



Pennsylvania College of Technology

A Penn State Affiliate

School of Nursing & Health Sciences

Physical Therapist Assistant

Clinical Instructor Manual

Welcome

Welcome Instructors, to Clinical Education at Pennsylvania College of Technology (PCT) or more commonly known as “Penn College”. This manual will provide the clinical instructor with the necessary information to provide a valuable and rewarding clinical education experience for both the student and the clinical instructor.

The purpose of this handbook is to provide information and guidelines to the clinical instructor and the CCCE for the clinical education component of the PTA program. Please take the time to become familiar with the contents of this manual prior to the student’s arrival at your clinical education site. Should you have any questions or comments, please do not hesitate to contact us.

Thank you for your efforts and contributions to our program,

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Accreditations

College Accreditation:

Pennsylvania College of Technology, a special affiliate campus of Pennsylvania State University, is a fully accredited college by the Middle States Commission on Higher Education, 3624 Market Street, Philadelphia, PA 19104-2680, (267)-284-5000. Middle States Commission on Higher Education is recognized by the Secretary of Education, Commonwealth of Pennsylvania. PCT last reaffirmed its status on June 28, 2012.

Program Accreditation:

The Physical Therapist Assistant program at Pennsylvania College of Technology is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 570-320-4439 or email pta@pct.edu.

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Mission of the Pennsylvania College of Technology

Pennsylvania College of Technology is a public institution offering degrees that work grounded in a comprehensive, hands on technical education that empowers our graduates for success.

Mission of the Physical Therapist Assistant Program

The Mission of the PTA program at Pennsylvania College of Technology is to provide a comprehensive program of PTA education that prepares the student to engage in contemporary physical therapy practice under the supervision of a licensed physical therapist. Students will be prepared to provide skillful interventions to a culturally diverse patient population from across the lifespan. They will be prepared to practice ethically and legally in diverse settings utilizing evidence-based care to support best practice and professional development, appreciating the need for collaboration, integrity, continuing competence, and social responsibility for the benefit of the profession.

Vision and Philosophy of the Physical Therapist Assistant Program

The Vision of the PTA program at Pennsylvania College of Technology is to be a premier provider of Physical Therapist Assistant education in the state of Pennsylvania and to meet the human resource needs of the community.

In concert with the Vision of Pennsylvania College of Technology (Pennsylvania's premier technical college) and the Vision of the APTA, the faculty and staff of the Physical Therapist Assistant Program major strives to educate PTAs who are drivers of change for the benefit of the physical therapy profession by:

- committing to lifelong learning and professional advancement
- supporting best practice through the use of evidence-based practice
- promoting the practice of physical therapy in diverse practice areas and with varied patient populations
- promoting health and wellness for maintenance or avoidance of disease
- demonstrating their commitment to professional excellence and service to their communities

Description of the PTA Program

The Physical Therapist Assistant program is a two year program that will culminate in an earned Associates of Applied Science (A.A.S.) degree. The program is designed as an integrated two year degree with general education and technical education classes occurring throughout the curriculum. Clinical education begins in the third semester with an integrated experience and culminates with two 7 week full time clinical education experiences. The program is intended to prepare students for the practice of physical therapy under the supervision of a licensed physical therapist including performing select

therapeutic interventions, assessing patient response, documenting responses to interventions and making recommendations for modifications to ensure patient/client safety. Students will learn to provide care to people who have had strokes, spinal cord injuries, head injuries, orthopedic and sports injuries amongst others with a focus on restoring movement to optimize function. They will be prepared to communicate with the supervising physical therapist, interact with patients and their family and caregivers, and work collaboratively with other health care providers as an integral member of the healthcare team.

PTA Program Goals

The Physical Therapist Assistant program will:

1. Prepare graduates to support the healthcare needs of the community via employment as a physical therapist assistant under the supervision of a licensed physical therapist.
2. Prepare entry-level, competent graduates who are prepared to perform at or better than the national average on the NPTE.
3. Establish and maintain relationships with sufficient educational sites meet CAPTE standards, and to provide diverse and contemporary educational experiences to students.

Physical Therapist Assistant Faculty will:

4. Provide a classroom atmosphere that is supportive of student learning, free from discrimination and respectful of all individuals.
5. Faculty will provide a contemporary PTA curriculum, using evidence-based instruction and assessment techniques.

A graduate of this major should be able to:

1. Work under the supervision of a physical therapist in an ethical, legal, safe and professional manner.
2. Implement a comprehensive treatment plan developed by a physical therapist promoting optimal outcomes for patients.
3. Recognize the relationship between concepts learned from liberal arts and basic science coursework and physical therapy knowledge and skills.
4. Demonstrate effective oral, written, and nonverbal communication in a culturally competent manner with patients and their families, colleagues, other health care providers and the public.
5. Interact skillfully with patients across the life span.
6. Demonstrate a commitment to professional growth and lifelong learning to promote evidence-based practice.
7. Demonstrate the necessary information literacy skills to utilize available resources effectively and appropriately throughout their career.

Course Sequence

Course Sequence for PTA Curriculum

First Semester		Credits
FYE101	First Year Experience	1
BIO115	Human Anatomy and Physiology I	4
ENL111	English Composition I	3
MTR100	Medical Terminology Survey	1
MTH	MTH 153 or higher	3
PSY111	General Psychology	3
TOTAL CREDITS		15

Second Semester		Credits
BIO125	Human Anatomy and Physiology II	4
FITELC	Fitness Elective	1
PTA100	Introduction to PT	3
PTA120	Clinical Kinesiology	3
PTA130	PT Procedure I	4
TOTAL CREDITS		15

Summer Session		Credits
PTA210	Pathology for the PTA	2
CSC124	Information, Technology and Society	3
PTA225	Physical Agents	4
TOTAL CREDITS		9

Third Semester		Credits
PTA200	Level 1 Clinical Experience	2
PTA220	Therapeutic Exercise	4
PTA230	Clinical Neurology	3
SPC201	Interpersonal Communication	3
TOTAL CREDITS		12

Fourth Semester		Credits
PTA250	PT Procedure II	3
PTA260	Rehabilitation	3
PTA265	Orthopedics and Sports in PT	3
PTA240	Ethics and Law	2
PTA245	Professional Seminar	1
TOTAL CREDITS		12

Summer Session		Credits
PTA270	Level 2A Clinical Experience (7 weeks)	3
PTA275	Level 2B Clinical Experience (7 weeks)	3
TOTAL CREDITS		6
TOTAL PROGRAM CREDITS		69

This sequence of courses is considered to be the optimal sequence of completing the required coursework for the PTA program. Each PTA program specific course is given only once a year and must be taken in sequence.

PTA Course Descriptions

Introduction to Physical Therapy (PTA100)

Exploration of the Physical Therapy profession from inception to modern day practice and the role of the Physical Therapist Assistant as a member of the health-care team. Components of professional practice including communication, ethics, documentation, reimbursement, use of professional literature, and service will be explored.

Clinical Kinesiology (PTA120)

Exploration of human movement including the necessary joint mechanics and muscle performance necessary for functional movements. Anatomy and physiology of muscle function as well as common pathologies of the musculoskeletal system will be reviewed for their impact on an individual's ability to create purposeful movement for both complex and simple motions. Musculoskeletal control of human gait as well as phases of gait will be explored in normal and abnormal conditions.

PT Procedures I (PTA130)

Theory and application of commonly used physical therapy interventions including universal precautions, vital sign monitoring, patient positioning, and functional training and mobility activities that are an integral part of physical therapy practice. Emphasis will be on safe application of techniques and documentation of interventions.

Pathology for the PTA (PTA210)

Overview of diseases and conditions that affect individuals throughout their lifespan and may have affect their ability to maintain mobility and independence. Diseases will be covered that affect the major body systems as well as other special topics of interest to physical therapy.

Physical Agents (PTA225)

Introduction to the use of various physical agents in physical therapy including thermal modalities, electrical modalities, and mechanical therapies, for safe and effective treatment of various patient conditions.

Level 1 Clinical Education (PTA215)

An integrated clinical experience to occur one day a week in an acute care, outpatient, or a long term care facility with the opportunity to observe clinical treatment and apply skills and knowledge gained during the first technical semester of the PTA program. All activities will be performed in the presence of a licensed physical therapist.

Therapeutic Exercise (PTA220)

Theory and application of therapeutic exercise for conditions that affect an individual's ability to move independently and without pain. Topics will include those related to muscle performance, tests and

measures of performance, cardiopulmonary endurance, balance, neuromuscular control, mobility, stability and health promotion.

Clinical Neurology (PTA230)

Anatomy of the nervous system, physiology of nerve transmission, and fetal development of the nervous system will be discussed for understanding of pathological conditions that affect individuals and cause them to need the services of a physical therapist. Common medical testing, and physical therapy assessment and treatment will be discussed for application to the neurological population. The role of the physical therapist assistant in treatment interventions will be emphasized.

PT Procedures II (PTA250)

Advanced wheelchair mobility and fitting, bracing and the use of orthotic devices will be covered in this course which builds on the foundational information from Procedures I. Students will apply therapeutic massage, learn wound management and advanced functional training activities including those appropriate to occupational medicine, amongst others.

Rehabilitation (PTA260)

Exploration of conditions that present to physical therapy for rehabilitation including both acquired and congenital conditions of the musculoskeletal system, cardiopulmonary system, and vascular including rehabilitation of the complex medical patient and others as appropriate to physical therapy practice. Emphasis will be on hands-on skills and knowledge appropriate to the PTA student.

Orthopedics and Sports in PT (PTA265)

Examination of orthopedic and sports-related conditions in pediatric and adult populations. Surgical conditions requiring protocol specific rehabilitation as well as non-surgical and sport specific conditions will be covered. Emphasis will be the role of the PTA in physical therapy treatment and progression.

Ethics and Law for the PTA (PTA240)

History of ethics in Physical therapy and the addition of the APTA's 'Standards of Ethical Conduct for the Physical Therapist Assistant' will be examined as they relate to clinical practice, including decision making models for solving ethical dilemmas. Laws related to malpractice, liability, fraud, and abuse will be discussed as well as reporting mechanisms for suspected violation.

Professional Seminar (PTA245)

Topics related to the licensing examination, resume writing, interview skills, employment opportunities and professional development.

Level 2A Clinical Experience (PTA270)

A minimum of seven weeks of full time supervised clinical experience practicing the skills of an entry level PTA. Students are assigned to an outpatient, long term care, or acute care setting where they receive practical experience integrating and applying knowledge and skills to patients/clients of a variety of ages and conditions. All activities will be performed in the presence of a licensed physical therapist. Students must successfully complete all required course work of the PTA curriculum, current CPR certification, and approval of the department prior to enrolling in this course. Grading evaluated as Satisfactory or Unsatisfactory. NOTE: Student is responsible for room, board and all transportation to and from the clinical site.

Level 2B Clinical Education (PTA275)

A minimum of seven weeks of full time clinical education experience in acute care, outpatient, long term care, or specialty facility (as approved by the department) to follow successful completion of Clinical Education IIA. This is the final supervised clinical experience for students and should be completed in a setting not previously utilized for clinical education. Students will encounter practical experience integrating and applying knowledge and skills with patients of varied ages and conditions. All activities will be performed in the presence of a licensed physical therapist. Students must complete all coursework of the PTA curriculum, Level IIA Clinical Education, have current CPR certification, and approval of the department prior to enrollment in this course. NOTE: Student is responsible for room, board, and all transportation to and from the clinical site.

