement.

Each item on the CPI includes examples of sample behaviors to assess the performance of the criterion. The CI will designate a time set aside during the workday specifically for the in-person, verbal review of the midterm and final CPI. Both the student and CI provide signatures at the midterm and final to verify that the CPI has been reviewed verbally and in person between the CI and student. The ACCE will contact the student and CI near the midterm and final to receive feedback and address any potential concerns. Processes for problem behaviors or other issues are discussed separately within the Clinical Education Manual. If necessary, the ACCE may make a personal site visit to meet with the student, CI, or CCCE.

At the conclusion of the experience, the student and CI will submit their completed versions of the CPI Web through the online system, allowing access by the ACCE for review. The ACCE will assign either a grade of “A” for Satisfactory Completion of the clinical education experience or a grade of “F” for Unsatisfactory Completion of the clinical education experience based upon the CI’s assessment and recommendations regarding completion of the clinical education experience, as well as other factors including completion of any required assignments during the clinical education experience, professional behavior during the clinical education experience, outside behavior that has an impact on the student’s academic standing or violates any RCCC or clinical site policy or procedure (see the Social Media section and other grading factors listed below), and the complexity of the clinical environment and patient population.
As per PTA Program policy, a student who receives an “F” grade for any clinical education experience will be dismissed from the Program. PTA 180 is the first clinical education experience and is four weeks in length. PTA 260 is divided into two six-week clinical education experiences. Each student must complete PTA 260A and 260B with a grade of “A” to pass the course and progress in the PTA Program. If a student does not receive a grade of “A” in PTA 260A, the student is dismissed from the program and may be eligible for readmission according to the RCCC PTA Program Readmission policy. If a student does not receive a grade of “A” in PTA 260B, the student is dismissed from the program and may be eligible for readmission according to the RCCC PTA Program Readmission policy. If a student is readmitted following dismissal, the student will reenter a later class of students and will not be permitted to retake any clinical education experience until it is offered again according to the PTA Program schedule.

If a student is having trouble or exhibiting concerning behaviors, the CI and/or CCCE should address the issues promptly and directly with the student. If needed, the ACCE may be notified and may provide arbitration or suggestions. At the discretion of the clinical site, remediation or other assignments may be required of the student. A specific action plan, short-term goals or actions, or any other actions in order to try to promote the successful completion of the clinical education experience may be developed through collaboration of the student, CI, ACCE, and CCCE if needed.

It is expected that the student’s level of performance will improve not only within each clinical education experience, but also across each successive experience. The minimum level of proficiency for each criterion becomes progressively higher for each successive experience. It is required that by the conclusion of PTA 180 Clinical Education Intro, the student score a minimum of “Advanced Beginner” on all 14 CPI Performance Criteria in order to pass the course. The level of required minimum proficiency increases to “Advanced Intermediate” for PTA 260A Advanced Clinical Education A. The student must pass PTA 260A to progress to the next clinical education experience, PTA 260B. To successfully complete PTA 260B Advanced Clinical Education B, the student must score a minimum of “Entry-Level” performance in all 14 CPI Performance Criteria. Please review the “Minimum Final Rating for Clinical Performance Instrument (CPI) for Each Clinical Education Experience” in the Appendix. A student may still receive an “F” grade even if he/she follows all of the attendance policies and scores at the minimum performance level on the CPI. A decision will be made based on the professional judgment of the ACCE and PTA Program Director, and will be based on the following factors as well as the student’s adherence to all policies and procedures, complexity of the clinical setting, and the scores on the final CPI:

1. “Significant Concerns” identified on the final CPI.
2. Any problems or concerns raised during the clinical experience that were not resolved.
3. Problems or concerns during clinical education experience that affected patient care and safety.
4. Consultation of ACCE, CI, CCCE and PTA Program Director.

The final decision will be made by the ACCE. If after reviewing all information available, the ACCE is still undecided, the PTA Program Director will be informed of all information regarding this issue. The final decision will then be made through collaboration of the ACCE and PTA Program Director.
During each of the clinical education experiences, the students are given assignments from RCCC. PTA 180 Clinical Education Intro includes a journal assignment; PTA 260A Advanced Clinical Education A includes an in-service presentation at the clinical site; and PTA 260B Advanced Clinical Education B includes a case-study presentation at the clinical education site. Instructions for these assignments are given by the ACCE prior to the beginning of the clinical education experience. The assignments are designed to augment student learning and in no way replace the requirements of the CPI and CI and/or CCCE. The clinical site, at its discretion, may require additional assignments for either general purposes or remediation. Successful completion of the given assignments with a passing score is required for students to pass the clinical education course. If students do not complete the assignments, they will be unable to progress in the PTA program and will be dismissed from the program.

The CPI must be completed by the CI and the student both at the midterm assessment and final assessment. The final grade of “A” or “F” will be recommended by the clinical site, but ultimately assigned by the ACCE based on the CPI ratings, written narratives, and additional factors including, but not limited to, completion of any required assignments during the clinical education experience, professional behavior during the clinical education experience, outside behavior that has an impact on the student’s academic standing or violates any RCCC or clinical site policy or procedure (see the Social Media section and other grading factors listed below), and the complexity of the clinical environment and patient population. At the conclusion of the clinical education experience, the student will complete the APTA Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction, which will be shared with the CI and/or CCCE, then submitted to the ACCE. Students who do not complete and submit all required clinical education documentation and any other required assignments by the established due dates will receive an Incomplete (“I”) grade and will not be permitted to progress in the PTA Program until all requirements are met.

PTA 260A and PTA 260B Student Presentations

During PTA 260A Advanced Clinical Education A, an in-service presentation at the clinical site must be completed. The topic of the in-service is the student’s choice, but must be approved by the CI. In PTA 260B Advanced Clinical Education B, a case-study presentation is required. The patient and topic chosen is the student’s choice, but must be approved by the CI. After completion of these presentations, the student must have the attendees evaluate and provide feedback using the Student Presentation Feedback Form located in the Appendix.

The specific requirements and grading criteria for student presentations during clinical education experiences is available in the syllabus for each clinical education course.

Remediation

Students who receive a “F” (Unsatisfactory) grade in any of the clinical education experiences or courses will not progress in the PTA Program curriculum and will be dismissed from the program.
Once a student is dismissed from the program, he or she will have the opportunity to apply for readmission according to the RCCC PTA Program Readmission policy. The student will be required to follow a process upon learning that he/she has not successfully completed a clinical education experience, and then must meet specified standards of remediation before returning to the clinic to retake a clinical education experience. The process and remediation standards include:

- The student must meet with a PTA Program faculty member to review the CPI in detail in order to confirm understanding of the factors involved in the unsatisfactory grade.
- Based on the factors identified, it is recommended that the student develop and engage in a personalized remediation plan approved by the PTA Program faculty.
- The remediation plan must be completed before the end of the semester prior to the next scheduled PTA 180 or PTA 260A and 260B.
- The student is required to retake both PTA 260A and 260B in their entirety regardless of which of these two clinical education experience was unsuccessful.
- The student is required to successfully complete the Comprehensive Written and Practical Exam prior to re-enrolling in PTA 180 or PTA 260A and 260B for retake.

### Dismissal

Students who receive an “F” (Unsatisfactory) grade in any of the clinical education courses will fail to progress in the PTA Program. A grade of “F” can be determined at any time during a clinical education experience. Reasons for a grade of “F” can include, but are not limited to: illegal, unethical, or unprofessional behavior; failure to abide by the facility’s schedule or billing procedures; insufficient regard to safety; significant lack of knowledge or other measure of clinical performance; and not obtaining the required minimal level on the CPI. All efforts will be made prior to the determination of a grade of “F” to provide the student with opportunities to remediate, as appropriate. If remediation is not appropriate or not successful, the student will not be permitted to return to the clinical site and will not complete the clinical education experience.

The CI and/or CCCE should discuss any issues with the student prior to the midterm or final CPI assessment. Significant concerns should also be addressed with the ACCE as soon as possible.

### Appeal Process

PTA students are granted the same appeal process as all RCCC students, regardless of whether the appeal involves a general education course, a technical education course, or a clinical education course. The student should follow the process as found in the RCCC Student Handbook, Academic Grievance section. Procedures specific to the clinical site will additionally be followed for any clinical education occurrences. The ACCE will assist with arbitration of any clinical experience-related occurrences.
Withdrawal

Students may withdraw from a clinical education course for medical, academic, or other personal reasons. The CI, CCCE, and ACCE should all be notified as soon as possible. The ACCE will assist the student with any necessary withdrawal processes. The student can consult the RCCC Catalog and Student Handbook for withdrawal and refund policies and procedures. Students who wish to seek re-admittance should refer to the readmission policy in the PTA Student Handbook.

PROCEDURE FOR STUDENT SITE PLACEMENT

Throughout the academic year, the ACCE will hold regular mandatory meetings with the PTA students regarding Clinical Education. These meetings will include the dissemination of general information, clinical course objectives, and the selection of clinical sites. The ACCE maintains Clinical Site Information Forms for each site, which have information on each of the sites that are available for Clinical Education. Students are expected to read about potential sites before indicating a preference to be placed at a clinical site. Students are required to complete a selection form, listing the order of preference of desired clinical sites with which the RCCC PTA Program has a current and active clinical education contract. Student preference for clinical education sites will be considered, however, the ACCE will make the final decision for student placement, the first priority always being the academic needs of the student.

Each student in the PTA Program will have the opportunity to submit one request for a clinical education site with which the PTA Program does not have a current or active clinical education contract. This request must be made in writing, using the New Clinical Site Request form available in the Appendix. Each student has the opportunity to submit this form once throughout his/her time in the PTA Program. It is strongly encouraged that prior to the submission of the New Clinical Site Request, the student schedule and in-person meeting with the ACCE to discuss site(s) in which he/she is interested, and choose a site based on ACCE input in order to provide the best possible chance of the site agreeing to partner with the PTA Program for clinical education. Submission of the New Clinical Site Request Form, consultation with the ACCE, pursuit of a site by the ACCE, and even the agreement of a site to sign a clinical education contract with the RCCC PTA Program are in no way guarantees that the site will have the availability to accept a student during any of the clinical education experiences.

Upon submission of a New Clinical Site Request Form, the ACCE will determine if the requested site is appropriate to pursue, taking into consideration the type of site, location of site, prior communication/experience with the site, and the variety of settings currently available to the program. If deemed appropriate to pursue, the ACCE will begin the process of pursuing the clinical site in attempt to establish a clinical education contract. The ACCE will contact the site using various forms of communication up to five times before ceasing pursuit of the contract. The length of time of pursuit and the forms of communication used are determined by the ACCE, and the student is not permitted to request additional or different forms of contact with the site.
The ACCE will determine the clinical education experience most appropriate for placement in the requested clinical site. If the ACCE has received no communication from the site 90 calendar days before the start of the clinical internship experience, all pursuits of the site will cease and the student will be placed in an alternate site determined solely by the ACCE. If the ACCE is in communication with the site and in the process of completing a clinical education contract, the pursuit will continue up to 60 calendar days before the start date of the clinical education experience. If the process is not completed within the required timeframe, the student will then be placed at an alternate clinical site determined solely by the ACCE. In the event the contract is established after the 90- or 60-day mark, the site will be added to the list of available sites for PTA Program clinical education experiences, but will not be held for the student who requested it. If the site is available for listing as a preference in the lottery system, all students are permitted to list it.

Students must participate in at least one inpatient clinical education experience and at least one outpatient clinical education experience. An inpatient facility is one in which the patient is admitted into the facility for care, including acute care, long-term acute care, inpatient rehabilitation, and short-term/long-term inpatient rehabilitation (SNF). The setting for the third clinical education experience will be chosen by the ACCE to ensure each student has experience with a variety of diagnoses and patients across the continuum of care. Some facilities provide multiple levels of care, such as a hospital that contains a rehabilitation unit. The type of setting will be determined by where the student will be spending all or most of the clinical education hours during the experience. A student may complete two experiences at the same clinical site if it houses two or more types of clinical settings. A student may not complete all three experiences at the same facility.

Students are not permitted to seek experiences at clinical sites where they are or have ever been employed in any capacity. Students are not permitted to seek experiences at clinical sites where they have any type of relationship (personal or professional) with any employees at the site. Students are permitted to seek experiences with companies where a friend or family is employed or where they have been employed, as long as the clinical education experience takes place at a location where the student has not worked and has no relationship with any employee. The level of and type of relationships will be explored by the ACCE who will make the final decision as to whether or not a student can complete a clinical education experience at a site.

