



Physical Therapist Assistant Program

CLINICAL EDUCATION HANDBOOK

2023

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Rowan-Cabarrus Non-Discrimination Statement

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

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

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

Rowan-Cabarrus and Physical Therapist Assistant Program Accreditation Notice

The Physical Therapist Assistant Program at Rowan-Cabarrus Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 704-216-7180 or email Anna Marie Prado, PTA Program Director at annamarie.prado@rccc.edu.

Introduction

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

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

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

Thank you,

The RCCC PTA Faculty

Rowan-Cabarrus and PTA Program Mission

PTA Program Vision and Philosophy

Rowan-Cabarrus Community College (RCCC) Mission

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

Physical Therapist Assistant (PTA) Program Mission

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

PTA Program Vision

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

PTA Program Philosophy

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

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

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

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

PTA Program Goals

The goals of the RCCC PTA Program are to:

1. Graduate competent, ethical, and professional entry-level physical therapist assistants able to work under the direction and supervision of a physical therapist.
2. Provide a comprehensive, evidence-based curriculum blending didactic and clinical education that is reflective of contemporary physical therapy practice.
3. Promote the importance of lifelong learning and involvement with the professional organization in order to support the profession of physical therapy.
4. Function as an integral part of the College through faculty participation in committee assignments, professional development, and recruitment activities.

PTA Program Objectives

Graduates of the RCCC PTA Program will be able to:

1. Work under the direction and supervision of a physical therapist in a legal, ethical, and competent manner as a PTA.
2. Demonstrate the professional and value-based behaviors of an entry-level PTA.
3. Demonstrate a commitment to professional development and life-long learning.
4. Demonstrate effective communication skills in a culturally competent manner with patients and their families/caregivers, other healthcare providers, and the public.

PTA Program Curriculum

	Prefix and #	Course Title	Class Hrs	Lab Hrs	Clinical Hrs	Contact Hrs	Credit Hrs
SPRING 1							
	BIO 168	Anatomy and Physiology I	3	3	0	6	4
	ENG 111	Writing & Inquiry	3	0	0	3	3
	PTA 110	Intro to PT	2	3	0	5	3
	PTA 130	PT Procedures I	1	6	0	7	3
	PTA 170	Pathophysiology	3	0	0	3	3
	MED 120	Medical Terminology	2	0	0	2	2
		TOTAL CREDITS					18
FALL 1							
	BIO 169	Anatomy and Physiology II	3	3	0	6	4
	PTA 222	Professional Interactions	2	0	0	2	2
	PTA 150	PT Procedures II	1	6	0	7	3
	PTA 120	Functional Anatomy	1	6	0	7	3
	PTA 140	Therapeutic Exercise	2	6	0	8	4
		TOTAL CREDITS					16
SPRING 2							
	MAT 143	Quantitative Literacy	3	0	0	3	3
	PTA 160	PT Procedures III	2	3	0	5	3
	HUM 115	Critical Thinking	3	0	0	3	3
	PTA 212	Health Care/Resources	2	0	0	2	2
	PTA 240	PT Procedures IV	3	6	0	9	5
		TOTAL CREDITS					16
SUMMER 2							
	PTA 180	PTA Clinical Ed Intro (1 st 4 weeks)	0	0	9	9	3
	PTA 252	Geriatrics for the PTA (2 nd 4 weeks)	2	0	0	2	2
	COM 120 or COM 231	Intro to Interpersonal Comm or Public Speaking	3	0	0	3	3
	PTA 254	Pediatrics for the PTA (2 nd 4 weeks)	0	3	0	3	1
		TOTAL CREDITS					9
FALL 2							
	PTA 260	Advanced Clinical Education	0	0	30	30	10
	PTA 270	PTA Topics	1	0	0	1	1
	PSY 150	General Psychology	3	0	0	3	3
	PTA 280	PTA Issues I	1	0	0	1	1
		TOTAL CREDITS					15

TOTAL PROGRAM CREDITS 74

PTA Course Descriptions

PTA Physical Therapy Course Information

PTA 110 Intro to Physical Therapy

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

PTA 120 Functional Anatomy

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

Corequisite: PTA 140

PTA 130 Physical Therapy Procedures I

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

Corequisite: PTA 110

PTA140 Therapeutic Exercise

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

Corequisite: PTA 120

PTA 150 Physical Therapy Procedures II

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

Prerequisite: PTA 130

PTA 160 Physical Therapy Procedures III

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

Prerequisite: PTA 150

PTA 170 Pathophysiology

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

PTA 180 PTA Clinical Ed Intro

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

PTA 212 Health Care/Resources

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

PTA 222 Professional Interactions

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

PTA 240 Physical Therapy Procedures IV

This course covers normal development, adult and pediatric/CNS dysfunction, spinal cord injuries, amputee rehabilitation techniques, and cardiopulmonary rehabilitation. Topics include neurology review, selected rehabilitation techniques, ADL and functional training, prosthetic and orthotic training, and environmental access. Upon completion, students should be able to demonstrate safe and correct application of selected rehabilitation techniques for neurological dysfunction, cardiopulmonary conditions, and amputations.