I. CLINICAL EDUCATION STANDARDS AND REQUIREMENTS

1.1 Philosophy of Clinical Education

The clinical education experience is an integral portion of the physical therapy assistant program, enabling the student to “put into practice” the concepts, skills, problem solving techniques, and ideas that he/she has learned in the classroom and lab environments. This provides an opportunity for the student to “bridge the gap” from the academic to the clinical setting. Didactic learning in the classroom provides the student with a foundation of knowledge and skills for problem solving; the laboratory sessions provide practice time to become comfortable with handling skills and assessment with fellow students. The clinical education experience provides opportunity for integration of that knowledge, skill, safety awareness, clinical problem solving, resource management, and developing professionalism and communication skills under the direction of a licensed physical therapist or physical therapist assistant/physical therapist team in the health care setting. Following successful completion of the academic portion of the program and all clinical education experiences, student becomes eligible to take the licensure exam, or National Physical Therapy Examination.

1.2 Purpose of Clinical Education

The purpose of the Penn College PTA program educational process is to produce highly competent entry- level physical therapist assistants who will provide exceptional care to their patients and perform all the duties of a licensed physical therapist assistant under the supervision of a physical therapist. To foster this competence, the student will be exposed to clinical settings where he/she can perform the appropriate skills, functions, and professionalism necessary to practice as a PTA. The clinical experience is designed to complement academic preparation by integrating knowledge with the application of skills in the clinical setting.

1.3 Clinical Education Objectives

The clinical instructor will receive a copy of the clinical education course syllabus, PTA215 Clinical Education 1, PTA270 Clinical Education 2A, or PTA275 Clinical Education 2B, at least six weeks prior to the start of the clinical experience.

1.4 Clinical Education Experience Procedures

Selection of the Clinical Experience

The APTA “Guidelines: Clinical Education Sites” and “Guidelines: Clinical Instructors” has been utilized to select the following criteria for selection of clinical education sites and clinical instructors. Feedback from a therapist’s yearly performance evaluation will be used to determine appropriateness for being a clinical instructor. Please see links below:

Clinical Education Sites:

For further reference and criteria see the APTA website or contact the clinical director.

Clinical Instructors:

For further reference and criteria see the APTA website or contact the clinical director.

Criteria for Selection of Clinical Education Sites

1. The philosophy of the clinical education site and the provider of physical therapy for the patient/client care and clinical education is compatible with that of Penn College and the institution's PTA program.
2. Clinical education experiences for students are planned to meet specific objectives of the academic program, the provider of physical therapy, and the educational needs of the individual student.
3. The physical therapy personnel provide services in an ethical and legal manner.
4. The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
5. The clinical site demonstrates administrative support for physical therapy clinical education.
6. The clinical site has a variety of learning experiences, appropriate to the setting, available to students.
7. The clinical site provides an active, stimulating environment appropriate to the learning needs of the student.
8. Selected support services are available to students.
9. Roles and responsibilities of physical therapy personnel are clearly defined.
10. The physical therapy personnel are adequate in number to provide an educational program for students.
11. The clinical education site has adequate patient population, equipment, space, and other resources to support student education.
12. The educational site is able to meet reasonable accommodations for students with regard to disclosed disabilities, medical, or psychological conditions.
13. Clinical sites with more than three physical therapists have a designated Center Coordinator of Clinical Education.
14. There is an active staff development program at the clinical site.

Criteria for Selection of Clinical Instructors

At the time of selection of a Clinical instructor, the CCCE or supervisor, will provide assurance of the following:

1. The clinical instructor (CI) demonstrates clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.
2. The clinical instructor demonstrates effective communication skills.
3. The clinical instructor demonstrates effective behavior, conduct, and skill in interpersonal relationships.
4. The clinical instructor demonstrates effective instructional skills.
5. The clinical instructor demonstrates effective supervisory skills.
6. The clinical instructor demonstrates performance evaluation skills.
7. The clinical instructor verbalizes and demonstrates a strong commitment in helping students achieve their goals for clinical education and provision of a valuable and positive learning experience for the student.

Scheduling of Clinical Experiences

Student placements for all clinical education experiences are the responsibility of the clinical director of the PTA department at Pennsylvania College of Technology. During the second semester of PTA program, the clinical director meets with students collectively to discuss the clinical education selection process, procedures, and expectations. Availability of clinical placements are based on a site's ability to offer learning experiences that are compatible with the curriculum and the level of education of the student, clinical instructor qualifications, and currency of the Memorandum of Understanding. Each student completes a Clinical Experience Preference Form listing preferred sites, one site for each of the following settings: acute, outpatient, and long term care. Students have access to previous student clinical site evaluation forms, and the site's description of the setting in order to select preferences.

The initial clinical experience will take place one day a week for the duration of the semester during the fourth semester of the curriculum. The second and third clinical experiences are full time for seven weeks each.

The clinical director will make every effort to match students with their preferences, however, many factors, including the number of students and the number of qualified sites available, may make this impossible. Students should be aware that they may be expected to travel outside of their geographic locale for clinical education experiences and driving distances of up to two hours may be necessary.

TRANSPORTATION IS THE RESPONSIBILITY OF THE STUDENT.

Students are NOT permitted to contact a potential clinical site for the purpose of establishing that site as a clinical education site for PCT.

PTA215 Clinical Education 1 will occur one full day a week for the duration of the fourth with the exception of week one which will be used for an orientation session. PTA270 Clinical Education 2A and

Preparedness for Full Time Clinical Experiences

The Penn College PTA faculty will collectively assess each student's preparedness for full time clinical education at the completion of the didactic coursework and prior to PTA270, the first full time clinical education experience. The assessment will be based on the following:

- Successful completion of all academic coursework
- Entry-level achievement on the faculty assessment of the student's professional behaviors as assessed by the Professional Behaviors Assessment Tool,
- Successful completion of the Practice Examination and Assessment Tool (PEAT) for the National Physical Therapy Examination with a grade of 75% or higher.

Students who do not meet these criteria will be unable to matriculate to the clinical education experiences and may require remediation which will be determined by program faculty.

1.5 Responsibilities in Clinical Education

Responsibilities of the PTA Clinical Director:

The clinical director will be responsible for:

1. development of Clinical Education sites;
2. coordination and development of clinical instructor professional development activities;
3. assessment and determination of student preparedness for clinical experience in collaboration with program faculty;
4. meeting with students collectively to discuss requirements and expectations of the clinical education experience;
5. meeting with students individually to discuss clinical site selection and goals related to clinical experience;
6. arranging and coordinating all clinical assignments for students;
7. insuring that students are exposed to a variety of clinical experiences to best prepare them for entry-level clinical practice;
8. maintaining and updating clinical site database;
9. maintaining and updating Memorandum of Understanding (clinical contract) database;
10. maintaining and updating Clinical Instructor Handbook;
11. providing access to the current Clinical Instructor Handbook to all clinical instructors and center coordinators of clinical education, and students;
12. insuring that all student forms and information, including the appropriate clinical education syllabus, is provided to clinical site and clinical instructor 6-8 weeks prior to the first day of a clinical experience;
13. contacting clinical instructor by phone mid-way through clinical experience for each student, or as needed via feedback from clinical instructor;
14. make every attempt to make a site visit during each clinical experience for every student, or schedule site visits as needed or when requested by the student or the clinical instructor;
15. completing and coordinating site visits for Clinical Education I, Clinical Education IIA, and Clinical Education IIB as needed;
16. serving as a resource to the student and the clinical instructor;
17. reviewing and commenting on journal entries from Self-Reflection journal; coordinate follow-up discussion as needed;
18. conferring with the student and the clinical instructor regarding student learning needs and progress toward meeting objectives;

19. facilitating conflict resolution and problem solving strategies;
20. assessing student overall clinical performance based on methods of evaluation;
21. contacting and secure new clinical education sites and complete all appropriate paperwork;
22. ensuring that clinical education sites receive a copy of Penn College's liability insurance on an annual basis as site requests;
23. ensuring that clinical education sites and clinical instructors meet selection criteria;
24. participating in and promote consortia activities for development of clinical education;
25. maintaining compliance with CAPTE standards for clinical education;
26. Participate in state, regional, and national professional activities related to clinical education, keeping students, clinical instructors, and CCCEs updated with changes that impact clinical education.

This list is not meant to be exhaustive and may be adjusted by the program director as needed to suit the needs of the program.

Responsibilities of the Student

In preparation for full time clinical education experiences, the student should complete the following activities:

1. all didactic coursework including practical examinations with a grade of C or better;
2. achieve entry level status on the faculty assessment of professional behaviors using the Professional Behaviors Assessment Tool;
3. complete the first Practice Examination and Assessment Tool, or PEAT;
4. become credentialed for the use of the Clinical Performance Instrument (CPI) for student evaluation of performance;
5. have all completed PTA paperwork on file in the program office on or before April 15 for first year students, and by March 15 for second year students, including:
 - Completed and current Health History/Questionnaire, inoculation records, and blood work results
 - Completed annual PA State Police Criminal Background Check,
 - Annual Child Abuse Clearance,
 - Annual FBI (IdentaGO) fingerprinting
 - Documented evidence of current personal health insurance
 - Documented evidence of current personal malpractice insurance (information can be obtained in the PTA department office)
 - Documentation of Hepatitis B series (immunizations)
 - Results of an annual 2 Step PPD test results (yearly updates are offered at PCT Health Services for a fee)
 - Documented evidence of a current flu shot
 - Documented evidence of current Cardiopulmonary Resuscitation (CPR) certification from the American Heart Association (may be completed in semester two of the program);

- Completed drug screening in compliance with the Penn College School of Nursing and Health Sciences Drug and Alcohol Policy. Contact the clinical director for further information regarding this policy.
- Documented completion of training in Standard Universal Precautions, prevention of TB transmission, and HIPAA Compliance
- Completion of Student Profile and Student Competency Assessment Form during the third and fifth semesters of the program

Students are also required to comply with any additional requirements that are specific to the clinical site. Any requirements that are specific to the clinical site are made available to students via the Clinical Site Information Form which is maintained in the clinical director's office. The clinical director will forward any additional information about a clinical site's requirements, as they are made known. Students are not be permitted to participate in clinical education unless all college and site specific mandates are met.

Lack of compliance with due dates will result in disciplinary action as outlined below:

- If a student fails to submit required documentation by the due date, they will be given a one week grace period, after which a **first written warning** will be given and made part of their program record.
- The student will be given a **second written warning** if documentation is not received within one week of the first written warning.
- If a student fails to comply with documentation deadlines one week after the second written warning, a **third and final written warning** will be given.

At the time of the third written warning, the student will be withdrawn from the program due to non-compliance with clinical education requirements. The student may appeal for re-entry following the procedure outlined in section 3.11 **Academic Fairness Complaint Procedure/Process for Appeal of a Grade**,

Exceptions for legitimate hardship or difficulty may be requested and granted by the PTA program director or PTA clinical director.