A lottery system will be used for determining the order of site selection. At the time of site selection for PTA 180, all students will be randomly assigned a number. The student assigned the lowest number will be given the first opportunity to select a site from a list of available sites. The student with the next lowest number will choose next from the list, etc. For PTA 260A, students will select sites from a list of available sites in reverse order from the order used in site selection for PTA 180. For PTA 260B, the third and final clinical education experience, the ACCE will assign all students to appropriate sites based on the students’ previous two clinical education settings in order to ensure an adequate variety of educational experiences that allow for experience with the full variety of patients and diagnoses commonly seen in physical therapy. PTA 260B also provides students the opportunity to complete the experience in a specialty clinic, such as pediatrics, women’s health, or
other specialized area of physical therapy practice. All students will have the opportunity to review a list of specialty internships available for the time frame of the third and final clinical education experience. If a student would like to pursue one of the specialty experiences available, the student must submit a written application for that site to the ACCE. The ACCE and PTA Program Director will review the application and determine whether or not the student meets the criteria identified/requested from the site and the criteria established for specialty clinical education experiences, including but not limited to: adequate variety in physical therapy educational experiences in previous two clinical experiences, a PTA cumulative GPA of 3.5, and no documented incidents of unprofessional behavior during the student’s time in the PTA Program.

The ACCE is responsible for the establishment of clinical sites for PTA students. The clinical affiliation agreements (clinical contracts) will be regularly reviewed, updated, and maintained for sites that are routinely requested by students and offer the quality of clinical education experience required by the PTA Program. A clinical education contract may be established with a company that is not based in North Carolina; however, all clinical education experiences must be completed at sites within the state of North Carolina. For each clinical education experience, the ACCE will provide a list of available sites to the students one week prior to the site selection process. It is the responsibility of each student to come to the site selection process with knowledge of which site he/she will choose when his/her number is called and a list of at least five sites he/she would like to choose, in order of preference.

**Clinical Education Site Selection Criteria**

When the ACCE is attempting to place a student at a clinical site, the following guidelines are utilized, and a student will not be placed at the site unless the following guidelines are met:

1. The clinical site’s clinical education program is capable of meeting the specific academic objectives of the PTA Program and the clinical education experiences.
2. The physical therapy staff practices ethically and legally.
3. The clinical site demonstrates administrative support for physical therapy clinical education.
4. The clinical site has a variety of learning experiences, appropriate to the setting, available to students.
5. The clinical site provides an active, stimulating environment appropriate for the learning needs of the student.
6. The physical therapy staff is adequate in number to provide an educational experience for students.
7. There is an active staff-development program for the clinical site.
8. The clinical education site is committed to the principle of equal opportunity and affirmative action as required by Federal law.

The ACCE will determine these guidelines are met through review of the facility’s Clinical Site Information Form, observation during site visits, consultation and communication with the Clinical...
Faculty at the site, and feedback from students through the PTA Student Evaluation: Clinical Experience and Clinical Instruction Questionnaire.

**Clinical Instructor Selection Criteria**

The RCCC PTA Program has minimum standards required for clinical instructors (CIs) who supervise PTA students during clinical education experiences. The CI must:

1. Be either a PT or PTA.
2. Have graduated from an accredited program.
3. Be licensed, registered, or certified in those states where applicable.
4. Have at least one year of clinical experience.
5. Demonstrate clinical competence, professional skills, and ethical behavior.
6. Demonstrate effective communication skills.
7. Demonstrate effective instructional skills.
8. Demonstrate performance evaluation and supervisory skills.
9. Complete the PTA CPI web course for CIs.

The ACCE will determine these guidelines are met through review of the facility’s Clinical Site Information Form, observation during site visits, consultation and communication with the Clinical Faculty at the site, feedback from students through the PTA Student Evaluation: Clinical Experience and Clinical Instruction Questionnaire, and by proof of completion of the PTA CPI web course for CIs.

**RESPONSIBILITIES OF THE ACADEMIC COORDINATOR OF CLINICAL EDUCATION (ACCE)**

One member of the PTA faculty is responsible for coordinating the clinical education portion of the program curriculum. The ACCE works directly with the other program faculty, clinical faculty, and students to provide learning experiences that will help the student develop clinical competence. The ACCE is responsible for the following:

1. Identifying and developing clinical education sites.
2. Coordinating and providing clinical instructor development activities.
3. Assessing and determining student readiness for clinical education experiences in collaboration with program faculty.
4. Meeting with students to discuss clinical site selection.
5. Setting up and scheduling clinical education experiences for students.
6. Ensuring students participated in a variety of clinical experiences.
7. Meeting with students to discuss goals related to clinical education.
8. Coordinating all clinical education experiences.
9. Maintaining and updating the clinical site database.
10. Maintaining and updating the database of clinical education contracts.
12. Providing updated Clinical Education Handbook to all clinical sites and students.
13. Providing all forms and information to clinical site and clinical instructor.
14. Contacting clinical sites by phone at midterm of clinical education experiences.
15. Scheduling site visits as needed.
16. Completing and/or coordinating site visits for Clinical Education Intro, Advanced Clinical Education A, and Advanced Clinical Education B as needed.
17. Serving as a resource to students, CIs, and CCCEs.
18. Conferring with students and clinical instructors regarding student learning needs and progress towards meeting objectives.
19. Keeping students and clinical instructors informed on APTA and state specific regulations and rules that guide clinical practice.
22. Contacting and securing new clinical sites and complete all appropriate paperwork.
23. Ensuring the written clinical education contract between RCCC and clinical site is reviewed and renewed by RCCC and the clinical site at a minimum of every five years, as stated in the Memorandum of Understanding.
24. Ensuring the clinical education sites receive a copy of RCCC’s liability insurance annually.
25. Ensuring clinical instructors meet established criteria.
RESPONSIBILITIES OF THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE)

Each clinical site with three or more PTs and PTAs should have a designated CCCE who is responsible for coordinating the clinical education assignments and student activities. The CCCE is responsible for the following:

1. Coordinate and schedule potential clinical experiences for affiliating schools
2. Provide orientation materials prior to or on the day of student arrival.
3. Delegate actual clinical supervision of students to a staff PT or to a PT/PTA team.
4. Serve as a resource for the CI for establishing goals and objectives, setting up learning experiences, and evaluating student performance.
5. Inform the CI of all pertinent information from the affiliating schools.
6. Monitor the supervision and learning experiences of students. Provide communication and problem-solving strategies for the student and CI, as needed.
7. Provide necessary documentation to the schools (clinical agreements, completed student CPIs).
8. The CCCE should contact the PTA Program Director with any complaints or concerns involving the PTA Program. The CCCE should contact Dr. Wendy Barnhardt, Dean of Health and Education (wendy.barnhardt@rccc.edu or (704) 216-3700) with any complaints or concerns regarding the ACCE, PTA Program Director, or PTA Program.

RESPONSIBILITIES OF THE CLINICAL INSTRUCTOR (CI)

CIs are individuals who provide clinical instruction and supervision when students are engaged in the clinical education portion of the curriculum. CIs are considered PTA Program clinical faculty members, but are not employed by RCCC. The CI demonstrates clinical competence and a willingness to share his/her insights and rationale related to patient care. The responsibilities of the CI are as follows:

1. Demonstrate an interest in teaching and continuing education.
2. Orient students to the facility and complete the Clinical Orientation Checklist in the Appendix.
3. Facilitate student accomplishment of goals and objectives; assist with planning learning experiences with students.
4. Provide continuous, direct supervision* of students or arrange supervision by another qualified person.
5. Serve as a professional resource to students.
6. Serve as a role model of professional behavior.
7. Encourage students to take advantage of unique resources and learning experiences available at the clinical site.
8. Provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress.

9. Confer and consult with ACCE regarding student learning needs and progress toward meeting objectives.

10. Consult with ACCE regarding unsatisfactory progress of the student.

11. Assess and evaluate the student clinical experience. Set clear expectations and provide ongoing verbal and written feedback, with special attention given to areas of concern regarding student performance.

12. Address problems or concerns through open communication with the student. If problems cannot be solved to the satisfaction of the CI and/or the student, the CCCE and ACCE should be contacted.

13. Be aware of which assessment or intervention techniques the student has demonstrated competence during the PTA Program prior to the clinical education experience (See the Appendix). If a CI teaches a student an assessment or treatment technique that has not been presented or practiced in the academic setting, the CI is responsible for determining if the student is safe in applying the procedure to the patient in the clinical setting. The technique or skill must be within the PTA scope of practice as identified by the state practice act and the APTA. The student cannot be evaluated on that technique or skill for the purposes of determining academic advancement in the PTA Program.


15. May contact the Dean of Health and Education with any complaints regarding the ACCE or PTA Program Director. The CI should contact the PTA Program Director with any complaints involving the RCCC PTA Program.

16. When a patient or member of the public has a complaint or concern regarding a PTA student or the RCCC PTA Program, the CI is responsible to give the individual the name, title, and phone number of the Dr. Wendy Barnhardt, Dean of Health and Education (wendy.barnhardt@rccc.edu or (704) 216-3700).

*Supervision: The North Carolina Board of Physical Therapy Practice states that anyone not licensed as a physical therapist or physical therapist assistant is considered an “aide” and must receive on-site supervision by a licensed PT or PTA. Students are not licensed, and therefore are considered “aides.” However, the American Physical Therapy Association (APTA) policy dictates a higher level of supervision for PTA students. The RCCC PTA Program follows the guidelines established by the APTA. APTA (HOD P06-11-09-17) states that “When the student physical therapist assistant is participating in the delivery of physical therapy services while being supervised by the physical therapist alone or the physical therapist and physical therapist assistant working as a team, the physical therapist or the physical therapist assistant is physically present and immediately available at all times. The physical therapist or the physical therapist assistant will have direct contact with the patient/client during each visit as visit is defined in the Guide to Physical Therapist Practice.”
CONFLICT RESOLUTION

It is recognized that from time to time conflict may arise between the PTA student and others. If conflict arises, the student is expected to professionally discuss the issue with the other involved party. If either the student or the other party feels that other intervention is needed or that they are not able to deal directly with each other, both parties should speak with the CCCE. If the CI is also serving as the CCCE, the student should contact the ACCE. The student should not engage in gossip or discussion with any other parties, which would be considered unprofessional behavior. If a student brings a complaint or conflict directly to the ACCE, he/she will be advised to follow the previous steps. Dependent on the nature of the conflict and the involved parties, other clinical site personnel such as directors or unit supervisors may be notified and involved.

The ACCE will arbitrate any conflicts that are not successfully resolved.

If a conflict with the ACCE arises, the student should bring the issue to the attention of the PTA Program Director.

Disciplinary Procedure for Behavioral Violations

The following procedure outlines the progression of disciplinary action as a result of a behavioral violation. Please note that there are behavioral violations of different severities, and each violation will be handled on a case-by-case basis. Some violations will begin with a written warning, others will warrant immediate probation, and others will warrant immediate dismissal. (See next section, Criteria for Program Probation and Dismissal, for additional details).

For minor behavioral violations, the disciplinary process will proceed as follows:

1. Upon determination of a student's inappropriate conduct, the PTA faculty member who observed or was notified by clinical faculty of the conduct will meet with the student to discuss the matter and inform the student of the specific conduct that is deemed inappropriate. A written warning concerning the inappropriate behavior will be given to the student and a record of the behavior will be placed in the student's program file. In order to prevent further disciplinary action, this inappropriate behavior must not be displayed again throughout the remainder of the PTA program and the student must reach target levels for all areas of the Professional Behaviors Assessment Tool by the end of the semester in which the behavior violation occurred.

2. If the student's inappropriate conduct is repeated at any time during the PTA Program OR the student does not meet the target levels for any area of the Professional Behaviors Assessment Tool at the end of the semester of the initial violation, the student will be placed on formal program probation. Documentation of probation will be provided to the student, placed in the student's file, and sent to the Dean of Health and Education Department and the Vice President of Academic Programs.
At that time, a Probation Plan will be developed by the PTA Program faculty with target dates for elimination of problem behaviors and presence of professional behaviors. The student is required to meet these targets in order to have the probation lifted. It is the student’s responsibility to be proactive and seek assistance if needed to meet the expectations of the Probation Plan. If the expectations of the Probation Plan are met by the target dates, probation will be lifted at the end of that semester and upon successful completion of the Professional Behaviors Assessment Tool.

3. Failure to meet the expectations of the Probation Plan by the target date will result in dismissal from the PTA Program.

A student is allowed to be on PTA program probation a maximum of two times while enrolled in the PTA program. A student will be dismissed from the program if he/she is placed on PTA program probation a third time.

**Criteria for PTA Program Probation and Dismissal**

A student enrolled in the PTA Program will be placed on program probation and subject to dismissal at the discretion of the PTA Program Director in consultation with the PTA Program faculty members in reference to the following violations:

1. Attendance that does not meet the program attendance policy outlined in PTA Student Handbook.
2. Failure to follow the APTA’s Core Values, Value-Based Behaviors for the PTA, Guide for Professional Conduct, and/or Code of Ethics, as found in the PTA Student Handbook.
3. Failure to follow the Codes and Policies as found in the PTA Clinical Education Manual.
4. Possession of or use of alcohol or any mood altering chemical on the premises of RCCC or clinical education sites. This includes attending class, clinical education experiences, or other RCCC-sponsored/related event while intoxicated.
5. Grossly unethical or unprofessional behavior.
6. Gross carelessness in regard to safety of patients or colleagues.
7. Dishonesty, cheating, plagiarism, or theft.
8. Release of confidential information regarding patients, and/or clinical education site personnel or activities.
9. Unauthorized use or removal of supplies, equipment, materials, or related property from RCCC or affiliated sites.