PTA 252 Geriatrics for the PTA

This course is designed to provide more in-depth knowledge of physical therapy care for the geriatric individual. Topics include health promotion, wellness programs, and medical problems specific to the elderly. Upon completion, students should be able to discuss and describe special problems and programs for the elderly.

PTA 254 Pediatrics for the PTA

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

PTA 260 Advanced PTA Clinical Ed.

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

Prerequisite: PTA 180

PTA 270 PTA Topics

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

PTA 280 PTA Issues I

This course consists of reports, discussions, and guest lectures on the latest physical therapy techniques, equipment, and health sciences specialties. Topics include reports on extra-departmental experiences, case studies, and literature reviews. Upon completion, students should be able to discuss specialized physical therapy equipment and/or related fields and display competent writing skills.

Clinical Education Course Objectives

PTA 180 – Clinical Education Intro Course Objectives

Upon successful completion of this course, all participants will:

1. Demonstrate the ability to safely perform selected physical therapy assessment skills and treatment interventions, within the PTA scope of practice and the physical therapist’s plan of care, at the CPI level of “Advanced Beginner” under the customary direction and supervision by the physical therapist.
2. Demonstrate the ability to perform adequate documentation and communication with the physical therapist regarding all aspects of patient status, patient treatment, and patient response to treatment at the CPI level of “Advanced Beginner” under the customary direction and supervision by the physical therapist.
3. Demonstrate the ability to effectively educate patients, family members/caregivers, and other healthcare providers within the PTA scope of practice and physical therapist’s plan of care at the CPI level of “Advanced Beginner.”
4. Demonstrate the ability to communicate with patients, family member/caregivers, and other healthcare providers in a culturally competent and professional manner at the CPI level of “Advanced Beginner.”
5. Demonstrate the ability to participate in scheduling and other routine administrative procedures of the physical therapy department at the CPI level of “Advanced Beginner.”
6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate at the CPI level of “Advanced Beginner.”
7. Demonstrate appropriate legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers under the customary direction and supervision by the physical therapist at the CPI level of “Advanced Beginner.”

PTA 260A – Advanced Clinical Education A Course Objectives

Upon successful completion of this course, all participants will:

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

2. Demonstrate the ability to perform adequate documentation and communication with the physical therapist regarding all aspects of patient status, patient treatment, and patient response to treatment at the CPI level of “Advanced Intermediate” under the customary direction and supervision by the physical therapist.
3. Demonstrate the ability to effectively educate patients, family members/caregivers, and other healthcare providers within the PTA scope of practice and physical therapist’s plan of care at the CPI level of “Advanced Intermediate.”
4. Demonstrate the ability to communicate with patients, family member/caregivers, and other healthcare providers in a culturally competent and professional manner at the CPI level of “Advanced Intermediate.”
5. Demonstrate the ability to participate in scheduling and other routine administrative procedures, including billing and performance improvement activities of the physical therapy department at the CPI level of “Advanced Intermediate.”
6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate at the CPI level of “Advanced Intermediate.”
7. Demonstrate appropriate legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers at the CPI level of “Advanced Intermediate” under the customary direction and supervision by the physical therapist.
8. Demonstrate the ability to communicate appropriately to physical therapy staff during an in-service presentation.

PTA 260B – Advanced Clinical Education B Course Objectives

Upon successful completion of this course, all participants will:

1. Demonstrate the ability to safely perform selected physical therapy assessment skills and treatment interventions, within the PTA scope of practice and the physical therapist’s plan of care, at the CPI “Entry Level” under the customary direction and supervision by the physical therapist.
2. Demonstrate the ability to perform adequate documentation and communication with the physical therapist regarding all aspects of patient status, patient treatment, and patient response to treatment at CPI “Entry Level” under the customary direction and supervision by the physical therapist.

3. Demonstrate the ability to effectively educate patients, family members/caregivers, and other healthcare providers within the PTA scope of practice and physical therapist's plan of care at the CPI "Entry Level."
4. Demonstrate the ability to communicate with patients, family member/caregivers, and other healthcare providers in a culturally competent and professional manner at the CPI "Entry Level."
5. Demonstrate the ability to participate in scheduling and other routine administrative procedures, including billing and performance improvement activities of the physical therapy department at the CPI "Entry Level."
6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate at the CPI "Entry Level."
7. Demonstrate appropriate legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers at the CPI "Entry Level" under the customary direction and supervision by the physical therapist.
8. Consistently demonstrate entry level Professional Behaviors in all interactions with patients, family members/caregivers, physical therapy personnel, and other health care providers by displaying all Professional Behaviors at CPI "Entry Level."
9. Summarize a case study during a presentation to the physical therapy staff and stakeholders utilizing appropriate communication skills.