6. contact the clinical education site **two to four weeks** prior to start of affiliation to introduce themselves and gather information regarding such details as:
 - Directions to site
 - Parking
 - Housing availability if needed
 - Hours of clinical experience
 - Appropriate dress and personal appearance
 - Preparation reading prior to start of experience
 - Cell phone usage guidelines
 - Expectations of affiliation

7. purchase a College PTA logo shirt(s) from the College Bookstore for use during clinical experiences;
8. secure College name tag from the clinical director for use during clinical education;
9. make arrangements for housing and transportation as needed.

During the Clinical Education Experience, students are required to participate in any learning opportunities outside of the normal clinical day, when able, including professional association meetings, department in-services, professional rounds, staff meetings, etc.

During the Clinical Education Experience:

1. If the clinical site or the clinical instructor has a special area of expertise, or special programs and learning experiences are available, the student is encouraged to participate and take advantage of these opportunities.
2. During full time clinical experiences, the student is required to present an in-service to the staff of the clinical site, topic and time of presentation to be discussed and agreed upon with clinical instructor.
3. Complete all homework and weekly Self-Reflection Journal entry and submit to clinical director on time.
4. Complete Midterm and Final Performance evaluations and discuss with clinical instructor.
5. Complete Clinical Site Evaluation Form and discuss with clinical instructor.

Responsibilities of the Center Coordinator of Clinical Education

In preparation for and during clinical education, the CCCE should:

1. coordinate student schedules for clinical education, ensuring a current clinical education contract with the College;
2. provide information regarding any specific site requirements for student participation in clinical education;
3. provide orientation materials to the student on or before the first day of the clinical experience;
4. delegate clinical supervision of students to an appropriate staff PT or PT/PTA team;
5. serve as a resource for the clinical instructor for establishing goals and objectives, organizing learning experiences, and evaluating student performance;
6. give the instructor access to the PCT Clinical Instructor Manual;
7. monitor the supervision and learning experiences of students;
8. provide communication and problem-solving strategies for the student and clinical instructor, if needed;
9. provide all necessary documentation to the PTA Clinical Director (clinical agreements, completed student evaluation tools, forms, CPIs, etc.);
10. contact the PTA program director with any comments or concerns involving the PTA program.

Note: If there is no CCCE, the department or facility director is responsible for the items listed above.

Responsibilities of the Clinical Instructor

Consistent with APTA guidelines, in preparation for providing instruction to a Penn College PTA student, the CI must:

1. hold a current license to practice physical therapy in the state of the clinical education;
2. have, at minimum, one year of clinical experience in the area of student instruction;
3. be credentialed for use of the CPI for evaluation of student performance;
4. provide a Curriculum Vitae or Resume to be kept on file by the clinical director of the PTA program;
5. Complete the Clinical Instructor Information Form and Letter of Intent and provide to the clinical director prior to the student's start date of the clinical experience;
6. provide evidence of competence by performance evaluation in area of instruction;
7. demonstrate a systematic approach to patient care;
8. utilize critical thinking in the delivery of physical therapy interventions and data collections;
9. provide appropriate rationale with treatment approaches;
10. demonstrate appropriate time management skills;
11. demonstrate a willingness to work with students;
12. pursue learning experiences to develop knowledge and skills in clinical teaching;
13. model professional behavior;
14. demonstrate ethical behavior as outlined in the APTA Code of Ethics;
15. use verbal, nonverbal, and written communication skills effectively with students and College staff;
16. demonstrate active listening skills;
17. encourage dialogue with students;
18. demonstrate effective instructional skills and supervisory skills for students;
19. demonstrate an interest in teaching and continuing education;
20. provide an orientation to the clinical facility including the physical space and the personnel;
21. facilitate student accomplishment of goals and objectives; assist with planning learning experiences with the student;
22. supervise the student or arrange supervision by another qualified therapist in the event of CI absence;
23. serve as a resource to the student;
24. encourage the student to take advantage of unique resources and learning experiences of the clinical setting and its staff;
25. provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress;
26. be available to the clinical director to discuss the students' progress in the clinical experience, including any concerns that the CI has about the student meeting the objectives of the clinical experience;
27. consult with the clinical director regarding unsatisfactory progress of the student;
28. set clear expectations for the student, and provide ongoing verbal and written feedback;
29. familiarize themselves with the status of the student including knowledge of the course material that has been covered in preparation for the clinical experience. The instructor should refer to the **Skills Expected to be Competent** list. If a clinical instructor teaches a student an intervention or data collection method that has not been presented or practiced in the academic setting, the clinical instructor is responsible for determining if the student is safe in

applying the procedure to the patient in the clinical setting. The student cannot be evaluated on that skill.

30. act in an ethical manner and maintain student confidentiality;
31. provide the appropriate College or CAPTE contact information to a member of the public who has a complaint or concern regarding a PTA student or the Penn College PTA Program. This information may be found in the Clinical Instructor Manual.

1.6 Clinical Education Standards and Requirements

Memorandum of Understanding/Clinical Education Agreement

The PTA department maintains a file on all programs with which the College has current Memorandum of Understanding, or clinical education agreement. The Penn College PTA program is open to student's requests for additional sites; however, the student may not contact the potential site to request an agreement. The student may supply the clinical director with contact information for the potential site; the clinical director will follow all leads that may result in a new clinical experience for students. The procedure for establishing a new clinical site is outlined below.

Students will be permitted to participate in clinical experiences only at sites in which the college and site have a current signed Memorandum of Understanding.

Students are not permitted to contact a potential clinical site for the purpose of establishing that site as a clinical education site for PCT.

Maintenance of Current Memorandum of Understanding and Clinical Education Agreements

In order to ensure that PTA students are only assigned to clinical facilities that have a current completed Memorandum of Understanding, the PTA Clinical Director will do the following:

1. Review active clinical files each January to ensure the following contents:
 - Memorandum of Understanding including the signature page (Note: the memorandum remains active until one or both parties provides written notification of termination of the contractual agreement.)
 - Any additional clinical forms required by the clinical facility including notification of the required background checks, immunization, dress code, etc.
 - Letters of Intent and resumes from clinicians at the site who have agreed to be clinical instructors
2. In the event that a file is found to have outdated information, the following procedure will be implemented to update the file:
 - An e-mail will be sent to the clinical site requesting the necessary updated information within 30 days.
 - A reminder e-mail will be sent after 30 days if the necessary information has not been received.
 - After a 60 day period, the clinical director will contact the CCCE or other clinical contact personnel via telephone.

3. If the facility fails to provide the necessary information within 90 days, they will be removed from the list of available clinical sites.

Establishing a New Clinical Education Site

In order to establish a new clinical education site, the following must occur:

1. When a new facility agrees to host a PTA student, the clinical director will provide the site with a clinical education program information packet that includes the following:

- Penn College Memorandum of Understanding for clinical education
- Clinical Instructor Manual
- PTA curriculum description
- Clinical education course objectives for integrated and full time experiences
- Copy of Penn College liability insurance furnished upon request
- Sample copy of student liability insurance
- Copy of program accreditation
- Copies of the Clinical Education Time Sheet, Student Weekly Planning Form, In-service Evaluation Form, Learning Contract, and Program Evaluation Form for CIs
- Clinical affiliation remediation policy

2. When the *signed contract* is received, the facility becomes an active clinical site.

3. The clinical director follows the procedure for maintenance of current memorandums of understanding to ensure that the site remains active.

1.7 Professional Development

Clinical Education is the beginning of the student's professional career. Impressions that students leave with supervisors will follow them throughout their career. It is the student's responsibility to make sure that these impressions are positive! A health care worker is expected to be reliable, respectful, and responsible. To promote these necessary professional qualities, the student is expected to follow all rules, regulations, and procedures at the clinical site.

A critical part of the development of professional behaviors is maintaining patient confidentiality, following standard safety procedures, and responding positively to supervisory feedback. While professors, supervisors, and other staff will provide guidance and direction in the development of professional behaviors, each student is responsible for following through and committing to demonstrating professional behaviors. The Professional Behaviors Assessment Tool is used for student self-assessment as well as faculty assessment of a student's progress in developing professional behaviors appropriate to the PTA.

The documents listed below are published by the American Physical Therapy Association and are standard guidelines for ethics, conduct, and behavior for a PTA. Students are introduced to this content in PTA100, Introduction to Physical Therapy and are responsible for conducting themselves in a manner

consistent with the expectations established in these documents, at a level appropriate to their level of education.

Each semester, students are responsible for completing a self-assessment of their professional behaviors using the **Professional Behaviors Assessment Tool**. A faculty member from Penn College also completes the **Professional Behaviors Assessment Tool** for each student. The student and faculty member meet individually and discuss the student's progress with the development of professional behaviors with the goal of entry level performance by completion of the final full time clinical education experience.

See appendices for full document review of:

- APTA Guide for Conduct of the Physical Therapist Assistant
- APTA Standards of Ethical Conduct for the Physical Therapist Assistant
- APTA Values-Based Behaviors for the PTA
- Professional Assessment Tool for the PTA Student

Students who display unprofessional behavior at any time during the clinical experience will face disciplinary action by Penn College. The CCCE or CI should contact the clinical director who will determine the appropriate disciplinary action.

1.8 Confidentiality

Protecting the privacy of patients and patient information is of utmost importance and is protected by federal law, the Health Insurance Portability and Accountability Act (HIPAA). Students MUST adhere to the APTA ethical guidelines and HIPAA regulations during all clinical experiences without fail. All clinical facilities are expected to have policies on the confidentiality of records and other personal information. Additionally, facility policies should be in place concerning the informed consent of patients seen by a student. These policies should be reviewed with the student affiliating at that facility.

Students should be aware that information regarding individuals with whom they come in contact during the course of their educational experiences must be maintained in a confidential manner. No identifying information should appear on written assignments or in conversation regarding any clinical experiences. Rather, use only initials, first names, or false names to identify individuals. Failure to comply with this rule will result in the student receiving disciplinary action in the form of a written warning. Once the CCCE or CI becomes aware of the violation, they are requested to contact the clinical director who will determine the appropriate disciplinary action.

1.9 Safety

Patient safety is of paramount importance during clinical education, and extends also to caregivers, staff, and students. Students demonstrate competence in critical safety elements in all skill checks and practical exams in all coursework and therefore are expected to continue these behaviors into the clinic during all interventions or data collection activities.

Repeated evidence of unsafe practices will be documented by the clinical instructor, and will result in disciplinary action.

Examples of unsafe practice include, but are not limited to:

- An incident with potentially life threatening consequences
- An incident contributing to the injury of another
- Repeated failure to follow through on accepted guidelines for safe clinical practice (i.e., adherence to standard precautions, adherence to guidelines for safe patient handling, adherence to specific limitations of a physician's orders or therapist's plan of care, etc.).

The following guide will be instituted for all safety violations during clinical experiences:

1. If a student has demonstrated failure to comply with safety procedure during any intervention, the student will be issued a verbal warning, with documentation of the incident for the clinical director.
2. A written warning will be given upon the second violation of safety during clinical education. The clinical director will meet with the student in person, or if not possible, by phone to discuss the incident and to document the incident for the student's record.
3. Any additional safety violations will result in a written warnings; a student who accumulates three safety-related written warnings will receive an Unsatisfactory/Failing grade, and will not be permitted to complete the clinical experience. The student may appeal this decision as outlined in the PTA Program Manual.