The Professional Behaviors Assessment Tool is one tool used by PTA Program Faculty to measure student behavior and professionalism. Because the Professional Behaviors reflect behaviors necessary for success as a PTA in the clinical environment, failure to demonstrate progress in the Professional Behaviors, or failure to meet specific behavior levels by the defined target dates may result in program probation or dismissal.
The PTA faculty members, as well as the Dean of Health and Education and the Vice President of Academic Programs, as necessary, will address incidents of unprofessional behavior. Incidents will be handled on a case-by-case basis, some of which may result in immediate dismissal (such as academic dishonesty, breaches of confidentiality, and patient abuse).

Student Grievances

It is the policy of the RCCC PTA Program to work with students in finding a fair and just solution to problems that may arise, including grievances, questions, misunderstandings, or discrimination. If a student has a concern with a clinical course or clinical instructor, the student is urged to first take their concerns to the instructor of the clinical education experience in which the problem occurred. If the student and instructor are unable to come to an agreement, the student can then take the concern to the CCCE or ACCE. If the student and ACCE are unable to come to an agreement, the student can then take the concern to the PTA Program Director. If the student and PTA Program Director are unable to come to an agreement, the student may then follow the RCCC procedure for student grievances, which is as follows:

Any student may request a review of any College decision or action alleged to be discriminatory or have a negative effect on the student’s enrollment status at Rowan-Cabarrus Community College.

A grievance must be presented, in writing, within 30 days after the action or decision in question. Processing at each step cannot exceed 20 working days; however, the time may be extended by agreement of both parties or by extenuating circumstances as decided by the administrator to whom the grievance is presented. If administrator at each step does not meet processing time limitations, the grievant may then request higher administrative assistance in obtaining requested relief. If the grievant does not meet the stated time limitations, the process will be terminated and such grievance cannot be resubmitted.

Procedure

1. The student shall first informally discuss the matter in question with the College employee most directly involved unless the issue is a claim of discriminatory harassment. In that case, the student may move directly to the employee’s immediate administrator or the Director of Student Conduct.

2. If the student is unable to resolve the matter in question through discussion with the College employee directly involved, the student may file a formal grievance form with the employee’s immediate administrator or the Director of Student Conduct. All such grievances shall be in writing and state the basic facts in the case.

3. If the matter is not resolved, the formal appeal may be processed through the employee’s supervising administrators in succession until a satisfactory resolution is obtained or until the appeal reaches the appropriate vice president. The vice president or chief officer’s decision will be final except in the case of expulsion from the college which requires a final
4. A student may at any stage of the process consult with the Director of Student Conduct to obtain advice regarding the grievance procedure.

**Grievance Procedure for Students with Disabilities**

Students who experience a problem and/or feel unfairly treated should attempt to resolve the problem informally with the Counselor of Disability Services. Concerns regarding a specific accommodation will be resolved with the involvement of the student and the appropriate instructor, Program Head, Academic Dean, Academic Vice President, and Chief Operation Officer of Student Success. If a concern cannot be resolved to the student’s satisfaction, the student should utilize the Student Grievance process.

**Request Form**

Please contact the Lisa Ledbetter, Executive Director, Student Success – North Campus for additional information or with any questions.

**Student Grievance and Complaint Form**

Student complaints regarding the program should be first addressed to the PTA Program Director. Unresolved complaints or complaints about the PTA Program Director should be directed to the Dean of Health & Education. All complaints will be documented, including the projected outcome, and kept on file at the program facility. No retaliation will occur from the program or college due to a complaint being filed. Complaints regarding Accreditation of this program should be addressed to the Commission for Accreditation for Physical Therapy Education. This Commission is located at 111 North Fairfax Street, Alexandria, Virginia, 22314.

**Student Formal Complaints**

Rowan-Cabarrus Community College defines a formal complaint as a written expression of dissatisfaction with the performance of a college employee, a specific college experience, and/or a college procedure.

Consistent with rules established by the U.S. Department of Education and Southern Association of College and Schools Commission on Colleges, Rowan-Cabarrus provides all enrolled and prospective students with contact information for submitting complaints directly to the college.

If the issue is not resolved, the student may contact its accrediting agency or the appropriate state agency for handling the complaint within the student’s state of residence.
Rowan-Cabarrus has established specific procedures for certain specific complaints. For example, formal complaints regarding grades are subject to the Grade Appeal Procedure; complaints regarding discrimination are subject to the Student Grievance policy. Students will be expected to initiate their concerns or express their concern in accordance with those specific policies. Specific formal procedures are listed below:

- Grade Appeal
- Student Grievance (including Discrimination)
- Financial Aid Appeal – Satisfactory Academic Progress
- Financial Aid Appeal – Maximum Time Frame
- Campus Code of Conduct Violation (including Harassment)
- Sexual Misconduct (Title IX)

The college expects that most issues (such as those related service, classroom, technology or facilities) will be resolved informally through a discussion between the student and the appropriate faculty or staff member. Should a resolution not be reached, the student must submit a formal written complaint through our online Student Complaint Form.

Generally, students should submit a formal complaint within 30 days after the action that gives rise to the complaint. The time frame may be suspended under exceptional circumstances. The College will work with students toward a satisfactory resolution within established policies, procedures and administrative rules. At a minimum, the College will include written formal complaints as part of a continuous improvement process.

**Due Process**

Due process procedures are established to guarantee the right of hearing, a presentation of charges and evidence for charges. The procedures are published in the Campus Code of Conduct viewable on the college website and in the online catalog.

If a student perceives a college decision or action to be discriminatory or in violation of their student rights, a grievance may be filed.

**Outside of Due Process**

Any complaint outside of due process will be presented to the PTA Program Director within one week of occurrence. (Anna Marie Prado, PTA Program Director (annamarie.prado@rccc.edu or (704)-216-7180). An investigation will be conducted by the PTA Program Director and appropriate action will be taken if deemed necessary. Unresolved complaints or complaints about the Program Director should be directed to Dr. Wendy Barnhardt, Dean of Health and Education (wendy.barnhardt@rccc.edu or (704) 216-3700). If the complaint involves the PTA Program Director, the Dean of the Health and Education Department will be notified. Investigation and appropriate
action will be taken if deemed necessary.

It is recognized that from time to time a patient, healthcare worker, or other party may have a complaint about a PTA student. The complaint should be arbitrated as best as possible among the complainant, student, and clinical education site staff. If a complaint is lodged about a PTA student that is more serious in nature and/or that cannot be successfully resolved, the following process should be followed:

1. The CI notifies the student and the CCCE of the complaint.
2. The CCCE contacts the ACCE to inform her of the complaint.
3. The ACCE discusses the complaint with the CCCE, CI, student, and complainant as needed to fully understand circumstances of the complaint.
4. The ACCE, along with the student, CI, CCCE, and complainant, as needed, resolve the issue.
5. In the event the above parties are unable to resolve the issue and the ACCE deems it necessary, the ACCE will notify the PTA Program Director.
6. Within one week of notification of the complaint, the PTA Program Director will speak with the individuals involved and attempt to reach resolution on an informal basis.
7. Documentation of the complaint, the ensuing discussion, and resolution will be kept in a locked file in the program office.

No retaliation will occur by either the PTA Program or the college due to a complaint being filed.

If the complainant is not satisfied with the outcome of the informal complaint procedure, he or she may appeal to Dr. Wendy Barnhardt, Dean of Health and Education (wendy.barnhardt@rccc.edu, (704) 216-3700). For this appeal, the complaint should be written. The PTA Program Director will also submit a written statement, detailing the events of the informal procedure, and his or her response to the complaint. These materials should be submitted within two weeks following the informal procedure. After review of the written materials and conferences with each of the involved parties, the Dean of the Health and Education Department will render a decision on the matter within two weeks of receipt of these materials. If the complainant is not satisfied with the outcome of the formal complaint procedure, he or she may appeal, within one week, to the Vice President of Academic Programs who will make a determination within one week of the request for appeal. The complainant may also choose to file a written complaint with Commission on Accreditation in Physical Therapy Education, 1111 North Fairfax Street, Alexandria, VA 22314-1488.

**ACCOMMODATIONS – OFFICE OF ACCESSIBILITY**

**Policies**

The Office of Accessibility at Rowan-Cabarrus is offered to assist students with disabilities in achieving their educational and vocational goals and to comply with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The college’s goal is to make RCCC accessible for all students. In order to minimize the effects of a student's disability on his/her classroom performance, a reasonable accommodation or adjustment is provided as long as
an accommodation or adjustment does not alter a published course competency or course standard. Services are provided based on documentation provided by the student and the individual’s particular needs and circumstances.

**Mission**

It is the mission of the Office of Accessibility for students with disabilities to have equal access to learning at Rowan-Cabarrus Community College. Believing that students with disabilities can better advocate for their own needs with greater success, we strive to empower students at every step.

**Disability Services Counselors**

North Campus  
Holly Wagoner  
holly.wagoner@rccc.edu

South Campus  
Joanne Rusnak  
joanne.rusnak@rccc.edu

**Instructor Notification of Accommodation**

Instructor notification is not automatic and must be initiated by the student. Following class registration, the student must request an accommodation notification form through disability services. The student will then deliver the Accommodation Notification to each course instructor. The student must obtain the instructor’s signature, provide a copy for the instructor, and return the completed form to the Office of Accessibility. Accommodation will not be in effect until the completed form is returned.

**Clinical Education Accommodations**

The clinical setting is very distinct from the classroom setting. Accommodations that are appropriate in the classroom may not be appropriate in the clinic. If a student receives accommodation in the classroom, it is highly recommended that the student disclose the classroom accommodation and reason for the accommodation to his/her CI prior to the start of the clinical education experience. It is also recommended that a student who received accommodation in the classroom consult with the Office of Accessibility to determine if there are appropriate accommodations for the clinical setting.

Formal accommodation may or may not be granted in the clinical setting. Decisions regarding accommodation in the clinical setting will be made collaboratively with the Office of Accessibility, PTA Program Director, ACCE, CCCE, CI, and student. The expectations remain the same for all
students regarding clinical education performance regardless of the presence or absence of accommodation from the Office of Accessibility. All students must meet the stated performance standards to receive a grade of “Satisfactory” in all PTA Program courses.
Guidelines for Writing a Professional Letter

Rowan-Cabarrus Community College
Physical Therapist Assistant Program
Guidelines for Writing a Professional Letter

Approximately six weeks after placement in a clinical education experience, the student will write an introductory letter/email to the Clinical Instructor (CI) or Center Coordinator for Clinical Education (CCCE). A second letter/email of correspondence is then written approximately 6-8 weeks prior to the start date of the experience to communicate the student’s interest and excitement for the experience, and the student will also request information on the dress code, contact person, arrival time, parking, directions to the facility, etc.

Specifics for the Initial Clinical Education Professional Letter

1. Use business letter format
2. Include an introduction and conclusion
3. Identify the purpose of the letter in the opening paragraph
4. Summarize past related work experience, volunteer hours, clinical affiliations, etc.
5. Bullet/list clinical strengths
6. Bullet/list clinical weaknesses/areas you need to improve or want to focus on
7. Bullet/list goals specific for this clinical education experience
8. Bullet/list professional goals for the next 5 years
9. Closing: remind CI of the date of first day of the clinical education experience
10. Sign the letter
Clinical Instructor/Student Meeting Form

Rowan-Cabarrus Community College
Physical Therapist Assistant Program
Clinical Instructor/Student Meeting Form

Student: _________________________________________________

Clin Ed Experience #: ___________________________ Week #: _________

Date: ____________________________________________

Clinical Instructor Comments:

    Student’s Strengths:

Areas/Skills Showing Improvement:

Areas/Skills for Improvement:

Student Comments:

Goals for Next Week:

__________________________________________________________  _________________________
CI                                                        Date

__________________________________________________________  _________________________
Student                                                  Date
To verify completion, the Clinical Instructor initials when a task is accomplished.

- Ensure that the student has the appropriate ID badge(s) and parking permit for the clinical site.
- Review Clinical Schedule (including weekend or evening coverage).
- Review meal schedule.
- Review the professional appearance and behavior standards of the facility.
- Review any available library or educational resources.
- Review the organizational structure of the facility including the Physical Therapy or Rehabilitation Department.
- Tour of the facility.
- Review available supplies and equipment.
- Review facility Infection Control procedures.
- Review facility emergency procedures (Fire, Medical Emergency, Tornado, etc.).
- Review Clinical Education requirements and expectations.
- Discuss student learning preferences.
- Review facility documentation procedures and process.
- Review facility billing procedures and process.