PTA Program Clinical Education Policies

The following information is a supplement to the Rowan-Cabarrus Community College (RCCC) student policies. The following is the link to the RCCC Student Handbook:

<https://www.rccc.edu/catalog/student-handbook/>

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

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

General Clinical Education Information

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

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

The daily hours required by the students when participating in Clinical Education are dependent upon the hours of the facility and the schedule of the CI. PTA 180 Clinical Education Introduction is

a four-week, full-time experience, and PTA 260 Advanced Clinical Education A and B are each six-week, full-time experience. Students must complete their experiences within the assigned time frame/semester. Additional time may be required at the discretion of the clinical faculty and DCE for reasons such as the makeup of absences or to satisfactorily meet the clinical education objectives.

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

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

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

Clinical Education Guidelines for the PTA Student

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

Academic Requirements

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

Readiness for Clinical Experiences

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

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

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

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

Professional Behaviors

Although much time and effort within the PTA Program is dedicated to knowledge and skill acquisition, it is equally necessary for students to develop appropriate professionalism. Professional behavior is expected at all times. Students are expected to follow professional

standards when in the classroom, laboratory, and clinical settings. The guidelines for these standards are:

1. APTA Core Values for the Physical Therapist and Physical Therapist Assistant

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist.

2. Values-Based Behaviors for the PTA Self-Assessment Tool

This self-assessment tool is intended to: 1) increase awareness of the values-based behaviors, and 2) provide a format for documenting the frequency with which an individual demonstrates the eight values-based behaviors on sample indicators (not an exhaustive list).

3. American Physical Therapy Association (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant

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

4. APTA Guide for Conduct of the Physical Therapist Assistant

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

5. Professional Behaviors Assessment Tool

The intent of the Professional Behaviors Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This Professional Behaviors Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic.

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

Expected Professional Behavior levels are:

- a. End of Semester I: All Professional Behaviors at beginning level or higher

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

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

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

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

Unprofessional Conduct Observed Policy (UCO Policy)

The PTA Program faculty holds professionalism as a critical skill and necessary component of successful completion of the PTA Program, as well as becoming a competent and employable PTA. The Professional Behaviors Assessment Tool, the Values-Based Behaviors for the Physical Therapist Assistant, the APTA Guide for Conduct of the Physical Therapist Assistant, and the Standards of Ethical Conduct for the Physical Therapist Assistant are all excellent resources used by CAPTE and the PTA Program to guide the expectations of students as they enter, progress, and graduate from the program.

While these resources identify behaviors that must be demonstrated by students, there are behaviors that must not be demonstrated by students in order to develop and maintain the levels of professionalism required by the profession. This policy outlines examples and categories of unprofessional behavior and details the program response to each demonstration of unprofessional behavior by a PTA student. This policy is in effect for each student from the time of

original enrollment in the program through graduation. Each observation of an unprofessional behavior is documented as a violation (see below) and each violation is maintained in the student's record throughout his/her time in the program.

The following list identifies examples and categories of behaviors that must not be demonstrated at any time during the PTA Program. This list provides representative examples of behaviors; however, it is not intended to be an exhaustive and all-inclusive list of all possible behaviors that must not be demonstrated by students and physical therapy professionals. This list is not a way to allow other unprofessional behaviors that are not listed here. The guidelines for application of this list are described below.

Behaviors that must not be demonstrated by students at any time during the PTA Program:

A student being absent from a class/field trip/scheduled meeting/other PTA Program-related activity without notifying all of the faculty*

A student arriving late to class/field trip/scheduled meeting/other PTA Program-related activity (any number of minutes late)*

Not notifying all of the faculty that a student will be late to class/field trip/scheduled meeting/other PTA Program-related activity

Use of phone or smart watch during class for any reason not previously approved by instructor

Use of tablet during class for any non-class related reasons or any reason not previously approved by instructor

Use of a laptop during class for any non-class related reasons or any reason not previously approved by instructor

Rude/disruptive behavior as determined by attention drawn to the student that interrupts the learning, attention, or focus of any student or instructor

Sleeping during class in any physical position

Doing homework or other work related to any PTA course or non-PTA course while an instructor is conducting class

Inappropriate comments or cursing to other students, instructors, staff, guest speakers, or off-site field trip employees

Any disrespectful interaction with other students, instructors, staff, guest speakers, or off-site field trip employees

Sending emails during any class, PTA program activity, or off-site field trip. Instructors should not receive emails from any student while any PTA course, activity, or field trip is in session.

Checking grades in any course (including the current course) while the instructor is conducting class.

Checking email in any course (including emails related to the current course) while the instructor is conducting class.

Preparing or eating food while the instructor is conducting class. Small snacks that do not require warming and do not require the use of utensils are permitted during class if not disruptive to other students or interfering with the student fully participating in class discussions, learning, or activities. Food is to be prepared and eaten during breaks or before/after class only.