In the event of a student safety violation, please inform the PTA Clinical Director ASAP via e-mail cat19@pct.edu or phone call 570 320-2400 x 7614

1.10 Supervision of Students during Clinical Education

All clinical facilities are expected to provide direct supervision of students to ensure patient safety and to enable the successful completion of the program's educational objectives. All students require on-site supervision by a licensed physical therapist or physical therapist assistant/physical therapist team. Preferably, this should be the student's clinical instructor. If the clinical instructor is not available on-site, another licensed therapist who is on-site must be assigned to that student for that time period. The clinical instructor should have adequate "release time" to appropriately supervise the student and be available to answer questions, and provide assistance and mentoring. All clinical faculty are expected to demonstrate positive role modelling for the students. If there is no PT in the building for a portion of the day when the student is in the building on their clinical experience, the student may perform non-patient care duties such as chart reviews, assignments given by clinical instructor, documentation, in-service preparation, and/or observation of other health care professionals. Students should contact the clinical director immediately if supervision does not follow these guidelines.

1.11 Cardiopulmonary Resuscitation

All students are required to maintain current CPR certification through the American Heart Association throughout the duration of the PTA program and each clinical assignment. Proof of certification will be kept in the student's file. CPR classes through the American Heart Association will be offered through the Health Sciences School and the PTA program on a yearly basis for a fee payable to Penn College: Workforce Development".

1.12 Professional Liability Insurance

The APTA, Penn College, and the clinical site require students to carry professional liability insurance. The minimum coverage limits of \$1,000,000 per occurrence and \$3,000,000 annual aggregate is required throughout the program. Proof of insurance coverage must be provided to the clinical director prior to clinical education assignments. Information on obtaining insurance will be provided to all students. If the student does not provide proof of insurance he/she will not be permitted to participate in the clinical education opportunity. The program will make this insurance available from an established agent through the PTA program. Otherwise, Student Liability can be purchased online at the following site:

[HPSO Student Liability Insurance](#)

<http://www.hpsoc.com/individuals/professional-liability/consulting-services-endorsement/cse-new>

1.13 Medical Insurance

Students are required to carry personal health insurance, in accordance with the policy of Penn College. Current proof of insurance must be submitted to the department and kept in the student's file prior to all clinical education experiences. The student must also supply the clinical director with the expiration date of the insurance policy to assure currency of coverage. Health insurance coverage identification card should also be in the possession of the student during clinical experiences should he/she need treatment. In the event that insurance changes, updated insurance information must be given to the PTA department for keeping records up to date. If a student does not have insurance, the college offers insurance options; this can be accessed online from the PCT Portal at the following site:

[College Health Services](#)

<https://www.pct.edu/campuslife/collegehealth/>

1.14 Health Requirements

The Penn College Health Questionnaire Form must be completed and returned to College Health services before the start of the program to ensure that all of the necessary requirements have been met prior to beginning course work. Any questions regarding this can be directed to Health Services at (570)320-5234.

The following requirements must be met in order to participate in all clinical education experiences:

- Physical Exam within the last year. To help save on costs, students are encouraged to compare the cost of services from their regular provider to those offered here at College Health Services.
- Hepatitis B series of vaccinations
- Hepatitis B titer results
- 2 Step PPD (updated annually)
- Tdap vaccination for Tetanus, Diphtheria, and Pertussis
- Current Tetanus vaccination

- MMR including titer
- Mumps and varicella titer
- Flu Shot annually with documentation of date received, business that gave the vaccination, and lot number of the vaccine

Clinical Education sites may have other requirements or time frames. The student will be made aware of any variances from these stipulations and will be responsible for adhering to any specific site mandates. If a student has a positive drug screen or history of a positive drug screen, the site may refuse placement.

1.15 Guidelines for Student Drug Testing

Every student who enters into the technical component of a Health Sciences program at Pennsylvania College of Technology will be required to submit to testing, in keeping with the School of Nursing & Health Sciences Drug and Alcohol Policy. Please contact the clinical director of the program for further details.

1.16 Drug and Alcohol Policy

The Penn College PTA program maintains a drug-free learning environment. Within this environment, alcohol, illegal drugs, and legal drugs obtained without a prescription or which may impair a student's ability to perform his/her educational responsibilities are strictly prohibited. This extends to the clinical education site as well.

- No student shall possess, use, distribute, or sell such items while on the college's property or while on location at a clinical site associated with the School of Nursing & Health Sciences' program educational requirements.
- No student shall report to the classroom or clinical site under the influence of or impaired by any drug or alcohol. Compliance with these policies is a condition of continued enrollment in the School of Nursing & Health Sciences.
- Students violating this policy are subject to disciplinary action, up to and including dismissal from the School of Nursing & Health Sciences.
- The School of Nursing & Health Sciences requires students to undergo initial drug screenings prior to the professional component of a Health Sciences program.
- Random testing may occur thereafter, with or without cause, and with or without notice.
- Students are expected to test negative on their drug screenings to remain in compliance with the School's Guidelines for Drug Testing of Health Profession Students.
- Specific information regarding notification of drug testing, persons to be tested, types of tests to be performed, drugs to be tested, consent to drug testing, specimen collection, review and reporting of positive drug test results, drug testing after admission, admission/re-admission after a positive drug test, penalties for a confirmed positive drug test or refusal to be tested, self-referral, education, and the student drug screening acknowledgment agreement (and appendices) related to the monitoring and compliance of this policy are located in the School of Nursing & Health Sciences Guidelines for Drug Testing of Health Profession Students. This policy adheres to the institutional student alcohol policy. For further information regarding this policy, contact the clinical director.

- The College will abide by the alcohol beverage law of Pennsylvania; violations on or off campus by students or student organization will be dealt with severely. Violators are subject to the College disciplinary procedures provided in the Student Code of Conduct. For further information regarding this policy, contact the clinical director.

For complete Penn College Drug and Alcohol Policy and School of Nursing & Health Sciences Drug and Alcohol Policy contact the clinical director of the PTA program.

1.17 Criminal Background Check

All students are required to have a criminal background check prior to the first integrated clinical experience. All records will be maintained in the student's file in the physical therapy office. Any affiliation site reserves the right to refuse placement of a student with a positive criminal background check. All clearances are to be completed in accordance with the Health Science guidelines below. The following are links to all required Penn College Health Science background checks. Only students that are accepted into the PTA major are required to complete the following. Completed background checks submitted prior to acceptance into the PTA major will not be valid; students will be required to complete the forms again at a later date. Please contact the clinical director with any questions. Before completion of any of the forms, please refer to information and submission dates given by the clinical director. A receipt of purchase will not be accepted as proof of clearance; students are required to submit the clearance certification.

IndentaGO Instructions (FBI Background check)

1. Register using the link provided.
2. Enter the code 1KG756.
3. Select "Schedule or Manage Appointment."
4. Complete and print registration information.
5. Select the document you plan to provide as identification (ex. state license or passport).
6. Locate fingerprint locations using desired zip code.
7. Choose a fingerprint date and time. Be sure you bring your registration and identification.
8. Payment will be collected at the fingerprint site.
9. The official clearance certificate will arrive in the mail and must be submitted to the appropriate area
10. Students are required to submit a copy of the clearance certification to be considered compliant

[IndentaGO Registration Website - Use code 1KG756](#)

Child Abuse Clearance:

1. Print the request below and complete
2. Mail your application to the address specified on the request form
3. Results will be mailed to you in approximately 4 to 6 weeks

[Child Abuse Clearance](#)

<https://www.compass.state.pa.us/cwis/public/home>

Pennsylvania State Background Check:

1. Register online
2. Record the control number provided, you will be required to provide this number to retrieve your results
3. After logging in, provide required information including control number
4. Advance though until you see the option to open the "certification form"
5. Open certification (will have official seal in the background) and print
6. Students are required to submit a copy of the clearance certification to be considered compliant

[Pennsylvania State Background Check](#)

<https://epatch.state.pa.us/Home.jsp>

1.18 Name Tags

A name tag must be worn at all times for all clinical education experiences. This ensures proper identification for security purposes and entitles the student access to the clinical site. The use of a name tag also identifies the personnel providing the care to all patients and protects the student from being accused of interpreting himself/herself as a PT or PTA. Penn College will provide one name tag prior to the start of the clinical education experience. If a tag should be lost, it is the student's responsibility to pay for a replacement tag. The clinical site may also require that the student wear a facility name tag.

1.19 Informed Consent

Patients will be informed by the student under the direction of the clinical instructor, or by the clinical instructor, when a student is involved in patient care. Students are required to identify themselves as a physical therapist assistant student and should obtain consent for treatment from the patient. Students should explain that all treatment will be under the observation or supervision of a licensed PT or PTA. Patients have the right to decline to receive care from a student participating in the clinical education program and can do so by informing either the student or the clinical instructor.

1.20 Dress Code for Clinical Education

Students are expected to dress and maintain proper grooming and hygiene throughout the clinical education experience. All dress should be in accordance with the policy of the site. This includes good personal hygiene and being neatly dressed and groomed. Students are mandated to wear the Penn College PTA polo shirt (available in the college store) to all off campus outings and clinical education experiences. If the clinical setting permits wear of alternate professional clothing other than the Penn College PTA polo shirt, the student is permitted to follow the facility dress code for shirts. Likewise, if the site requires an alternate dress code, such as scrubs, or other, the student must follow the guidelines of the facility.

- Shirts must fit loosely and conservatively. They may be tucked into pants or worn out, but must be long enough to cover the top pant line even when bending or reaching above the head.
- Jeans are not permitted. Dress slacks or casual pants, i.e. “Dockers” are acceptable. Pants must not be tight fitting or low rise such that they do not thoroughly cover all body parts, even when bending and reaching over head. Pants that are too loose to expose underwear are not acceptable.
- Shoes must be closed toed and with no more than ½” heel. Socks or stockings must be worn. Clean athletic shoes are permitted in accordance with the site regulations.
- Hair should be clean and not interfere with provision of care. Hair color and hair style must be of natural appearance. Long hair must be pulled back if interfering with treatment implementation.
- Perfume or cologne is not permitted; patients may have heightened sensitivity to smells during illness.
- Length of fingernails and use of artificial nails must not interfere with patient treatment. Recent studies have verified that long nails can harbor bacteria that can be spread to patients.
- The student should not wear any jewelry that may interfere with treatment. Students are required to remove jewelry from eyebrows, nose, tongue, tragus, etc. The only visible piercings permitted are two per ear. All tattoos must be covered.

Not Acceptable:

- The “No B” rule applies – NO bellies, butts, b**bs, boxers, briefs, or bras should be visible
- Tee shirts, blue jeans, halter, tank, spaghetti strap, or low cut tops, leggings, yoga pants, sweatshirts, shorts, or other recreational clothing. Headwear such as hats, caps, visors, sweatbands, or bandanas inside buildings (except for religion-related caps or turbans)
- Pants/tops that are skin tight
- Sandals, flip flops, open-toe shoes, and high heels
- Stained or torn clothing

Students on clinical education experiences are representing the College, the PTA program, and the clinical site where they are doing their clinical education, and therefore, are expected to dress appropriately. If a student is not dressed appropriately, the clinical instructor may opt to send the student home to change. The student must make up the clinical time lost at the convenience of the clinical instructor. If a student repeatedly arrives dressed inappropriately for clinical education, the student will receive a written warning which will remain a part of their program record.