Please return completed form to ACCE upon completion.
Confidentiality Agreement

Rowan-Cabarrus Community College
Physical Therapist Assistant Program
Confidentiality Agreement

The faculty at Rowan-Cabarrus Community College acknowledges the extreme importance of confidentiality with respect to the affairs of all patients in all clinical agencies. In light of this acknowledgment, each student agrees to keep confidential all information pertaining to any clinical agency and any related activities in the course of clinical education. This commitment to confidentiality includes:

• Any information regarding a patient, patient’s family, or health issues related to the patient

• Information regarding the organization’s strategic plan, programs, and process toward meeting business goals

• Issues related to legal, moral, and regulatory responsibility for the oversight of patient quality. This includes information regarding appointment and reappointment of professionals to the medical staff; information included in quality reports and statistical data regarding the agency’s clinical services and patient care; risk management and malpractice information; and individual professional performance and reviews of attitudes and opinions from those who work for the agency

• Financial information including annual budgets, revenues, expenses, long-term capital expenditure plans and equipment purchases, and information regarding the agency’s financial condition such as debt, liquidity, return on investment, profitability, and other financial data

• Employment information including employee salaries, employment agreements, and terms and conditions of employment

It is particularly important that the student recognizes the sensitivity of information regarding medical recruitment plans, capital decisions, real estate purchases, decisions regarding closures, mergers, and other strategic plans that may have impact on the agency’s competitive position relative to other healthcare providers (both institutional and individual) in the service area.

__________________________   __________________________
Student Signature               Date

__________________________
Print Name
Request for Leave

Rowan-Cabarrus Community College
Physical Therapist Assistant Program
Request for Clinical Education Leave

Clinical Education Course: _________________

SPTA Name: ____________________________

Date of Request: _______________________

Date(s) requested off:

# of hours requested off:

When do you plan to make up the days/hrs: _____________________________

Student Signature _______________________

________________________________________

ACCE Received Request: ___________________
ACCE notified clinical facility/CI: YES NO

Approved time off:
Anecdotal Record

Rowan-Cabarrus Community College
Physical Therapist Assistant Program

Anecdotal Record

Please use this anecdotal record to document problem behaviors as they occur. This method of formative evaluation is useful in providing students feedback on their behavior. It is most often used with affective [reflecting attitudes or feelings] problems, but is also useful in documenting recurrent issues in the psychomotor [completing a task] or cognitive [knowledge] domains. Thorough documentation of all problem behavior(s) is essential. This form does not replace the Clinical Performance Instrument (CPI). It is instead optional, and is to be used at the discretion of the CI. It is to be used as soon as a question of a student’s performance arises in order to be proactive. The student’s signature on this form is required for legal purposes. Please keep these few guidelines in mind:

- Document the behavior as soon as it occurs.
- Meet with the student to discuss the behavior openly as soon as possible.
- Assure the student that this feedback is intended to help him/her improve.
- Inform student that should the behavior continue, it will be reflected on the midterm/final CPI.
- Inform the student that the CCCE and ACCE have been notified.
- Include both the CI and the student signature. [The student signature does not imply agreement; it indicates only that the student has read and understands the document].

Student Action or Behavior of Concern:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Recommended Steps to Address Concern:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Student’s Name: ________________________________ Date: __________

Student’s Signature: ____________________________________________

CI/Evaluator Name: ________________________________ Date: __________

CI/Evaluator Signature: __________________________________________
New Site Request Form

Rowan-Cabarrus Community College
Physical Therapist Assistant Program
New Site Request Form

This form is to be used to request a clinical education site with which the RCCC PTA Program **does not have a current and active clinical education agreement**. Each student in the PTA Program has the opportunity to submit this form one time to the ACCE, who will then follow-up with the site per the process outlined in this Handbook. It is recommended that each student submitting this form schedule an in-person meeting with the ACCE to discuss.

This form must be completed in its entirety and submitted to the ACCE by the deadline provided. An incomplete form will not be accepted and the student will not have an opportunity to resubmit. Any questions regarding this form should be directed to the ACCE in advance of the deadline for submission.

Student: ___________________________ Date: ________________

Site Requested: ______________________________________________________

Address of site: _______________________________________________________

How did you hear about this site?
________________________________________________________________________________
____________________________________________________________________

Describe the academic and professional reasons you are requesting this site:
________________________________________________________________________________
________________________________________________________________________________

Do you know anyone/Are you related to anyone who works for this company? ____________

Are you aware that if this clinical site signs a clinical education contract with RCCC PTA Program, this is not a guarantee that you will be placed at this site? Yes/No

Are you aware that the ACCE will identify which clinical education experience is most appropriate for you to be placed at this site? Yes/No

Student Signature: ___________________________ Date: ________________
Student Presentation Feedback Form

Rowan-Cabarrus Community College
Physical Therapist Assistant Program
Student Presentation Feedback Form

Name of Student: ____________________________________________

Topic of Presentation: ________________________________________

Date of Presentation: _________________________________________

Did the presentation cover a topic that is current with physical therapy practice?

Strengths of the presentation:

What are some things that could improve this presentation if performed again?

Other comments:
PROBLEM SOLVING ALGORITHM UTILIZED BY PTAs IN PATIENT INTERVENTIONS

This algorithm, developed by APTA’s Departments of Education, Accreditation, and Practice, is intended to reflect current policies and positions on the problem solving processes utilized by physical therapist assistants in the provision of selected interventions. The controlling assumptions are essential to understanding and applying this algorithm. (This document can be found in A Normative Model of Physical Therapist Assistant Education: Version 2007.)

Controlling Assumptions

- The physical therapist integrates the five elements of patient/client management – examination, evaluation, diagnosis, prognosis, and intervention – in a manner designed to optimize outcomes. Responsibility for completion of the examination, evaluation, diagnosis, and prognosis is borne solely by the physical therapist. The physical therapist’s plan of care may involve the physical therapist assistant to assist with selected interventions. This algorithm represents the decision making of the physical therapist assistant within the intervention element.

- The physical therapist will direct and supervise the physical therapist assistant consistent with APTA House of Delegates positions, including Direction and Supervision of the Physical Therapist Assistant (HOD P06-05-18-26); APTA core documents, including Standards of Ethical Conduct for the PTA; and federal and state legal practice standards; and institutional regulations.

- All selected interventions are directed and supervised by the physical therapist. Additionally, the physical therapist remains responsible for the physical therapy services provided when the physical therapist’s plan of care involves the physical therapist assistant to assist with selected interventions.

- Selected intervention(s) includes the procedural intervention, associated data collection, and communication, including written documentation associated with the safe, effective, and efficient completion of the task.

- The algorithm may represent the thought processes involved in a patient/client interaction or episode of care. Entry into the algorithm will depend on the point at which the physical therapist assistant is directed by the physical therapist to provide selected interventions.

- Communication between the physical therapist and physical therapist assistant regarding patient/client care is ongoing. The algorithm does not intend to imply a limitation or restriction on communication between the physical therapist and physical therapist assistant.
**Minimum Final Rating for Clinical Performance Instrument (CPI) for Each Clinical Education Experience**

The following are the criteria established by the Rowan-Cabarrus Community College PTA Program for determining the final satisfactory or unsatisfactory student performance in the clinical education experiences. They represent the minimum rating levels for successfully meeting and passing all 14 of the clinical performance objectives.

The ultimate passing or failure recommendation upon completion of the clinical education experience is based on both the rating scale and the written narrative. The rating scale and the written narrative comments should correspond. Any areas in which the rating scale and the written comments do not correspond should be promptly addressed and clarified between the ACCE, CI, and CCCE. Specific instructions about the use of the CPI are included within the CPI itself. The student and CI should also refer to the PTA Program’s Evaluation, Grading, and Progression section of the Clinical Education Handbook. The CI may also refer to the PTA curriculum and course descriptions to review specific coursework completed by the student. Any questions that arise should be directed to the ACCE.

Key: Advanced Beginner Performance (ABP); Advanced Intermediate Performance (AIP) Entry-level Performance (ELP)

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>Minimum final Rating Scale: Clinical Education Intro</th>
<th>Minimum final Rating Scale: Advanced Clinical Education A</th>
<th>Minimum final Rating Scale: Advanced Clinical Education B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Safety</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
</tr>
<tr>
<td>2 Clinical Behaviors</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
</tr>
<tr>
<td>3 Accountability</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
</tr>
<tr>
<td>4 Cultural Competency</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
</tr>
<tr>
<td>5 Communication</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
</tr>
<tr>
<td>6 Self-Assessment &amp; Life</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
</tr>
<tr>
<td>7 Clinical Problem Solve</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
</tr>
<tr>
<td>8 Interventions: Therapeutic Exercise</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
</tr>
<tr>
<td>9 Interventions: Therapeutic Techniques</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
</tr>
<tr>
<td>10 Interventions: Physical</td>
<td>ABP</td>
<td>AIP</td>
<td>ELP</td>
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<td>ABP</td>
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<td></td>
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<td>ELP</td>
<td>ELP</td>
</tr>
</tbody>
</table>
Skills Learned Prior to 1st Clinical Education Experience (Clinical Ed Intro)

<table>
<thead>
<tr>
<th>Intro to PT</th>
<th>Procedures I</th>
<th>Procedures II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection control/universal precautions*</td>
<td>Cervical massage*</td>
<td>Pre-Mod and IFC*</td>
</tr>
<tr>
<td>Handwashing*</td>
<td>Back massage*</td>
<td>Russian and Biphasic*</td>
</tr>
<tr>
<td>Donning/Doffing Personal Protective Equipment*</td>
<td>Extremity Massage*</td>
<td>Point Electric Stimulation</td>
</tr>
<tr>
<td>Vital signs assessment*</td>
<td>Transverse Friction Massage*</td>
<td>NMES*</td>
</tr>
<tr>
<td>Skin Sensation Testing/Skin Integrity*</td>
<td>Volumetric Measurements*</td>
<td>Combo ES/US*</td>
</tr>
<tr>
<td>Positioning and Draping*</td>
<td>Intermittent Compression Pump*</td>
<td>MENS</td>
</tr>
<tr>
<td>Tilt Table (didactic only)</td>
<td>Compression Garments</td>
<td>HiVolt*</td>
</tr>
<tr>
<td>Body Mechanics*</td>
<td>Paraffin*</td>
<td>TENS*</td>
</tr>
<tr>
<td>Bed Mobility*</td>
<td>Cryotherapy*</td>
<td>UV (didactic only)</td>
</tr>
<tr>
<td>Transfers*</td>
<td>Hot Packs*</td>
<td>IR (didactic only)</td>
</tr>
<tr>
<td>Sliding board transfers*</td>
<td>Contrast Bath*</td>
<td>Light/Laser</td>
</tr>
<tr>
<td>Hoyer/Mechanical Lift</td>
<td>Fluidotherapy (didactic only)</td>
<td>Biofeedback*</td>
</tr>
<tr>
<td>Fit assistive device*</td>
<td>Short-wave Diathermy*</td>
<td>Wounds and Burns</td>
</tr>
<tr>
<td>Gait training – level*</td>
<td>Hydrotherapy (didactic only)</td>
<td>Modalities for Wounds</td>
</tr>
<tr>
<td>Gait training – uneven surfaces*</td>
<td>Vapocoolant Spray</td>
<td>Aquatic Therapy (field trip)</td>
</tr>
<tr>
<td>Wheelchair mobility*</td>
<td>Game Ready</td>
<td>Functional Training</td>
</tr>
<tr>
<td>DTRs</td>
<td>Ultrasound – direct &amp; immersion*</td>
<td>FCE</td>
</tr>
<tr>
<td></td>
<td>Phonophoresis*</td>
<td>Work hardening</td>
</tr>
<tr>
<td></td>
<td>Cervical traction, mechanical and manual*</td>
<td>Iontophoresis*</td>
</tr>
<tr>
<td></td>
<td>Lumbar traction, mechanical and manual*</td>
<td></td>
</tr>
</tbody>
</table>

*Denotes skills student has successfully demonstrated through Competency Skill Check-offs and/or practical examinations
<table>
<thead>
<tr>
<th>Functional Anatomy</th>
<th>Therapeutic Exercise I</th>
<th>Procedures III</th>
<th>Procedures IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surface Anatomy*</td>
<td>ROM Exercises*</td>
<td>UE Goniometry*</td>
<td>Cognition/Orientation Assessment*</td>
</tr>
<tr>
<td>Soft tissue palpation*</td>
<td>Stretching/Flexibility for Neck and Back*</td>
<td>LE Goniometry*</td>
<td>Motor Learning Techniques*</td>
</tr>
<tr>
<td>Basic Gait Assessment*</td>
<td>Stretching/Flexibility for Upper Extremity*</td>
<td>Neck/Trunk Goniometry*</td>
<td>Functional movement Assessment*</td>
</tr>
<tr>
<td>Posture Assessment*</td>
<td>Stretching/Flexibility for Lower Extremity*</td>
<td>UE MMT*</td>
<td>PNF techniques*</td>
</tr>
<tr>
<td>Dermatomes*</td>
<td>Aerobic Conditioning</td>
<td>LE MMT*</td>
<td>Prosthetic training</td>
</tr>
<tr>
<td>Myotomes*</td>
<td>Resistance Exercises for Neck and Back*</td>
<td>Neck/Trunk MMT*</td>
<td>Residual limb wrapping*</td>
</tr>
<tr>
<td>Resistance Exercises for Upper Extremity*</td>
<td>ROM Assessment of TMJ*</td>
<td>Chest percussion*</td>
<td></td>
</tr>
<tr>
<td>Resistance Exercises for Lower Extremity*</td>
<td>Alternatives to MMT*</td>
<td>Breathing exercises*</td>
<td></td>
</tr>
<tr>
<td>Exercises for Posture*</td>
<td>Testing Functional Performance*</td>
<td>Coughing</td>
<td></td>
</tr>
<tr>
<td>CPM</td>
<td></td>
<td>Coma stimulation</td>
<td></td>
</tr>
<tr>
<td>Peripheral Joint Mobilization*</td>
<td></td>
<td>Postural drainage*</td>
<td></td>
</tr>
<tr>
<td>Isokinetic (didactic only)</td>
<td></td>
<td>Inhibition techniques</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Progressive Exercise Treatment Design*</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Basic NDT techniques*</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Gait training for special populations*</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transfers for special populations*</td>
<td></td>
</tr>
</tbody>
</table>

*Denotes skills student has successfully demonstrated through Competency Skill Check-offs and/or practical examinations
Skills Learned by 2nd and 3rd Clinical Education Experiences
PTA 260 A and PTA 260 B

Students will have completed all foundational didactic and laboratory courses in the PTA program before the 2nd and 3rd clinical education experiences. In addition to the skills above, students will have successfully completed PTA 252 Geriatrics for the PTA and PTA 254 Pediatrics for the PTA. These courses focus on applying the skills and knowledge learned throughout the program to the specific needs of the geriatric and pediatric populations, and students should be prepared to work with these populations.