Audibly belching during classes, program activities, field trips.

Vaping on RCCC campus or on the property of a clinical education site.

*If a student knows he/she will be late to class and notifies all the PTA faculty, this is not an immediate UCO violation. A UCO will be issued *after the third instance of a student notifying all the faculty that he/she will be late.*

*If a student knows he/she will be absent from a class and notifies all the faculty, this is not an immediate UCO violation. A UCO will be issued *after the third separate instance of a student being absent.*

The above behaviors, as well as any other behaviors that interfere with any student learning or participating in class, are violations of this policy. The above list is to be used as a guide for any PTA Program faculty member, RCCC staff member, RCCC non-PTA faculty member, guest speaker, or off-site field trip employee to determine if a student's behavior constitutes a violation of this policy. Therefore, the above list is not exhaustive, but is to be used as examples of behaviors. Similar behaviors to those listed above or any behavior that has a similar result to the behaviors above can be deemed a violation by any of the roles listed here.

In the event of a violation, the following procedure will be followed:

1st violation – Violation slip with a description of the behavior, date, observer's signature, and student's signature will be written and kept on file with the PTA Program Director.

2nd violation - Violation slip with a description of the behavior, date, observer's signature, and student's signature will be written and kept on file with the PTA Program Director.

3rd violation - Violation slip with a description of the behavior, date, observer's signature, and student's signature will be written and kept on file with the PTA Program Director. In addition:

3 Violation Slips will result in the first official write-up of unprofessional conduct that will be placed in the student's PTA Program file for documentation of progressive unprofessional conduct. This write-up can and will be used by the PTA Program Director and Dean of Health and Education Programs as evidence of progressive misconduct if the unprofessional behavior continues.

A written remediation plan will be established by the PTA Program Director and the student in order to prevent future violations of this policy and prevent the progression to a more serious intervention. If the written remediation plan is not followed by the student as determined by the PTA Program Committee, the student will progress to the 6th violation slip, with the next steps detailed below.

4th violation – Violation slip with a description of the behavior, date, observer's signature, and student's signature will be written and kept on file with the PTA Program Director.

5th violation - Violation slip with a description of the behavior, date, observer's signature, and student's signature will be written and kept on file with the PTA Program Director.

6th violation - Violation slip with a description of the behavior, date, observer's signature, and student's signature will be written and kept on file with the PTA Program Director. In addition:

6 Violation Slips will result in the second official write-up of unprofessional conduct that will be placed in the student's PTA Program file for documentation of progressive unprofessional conduct. This write-up will trigger a review of all previous documentation of violations by the Dean of Health and Education Programs, as well as an in-person meeting between the Dean and the student. A formal action plan will be established by the PTA Program Committee prior to this meeting, reviewed in the meeting, and approved by the Dean following this meeting in order to remediate previous unprofessional behavior and prevent future unprofessional behavior.

The action plan will include, but is not limited to, the student completing APTA learning modules related to professional behavior. If the student fails to meet with the Dean, the Dean deems the student's behavior unsatisfactory during the meeting, or the student does not complete all steps in the action plan, the student will progress to the 9th violation slip and will be dismissed from the PTA Program.

7th violation – Violation slip with a description of the behavior, date, observer's signature, and student's signature will be written and kept on file with the PTA Program Director.

8th violation - Violation slip with a description of the behavior, date, observer's signature, and student's signature will be written and kept on file with the PTA Program Director.

At the time of an 8th violation slip, the PTA Program faculty, PTA Program Director, and the Dean of Health and Education will notify the student in writing that any additional demonstration of unprofessional conduct as observed by any of the above roles will result in dismissal from the PTA Program. The student will meet with the PTA Program Director and Dean for a verbal explanation of this written notification and to sign that he/she acknowledges and understands the consequences of any additional unprofessional behavior.

9th violation - Violation slip with a description of the behavior, date, observer's signature, and student's signature will be written and kept on file with the PTA Program Director. In addition:

9 Violation Slips will result in dismissal from the PTA Program. Given the steps outlined above, if a student is unable or unwilling to improve his/her behavior in the areas identified by the PTA Program Committee, the PTA Program Director, and the Dean of Health and Education Programs, the PTA Program faculty believes the most appropriate next step is dismissal of the student from the program for failure to meet the detailed and documented expectations of a PTA student.

Upon dismissal from the PTA Program due to a 9th violation slip, the student must follow all readmission procedures if he/she chooses to reapply to the PTA Program.

The Professional Behaviors Assessment Tool and The Unprofessional Conduct Observed Policy:

The Professional Behaviors Assessment Tool is used each semester to measure PTA students' achievement of levels of professionalism. There are specific guidelines that must be met each semester on the Professional Behaviors Assessment Tool in order for each student to be successful in the PTA Program. This tool is used by the student's PTA Program Faculty Advisor to evaluate the student's professionalism. Input from all faculty members, as well as any roles mentioned in the UCO Policy, is used to make the overall assessment of a student's level of professionalism.