If a student is not dressed appropriately, the clinical instructor may opt to send the student home to change. The student must make up the work at the convenience of the clinical instructor. Please inform the PTA Clinical Director immediately if the student arrives for clinical dressed in a manner that is not in keeping with PTA program or clinical site standards.

1.21 Expenses

The student is responsible for all expenses incurred in preparation for clinical education including professional liability insurance, CPR certification, vaccinations, medical insurance, drug testing, malpractice insurance, and criminal background clearances. First year students are required to complete all requirements prior to April 15, and second year students are expected to comply by March 15 of the fourth semester. The student is also responsible for the cost of Penn College PTA program polo shirt(s) and any site-specific requirements for participation in clinical education.

The first affiliation will be an integrated experience with clinical education one day weekly for the length of the semester. The second and third affiliations will occur following the technical component of the program and may not be close to home. Therefore, housing may be needed. ***The student is responsible for all transportation costs and housing costs during clinical education experiences.*** The affiliation site, faculty, or classmates may be a resource for finding housing.

1.22 Work Hours

Physical therapists and physical therapist assistants often work hours that may extend into the evening, weekends, or start early in the morning in order to provide maximal coverage of patient care. Students should anticipate working an 8 hour day, but will need to discuss work hours with the clinical instructor prior to the clinical experience or during first day orientation. Students will most likely follow the same work hours as the clinical instructor, and follows the holiday schedule that is adopted by the facility, however, if the College is closed for a holiday that the facility does not observe, the student is expected to follow the College holiday schedule.

1.23 Clinical Education Attendance, Absences and Emergencies

Students are expected to attend all clinical education experiences, however, in the event of illness or unforeseen circumstances, students must notify their clinical instructor as soon as possible. Students are also expected to arrive 'on time' for clinical education and are expected to follow the rule "on time is late, 10 minutes early is on time". Please see individual course syllabi for full attendance expectations.

For questions regarding the Pennsylvania College of Technology Attendance Policy, please contact the clinical director of the PTA program.

Any student missing more than three days or three tardy episodes will be considered to have excessive absences or tardy episodes and will result in disciplinary action. Tardy is any arrival 1 to 29 minutes after the designated starting time of clinical education. A late arrival of more than 29 minutes constitutes an absence.

Consideration will be given for extenuating circumstances.

Please inform the PTA Clinical Director by way of e-mail should a student have any episodes of absenteeism or tardiness @ cat19@pct.edu

Clinical Experience I

In the event that Pennsylvania College of Technology has a closing, delay, or early dismissal during the academic portion of the curriculum, the student must follow the school's closing guidelines. If Penn

College has a delay or the College closes (a snow day, for example), the student is not permitted to attend his/her clinical affiliation. If the College should close when the student is already at the facility, the student is to leave the site. If the College delays opening, the student will report to the site when the college is scheduled to open. Please note: The normal business day for the College begins at 8:00 a.m. Therefore, if a two hour delay is called, the student reports at 10:00 a.m., even if the normal start time is earlier. It is the student's responsibility to call the clinical instructor and notify him/her of a delayed start time or closing.

Absences in the event of College delays and closings and facility closings are not counted against the student and any make-up time for these will be dealt with on a case-by-case basis.

Clinical Experience 2A and 2B

If the College has a closing at any time during the final two full time experiences, the student must follow the guidelines of the clinical facility. If the clinical facility is open, the student is expected to be present and gaining educational experience.

For full details of the Penn College Snow and Emergency Closing Policy, contact the clinical director of the PTA program.

GUIDELINES FOR ATTENDANCE REQUIREMENTS

1. Students are responsible for their own transportation to/from clinical sites.
2. Students are required to attend all scheduled clinical education.
3. Students must be responsible first to the clinical instructor in the event that they cannot attend their scheduled clinical education. The student must notify the clinical instructor **prior to the scheduled arrival time** for the student. The student must notify the clinical director via e-mail or phone **on the same day** that the missed time occurs. Failure to notify the clinical site or the clinical director will result in disciplinary action of a written warning.
4. Students are expected to arrive on time for a clinical experience. Utilize the following guide: "Arriving on time is late; arriving 10 minutes early is on time."
5. In the event that the student misses clinical time without prior approval from the clinical instructor and without notification of the clinical instructor and the clinical director (unexcused absences), the student will be subject to disciplinary action.
6. If a student becomes ill or gets called away from a clinical experience due to an emergency, the clinical instructor is to be notified immediately and the clinical director is to be notified as soon as reasonably possible. The need for make-up time will be determined by the clinical staff and program faculty.
7. Missed clinical time due to pregnancy shall follow the School of Nursing & Health Sciences Handbook Statement on Pregnancy and Childbirth, Student Absences for Pregnancy or Childbirth. For full details of the Penn College School of Nursing & Health Sciences Statement on Pregnancy and Childbirth, contact the clinical director of the PTA program.

1.24 Hazardous Chemical Products

If a student is exposed to a potentially hazardous substance during their clinical education experience, the student should notify their clinical instructor immediately. The clinical instructor should assist the student to identify the proper treatment as outlined on the Material Data Safety Sheet for that product. The PTA Clinical Director should be notified immediately and an appropriate course of action will be followed, depending on the level of exposure. It should be noted that students are responsible for any fees incurred in the management of the exposure.

1.25 Infection Control

All students will have completed formal education and completed skill checks regarding infection control, standard precautions, and Blood-borne Exposure guidelines during their first technical semester of the PTA program. However, during a clinical experience, exposure to infection is always a risk. To minimize this risk, students are expected to follow standard precautions at all times during clinical experiences. Any additional procedures that a specific facility utilizes should also be adhered to, either as a facility policy, or on a case by case basis. If a student is exposed to a blood-borne pathogen, the printed guidelines below must be followed according to Penn College policy. Students are responsible for all costs incurred with treatment and management.

Standard Precautions

1. Whenever there is a possibility of coming into contact with blood or body fluids, mucous membranes, or open wounds/ broken skin of any patient/client, **WEAR GLOVES**. Wear gloves if handling items soiled with blood or body fluids. **WASH HANDS** immediately after removing gloves.
2. During any procedure that may cause splattering of blood or other body fluids, wear **masks, protective eye wear, and gowns**.
3. **Wash hands and other skin surfaces immediately** if they become contaminated with blood or other body fluids.
4. **Take proper care when handling needles, scalpels, and other sharp instruments**, especially when cleaning used instruments and disposing of needles. Do not recap needles, bend, break needles; do not remove needles from disposable syringes or manipulate them in your hand.
5. Discard disposable syringes, needles, scalpel blades, and other sharp items in **puncture-resistant containers for proper disposal**.

Consistent documented failure to observe proper safety standards will result in the student being removed from classroom, laboratory, or clinical education activities until adequate remediation is completed.

Blood-borne Exposure Guidelines

Current standards of medical practice require a specific plan with written protocols addressing student exposure to blood-borne pathogens. Please refer to the PCT School of Nursing & Health Sciences policy for complete information.

Off-Campus and Contract Sites Incidents:

If a student or employee, in one of the College's Health Science Program, has a blood-borne pathogen exposure incident while at an **off-campus or contract site**, the following actions should be taken:

1. The student or employee is to inform the instructor, faculty, clinical supervisor, or academic clinical director at the time of the exposure.
2. **If the clinical site is a hospital**, the student or employee is to go to the Hospital's Emergency Department or designated care area immediately after the incident for evaluation and treatment. A hospital Incident Report form must be completed. The student should have baseline testing completed for appropriate blood-borne pathogens (HBV, HCV and HIV) and treatment options discussed/administered per current CDC protocols. The Program Director/Supervisor/Dean of the respective program shall be informed and will have the College Accident/Injury/Illness Report (refer to Attachment A) completed and sent to College Health Services within 24–48 hours. The hospital will contact the patient involved in the episode and request that he or she has baseline testing completed for appropriate blood-borne pathogens (HBV, HCV and HIV) at the hospital. If the patient already has a positive result on file for HIV, then the testing should be done for any other appropriate blood-borne pathogens.
3. **If the clinical site is not a hospital**, the student should be directed to go to College Health Services or to the local hospital Emergency Department or designated care areas (whichever is closer) to undergo baseline testing for appropriate blood-borne pathogens (HBV, HCV and HIV) and counseling within one day of the incident. If the source patient is known to be HIV positive or high risk, both the employee and the source patient should report to the local Emergency Department.
4. For **off-campus** patients/clients involved in an exposure incident with a student or employee in one of the College's Health Science Programs, the student will pay for the cost of the initial baseline testing and counseling and thereafter at the appropriate intervals, per College Health Service's guideline. It shall be College Health Services responsibility to monitor the confidentiality of records and track the testing of individuals including reminding them when it is time for follow-up testing.

For full Penn College policy on blood-borne exposure, contact the clinical director of the PTA program.

1.26 Accidents or Injuries – Incident Reports

All accidents occurring at a clinical site which results in patient injury, staff injury, personal injury, or damage to equipment must be reported to the clinical instructor immediately. Students may also be required to complete a facility "Incident Report". If there is a student injury involved, the student will then be required to be examined by Penn College Health Services and complete a Penn College Health Services "Incident Report".

Students are required to understand the safe method of all interventions and operation of all equipment prior to undertaking them. Students are responsible for any incurred cost of their individual medical care that may result from an accident during clinical affiliation.

To ensure the safety of all, students will observe the following safety standards:

- wash hands thoroughly before and after handling patients, supplies, and equipment

- consistently insure a safe environment by recognizing safety hazards and taking necessary steps to prevent injury
- ask for assistance when unable to safely handle patients independently
- use proper guarding techniques
- use proper body mechanics while handling equipment and working with patients
- adhere to established precautions and contraindications
- demonstrate awareness of the facility's emergency procedures and equipment
- follow manufacturer's instructions for safe use of equipment as presented in operator's manual

Consistent documented failure to observe proper safety standards will result in the student being removed from classroom, laboratory, or clinical practicum activities until adequate remediation is completed. Students who demonstrate an inability or unwillingness to observe these safety standards will face disciplinary action.

In the event of an injury to a student while on clinical education, the student must follow the policies of the clinical site and is also required to complete a PCT Incident Report Form from Health Services as soon as reasonably possible. The student should follow the PTA program policy for reporting accident or injury as outlined in **Standard 5.17 Medical Emergency in the Classroom/Student Injury** of the Program Manual.

1.27 Equipment and Safety

All clinical facilities are expected to have policies in place regarding safety regulations governing the use of all equipment and the storage and use of any hazardous materials. These policies should be reviewed with the student affiliating at that facility. Equipment should be inspected regularly and safety regulations should be posted and reviewed periodically.

1.28 Disability Accommodations

Pennsylvania College of Technology affirms the rights of students with disabilities to equal opportunity and treatment in all aspects of education. In order for a student to receive accommodations based on disability, they must present the clinical instructor with the appropriate paperwork from Disability Services prior to the start of the clinical experience. If the student presents for the clinical experience without the necessary paperwork, then no accommodation will be made. If a student chooses to leave the clinical experiences to retrieve the necessary paperwork, it will be considered an absence.

Reasonable accommodations will be made that will enable a student with disabilities to enjoy equal education opportunities. In order to receive accommodations, a student must follow the procedure as outlined by Disability Services at Pennsylvania College of Technology.