All foundational PTA education has been provided for the students to perform the skills needed for clinical practice. Please refer to the expected level of proficiency for each of the clinical education experiences in the Minimum Final Rating for CPI for each Clinical Education Experience.

Students will have one course following their clinical education experiences that will cover special areas in PT such as women’s health, lymphedema, dry needling, concussion management, etc. Students are not expected to be proficient in specialty areas of clinical practice prior to the final clinical education experiences. Any questions regarding whether or not a skill is expected of a student or is a specialty skill can be directed to the ACCE.
QUICK START GUIDE FOR THE APTA LEARNING CENTER

1. Navigate to http://learningcenter.apta.org and click
   a. Enter your APTA username and password.
   b. Select "Click here to Continue:"

FORGOTTEN PASSWORD:
Do not purchase or register for courses in the APTA Learning Center using more than one account number. If you’ve forgotten your password, use the “Forgot your password?” link on the login page to have it emailed to your email address on file.

NEW USER:
Use the buttons or on the APTA login page to set up an account prior to purchasing the course. Once you have set up an account as a New User, please logout and then continue from Step #1 to search and access the PT CPI or PTA CPI online course.

2. Find and "Purchase" the free PT CPI or PTA CPI online course.
   a. Enter “PT CPI” or “PTA CPI” in the top right Search courses box to find the course.
   b. Locate LMS-120: 2012 PTA CPI or LMS-521: 2013 PT CPI to purchase the correct course on the right side of the page or by scrolling down the page past the filters to view your search results.
   c. Once you find the correct course, click, click “Add to Cart”, click “Shopping Cart”, click “Proceed”, and then click “OK” to enroll in the free course through the online shopping cart.
   d. You will be required to login to the APTA website with your username and password prior to being able to purchase the course.

3. Take the PT CPI or PTA CPI online course
   a. After purchasing the CPI course, return to http://learningcenter.apta.org and locate the heading “My Learning Activities” on the top of the APTA Learning Center Home page.
   b. Click on “My Learning Activities” and then click on the drop down menu “My Courses” page.
   c. Locate the course purchased “2013 PT CPI” or “2012 PTA CPI”.
   d. Click on to take the course by reviewing the power point slides and resource attachments.
   e. Complete the posttest assessment with a score of 70% or higher to pass the course.
   f. Once you have passed the posttest assessment you can print your CEU certificate.

POP-UPS:
You may need to enable pop-ups for http://learningcenter.apta.org, in order to view the course, learn how on the APTA Learning Center.
LMS-120: 2012 PTA CPI contains material that uses Flash player. Chrome and Internet Explorer still natively play Flash. Firefox requires an add-in. You can find a link to download Flash play on the System Specs page.
4. Access the PT CPI or PTA CPI Web site
   a. The academic program with whom you affiliate can provide you with your username (the email address provided to them) to login to CPI Web. If you do not have a password, you will need to use the “I forgot or do not have a password” link to establish a password. The password to login to CPI Web is NOT the same as the password used to login to the APTA Web site.
VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT

VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT

American Physical Therapy Association
Department of Physical Therapist Assistant Services and
Department of Academic/Clinical Education Affairs
1111 North Fairfax Street
Alexandria, Virginia 22314

APTA
American Physical Therapy Association
VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT

Introduction
In 2000, the House of Delegates adopted Vision 2020 and the Strategic Plan for Transitioning to a Doctoring Profession, citing professionalism as one of 6 key elements of this vision. As a follow up, the document Professionalism in Physical Therapy: Core Values was developed to define and describe the concept of professionalism by stating what behaviors a graduate of a physical therapist program should demonstrate. In 2003 the APTA Board of Directors adopted Professionalism in Physical Therapy: Core Values as a core document on professionalism in physical therapist practice, education, and research.

In June 2009, the House of Delegates revised the core ethics documents for the profession, including Standards of Ethical Conduct for the Physical Therapist Assistant (PTA). This document originally included references to “core values,” which the House related to Professionalism in Physical Therapy: Core Values. The APTA Board of Directors determined that Professionalism in Physical Therapy: Core Values was designed for and applicable to physical therapists (PTs), and so it charged the Advisory Panel of Physical Therapist Assistants to draft a new document describing the core values of the PTA, to be titled Values-Based Behaviors for the Physical Therapist Assistant.

The advisory panel met in September 2009 to begin drafting Values-Based Behaviors for the Physical Therapist Assistant. Their work was guided by numerous APTA documents, including Professionalism in Physical Therapy: Core Values, A Normative Model of Physical Therapist Assistant Education: Version 2007, the PTA Clinical Performance Instrument: Version 2009, Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level, the newly adopted ethics documents, the problem solving algorithm utilized by PTAs in patient/client intervention, and applicable APTA positions and policies.

The advisory panel gleaned 8 values-based behaviors from existing APTA documents and reflection on the contemporary work of the PTA. These values-based behaviors are listed below in alphabetical order with no preference or ranking given. They are considered to be of sufficient breadth and depth to incorporate the many values and attributes that PTAs demonstrate. The panel made every effort to state each value and its accompanying definition and indicators so that it would resonate with and be understandable to PTAs.

The table that follows provides definitions and sample indicators (not exhaustive) that describe the actions the PTA would perform to express the 8 values-based behaviors:

1. Altruism
2. Caring and Compassion
3. Continuing Competence
4. Duty
5. Integrity
6. PT/PTA Collaboration
7. Responsibility
8. Social Responsibility

For each values-based behavior listed, a definition is provided with sample indicators (not exhaustive) that describe what one would see if the physical therapist assistant were demonstrating that values-based behavior in his or her daily work.

<table>
<thead>
<tr>
<th>Values-Based Behavior With Definition</th>
<th>Sample Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Altruism</strong></td>
<td>1. Providing patient/client-centered interventions.</td>
</tr>
<tr>
<td>Altruism is the primary regard for or devotion to the interests of the patient/client, assuming responsibility of placing the needs of the patient/client ahead of the PTA’s self-interest.</td>
<td>2. Readily offering to assist the physical therapist in providing patient/client interventions.</td>
</tr>
<tr>
<td></td>
<td>3. Generously providing the necessary time and effort to meet patient/client needs.</td>
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<td></td>
<td>4. Placing the patient/client’s needs ahead of one’s own, as evidenced by willingness to alter one’s schedule, delay other projects or tasks, etc.</td>
</tr>
<tr>
<td></td>
<td>5. Contributing, as able, to the provision of physical therapy services to underserved and underrepresented populations.</td>
</tr>
<tr>
<td><strong>Caring and Compassion</strong></td>
<td>1. Actively listening to the patient/client and considering the patient/client’s needs and preferences.</td>
</tr>
<tr>
<td>Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.</td>
<td>2. Exhibiting compassion, caring, and empathy in providing services to patients/clients.</td>
</tr>
<tr>
<td></td>
<td>3. Demonstrating respect for others and considering others as unique and of value.</td>
</tr>
<tr>
<td></td>
<td>4. Considering social, emotional, cultural, psychological, environmental, and economic influences on the patient/client (eg, learning styles, language abilities, cognitive abilities) and adapting approach accordingly.</td>
</tr>
<tr>
<td></td>
<td>5. Recognizing and refraining from acting on one’s social, cultural, gender, and sexual biases; i.e. demonstrate a nonjudgmental attitude.</td>
</tr>
<tr>
<td><strong>Continuing Competence</strong></td>
<td>1. Identifying strengths and limitations in knowledge, skills, and behaviors through self-assessment and feedback from physical therapists and others, and developing and implementing strategies to address the limitations.</td>
</tr>
<tr>
<td>Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and</td>
<td>2. Maintaining continuing competence using a variety of lifelong learning strategies (eg, continuing education, reflective journals, journal clubs, working with a</td>
</tr>
<tr>
<td>subsequent reassessment. mentor).</td>
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<td>---------------------------------</td>
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<tr>
<td>3. Seeking further education in the use and delivery of interventions based on new evidence as it becomes available.</td>
<td></td>
</tr>
<tr>
<td>4. Developing and implementing a career advancement plan based on interests, opportunities, and career aspirations.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.</td>
</tr>
<tr>
<td>1. Demonstrating behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the PTA.</td>
</tr>
<tr>
<td>2. Facilitating each patient/client’s achievement of goals for function, health, and wellness, as directed in the plan of care.</td>
</tr>
<tr>
<td>3. Preserving the safety, security, and confidentiality of individuals in all patient/client contexts.</td>
</tr>
<tr>
<td>4. Participating in quality assurance/quality improvement activities in physical therapy care.</td>
</tr>
<tr>
<td>5. Promoting the profession of physical therapy.</td>
</tr>
<tr>
<td>6. Providing student instruction and mentoring other PTAs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integrity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrity is the steadfast adherence to high ethical principles or standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.</td>
</tr>
<tr>
<td>1. Adhering to applicable laws regarding scope of work, payment policies and guidelines, institutional policies and procedures, and APTA policies, positions, and guidelines to ensure optimal patient/client care and fiscal management.</td>
</tr>
<tr>
<td>2. Adhering to the highest standards of the profession for the PTA, including the Standards of Ethical Conduct for the Physical Therapist Assistant,3 Guide for Conduct of the Physical Therapist Assistant, state practice acts, and payment requirements.</td>
</tr>
<tr>
<td>4. Demonstrating the ideals of the values-based behaviors of the PTA.</td>
</tr>
<tr>
<td>5. Demonstrating honesty and trustworthiness in all interactions and relationships.</td>
</tr>
<tr>
<td>6. Choosing employment situations that are congruent with ethical principles and work standards.</td>
</tr>
<tr>
<td>7. Identifying ethical and legal concerns and initiating actions to address the concern, when appropriate.</td>
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<table>
<thead>
<tr>
<th>PT/PTA Collaboration</th>
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<tbody>
<tr>
<td>The PT/PTA team works together, within each</td>
</tr>
<tr>
<td>1. Educating the PT as needed about the roles, responsibilities, and appropriate utilization of the PTA in the PT/PTA team using available resources (eg, state</td>
</tr>
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</table>
partner’s respective role, to achieve optimal patient/client care and to enhance the overall delivery of physical therapy services.