If a student is demonstrating unprofessional behaviors that are not captured by the UCO Policy but are recognized through the use of the Professional Behaviors Assessment Tool, documentation from the observer of these unprofessional behaviors is required.

The faculty advisor will use the documentation of unprofessional behavior to inform the evaluation each semester. If at any time during the PTA Program, a student is not meeting that semester's required levels of professional behavior according to the Professional Behaviors Assessment Tool, the student will be given notification of two violation slips per the UCO Policy. Therefore, demonstrating any of the unprofessional behaviors from the UCO Policy or not demonstrating the required professional behaviors from the Professional Behaviors Assessment Tool will both result in

the accumulation of violation slips and progression through the UCO Policy that can ultimately lead to dismissal from the PTA Program.

Attendance

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

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

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

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

If a weather event leads to the closing of any RCCC campus, all students are still expected to report to the clinical site, weather permitting and using his/her best judgment for safe travel. It is recommended that the student contact the clinical site, inform his/her CI that RCCC is closed, and collaboratively make a decision on the safety of travel and when the student is expected to report to the clinical site.

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

Dress code for Clinical Education

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

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

Clinical Education Documentation Requirements

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

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

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

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

All programs within RCCC's Health and Education Department use Complio for certified background checks for compliance tracking, immunizations, drug testing, and document storage. All students starting in January 2021 and after will use Complio for this service. The RCCC PTA Program requires use of Exxat for clinical site communication of protected personal information.

Emergency Care

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

Expenses

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

Gifts

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

Holidays

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

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

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

Identification

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

Informed Consent

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

Orientation to the Clinical Site

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

Privacy and Confidentiality

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

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

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

Safety

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

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

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

Clinical Instructors should not ask students to perform treatment activities outside the scope of PTA practice. In addition, students should not agree to perform activities outside the scope of PTA practice even if asked. Students should not perform assessment techniques or treatment activities that have not been learned from coursework or previous clinical experience, unless these skills are taught and assessed by the CI prior to the student performing them. Clinical Instructors who teach skills that are within the scope of PTA practice but were not covered in the PTA program are responsible for assessing the student's competence with the skill prior to patient treatment. It is

expected that the CI and student clearly communicate with each other to ensure safe patient care at all times. The student should confer with the CI about any treatment activities in which the student is unfamiliar or does not feel that he/she has sufficient experience or skill. PTA students should not perform any assessment technique or treatment activity on a patient in which they feel unqualified or unprepared to do so.

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

Social Media

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

Student Behavior

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

Supervision

Students are not permitted to perform any treatment activities at a clinical site without direct CI supervision and under the direction and supervision of a licensed physical therapist. If there are any unexpected circumstances, such as an absence of the CI or a supervising PT, the student should

notify the DCE. Dependent on the circumstances and personnel, the DCE will decide if the student is able to temporarily work with another staff member or perform non-patient care duties.

Transportation

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

Use of Technology

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

Evaluation, Grading, and Progression for Clinical Education

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

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

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

Read the APTA instructions below located at:

- [APTA Quick Start Instructions for CPI Online Training Course](#)
- [APTA Tips for CPI Online Training Course](#)
- [APTA Frequently Asked Questions about the CPI Training and Account Access](#)

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

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

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

At the conclusion of the experience, the student and CI will submit their completed versions of the CPI Web through the online system, allowing access by the DCE for review. The DCE will assign either a grade of “A” for Satisfactory Completion of the clinical education experience or a grade of “F” for Unsatisfactory Completion of the clinical education experience based upon the CI’s assessment and recommendations regarding completion of the clinical education experience, as well as other factors including completion of any required assignments during the clinical education experience, professional behavior during the clinical education experience, outside behavior that has an impact on the student’s academic standing or violates any RCCC or clinical site policy or procedure (see the Social Media section and other grading factors listed below), and the complexity of the clinical environment and patient population.

As per PTA Program policy, a student who receives an “F” grade for any clinical education experience will be dismissed from the Program. PTA 180 is the first clinical education experience and is four weeks in length. PTA 260 is divided into two six-week clinical education experiences. Each student must complete PTA 260A and 260B with a grade of “A” to pass the course and progress in the PTA Program. If a student does not receive a grade of “A” in PTA 260A, the student is dismissed from the program and may be eligible for readmission or re-entry according to the RCCC PTA Program Readmission/Re-entry Policy. If a student does not receive a grade of “A” in PTA 260B, the student is dismissed from the program and may be eligible for readmission or re-entry according to the RCCC PTA Program Readmission/Re-entry Policy. If a student is readmitted following dismissal, the student will reenter a later class of students and will not be permitted to retake any clinical education experience until it is offered again according to the PTA Program schedule.