For further information, access the Pennsylvania College of Technology website under Campus Life.

[Disability Services - Pennsylvania College of Technology](https://www.pct.edu/campuslife/disabilityservices/)

<https://www.pct.edu/campuslife/disabilityservices/>

1.29 Cell Phones and Other Personal Electronic Devices

The student is expected to remain in compliance with guidelines for cell phone and other electronic device usage of the clinical site. If the facility does not have specific policy regarding cell phone usage, all cell phones or other electronic devices must be turned off upon arrival at the clinical site and only utilized during lunch break. The student must discuss appropriate use of a cell phone for the purpose of information retrieval as permitted by the CI and the facility.

1.30 Employment

For those students who choose to work, work schedules must be adjusted around clinical education and must not interfere with clinical time. No special arrangements can be made to accommodate work hours.

Students are not permitted to work as a PTA until they successfully complete all course work and pass the licensure exam. Pennsylvania law prohibits anyone other than a licensed PT or PTA from performing physical therapy services. The state of Pennsylvania does permit graduate PTAs to work with a temporary license for 6 months or until they take the licensure examination, whichever comes first.

1.31 In-services

Students are required to present an in-service during each of their two full-time clinical education experiences, or as directed by the facility. Topic and date of presentation will be chosen in collaboration with the CI.

- The first in-service should focus on a clinical topic of interest related to physical therapy.
- The second in-service should be a professional topic of interest related to physical therapy.

Evaluation will include content of material presented and ability to teach the chosen topic. Following the in-service presentation, the student should have the clinical site staff in attendance evaluate and provide feedback using the ***Student In-service Feedback Form*** located in the Appendix section of this manual.

1.32 Pennsylvania Law regarding Student Examination and Documentation

In accordance with Pennsylvania state law governing the practice of physical therapy, the following activities may NOT be delegated to a student physical therapist assistant:

- Patient/client examination
- Intervention planning
- Initial intervention
- Initial or final documentation

Any documentation written by the student must be signed with the student's full name followed by the title Student Physical Therapist Assistant (SPTA). All documentation must be read and co-signed by the physical therapist. If at any time during a clinical education experience, the student feels that they are being asked to perform activities that are not in keeping with state and federal laws, the student should contact the clinical director immediately.

1.33 Homework and Clinical Education Assignments

The student is expected to come to the clinic prepared each day. At the discretion of the clinical instructor, the student is responsible for any and all assigned homework that the instructor feels will enhance the learning experience in the clinic. The student is responsible for investigation of knowledge and information of areas that will assist the patient/client and help to fully understand the patient problem. The instructor will take responsibility for homework and discussions related to homework.

In addition, each student is required to complete a weekly reflection entry in a "Self –Reflection Journal". The purpose of this journal is to help each student synthesize the material learned in the classroom with patient interventions in the clinical setting in "real-life" situations. Although the population of individuals being treated will be similar, the experiences each student will have will be vastly different. This will also provide an opportunity for the student to articulate thoughts regarding the clinical experience in order to achieve the best possible learning experience. The journal entry will be submitted to the clinical director at the end of each week for grading.

- One entry is due weekly during each of the clinical experiences
- Please refer to the rubric on PLATO for specific content criteria. Prompts will be provided weekly on PLATO as a guide for journal entry. However, it is NOT required that the prompt be the topic of the journal entry.
- Each student is asked to comment weekly on the following:
 - Identify 3 ways that your CI has guided your learning experience during this week's experience. Do you feel that your clinical instructor is effective in guiding your learning experience?
- Each entry shall be no more than two pages, double spaced, size 12 font.
- Entry should be submitted to the clinical director in the corresponding drop box on PLATO by 11:59 PM, the date assigned on the course outline calendar in the syllabus.

1.34 Clinical Site Visits and Phone Calls

The clinical director will attempt to visit each student at least one time during the course of their three clinical experiences. The purpose of the visit is three-fold:

1. to determine if the student is able to effectively and efficiently integrate classroom information into the clinical setting
2. observe the facility and its physical therapy operations
3. assess the effectiveness of the clinical instructor in their role as a PCT PTA program clinical instructor

A phone call interview will be made during each clinical experience that a site visit was not made. Further phone calls and/or visits will be made at the discretion of the clinical director, clinical instructor, or the student as deemed necessary. The student and clinical instructor may contact the clinical director of the PTA program at any time that concerns arise. The clinical director will make every attempt to respond to communications within 24 hours.

1.35 Monitoring Student Performance during Clinical Education

In order to ensure that students are contacted by program faculty (clinical director) while performing clinical education off campus and that student performance is addressed.

1. PTA215 is an integrated clinical education experience which takes place one day a week for a semester. During this experience, students will have the opportunity to speak with the clinical director during office hours and as needed by prior arrangement. A site visit and/or phone call will be made to the clinical site at least once during the clinical experience during which the clinical instructor will have the opportunity to address the student's progress and performance. If a visit is requested by the clinical instructor, the clinical director must be notified. A log of each phone call and site visit will be maintained in the student's confidential program file.
2. PTA270 and PTA275 are seven week, full time clinical affiliations. The program clinical director will contact the student and the clinical instructor by phone prior to mid-term of each clinical experience. An on-site visit will be made if possible as requested by the student, by the clinical instructor, or if the program faculty deems necessary. Every attempt will be made to make a site visit under the following circumstances:
 - The clinical instructor indicates that the student is having difficulty with clinical performance, attendance, behavior, safety, or any other problem that may cause the student to be unsuccessful in clinical education.
 - The clinical instructor or center coordinator for clinical education (CCCE) requests a visit from the program faculty
 - Program faculty has concerns about the quality of the clinical experience
 - Student requests a visit from the program faculty
3. A visit log will be completed for each clinical site visit and maintained in the student's confidential file.
4. Follow-up communication via repeat site visit or phone calls will be determined by the clinical director in conjunction with the clinical instructor and/or student and will be facilitated by the clinical director. Confidential records will be maintained of all communications.

1.36 Student Assessment

The student and the clinical instructor should remain in regular communication providing ongoing verbal feedback regarding performance. The manner and frequency in which this is done should be discussed at the beginning of the clinical education experience. The clinical instructor is required to be credentialed in the APTA's CPI for PTAs. The clinical instructor and the student are required to review the completed CPI both at midterm and at final completion of the experience. The student is required to perform a self-assessment of performance concurrently and provide feedback during that time. In addition, the student is required to provide a facility evaluation and review it with the clinical instructor at the culmination of the experience.

If the clinical instructor is not credentialed in the CPI for PTAs, he/she can access this from the APTA website through the APTA Learning Center and take the course online free of charge.

The Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction_form is available on the APTA website.

1.37 Student Grading for Clinical Education

All clinical experiences are graded on a *Satisfactory/Pass or Unsatisfactory/No-Pass* basis. The APTA PTA Clinical Performance Instrument (CPI) is completed by the clinical instructor, but the clinical instructor does not make the final determination of *Satisfactory/Pass or Unsatisfactory/No-Pass* grade. Students are required to meet the basic competencies in a satisfactory manner as outlined below. The student must also complete all assignments made by the clinical instructor at the facility, have satisfactory attendance for the clinical experience as outlined in the PTA program policy, provide in-service at the two full-time experiences, and submit all entries for the Self-Reflection Journal. The student must pass all clinical education experiences in order to meet the requirements for graduation.

This decision for *Satisfactory/Pass or Unsatisfactory/No-Pass* is a professional judgement based on the following:

1. "Significant Concerns" boxes are checked on the final CPI form. If one or more "significant Concerns" boxes are checked on the final evaluation, the student may receive an *Unsatisfactory/No-Pass* grade for the clinical experience.
2. Problems or concerns raised by the student and clinical faculty during the clinical experience that have not been effectively resolved.
3. How the problems in #2 affected patient care and safety as well as the student's chances of performing at entry-level by graduation
4. Whether the problems in #2 fit a pattern of problems that were evident during the student's academic coursework and/or prior clinical experiences.
5. Clinical director consultation with the student, CI, CCCE, and PTA Director
6. The uniqueness or complexity of the clinical site
7. Whether or not all outcomes on the course syllabus have been met (such as expected professional behavior levels.)

The Final decision as to whether or not a student passes the clinical education experience is made by the PCT PTA clinical director. If the clinical director determines that there is a question about whether a student's performance is acceptable, the clinical director consults with the PTA faculty and PTA program director for further consideration.

If a student is required to repeat a clinical education experience, details about site, length, and objectives will be determined by the clinical director.

1. 38 Early Termination of a Clinical Experience as a Disciplinary Procedure

Clinical/Patient-care Related Incidents

The School of Nursing & Health Sciences utilizes an [investigation algorithm](#) to determine student culpability and resulting sanctions for incidents occurring within patient-care settings. As noted in the [investigation algorithm](#), certain behaviors are mapped directly to dismissal with no option for remediation or deceleration. These are conscious behaviors that are carried out with intent to do harm or with knowing disregard for substantial and unjustifiable risk to self or others. Within the PTA program, *examples* of such behaviors may include:

- Disregard for patient confidentiality

- Fabrication or falsification in any documents/communication pertaining to patient care

Students charged with these serious violations will be removed from patient-care settings while the investigation is underway. Termination of the clinical experience may be necessary as a result of the investigation.

For all other Clinical/patient-care Related Incidents, disciplinary actions will be taken according to the result of an investigation by the clinical director, with input from the clinical site CCCE, the clinical instructor and the student, as soon as possible. Following completion of the investigation, an appropriate course of action will be determined.

The following disciplinary actions will be upheld, except in extreme circumstances:

For the first incident, the student will receive a verbal warning, with a record of the discussion maintained in the student's record.

In the event of a second incident, the student will receive a written warning from the clinical director or program director. A copy of the written warning will be maintained in the student's file. If a third incident should occur, the student will be removed from the clinical site and will receive a failing grade for the course and will be unable to progress in the PTA curriculum. The student may appeal this decision as outlined in 3.11 of the PTA Program Manual.

For further details regarding the School of Nursing and Health Science investigation algorithm, contact the PTA program clinical director.

1.39 Clinical Reassignment

If a student is not able to complete the required hours for a clinical education experience, an alternate clinical experience may be provided. Possible reasons for this include:

1. Family crisis
2. Health status
3. Conflict with the clinical instructor
4. Insufficient patients at a clinical site to provide an adequate clinical experience

The clinical director and PTA program director will decide whether a student is eligible for a clinical reassignment on an individual basis. A student is permitted just one opportunity to be considered for a clinical reassignment during participation in the PTA program. The student will not be considered for a clinical reassignment if they have been removed from a clinical site due to disciplinary reasons.

1.40 Education Tips for the Clinical Instructor

The clinical instructor should review the PTA Clinical Performance Instrument (CPI) with the student at the beginning of the clinical affiliation. The purpose of this is to familiarize the clinical instructor and the student with the individual skills and their objectives. This also enables the clinical instructor to identify which skills that the facility is able to address. The clinical instructor and the student can then design learning experiences to facilitate mastery of the identified skills.

Scheduling a formal meeting at least one time per week to review the student's progress and goals to be addressed the following week is recommended.