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Social Responsibility</th>
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</thead>
<tbody>
<tr>
<td>Responsibility is the active acceptance of the roles, obligations, and actions of the PTA, including behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.</td>
<td>Social responsibility is the promotion of a mutual trust between the PTA, as a member of the profession, and the larger public that necessitates responding to societal needs for health and wellness.</td>
</tr>
<tr>
<td>1. Identifying strengths and limitations in knowledge and skill, and working within limitations of personal ability.</td>
<td>1. Advocating for patient/client needs in the clinical setting.</td>
</tr>
<tr>
<td>2. Completing patient/client care and other tasks in a timely and efficient manner.</td>
<td>2. Demonstrating behaviors that positively represent the profession to the public.</td>
</tr>
<tr>
<td>3. Identifying, acknowledging, and accepting responsibility for actions and, when errors occur, following error reporting processes.</td>
<td>3. Promoting a healthy lifestyle, wellness, and injury prevention strategies in the community.</td>
</tr>
<tr>
<td>4. Communicating in a timely manner with others (eg, PTs, patients/clients, and others).</td>
<td>4. Serving the profession and the community, including activities occurring in conjunction with work or outside of work (eg, community health fairs, National Physical Therapy Month events, APTA service).</td>
</tr>
<tr>
<td>5. Working with the PT in educating consumers and other health care providers about physical therapy.</td>
<td>5. Advocating for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services.</td>
</tr>
</tbody>
</table>
References


15. Crosier J. PTA direction and supervision algorithms. PT in Motion. 2010; 8:47-50.
PROFESSIONAL BEHAVIORS ASSESSMENT TOOL

Student Name: __________________________ Date: __________________________

Directions:
1. Read the description of each professional behavior.
2. Become familiar with the behavioral criteria described in each of the levels.
3. Self-assess your performance continually, relative to the professional behaviors, using the behavioral criteria.
4. At the end of each semester:
   a. Using a highlighter, highlight all criteria that describes behaviors you demonstrate in Beginning Level (column 1), Intermediate Level (column 2), or Entry Level (column 3).
   b. Give at least one specific example of a time when you demonstrated a behavior from the highest level highlighted.
   c. Place an “x” along the rating scale to indicate the level (B, I, or E) at which you primarily function in each ability. This should be based on your highlighted areas, the specific example, and feedback from your CI.
5. Sign and return to Program Director

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.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
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<tbody>
<tr>
<td>• Raises relevant questions;</td>
<td>• Feels challenged to examine ideas;</td>
<td>• Distinguishes relevant from irrelevant patient data;</td>
</tr>
<tr>
<td>• Considers all available information;</td>
<td>• Critically analyzes the literature and applies it to patient management;</td>
<td>• Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations;</td>
</tr>
<tr>
<td>• Articulates ideas;</td>
<td>• Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas;</td>
<td>• Exhibits openness to contradictory ideas;</td>
</tr>
<tr>
<td>• Understands the scientific method;</td>
<td>• Seeks alternative ideas;</td>
<td>• Identifies appropriate measures and determines effectiveness of applied solutions efficiently;</td>
</tr>
<tr>
<td>• States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion);</td>
<td>• Formulates alternative hypotheses;</td>
<td>• Justifies solutions selected</td>
</tr>
<tr>
<td>• Recognizes holes in knowledge base;</td>
<td>• Critiques hypotheses and ideas at a level</td>
<td></td>
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</table>
of limited knowledge and experience | consistent with knowledge base;  
• Acknowledges presence of contradictions

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<thead>
<tr>
<th>Specific Example:</th>
<th>Place an “x” on the rating scale</th>
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</table>

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

<table>
<thead>
<tr>
<th>Beginning Level:</th>
<th>Intermediate Level:</th>
<th>Entry Level:</th>
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</table>
| • 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 | • 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) | • 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 |

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<tr>
<th>Specific Example:</th>
<th>Place an “x” on the rating scale</th>
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| B | I | E |
3. **Problem Solving**: The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

<table>
<thead>
<tr>
<th>Beginning Level:</th>
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<tbody>
<tr>
<td>• Recognizes problems;</td>
</tr>
<tr>
<td>• States problems clearly;</td>
</tr>
<tr>
<td>• Describes known solutions to problems;</td>
</tr>
<tr>
<td>• Identifies resources needed to develop solutions;</td>
</tr>
<tr>
<td>• Uses technology to search for and locate resources;</td>
</tr>
<tr>
<td>• Identifies possible solutions and probable outcomes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intermediate Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prioritizes problems;</td>
</tr>
<tr>
<td>• Identifies contributors to problems;</td>
</tr>
<tr>
<td>• Consults with others to clarify problems;</td>
</tr>
<tr>
<td>• Appropriately seeks input or guidance;</td>
</tr>
<tr>
<td>• Prioritizes resources (analysis and critique of resources);</td>
</tr>
<tr>
<td>• Considers consequences of possible solutions</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Entry Level:</th>
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</thead>
<tbody>
<tr>
<td>• Independently locates, prioritizes and uses resources to solve problems;</td>
</tr>
<tr>
<td>• Accepts responsibility for implementing solutions;</td>
</tr>
<tr>
<td>• Implements solutions;</td>
</tr>
<tr>
<td>• Reassesses solutions;</td>
</tr>
<tr>
<td>• Evaluates outcomes;</td>
</tr>
<tr>
<td>• Modifies outcomes based on the outcome and current evidence;</td>
</tr>
<tr>
<td>• Evaluates generalizability of current evidence to a particular problem</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Beginning Level:</th>
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<tbody>
<tr>
<td>• Maintains professional demeanor in all interactions;</td>
</tr>
<tr>
<td>• Demonstrates interest in patients as individuals;</td>
</tr>
<tr>
<td>• Communicates with others in a respectful and confident manner;</td>
</tr>
<tr>
<td>• Respects differences in personality, lifestyle and learning styles during interactions with all persons;</td>
</tr>
<tr>
<td>• Maintains confidentiality in</td>
</tr>
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<table>
<thead>
<tr>
<th>Intermediate Level:</th>
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<tbody>
<tr>
<td>• Recognizes the non-verbal communication and emotions that others bring to professional interactions;</td>
</tr>
<tr>
<td>• Establishes trust;</td>
</tr>
<tr>
<td>• Seeks to gain input from others;</td>
</tr>
<tr>
<td>• Respects role of others;</td>
</tr>
<tr>
<td>• Accommodates differences in learning styles as appropriate</td>
</tr>
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<table>
<thead>
<tr>
<th>Entry Level:</th>
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</thead>
<tbody>
<tr>
<td>• Demonstrates active listening skills and reflects back to original concern to determine course of action;</td>
</tr>
<tr>
<td>• Responds effectively to unexpected situations;</td>
</tr>
<tr>
<td>• Demonstrates ability to build partnerships;</td>
</tr>
<tr>
<td>• Applies conflict management strategies when dealing with challenging interactions;</td>
</tr>
<tr>
<td>• Recognizes the impact of non-verbal communication and emotional responses during</td>
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all interactions;
- Recognizes the emotions and bias that one brings to all professional interactions

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<tr>
<th>Specific Example:</th>
<th>Place an “x” on the rating scale</th>
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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.

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<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
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<tbody>
<tr>
<td>Demonstrates punctuality;</td>
<td>- Displays awareness of and sensitivity to diverse populations;</td>
<td>- Educates patients as consumers of health care services;</td>
</tr>
<tr>
<td>Provides a safe and secure environment for patients;</td>
<td>- Completes projects without prompting;</td>
<td>- Encourages patient accountability;</td>
</tr>
<tr>
<td>Assumes responsibility for actions;</td>
<td>- Delegates tasks as needed;</td>
<td>- Directs patients to other health care professionals as needed;</td>
</tr>
<tr>
<td>Follows through on commitments;</td>
<td>- Collaborates with team members, patients and families;</td>
<td>- Acts as a patient advocate;</td>
</tr>
<tr>
<td>Articulates limitations and readiness to learn;</td>
<td>- Provides evidence-based patient care</td>
<td>- Promotes evidence-based practice in health care settings;</td>
</tr>
<tr>
<td>Abides by all policies of academic program and clinical facility</td>
<td></td>
<td>- Accepts responsibility for implementing solutions;</td>
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<tr>
<th>Specific Example:</th>
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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.

<table>
<thead>
<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
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</table>
| • Abides by all aspects of the academic program policies 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 | • 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 | • 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 |

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<tr>
<th><strong>Specific Example:</strong></th>
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### 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

**Specific Example:**

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**Place an “x” on the rating scale**

### 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;

**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

**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
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.

**Evaluates current evidence in a timely manner:**
- Discusses and implements strategies for meeting productivity standards;
- Identifies need for and seeks referrals to other disciplines;
- 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.

**Specific Example:**

**Place an “x” on the rating scale**

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**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.

**Specific Example:**

**Place an “x” on the rating scale**

| B | I | E |
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.

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<tr>
<th><strong>Beginning Level:</strong></th>
<th><strong>Intermediate Level:</strong></th>
<th><strong>Entry Level:</strong></th>
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</thead>
<tbody>
<tr>
<td>• Prioritizes information needs;</td>
<td>• Researches and studies areas where own knowledge base is lacking in order to augment learning and practice;</td>
<td>• Respectfully questions conventional wisdom;</td>
</tr>
<tr>
<td>• Analyzes and subdivides large questions into components;</td>
<td>• Applies new information and re-evaluates performance;</td>
<td>• Formulates and re-evaluates position based on available evidence;</td>
</tr>
<tr>
<td>• Identifies own learning needs based on previous experiences;</td>
<td>• Accepts that there may be more than one answer to a problem;</td>
<td>• Demonstrates confidence in sharing new knowledge with all staff levels;</td>
</tr>
<tr>
<td>• Welcomes and/or seeks new learning opportunities;</td>
<td>• Recognizes the need to and is able to verify solutions to problems;</td>
<td>• Modifies programs and treatments based on newly-learned skills and considerations;</td>
</tr>
<tr>
<td>• Seeks out professional literature;</td>
<td>• Reads articles critically and understands limits of application to professional practice</td>
<td>• Consults with other health professionals and physical therapists for treatment ideas</td>
</tr>
<tr>
<td>• Plans and presents an in-service, research or cases studies</td>
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**Specific Example:**

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</table>

Based on my Professional Behaviors Assessment, I am setting the following Goals:

To accomplish these goals, I will take the following specific actions:

Student Signature: ___________________________  Date: ___________________________

Faculty Signature: ___________________________  Date: ___________________________
GUIDE FOR CONDUCT OF THE PHYSICAL THERAPIST ASSISTANT

Purpose
This Guide for Conduct of the Physical Therapist Assistant (Guide) is intended to serve physical therapist assistants in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) of the American Physical Therapy Association (APTA). The APTA House of Delegates in June of 2009 adopted the revised Standards, which became effective on July 1, 2010. The Guide provides a framework by which physical therapist assistants may determine the propriety of their conduct. It is also intended to guide the development of physical therapist assistant students. The Standards and the Guide apply to all physical therapist assistants. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Standards
The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist assistant in applying general ethical standards to specific situations. They address some but not all topics addressed in the Standards and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Standards when necessary and as needed.

Preamble to the Standards

The Preamble states as follows:

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life. No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Interpretation: Upon the Standards of Ethical Conduct for the Physical Therapist Assistant being amended effective July 1, 2010, all the lettered standards contain the word “shall” and are mandatory ethical obligations. The language contained in the Standards is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised
Standards. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Standards were revised was to provide physical therapist assistants with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that “[n]o document that delineates ethical standards can address every situation.” The Preamble also states that physical therapist assistants “are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.” Potential sources for advice or counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist assistant’s ethical decision-making process is the examination of his or her unique set of facts relative to the Standards.

## Standards

### Respect

**Standard 1A states as follows:**

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

**Interpretation:** Standard 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

### Altruism

**Standard 2A states as follows:**

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

**Interpretation:** Standard 2A addresses acting in the best interest of patients/clients over the interests of the physical therapist assistant. Often this is done without thought, but sometimes, especially at the end of the day when the clinician is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist assistant may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

### Sound Decisions

**Standard 3C states as follows:**
3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

**Interpretation**: To fulfill 3C, the physical therapist assistant must be knowledgeable about his or her legal scope of work as well as level of competence. As a physical therapist assistant gains experience and additional knowledge, there may be areas of physical therapy interventions in which he or she displays advanced skills. At the same time, other previously gained knowledge and skill may be lost due to lack of use. To make sound decisions, the physical therapist assistant must be able to self-reflect on his or her current level of competence.

**Supervision**

**Standard 3E states as follows**:

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

**Interpretation**: Standard 3E goes beyond simply stating that the physical therapist assistant operates under the supervision of the physical therapist. Although a physical therapist retains responsibility for the patient/client throughout the episode of care, this standard requires the physical therapist assistant to take action by communicating with the supervising physical therapist when changes in the patient/client status indicate that modifications to the plan of care may be needed. Further information on supervision via APTA policies and resources is available on the APTA Web site.

**Integrity in Relationships**

**Standard 4 states as follows**:

4. Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

**Interpretation**: Standard 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapist assistants come into contact with in the normal provision of physical therapy services. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one’s role as a member of that team.
Reporting
Standard 4C states as follows:

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

Interpretation: When considering the application of “when appropriate” under Standard 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation’s unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist’s Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Exploitation
Standard 4E states as follows:

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Standard 4 is consistent with Standard 4B, which states:

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

Next, consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients/Former Patients (modified for physical therapist assistants):

A physical therapist [assistant] stands in a relationship of trust to each patient and has an ethical obligation to act in the patient’s best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist [assistant] has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.
One’s ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

**Colleague Impairment**

**Standard 5D and 5E state as follows:**

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

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

**Interpretation:** The central tenet of Standard 5D and 5E is that inaction is not an option for a physical therapist assistant when faced with the circumstances described. Standard 5D states that a physical therapist assistant shall encourage colleagues to seek assistance or counsel while Standard 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on the physical therapist assistant’s part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting someone’s work responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.
The EJC Opinion titled Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

**Clinical Competence**

**Standard 6A states as follows:**

6A. Physical therapist assistants shall achieve and maintain clinical competence.

**Interpretation:** 6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise. Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills. Additional resources on Continuing Competence are available on the APTA Web site.

**Lifelong Learning**

**Standard 6C states as follows:**

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Interpretation:** 6C points out the physical therapist assistant’s obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourage and contribute to the career development and lifelong learning of himself or herself and others, whether or not the employer provides support.