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

It is expected that the student’s level of performance will improve not only within each clinical education experience, but also across each successive experience. The minimum level of proficiency for each criterion becomes progressively higher for each successive experience. It is required that by the conclusion of PTA 180 Clinical Education Intro, the student score a minimum of “Advanced Beginner” on all 14 CPI Performance Criteria in order to pass the course. The level of required minimum proficiency increases to “Advanced Intermediate” for PTA 260A Advanced Clinical Education A. The student must pass PTA 260A to progress to the next clinical education experience, PTA 260B. To successfully complete PTA 260B Advanced Clinical Education B, the student must score a minimum of “Entry-Level” performance in all 14 CPI Performance Criteria. If a student is placed in a clinical site that does not use physical agents, mechanical modalities, or electrotherapeutic modalities, and does not reach “Entry-level” performance on CPI Criteria #10 and/or CPI Criteria #11 due to lack of exposure, then the student has the opportunity to demonstrate “Entry-level” performance through the Clinical Education Simulation process. Please review the “Minimum Final Rating for Clinical Performance Instrument (CPI) for Each Clinical Education Experience” in the Appendix. A student may still receive an “F” grade even if he/she follows all of the attendance policies and scores at the minimum performance level on the CPI. A decision will be made based on the professional judgment of the DCE and PTA Program Director, and will be based on the following factors as well as the student’s adherence to all policies and procedures, complexity of the clinical setting, and the scores on the final CPI:

1. “Significant Concerns” identified on the final CPI.
2. Any problems or concerns raised during the clinical experience that were not resolved.
3. Problems or concerns during clinical education experience that affected patient care and safety.

4. Consultation of DCE, CI, SCCE and PTA Program Director.

The final decision will be made by the DCE. If after reviewing all information available, the DCE is still undecided, the PTA Program Director will be informed of all information regarding this issue. The final decision will then be made through collaboration of the DCE and PTA Program Director.

During each of the clinical education experiences, the students are given assignments from RCCC. PTA 180 Clinical Education Intro includes a journal assignment; PTA 260A Advanced Clinical Education A includes an in-service presentation at the clinical site; and PTA 260B Advanced Clinical Education B includes a case-study presentation at the clinical education site. Instructions for these assignments are given by the DCE prior to the beginning of the clinical education experience. The assignments are designed to augment student learning and in no way replace the requirements of the CPI and CI and/or SCCE. The clinical site, at its discretion, may require additional assignments for either general purposes or remediation. Successful completion of the given assignments with a passing score is required for students to pass the clinical education course. If students do not complete the assignments, they will be unable to progress in the PTA program.

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

PTA 260A and PTA 260B Student Presentations

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

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

Remediation

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

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

Dismissal

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

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

Appeal Process

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

clinical education occurrences. The DCE will assist with arbitration of any clinical experience-related occurrences.

Withdrawal

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

Procedure for Student Site Placement

The following student site placement procedure is the preferred method for placing students in clinical education sites. However, due to challenges securing enough clinical sites to use a lottery system, this placement procedure may not be used. The decision of whether or not to use a lottery placement system is at the discretion of the DCE, and this decision can be made up to 60 days in advance of each clinical experience.

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

If a student is denied access to a clinical facility for any reason, including CBC, drug screen, or vaccination status (i.e. including the Covid-19 vaccine), the student will NOT receive a secondary placement in another facility. The student will not be able to progress in the program due to the inability to meet the clinical objectives.

Each student in the PTA Program will have the opportunity to submit one request for a clinical education site with which the PTA Program does not have a current or active clinical education contract. This request must be made in writing, using the New Clinical Site Request form available in the Appendix. Each student has the opportunity to submit this form once throughout his/her time in the PTA Program. It is strongly encouraged that prior to the submission of the New Clinical Site Request, the student schedule and in-person meeting with the DCE to discuss site(s) in which he/she is interested, and choose a site based on DCE input in order to provide the best possible

chance of the site agreeing to partner with the PTA Program for clinical education. *Submission of the New Clinical Site Request Form, consultation with the DCE, pursuit of a site by the DCE, and even the agreement of a site to sign a clinical education contract with the RCCC PTA Program are in no way guarantees that the site will have the availability to accept a student during any of the clinical education experiences.*

Upon submission of a New Clinical Site Request Form, the DCE will determine if the requested site is appropriate to pursue, taking into consideration the type of site, location of site, prior communication/experience with the site, and the variety of settings currently available to the program. If deemed appropriate to pursue, the DCE will begin the process of pursuing the clinical site in attempt to establish a clinical education contract. The DCE will contact the site using various forms of communication up to five times before ceasing pursuit of the contract. The length of time of pursuit and the forms of communication used are determined by the DCE, and the student is not permitted to request additional or different forms of contact with the site.