It is helpful to have a student information packet to mail to the student prior to the affiliation. Information that is helpful includes, but is not limited to:

1. Confirmation of the dates of the affiliation
2. Name of the clinical instructor and the CCCE
3. Time the student should report to the site
4. Dress code for the affiliation
5. Directions to the PT department
6. Parking information
7. Direct phone number to the PT department
8. Medical forms, if needed
9. Any orientation the student may need prior to seeing patients (HIPPA, Standard Precautions, etc.)
10. Meals - is there a cafeteria or does the student need to bring lunch?
11. Housing information, if applicable
12. Any information regarding other tests the student may require for this affiliation
13. Any additional orientation information you want the student to read prior to the start of the clinical affiliation

II. Appendix

2.1 Direction and Supervision of the Physical Therapist Assistant



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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.
- Liability and risk management concerns.
- The mission of physical therapy services for the setting.
- The needed

frequency of

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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)

2.2 Levels of Supervision



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Updated: 07/27/12
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LEVELS OF SUPERVISION HOD P06-00-15-26 [Position]

The American Physical Therapy Association recognizes the following levels of supervision:

General Supervision: The physical therapist is not required to be on site for direction and supervision, but must be available at least by telecommunications.

Direct Supervision: The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the *Guide to Physical Therapist Practice* as all encounters with a patient/client in a 24-hour period.

Telecommunications does not meet the requirement of direct supervision.

Direct Personal Supervision: The physical therapist or, where allowable by law, the physical therapist assistant is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed.

Telecommunications does not meet the requirement of direct personal supervision.

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

2.3 Minimum Required Skills of Physical Therapist Assistant Graduates at Entry Level

For full details regarding the APTA minimum required skills for the physical therapist assistant graduates at entry level, refer to the APTA website or contact the PTA program clinical director.

2.4 APTA Standards of Ethical Conduct for the PTA

Standards of Ethical Conduct for the Physical Therapist Assistant

Preamble

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.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

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.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

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

2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.

2D. Physical therapist assistants shall protect confidential patient/ client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

3A. Physical therapist assistants shall make objective decisions in the patient's/client's best interest in all practice settings.

3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

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.

Standard #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.

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

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

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

4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.

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

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations.

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

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.

Standard #6: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

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

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

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

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

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

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

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

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

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

2.5 APTA Guide for Conduct of the Physical Therapist Assistant



APTA 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

2.6 Values-Based Behaviors for the Physical Therapist Assistant



Last
Updated: 5/10/13
Contact:
nationalgovernance@apta.org

VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT_BOD P01-11-02-02 [Position]

Introduction

In 2000, the House of Delegates adopted Vision 2020¹ 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 Values² 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).³ This document originally included references to “core values,” which the House related to Professionalism in Physical Therapy: Core Values.² 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 Value-Based Behaviors for the Physical Therapist Assistant.

The advisory panel met in September 2009 to begin drafting Value-Based Behaviors for the Physical Therapist Assistant. Their work was guided by numerous APTA documents, including Professionalism in Physical Therapy: Core Values,² *A Normative Model of Physical Therapist Assistant Education: Version 2007*,⁴ the PTA Clinical Performance Instrument: Version 2009,⁵ Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level,⁶ the newly adopted ethics documents,^{3,7} the problem solving algorithm utilized by ptas in patient/client intervention,⁸ and applicable APTA positions and policies.

The advisory panel gleaned 8 value-based behaviors from existing APTA documents and reflection on the contemporary work of the PTA. These value-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 value-based behaviors:

8. Altruism
9. Caring and Compassion
10. Continuing Competence
11. Duty

12. Integrity
13. PT/PTA Collaboration
14. Responsibility
15. Social Responsibility

For each value-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 value-based behavior in his or her daily work.

Values-based Behavior With Definition	Sample Indicators
<p>Altruism</p> <p>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.</p> <p>Caring and Compassion</p> <p>Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.</p> <p>Caring is the concern, empathy, and consideration for the needs and values of others.</p>	<ul style="list-style-type: none"> • Providing patient/client-centered interventions. • Readily offering to assist the physical therapist in providing patient/client interventions. • Generously providing the necessary time and effort to meet patient/client needs. • 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. • Contributing, as able, to the provision of physical therapy services to underserved and underrepresented populations. <ol style="list-style-type: none"> 1. Actively listening to the patient/client and considering the patient/client's needs and preferences. 2. Exhibiting compassion, caring, and empathy in providing services to patients/clients. 3. Demonstrating respect for others and considering others as unique and of value. 4. Considering social, emotional, cultural, psychological, environmental, and economic influences on the patient/client (e.g., learning styles, language abilities, cognitive abilities) and adapting approach accordingly. 5. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases; i.e., demonstrates a nonjudgmental attitude.
<p>Continuing Competence</p> <p>Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.⁹</p>	<ul style="list-style-type: none"> • 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. • Maintaining continuing competence using a variety of lifelong learning strategies (e.g., continuing education, reflective journals, journal clubs, working with a mentor). • Seeking further education in the use and delivery of interventions based on new evidence as it becomes available. • Developing and implementing a career advancement plan based on interests, opportunities, and career aspirations.

<p>Duty</p> <p>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.</p>	<ol style="list-style-type: none"> 1. Demonstrating behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the PTA. 2. Facilitating each patient/client’s achievement of goals for function, health, and wellness, as directed in the plan of care. 3. Preserving the safety, security, and confidentiality of individuals in all patient/client contexts. 4. Participating in quality assurance/quality improvement activities in physical therapy care. 5. Promoting the profession of physical therapy. 6. Providing student instruction and mentoring other PTAs.
<p>Integrity</p> <p>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.</p>	<ul style="list-style-type: none"> • 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. • 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. • Demonstrating the ideals of the value-based behaviors of the PTA. • Demonstrating honesty and trustworthiness in all interactions and relationships. • Choosing employment situations that are congruent with ethical principles and work standards. • Identifying ethical and legal concerns and initiating actions to address the concern, when appropriate.
<p>PT/PTA Collaboration</p> <p>The PT/PTA team works together, within each partner’s respective role, to achieve optimal patient/client care and to enhance the overall delivery of physical therapy services.</p>	<ul style="list-style-type: none"> • Educating the PT as needed about the roles, responsibilities, and appropriate utilization of the PTA in the PT/PTA team using available resources (e.g., state licensure/practice rules and regulations, PTA clinical problem-solving algorithm,⁸ PTA direction and supervision algorithms,¹⁰ Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level⁶). • Promoting a positive working relationship within the PT/PTA team. • Demonstrating respect for the roles and contributions of both the PT and PTA in achieving optimal patient/client care, including the PT’s responsibility for the PTA’s performance in patient/client interventions. • Seeking out opportunities to collaborate with the PT to improve outcomes in patient/client care. • Working with the PT in educating consumers and other health care providers about physical therapy.

Responsibility

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.

- A. Identifying strengths and limitations in knowledge and skill, and working within limitations of personal ability.
- B. Completing patient/client care and other tasks in a timely and efficient manner.
- C. Identifying, acknowledging, and accepting responsibility for actions and, when errors occur, following error reporting processes.
- D. Communicating in a timely manner with others (e.g., PTs, patients/clients, and others).

Social Responsibility

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.

- A. Advocating for patient/client needs in the clinical setting.
- B. Demonstrating behaviors that positively represent the profession to the public.
- C. Promoting a healthy lifestyle, wellness, and injury prevention strategies in the community.
- D. Serving the profession and the community, including activities occurring in conjunction with work or outside of work (e.g., community health fairs, National Physical Therapy Month events, APTA service).
- E. Advocating for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services.

2.7 Professional Behaviors Assessment Tool

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 visual analog 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.
6. Sign and return to Program Director

For full copy of the Professional Behavior Assessment Tool, contact the clinical director.

2. 8 Skill Competency List

Pennsylvania College of Technology

PTA Program - Skill Competency List

COURSE	SKILL COMPETENCY ASSESSMENT TOOL	SKILL(S) ASSESSED
PTA120 Clinical Kinesiology	Dermatomes, Myotomes, and Deep Tendon Reflexes Skill Check	<ul style="list-style-type: none"> • Dermatomes • Myotomes • Deep Tendon Reflexes
	Lower Extremity Manual Muscle Testing Skill Check	Lower Extremity Manual Muscle Testing
	Lower Extremity Goniometry Skill Check	Lower Extremity ROM Testing
	Upper Extremity Manual Muscle Testing Skill Check	Upper Extremity Manual Muscle Testing
	Upper Extremity Goniometry Skill Check	Upper Extremity ROM Testing
	Muscle Tone, Mass, and Length Skill Check	Muscle Tone, Mass, and Length
	PTA130 PT Procedures I	Anthropometric Measurements Skill Check
Aseptic Procedures Skill Check		<ul style="list-style-type: none"> • Hand Washing • Donning and doffing protective equipment • Maintaining sterile field • Proper disposal of materials
Bandage Application Skill Check		<ul style="list-style-type: none"> • Proper application of bandage, gauze wrap, ace wrap
Bed Mobility Skill Check		<ul style="list-style-type: none"> • Assess/Assist as needed for lateral bed mobility • Supine to sit bed mobility • Proper positioning supine, prone, or side-lying
Body Mechanics Skill Check		<ul style="list-style-type: none"> • Lifting 25# floor to waist, waist to shoulder, lifting 10# overhead, move 25# box, carry 25# unilaterally and bilaterally, pushing and pulling 50# • Instruction in proper body mechanics
Cognition and Mentation Skill Check		<ul style="list-style-type: none"> • Provide proper patient interview • Assess awareness and orientation • Provide sequencing activity • Provide memory activity to assess short term and long term memory • Discuss cognition/safety with family member if available
Gait Training with Assistive Devices Skill Check		<ul style="list-style-type: none"> • Ensure proper maintenance of weight bearing restrictions • Proper adjustment of assistive device for height

		<ul style="list-style-type: none"> • Proper instruction of device on all surfaces • Proper use of cane, quad cane, hemi-walker, crutches, Loftstrand crutches, walker and rolling walker all surfaces
	Transfer Training Skill Check	<ul style="list-style-type: none"> • Instruct and perform sit to/from stand transfer • Instruct and perform stand/squat pivot transfer, dependent pivot • Instruct and perform sliding board transfer • Two person dependent lift bed to/from chair
	Vital Signs Skill Check	<ul style="list-style-type: none"> • Radial pulse, Dorsal Pedal pulse, auscultate pulse • Oxygen Saturation • Respiration rate • Blood Pressure
PTA220 Therapeutic Exercise	Diaphragmatic breathing Skill Check	<ul style="list-style-type: none"> • Educate in proper breathing technique • Provide appropriate hand placement over diaphragm for biofeedback • Monitor respiration rate • Monitor oxygen saturation
	PNF Diagonals UE/LE	<ul style="list-style-type: none"> • Perform with proper technique, resistance, speed of movement, and hand placement for muscle(s) needed to be strengthened. • Educate patient appropriately for correct performance and follow through of home exercise program
	Upper Extremity / Lower Extremity Strengthening Exercises Skill Check	<ul style="list-style-type: none"> • Demonstrate, educate, and complete AROM exercises, isometrics, resisted ROM
	Upper Extremity / Lower Extremity PROM and AAROM, AROM and Resisted ROM Exercise Skill Check	<ul style="list-style-type: none"> • Demonstrate, educate, and complete PROM and AAROM exercises
	Monitoring of Vital Signs during Activity Skill Check	<ul style="list-style-type: none"> • Assess resting vital signs (radial pulse, oxygen saturation, respiration rate, blood pressure) • Determine therapeutic range for safe exercise for patient • Monitor all vital signs during exercise activity • Assess post activity vital signs
	Stretching for the UE/LE	<ul style="list-style-type: none"> • Perform with proper technique, resistance, speed of movement, and hand placement for muscle(s) needed to be stretched. • Educate patient appropriately for correct performance and follow through of home exercise program
PTA225 Physical Agents	Biofeedback Skill Check	<ul style="list-style-type: none"> • Using appropriate rationale, explain benefit of biofeedback, establish appropriate parameters for desired goals • Instruct in in proper use with visual or auditory feedback for desired goals • Program unit correctly • Inspect for adverse reaction, re-assess to determine effectiveness of treatment