**Organizational and Business Practices**

**Standard 7 states as follows:**

7. Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

**Interpretation:** Standard 7 reflects a shift in the Standards. One criticism of the former version was that it addressed primarily face-to-face clinical practice settings. Accordingly; Standard 7 addresses ethical obligations in organizational and business practices on a patient/client and societal level.
**Documenting Interventions**  
**Standard 7D states as follows:**

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

**Interpretation:** 7D addresses the need for physical therapist assistants to make sure that they thoroughly and accurately document the interventions they provide to patients/clients and document related data collected from the patient/client. The focus of this Standard is on ensuring documentation of the services rendered, including the nature and extent of such services.

**Support - Health Needs**  
**Standard 8A states as follows:**

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

**Interpretation:** 8A addresses the issue of support for those least likely to be able to afford physical therapy services. The Standard does not specify the type of support that is required. Physical therapist assistants may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues. When providing such services, including pro bono services, physical therapist assistants must comply with applicable laws, and as such work under the direction and supervision of a physical therapist. Additional resources on pro bono physical therapy services are available on the APTA Web site.

Issued by the Ethics and Judicial Committee  
American Physical Therapy Association  
October 1981  
Last Amended November 2010  
Last Updated: 9/4/13  
Contact: ejc@apta.org
STANDARDS OF ETHICAL CONDUCT FOR THE PHYSICAL THERAPIST ASSISTANT

HOD S06-00-13-24 (Program 17) [Amended HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

PREAMBLE

This document of the American Physical Therapy Association sets forth standards for the ethical conduct of the physical therapist assistant. All physical therapist assistants are responsible for maintaining high standards of conduct while assisting physical therapists. The physical therapist assistant shall act in the best interest of the patient/client. These standards of conduct shall be binding on all physical therapist assistants.

STANDARD 1

A physical therapist assistant shall respect the rights and dignity of all individuals and shall provide compassionate care.

STANDARD 2

A physical therapist assistant shall act in a trustworthy manner towards patients/clients.

STANDARD 3

A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of a physical therapist.

STANDARD 4

A physical therapist assistant shall comply with laws and regulations governing physical therapy.

STANDARD 5

A physical therapist assistant shall achieve and maintain competence in the provision of selected physical therapy interventions.

STANDARD 6

A physical therapist assistant shall make judgments that are commensurate with their educational and legal qualifications as a physical therapist assistant.
STANDARD 7

A physical therapist assistant shall protect the public and the profession from unethical, incompetent, and illegal acts.
DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT

HOD P06-05-18-26 [Amended HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial HOD 06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position]

Physical therapists have a responsibility to deliver services in ways that protect the public safety and maximize the availability of their services. They do this through direct delivery of services in conjunction with responsible utilization of physical therapist assistants who assist with selected components of intervention. The physical therapist assistant is the only individual permitted to assist a physical therapist in selected interventions under the direction and supervision of a physical therapist.

Direction and supervision are essential in the provision of quality physical therapy services. The degree of direction and supervision necessary for assuring quality physical therapy services is dependent upon many factors, including the education, experiences, and responsibilities of the parties involved, as well as the organizational structure in which the physical therapy services are provided.

Regardless of the setting in which the physical therapy service is provided, the following responsibilities must be borne solely by the physical therapist:

1. Interpretation of referrals when available.
2. Initial examination, evaluation, diagnosis, and prognosis.
3. Development or modification of a plan of care which is based on the initial examination or reexamination and which includes the physical therapy goals and outcomes.
4. Determination of when the expertise and decision-making capability of the physical therapist requires the physical therapist to personally render physical therapy interventions and when it may be appropriate to utilize the physical therapist assistant. A physical therapist shall determine the most appropriate utilization of the physical therapist assistant that provides for the delivery of service that is safe, effective, and efficient.
5. Reexamination of the patient/client in light of their goals, and revision of the plan of care when indicated.
6. Establishment of the discharge plan and documentation of discharge summary/status.
7. Oversight of all documentation for services rendered to each patient/client.

The physical therapist remains responsible for the physical therapy services provided when the physical therapist’s plan of care involves the physical therapist assistant to assist with selected interventions. Regardless of the setting in which the service is provided, the determination to utilize physical therapist assistants for selected interventions requires the education, expertise, and professional judgment of a physical therapist as described by the Standards of Practice, Guide to Professional Conduct, and Code of Ethics.

In determining the appropriate extent of assistance from the physical therapist assistant (PTA), the physical therapist considers:

- The PTA’s education, training, experience, and skill level.
- Patient/client criticality, acuity, stability, and complexity.
- The predictability of the consequences.
- The setting in which the care is being delivered.
- Federal and state statutes.
Physical Therapist Assistant

**Definition**

The physical therapist assistant is a technically educated health care provider who assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant associate degree program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

**Utilization**

The physical therapist is directly responsible for the actions of the physical therapist assistant related to patient/client management. The physical therapist assistant may perform selected physical therapy interventions under the direction and at least general supervision of the physical therapist. In general supervision, the physical therapist is not required to be on-site for direction and supervision, but must be available at least by telecommunications. The ability of the physical therapist assistant to perform the selected interventions as directed shall be assessed on an ongoing basis by the supervising physical therapist. The physical therapist assistant makes modifications to selected interventions either to progress the patient/client as directed by the physical therapist or to ensure patient/client safety and comfort.

The physical therapist assistant must work under the direction and at least general supervision of the physical therapist. In all practice settings, the performance of selected interventions by the physical therapist assistant must be consistent with safe and legal physical therapist practice, and shall be predicated on the following factors: complexity and acuity of the patient’s/client’s needs; proximity and accessibility to the physical therapist; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided.

When supervising the physical therapist assistant in any off-site setting, the following requirements must be observed:

1. A physical therapist must be accessible by telecommunications to the physical therapist assistant at all times while the physical therapist assistant is treating patients/clients.
2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients/clients, the frequency of which is determined by the needs of the patient/client and the needs of the physical therapist assistant.
3. In those situations, in which a physical therapist assistant is involved in the care of a patient/client, a supervisory visit by the physical therapist will be made:
   A. Upon the physical therapist assistant’s request for a reexamination, when a change in the plan of care is needed, prior to any planned discharge, and in response to a change in the patient’s/client’s medical status.
   B. At least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient/client.
   C. A supervisory visit should include:
      i. An on-site reexamination of the patient/client.
      ii. On-site review of the plan of care with appropriate revision or termination.
      iii. Evaluation of need and recommendation for utilization of outside resources.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)

**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.

GUIDE FOR PROFESSIONAL CONDUCT

Purpose

This Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics (Code) of the American Physical Therapy Association (Association), in matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public. This Guide is subject to monitoring and timely revision by the Ethics and Judicial Committee of the Association.

Interpreting Ethical Principles

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They should not be considered inclusive of all situations that could evolve.

PRINCIPLE 1

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

1.1 Attitudes of a Physical Therapist

A. A physical therapist shall recognize, respect, and respond to individual and cultural differences with compassion and sensitivity.
B. A physical therapist shall be guided at all times by concern to the physical, psychological, and socioeconomic welfare of patients/clients.
C. A physical therapist shall not harass, abuse, or discriminate against others.

PRINCIPLE 2

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

2.1 Patient/Physical Therapist Relationship

A. A physical therapist shall place the patient/client's interest(s) above those of the physical therapist. Working in the patient/client's best interest requires knowledge of the patient/client's needs from the patient/client's perspective. Patients/clients often come to
the physical therapist in a vulnerable state and normally will rely on the physical therapist's advice which they perceive to be based on superior knowledge, skill and experience. The trustworthy physical therapist acts to ameliorate the patient's/client's vulnerability, not to exploit it.

B. A physical therapist shall not exploit any aspect of the physical therapist/patient relationship.
C. A physical therapist shall not engage in any sexual relationship or activity whether consensual or nonconsensual with any patient while a physical therapist/patient relationship exists. Termination of the physical therapist/patient relationship does not eliminate the possibility that a sexual or intimate relationship may exploit the vulnerability of the former patient/client.
D. A physical therapist shall encourage an open and collaborative dialogue with the patient/client.
E. In the event the physical therapist or patient terminates the physical therapist/patient relationship while the patient continues to need physical therapy services, the physical therapist should take steps to transfer the care of the patient to another provider.

2.2 Truthfulness

A physical therapist has an obligation to provide accurate and truthful information. A physical therapist shall not make statements that he/she knows or should know are false deceptive, fraudulent, or misleading. See Section 8.2.C and D.

2.3 Confidential Information

A. Information relating to the physical therapist/patient relationship is confidential and may not be communicated to a third party not involved in that patient's care without the prior consent of the patient, subject to applicable law.
B. Information derived from peer review shall be held confidential by the reviewer unless the physical therapist who was reviewed consents to the release of the information.
C. A physical therapist may disclose information to appropriate authorities when it is necessary to protect the welfare of an individual or the community or when required by law. Such disclosure shall be in accordance with applicable law.

2.4 Patient Autonomy and Consent

A. A physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent modification, or refusal.
B. A physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis.
C. A physical therapist shall collaborate with the patient/client to establish the goals of treatment and the plan of care.
D. A physical therapist shall use sound professional judgment in informing the patient/client of any substantial risks of the recommended examination and intervention.
E. A physical therapist shall not restrict patients' freedom to select their provider of physical therapy.
PRINCIPLE 3

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

3.1 Professional Practice

A physical therapist shall comply with laws governing the qualifications functions and duties of a physical therapist.

3.2 Just Laws and Regulations

A physical therapist shall advocate the adoption of laws, regulations and policies by provider’s employers third party payers, legislatures, and regulatory agencies to provide and improve access to necessary health care services for all individuals.

3.3 Unjust Laws and Regulations

A physical therapist shall endeavor to change unjust laws, regulations, and policies that govern the practice of physical therapy. See Section 10.2.

PRINCIPLE 4

A physical therapist shall exercise sound professional judgment.

4.1 Professional Responsibility

A. A physical therapist shall make professional judgments that are in the patient/client's best interests.
B. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards. See Sections 2.4 and 6.1.
C. A physical therapist shall not provide physical therapy services to a patient/client while his/her ability to do so safely is impaired.
D. A physical therapist shall exercise sound professional judgment based upon his/her knowledge, skill, education, training, and experience.
E. Upon accepting a patient/client for physical therapy services, a physical therapist shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. See Section 2.4.
F. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, the physical therapist shall so inform the patient/client and refer to an appropriate practitioner.

G. When the patient has been referred from another practitioner the physical therapist shall communicate pertinent findings and/or information to the referring practitioner.

H. A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services. See Section 7.1.0.

4.2 Direction and Supervision

A. The supervising physical therapist has primary responsibility for the physical therapy care rendered to a patient/client.

B. A physical therapist shall not delegate to a less qualified person any activity that requires the professional skill, knowledge, and judgment of the physical therapist.

4.3 Practice Arrangements

A. Participation in a business partnership, corporation, or other entity does not exempt physical therapists, whether employers, partners, or stockholders, either individually or collectively from the obligation to promote, maintain and comply with the ethical principles of the Association.

B. A physical therapist shall advise his/her employer(s) of any employer practice that causes a physical therapist to be in conflict with the ethical principles of the Association. A physical therapist shall seek to eliminate aspects of his/her employment that are in conflict with the ethical principles of the Association.

4.4 Gifts and Other Consideration(s)

A. A physical therapist shall not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or give an appearance of affecting his/her professional judgment.

B. A physical therapist shall not offer or accept kickbacks in exchange for patient referrals. Sections 7.1. F and G and 9.1.0.

PRINCIPLE 5

A physical therapist shall achieve and maintain professional competence.

5.1 Scope of Competence

A physical therapist shall practice within the scope of his/her competence and commensurate with his/her level of education, training and experience.

5.2 Self-assessment
A physical therapist has a lifelong professional responsibility for maintaining competence through on-going self-assessment education, and enhancement of knowledge and skills.

5.3 Professional Development

A physical therapist shall participate in educational activities that enhance his/her basic knowledge and skills. See Section 6.1.

PRINCIPLE 6

A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

6.1 Professional Standards

A physical therapist's practice shall be consistent with accepted professional standards. A physical therapist shall continuously engage in assessment activities to determine compliance with these standards.

6.2 Practice

A physical therapist shall achieve and maintain professional competence. See Section 5.B. A physical therapist shall demonstrate his/her commitment to quality improvement by engaging in peer and utilization review and other self-assessment activities.

6.3 Professional Education

A. A physical therapist shall support high-quality education in academic and clinical settings.
B. A physical therapist participating in the educational process is responsible to the students, the academic institutions and the clinical settings for promoting ethical conduct. A physical therapist shall model ethical behavior and provide the student with information about the Code of Ethics, opportunities to discuss ethical conflicts and procedures for reporting unresolved ethical conflicts. See Section 9.

6.4 Continuing Education

A. A physical therapist providing continuing education must be competent in the content area.
B. When a physical therapist provides continuing education, he/she shall ensure that course content, objectives, faculty credentials, and responsibilities of the instructional staff are accurately stated in the promotional and instructional course materials.
C. A physical therapist shall evaluate the efficacy and effectiveness of information and techniques presented in continuing education programs before integrating them into his or her practice.
6.5 Research

A. A physical therapist participating in research shall abide by ethical standards governing protection of human subjects and dissemination of results.
B. A physical therapist shall support research activities that contribute knowledge for improved patient care.
C. A physical therapist shall report to appropriate authorities any acts in the conduct or presentation of research that appear unethical or illegal. See Section 9.