The DCE will determine the clinical education experience most appropriate for placement in the requested clinical site. If the DCE has received no communication from the site 90 calendar days before the start of the clinical internship experience, all pursuits of the site will cease and the student will be placed in an alternate site determined solely by the DCE. If the DCE is in communication with the site and in the process of completing a clinical education contract, the pursuit will continue up to 60 calendar days before the start date of the clinical education experience. If the process is not completed within the required timeframe, the student will then be placed at an alternate clinical site determined solely by the DCE. In the event the contract is established after the 90- or 60-day mark, the site will be added to the list of available sites for PTA Program clinical education experiences but will not be held for the student who requested it. If the site is available for listing as a preference in the lottery system, all students are permitted to list it.

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

Students are not permitted to seek experiences at clinical sites where they are or have ever been employed in any capacity. Students are not permitted to seek experiences at clinical sites where they have any type of relationship (personal or professional) with any employees at the site. Students are permitted to seek experiences with companies where a friend or family is employed or where they have been employed, as long as the clinical education experience takes place at a

location where the student has not worked and has no relationship with any employee. The level of and type of relationships will be explored by the DCE who will make the final decision as to whether or not a student can complete a clinical education experience at a site.

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

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

Clinical Education Site Selection Criteria

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

1. The clinical site's clinical education program is capable of meeting the specific academic objectives of the PTA Program and the clinical education experiences.
2. The physical therapy staff practices ethically and legally.

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

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

Clinical Instructor Selection Criteria

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

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

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

Responsibilities of the Director of Clinical Education (DCE)

One member of the PTA faculty is responsible for coordinating the clinical education portion of the program curriculum. The DCE works directly with the other program faculty, clinical faculty, and

students to provide learning experiences that will help the student develop clinical competence. The DCE is responsible for the following:

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

Responsibilities of the Site Coordinator of Clinical Education (SCCE)

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

1. Coordinate and schedule potential clinical experiences for affiliating schools
2. Provide orientation materials prior to or on the day of student arrival.
3. Delegate actual clinical supervision of students to a staff PT or to a PT/PTA team.
4. Serve as a resource for the CI for establishing goals and objectives, setting up learning experiences, and evaluating student performance.
5. Inform the CI of all pertinent information from the affiliating schools.
6. Monitor the supervision and learning experiences of students. Provide communication and problem-solving strategies for the student and CI, as needed.
7. Provide necessary documentation to the schools (clinical agreements, completed student CPIs).
8. The SCCE should contact the PTA Program Director with any complaints or concerns involving the PTA Program. The SCCE should contact Dr. Wendy Barnhardt, Dean of Health and Education (wendy.barnhardt@rccc.edu or (704) 216-3700) with any complaints or concerns regarding the DCE, PTA Program Director, or PTA Program.
9. The SCCE can contact the Commission on Accreditation in Physical Therapy Education (CAPTE) (3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>) for complaints about the accreditation status of the RCCC PTA program.

Responsibilities of the Clinical Instructor (CI)

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

1. Demonstrate an interest in teaching and continuing education.
2. Orient students to the facility and complete the Clinical Orientation Checklist in the Appendix.
3. Facilitate student accomplishment of goals and objectives; assist with planning learning experiences with students.
4. Provide continuous, direct supervision* of students or arrange supervision by another qualified person.
5. Serve as a professional resource to students.
6. Serve as a role model of professional behavior.

7. Encourage students to take advantage of unique resources and learning experiences available at the clinical site.
8. Provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress.
9. Confer and consult with DCE regarding student learning needs and progress toward meeting objectives.
10. Consult with DCE regarding unsatisfactory progress of the student.
11. Assess and evaluate the student clinical experience. Set clear expectations and provide ongoing verbal and written feedback, with special attention given to areas of concern regarding student performance.
12. Address problems or concerns through open communication with the student. If problems cannot be solved to the satisfaction of the CI and/or the student, the SCCE and DCE should be contacted.
13. Be aware of which assessment or intervention techniques the student has demonstrated competence during the PTA Program prior to the clinical education experience (See the Appendix). If a CI teaches a student an assessment or treatment technique that has not been presented or practiced in the academic setting, the CI is responsible for determining if the student is safe in applying the procedure to the patient in the clinical setting. The technique or skill must be within the PTA scope of practice as identified by the state practice act and the APTA. The student cannot be evaluated on that technique or skill for the purposes of determining academic advancement in the PTA Program
14. Act in an ethical manner and maintain student confidentiality
15. May contact the Dean of Health and Education with any complaints regarding the DCE or PTA Program Director. The CI should contact the PTA Program Director with any complaints involving the RCCC PTA Program.
16. When a patient or member of the public has a complaint or concern regarding a PTA student or the RCCC PTA Program, the CI is responsible to give the individual the name, title, and phone number of the Dr. Wendy Barnhardt, Dean of Health and Education (wendy.barnhardt@rccc.edu or (704) 216-3700).
17. The CI can contact the Commission on Accreditation in Physical Therapy Education (CAPTE) (3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>) for complaints about the accreditation status of the RCCC PTA program.