	Diathermy Skill Check	<ul style="list-style-type: none"> • Prepare area with appropriate insulation tueling • Establish appropriate parameters, program unit, provide intervention
	Electrical Stimulation Skill Check	<ul style="list-style-type: none"> • Prepare area • Establish appropriate parameters, apply electrodes properly, program unit, provide intervention
	Fluidotherapy Skill Check	<ul style="list-style-type: none"> • Prepare area • Establish appropriate parameters, program unit, provide intervention
	Hot Packs/Cold Packs/Contrast Bath/Ice Massage Skill Check	<ul style="list-style-type: none"> • Prepare area • Provide intervention of hot packs, cold packs, contrast bath, and ice massage in safe, effective manner
	Intermittent Compression Skill Check	<ul style="list-style-type: none"> • Prepare area • Take Blood pressure and assess peripheral circulation • Perform circumferential or volumetric measurements • Provide intervention in safe and therapeutic manner • Perform post treatment circumferential or volumetric measurements
	Iontophoresis Skill Check	<ul style="list-style-type: none"> • Prepare area • Prepare electrodes and apply according to manufacturer's directions • Provide iontophoresis treatment with appropriate parameters
	Phonophoresis Skill Check	<ul style="list-style-type: none"> • Prepare area • Provide phonophoresis after verifying patient name with topical medication, provide treatment with appropriate parameters
	Lumbar and Cervical Traction Skill Check	<ul style="list-style-type: none"> • Prepare area • Lumbar traction: utilize appropriate parameters and provide effective treatment for desired goal • Cervical Traction: utilize appropriate parameters and provide effective treatment for desired goal •
	Paraffin Bath Skill Check	<ul style="list-style-type: none"> • Prepare area, verify correct paraffin temperature • provide intervention • wrap with proper insulation
	TENS Skill Check	<ul style="list-style-type: none"> • Prepare area • Apply electrodes and set appropriate parameters for desired goals • Provide treatment
	Ultrasound Skill Check	<ul style="list-style-type: none"> • Prepare area • Set appropriate parameters for desired goals • Provide treatment: <ul style="list-style-type: none"> Contact US Pulsed US

		Immersion US
	Whirlpool Skill Check	<ul style="list-style-type: none"> • Prepare area, verify correct water temperature • provide intervention
PTA230 Clinical Neurology PTA230	Neurodevelopmental Training (NDT) Skill Check	<ul style="list-style-type: none"> • Prepare area • Provide intervention utilizing NDT treatment philosophy for: Sitting Balance Self-care skill Standing balance Ambulation
	Positioning Skill Check	<ul style="list-style-type: none"> • Utilize appropriate patient handling, ensure patient safety, mindful of bony prominences • Demonstrate proper positioning of patient with neurologic deficits in supine • Demonstrate proper positioning of patient with neurologic deficits in side-lying • Demonstrate proper positioning of patient with neurologic deficits in sitting
	Proprioceptive Neuromuscular Facilitation (PNF) Skill Check	<ul style="list-style-type: none"> • UE/LE Flexion and Extension Patterns • Reciprocal Inhibition
	Sensation, Coordination, Proprioception Skill Check	<ul style="list-style-type: none"> • Provide proper instruction and utilize proper technique for assessment of sensation • Provide proper instruction and utilize proper technique for assessment of coordination • Provide proper instruction and utilize proper technique for assessment of proprioception
	Transfer Training and Caregiver Education for Patient with Neurologic Condition Skill Check	<ul style="list-style-type: none"> • Instruct and perform stand/squat pivot transfer, dependent pivot • Instruct and perform sliding board transfer • Instruct caregiver in proper technique for performing all transfers
PTA250 PT Procedures II	Therapeutic Massage Skill Check	<ul style="list-style-type: none"> • Prepare area • Demonstrate proficiency in massage techniques
	Wound Management Skill Check	<ul style="list-style-type: none"> • Prepare area including assuring sterile field • Proper dressing removal and disposal • Proper cleaning of wound • Proper wound assessment • Proper re-application of dressing
	Wheelchair Mobility for Patient and Caregiver	<ul style="list-style-type: none"> • Dependent navigation on all surfaces with proper instruction • Assisted navigation on all surfaces with proper instruction • Independent navigation on all surfaces with proper instruction
PTA260 Rehabilitation	Falls Risk and Outcome Measures	<ul style="list-style-type: none"> • Given a case scenario, identify and perform an appropriate outcome measure with assessment of results • Relate results of outcome measures to fall risk.

	Postural Drainage All Lobes Skill Check	<ul style="list-style-type: none"> • Provide education and instruct in diaphragmatic breathing and pursed lip deep breathing, coughing • Position patient correctly and provide percussion and vibration/shaking to a select lung segment
	Residual Limb Wrapping, Patient/Caregiver education.	<ul style="list-style-type: none"> • Educate and provide limb wrapping for amputees of various levels of the UE/LE • Perform effective wrapping techniques given a specific case scenario.
	Pulmonary Assessment Skill Check	<ul style="list-style-type: none"> • Perform Inspection, auscultation, chest expansion measurement, assessment of posture and accessory muscle use
PTA265 Orthopedics and Sports for the PTA	Foot and Ankle Skill Check	<ul style="list-style-type: none"> • Provide 2 interventions from a PT POC from a mock scenario • Posture and body mechanics assessment • Progression of exercises • Data Collection and Documentation • Home exercise instruction
	Hip Skill Check	<ul style="list-style-type: none"> • Provide 2 interventions from a PT POC from a mock scenario • Posture and body mechanics assessment • Progression of exercises • Data Collection and Documentation • Home exercise instruction
	Knee Skill Check	<ul style="list-style-type: none"> • Provide 2 interventions from a PT POC from a mock scenario • Posture and body mechanics assessment • Progression of exercises • Data Collection and Documentation • Home exercise instruction
	Shoulder Skill Check	<ul style="list-style-type: none"> • Provide 2 interventions from a PT POC from a mock scenario • Posture and body mechanics assessment • Progression of exercises • Data Collection and Documentation • Home exercise instruction
	Elbow Skill Check	<ul style="list-style-type: none"> • Provide 2 interventions from a PT POC from a mock scenario • Posture and body mechanics assessment • Progression of exercises • Data Collection and Documentation • Home exercise instruction
	Wrist and Hand Skill Check	<ul style="list-style-type: none"> • Provide 2 interventions from a PT POC from a mock scenario • Posture and body mechanics assessment • Progression of exercises • Data Collection and Documentation • Home exercise instruction

	Spinal Stability Skill Check	<ul style="list-style-type: none">• Provide 2 interventions from a PT POC from a mock scenario• Posture and body mechanics assessment• Progression of exercises• Data Collection and Documentation• Home exercise instruction
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2.9 Student In-Service Feedback Form

Pennsylvania College of Technology
In-service Feedback Form

Student: _____ Date: _____

Topic of In-service: _____

PTA Clinical Experience IIA

PTA Clinical Experience IIB

For items one through six, rate the student using this scale:

1=very low 2=low 3=average 4=high 5=very high

1. Preparation and organization	1	2	3	4	5
2. Presentation of material	1	2	3	4	5
3. Knowledge of subject	1	2	3	4	5
4. Ability to explain subject matter	1	2	3	4	5
5. Positive attitude	1	2	3	4	5
6. Applied material to clinical situations	1	2	3	4	5

For items seven through ten, provide your views of the in-service using this scale:

1=strongly disagree 2=disagree 3=neither agree nor disagree 4=agree 5=strongly agree

7. Information presented can be put to use in clinic	1	2	3	4	5
8. Handouts were relevant and useful	1	2	3	4	5
9. Participant involvement was adequate	1	2	3	4	5

Suggestions for future presentations:

Additional Comments:

Name (Optional)

2.10 Videotape/Photograph Consent Form

Pennsylvania College of Technology

PTA Program
Student Videotape/Photograph Consent Form

I, _____ (student name) give Pennsylvania College of Technology and any clinical education site consent to videotape/photograph/audiotape me during classroom, laboratory, or off-campus educational experiences for educational purposes. This consent will remain in effect for my tenure in the Pennsylvania College of Technology PTA program.

Student Signature

Date

Student Name (printed)

Date

Clinical Director Signature

Date

2.11 Release and Waiver of Liability Form

Pennsylvania College of Technology
Student Statement of Understanding and Release
Physical Therapist Assistant Program

I, _____ (Student Name), am a student at Pennsylvania College of Technology who is enrolled in the physical therapist assistant program.

I acknowledge that I have been informed of the following and that I understand the following:

1. That the PTA program I have enrolled in may involve exposure to human body fluids and cell tissue cultures that may carry infections such as Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C (HCV).
2. That the exposure to infectious blood or other body fluids and cultures by contact through eye, mouth, blood, non-intact skin, or other method may put me at risk of contracting a blood-borne infection.
3. That to protect myself from exposure to blood and other body fluids and cultures, I will wear protective apparel according to the Occupational Safety and Health Administration (OSHA) standards and comply with applicable policies of the College and any hospital or clinical affiliate that I am attending.
4. That if I should become exposed by eye mouth, blood, non-intact skin, or other method to blood or other human fluids or cultures, I will immediately report such incident to the course instructor or the clinical instructor.
5. That if such exposure should occur, I hereby authorize the College or the clinical affiliate to administer such immediate first aid as is deemed appropriate until medical help can be obtained.
6. That I hereby release and hold harmless Pennsylvania College of Technology, its employees, officers, agents, and representatives, including all hospital and clinical affiliates, from any liability for any and all injury, illness, disability, or death, including all cost for medical care, resulting from my exposure to infectious blood or other human fluids or cultures or the administration of emergency first aid after such exposure, during the course of my participation in the PTA program, whether caused by the negligence of the College or otherwise, except that which is the result of gross negligence or wanton misconduct by the College.

Student's Name (Printed)

Date

Student Signature

Program Director Signature

Date

2.12 Learning Contract

PENNSYLVANIA COLLEGE OF TECHNOLOGY

Physical Therapist Assistant Program

Learning Contract

Student: _____

Clinical Experience: I IA IIB

Clinical Experience Site: _____

Type of Experience: Acute OPT Long Term Care Other _____

AREAS TO DEVELOP List areas to address using examples as needed
GOALS /TIME FRAME
PLAN

Student Signature: _____ Date _____

Clinical Instructor Signature: _____ Date _____

Clinical Director Signature: _____ Date _____