PRINCIPLE 7

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

7.1 Business and Employment Practices

A. A physical therapist's business/employment practices shall be consistent with the ethical principles of the Association.
B. A physical therapist shall never place her/his own financial interest above the welfare of individuals under his/her care.
C. A physical therapist shall recognize that third-party payer contracts may limit in one form or another, the provision of physical therapy services. Third-party limitations do not absolve the physical therapist from making sound professional judgments that are in the patient's best interest. A physical therapist shall avoid overutilization of physical therapy services.
D. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services. See Section 4.1.H.
E. Fees for physical therapy services should be reasonable for the service, performer, considering the setting, in which it is provided, practice costs in the geographic area judgment of other organizations and other relevant factors.
F. A physical therapist shall not directly or indirectly request, receive, or participate in the dividing transferring assigning or rebating of an unearned fee. See Sections 4.4.A and B.
G. A physical therapist shall not profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity, in connection with the furnishing of physical therapy services. See Sections 4.4.A and D.
H. Unless laws impose restrictions to the contrary, physical therapists that provide physical therapy services within a business entity may pool fees and monies received. Physical therapists may divide or apportion these fees and monies in accordance with the business agreement.
I. A physical therapist may enter into agreements with organizations to provide physical therapy services if such agreements do not violate the ethical principles of the Association or applicable laws.

7.2 Endorsement of Products or Services

A. A physical therapist shall not exert influence on individuals under his/her care or their families to use products or services based on the direct or indirect financial interest of the physical therapist in such products or services. Realizing that these individuals will normally rely on the physical therapist's advice, their best interest must always be maintained as must their right of free choice relating to the use of any product or service. Although it cannot be considered unethical for physical therapists to own or have a financial interest in the production, sale, or distribution of products/services, they must act in accordance with law and make full disclosure of their interest whenever individuals under their care use such products/services.

B. A physical therapist may receive remuneration for endorsement or advertisement of products or services to the public, physical therapists, or other health professionals provided he/she discloses any financial interest in the production, sale, or distribution of said products or services.

C. When endorsing or advertising products or services, a physical therapist shall use sound professional judgment and shall not give the appearance of Association endorsement unless the Association has formally endorsed the products or services.

7.3 Disclosure

A physical therapist shall disclose to the patient if the referring practitioner derives compensation from the provision of physical therapy.

PRINCIPLE 8

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

8.1 Accurate and Relevant Information to the Patient

A. A physical therapist shall provide the patient/client accurate and relevant information about his/her condition and plan of care. See Section 2.4.

B. Upon the request of the patient, the physical therapist shall provide or make available the medical record to the patient or a patient-designated third party.

C. A physical therapist shall inform patients of any known financial limitations that may affect their care.

D. A physical therapist shall inform the patient when in his/her judgment the patient will receive negligible benefit from further care. See Section 7.1.C.

8.2 Accurate and Relevant Information to the Public
A. A physical therapist shall inform the public about the societal benefits of the profession and who is qualified to provide physical therapy services.
B. Information given to the public shall emphasize that individual problems cannot be treated without individualized examination and plans/programs of care.
C. A physical therapist may advertise his/her services to the public. See Section 2.2.
D. A physical therapist shall not use, or participate in the use of, any form of communication containing a false, plagiarized, fraudulent, deceptive, unfair, or sensational statement or claim. See Section 2.2.
E. A physical therapist that places a paid advertisement shall identify it as such unless it is apparent from the context that it is a paid advertisement.

**PRINCIPLE 9**

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

9.1 Consumer Protection

A. A physical therapist shall provide care that is within the scope of practice as defined by the state practice act.
B. A physical therapist shall not engage in any conduct that is unethical, incompetent or illegal.
C. A physical therapist shall report any conduct that appears to be unethical, incompetent, or illegal.
D. A physical therapist may not participate in any arrangements in which patients are exploited due to the referring sources' enhancing their personal incomes as a result of referring for. Prescribing, or recommending physical therapy. See Sections 2.1.B, 4, and 7.

**PRINCIPLE 10**

A physical therapist shall endeavor to address the health needs of society.

10.1 Pro Bono Service

A physical therapist shall render pro bono publico (reduced or no fee) services to patients lacking the ability to pay for services as each physical therapist's practice permits.

10.2 Individual and Community Health

A. A physical therapist shall be aware of the patient's health-related needs and act in a manner that facilitates meeting those needs.
B. A physical therapist shall endeavor to support activities that benefit the health status of the community. See Section 3.

**PRINCIPLE 11**

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other healthcare professionals.

**11.1 Consultation**

A physical therapist shall seek consultation whenever the welfare of the patient will be safeguarded or advanced by consulting those who have special skills, knowledge, and experience.

**11.2 Patient/Provider Relationships**

A physical therapist shall not undermine the relationship(s) between his/her patient and other healthcare professionals.

**11.3 Disparagement**

Physical therapists shall not disparage colleagues and other healthcare professionals. See Section 9 and Section 2.4.A.
Memorandum of Understanding  
BETWEEN  
The Physical Therapist Assistant Program at Rowan-Cabarrus Community College  
AND ________________________

This agreement made this date _________________ by and between Rowan-Cabarrus Community College, hereinafter called the College, and ____________________, herein after called the Facility.

WHEREAS, the College offers a Physical Therapist Assistant Program, and

WHEREAS, clinical education experiences are a required and integral component of the Physical Therapist Assistant Program curriculum, and

WHEREAS, the College desires the cooperation of Facilities in the development and implementation of the clinical education experience phase of its Physical Therapist Assistant Program curriculum and

WHEREAS, the Facility recognizes the benefits of participating in the education of Physical Therapist Assistant students, and

WHEREAS, the Facility wishes to join the College development and implementation of clinical education experiences for Physical Therapist Assistant students and

NOW, THEREFORE, in consideration of the mutual agreements set forth herein, the College and the placement will cooperate as described herewith.

The College and the Facility mutually agree to:

1. Establish the site-specific and general educational objectives for the clinical education experience, devise methods for their implementation, and continually evaluate to determine the effectiveness of the clinical education experience;
2. Make no distinction among students covered by this Agreement, on the basis of race, color, sex, creed, age, or national origin. For the purpose of this Agreement, distinctions on the grounds of race, color, sex, creed, age, or national origin include but are not limited to the following: Denying a student any service or benefit that is different, or is provided in a different manner or at a different time from that provided to other students under this Agreement; subjecting a student to segregation or separate privilege enjoyed by other receiving any service or benefit; treating a student or potential student differently from others in determining whether they satisfy any admission, enrollment quota, eligibility, membership or any other requirement, or condition that individuals must meet in order to be provided any service or benefit.

3. The College agrees, to the extent allowed by North Carolina statutes, to indemnify and hold harmless the Facility from all claims, lawsuits, damages, penalties, causes of action, losses, obligations, fines or expenses (including reasonable attorneys' fees) relating to or arising out of the performance or failure to perform under this Agreement by the College, its students in training, employees acting within the scope of employment or authorized agents. Facility agrees to indemnify and hold harmless College from all claims, lawsuits, damages, penalties, causes of action, losses, obligations, fines or expenses (including reasonable attorneys' fees) relating to or arising out of the performance or failure to perform under this Agreement by the facility, its providers, employees acting within the scope of employment and authorized agents. Facility and College each further represent that it carries insurance coverage that satisfies the requirements established elsewhere in this Agreement. Each party agrees to give the other party notice in writing within thirty (30) days of receiving notice of any claim made against it that is covered by this paragraph.

The College agrees:

1. to assume responsibility for assuring continuing compliance with the educational standards established by the Commission on Accreditation in Physical Therapy Education (CAPTE);

2. to establish and maintain on-going communication with the Center Coordinator of Clinical Education (CCCE) of the Facility on items pertinent to Physical Therapist Assistant education (such communication may include, but is not be limited to, a description of the curriculum, relevant course outlines, policies, faculty, and major changes in this information; on-site visits will be arranged when feasible);

3. to notify the Center Coordinator of Clinical Education (CCCE) of the Facility, at a time mutually agreed upon, of its planned schedule of student assignment, including the name of the student, level of academic preparation, and length and dates of clinical education experiences;

4. to refer to the placement of only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum that is applicable to the placement;
5. to inform the student of the Facility’s requirements for acceptance for clinical education, i.e., citizenship, health status, etc.;

6. to advise the assigned student of the responsibility for complying with the existing pertinent rules and regulations of the Facility;

7. to advise students of the confidential nature of all information that will come to them regarding patients and records;

8. to supply the Center Coordinator of Clinical Education (CCCE)/Clinical Instructor (CI) with appropriate forms to be used in evaluating the performance of the assigned student;

9. to have the student provide, prior to the commencement of the student assignment, such confidential information as may be required by the Facility;

10. to encourage the student to provide, prior to the commencement of the student assignment, such information deemed necessary for the training and guidance of the student;

11. to withdraw from the Facility, at the request of the Facility, any student whose performance is unsatisfactory;

12. that the student and faculty will carry professional liability insurance of $1,000,000 per occurrence and $5,000,000 annual aggregate through a private insurance company;

13. to comply with the Occupational Safety and Health Administration’s December 1991 safety standard for healthcare worker’s exposure to blood borne pathogens. [56 Federal Register 64175 (12/6/91)]. Adhering to both preventative and post-exposure requirements. Specifically, faculty and students are required to receive HBV immunizations or sign the mandatory declination form and have been counseled regarding Universal Precautions 1. Students are required to have evidence of current TB testing.

The Facility agrees:

1. to designate as a Clinical Instructor (CI) the staff member who will be responsible for the planning and implementation of the clinical education experience. The staff member so designated shall meet the criteria established by the Commission on Accreditation in Physical Therapy Education (CAPTE) for supervising students;

2. to provide the Clinical Instructor (CI) with time to plan and implement the clinical education experience including, when feasible, time to attend relevant meetings and conferences;

3. to provide the physical facilities and equipment necessary to conduct the clinical education experience;
4. to have available a written description of the clinical education experience being offered;

5. to collaborate on site-specific learning objectives prior to the beginning of the clinical education experience, and to update as needed;

6. to assure that all aspects of the clinical education experience are instructional;

7. to advise the College of any changes in its personnel, operations, or policies which may affect clinical education;

8. to determine the number of students it can accommodate during a given period of time;

9. to provide the assigned student, whenever possible, with use of library facilities and reasonable study and storage space;

10. to provide the assigned student a copy of the Facility’s existing rules and regulations with which the student is expected to comply;

11. to evaluate the performance of the assigned student according to the Facility’s existing rules and regulations with which the student is expected to comply;

12. to provide the student with a copy of his/her clinical education performance report (CPI);

13. to advise the College as soon as any serious deficit is noted in the ability of the assigned student to progress toward achievement of the stated objectives of the clinical education experience. (It will then be the mutual responsibilities of the assigned student, the Clinical Instructor (CI), and the Academic Coordinator of Clinical Education (ACCE) to devise a plan by which the student has the opportunity to achieve the stated objectives);

14. to have the right to terminate any student whose performance is a detriment to patient well-being or to achievement of the stated objectives of the clinical education experience after notifying the College;

15. to support continuing education and professional growth and development of those staff members who are responsible for student supervision;

16. to make emergency medical care available to the student in case of an injury or other incident requiring emergency care. The cost of the emergency care will be the responsibility of the student.

Terms of Agreement

This Agreement shall commence on Date of agreement, and shall continue in full force and effect for a
period of five years, unless earlier terminated by either the Facility or the College. Students participating in a clinical education experience at a Facility at the time of notice of termination shall be given the opportunity to complete the scheduled clinical education experience at the Facility, such completion not to exceed three months. In the case that the Agreement is due to expire, and a student has been placed at the facility, the Agreement will remain in force until the student completes the clinical education experience.

This agreement may be revised or modified only by mutual written assent.

SIGNATURES ON NEXT PAGE
Rowan-Cabarrus Community College  
P.O. Box 1595  
Salisbury, NC 28145-1595  

By: __________________________  
Dr. Carol Spalding  
Title: President  
Date: ________________________  

By: __________________________  
Dr. Michael Quillen  
Title: Vice President, Academic Programs  
Date: ________________________  

By: __________________________  
Dr. Wendy Barnhardt  
Title: Dean in Health and Education  
Date: ________________________  

By: __________________________  
Anna Marie Prado  
Title: Department Chair in PTA  
Date: ________________________
CLINICAL HANDBOOK AGREEMENT

Rowan-Cabarrus Community College
Physical Therapist Assistant Program
CLINICAL EDUCATION HANDBOOK AGREEMENT

I have received and read the Clinical Education Handbook for the Physical Therapist Assistant Program at Rowan-Cabarrus Community College. I understand its content and agree to abide by the policies and procedures set forth during my tenure as a Physical Therapist Assistant student. The Program reserves the right to alter policies, procedures and content.

______________________________
Student Name (Please Print)

______________________________
Signature

______________________________
Date