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

have direct contact with the patient/client during each visit as visit is defined in the Guide to Physical Therapist Practice.”

Conflict Resolution

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

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

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

Disciplinary Procedure for Behavioral Violations

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

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

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

Tool at the end of the semester of the initial violation, the student will be placed on formal program probation. Documentation of probation will be provided to the student, placed in the student's file, and sent to the Dean of Health and Education Department and the Vice President of Academic Programs.

At that time, a Probation Plan will be developed by the PTA Program faculty with target dates for elimination of problem behaviors and presence of professional behaviors. The student is required to meet these targets in order to have the probation lifted. It is the student's responsibility to be proactive and seek assistance if needed to meet the expectations of the Probation Plan. If the expectations of the Probation Plan are met by the target dates, probation will be lifted at the end of that semester and upon successful completion of the Professional Behaviors Assessment Tool.

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

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

Criteria for PTA Program Probation and Dismissal

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

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

The Professional Behaviors Assessment Tool is one tool used by PTA Program Faculty to measure student behavior and professionalism. Because the Professional Behaviors reflect behaviors

necessary for success as a PTA in the clinical environment, failure to demonstrate progress in the Professional Behaviors, or failure to meet specific behavior levels by the defined target dates may result in program probation or dismissal.

The PTA faculty members, as well as the Dean of Health and Education and the Vice President of Academic Programs, as necessary, will address incidents of unprofessional behavior. Incidents will be handled on a case-by-case basis, some of which may result in immediate dismissal (such as academic dishonesty, breaches of confidentiality, and patient abuse).

Student Grievances

It is the policy of the RCCC PTA Program to work with students in finding a fair and just solution to problems that may arise, including grievances, questions, misunderstandings, or discrimination.

If a student has a concern with a clinical course or clinical instructor, the student is urged to first take their concerns to the instructor of the clinical education experience in which the problem occurred. If the student and instructor are unable to come to an agreement, the student can then take the concern to the SCCE or DCE. If the student and DCE are unable to come to an agreement, the student can then take the concern to the PTA Program Director. If the student and PTA Program Director are unable to come to an agreement, the student may then follow the RCCC procedure for student grievances, which is as follows:

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

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

Procedure

1. The student shall first informally discuss the matter in question with the College employee most directly involved unless the issue is a claim of discriminatory harassment. In that case, the student may move directly to the employee's immediate administrator or the Director of Student Conduct.
2. If the student is unable to resolve the matter in question through discussion with the College employee directly involved, the student may file a formal grievance form with the employee's immediate administrator or the Director of Student Conduct. All such grievances shall be in writing and state the basic facts in the case.

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

Grievance Procedure for Students with Disabilities

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

Request Form

Please contact Jonathan "JJ" Rowe, Executive Director of Student Success South Campus & Office of Civility/Title IX (jonathan.rowe@rccc.edu, 704-216-3723) for additional information or with any questions.

[Student Grievance and Complaint Form](#)

Student complaints regarding the program should be first addressed to the PTA Program Director. Unresolved complaints or complaints about the PTA Program Director should be directed to the Dean of Health & Education. All complaints will be documented, including the projected outcome, and kept on file at the program facility. No retaliation will occur from the program or college due to a complaint being filed. Complaints regarding Accreditation of this program should be addressed to the Commission for Accreditation for Physical Therapy Education. This Commission is located at 3030 Potomac Ave., Suite 100, Alexandria, Virginia, 22305-3085.

Student Formal Complaints

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

Consistent with rules established by the U.S. Department of Education and Southern Association of

College and Schools Commission on Colleges, Rowan-Cabarrus provides all enrolled and prospective students with contact information for submitting complaints directly to the college.

If the issue is not resolved, the student may contact its accrediting agency or the appropriate [state agency](#) for handling the complaint within the student's state of residence.

Rowan-Cabarrus has established specific procedures for certain specific complaints. For example, formal complaints regarding grades are subject to the Grade Appeal Procedure; complaints regarding discrimination are subject to the Student Grievance policy. Students will be expected to initiate their concerns or express their concern in accordance with those specific policies. Specific formal procedures are listed below:

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

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

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

Due Process

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

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

Outside of Due Process

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

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

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

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

If the complainant is not satisfied with the outcome of the informal complaint procedure, he or she may appeal to Dr. Wendy Barnhardt, Dean of Health and Education (wendy.barnhardt@rccc.edu, (704) 216-3700). For this appeal, the complaint should be written. The PTA Program Director will also submit a written statement, detailing the events of the informal procedure, and his or her response to the complaint. These materials should be submitted within two weeks following the informal procedure. After review of the written materials and conferences with each of the involved parties, the Dean of the Health and Education Department will render a decision on the matter within two weeks of receipt of these materials. If the complainant is not satisfied with the outcome of the formal complaint procedure, he or she may appeal, within one week, to the Vice President of Academic Programs who will make a determination within one week of the request for appeal. The complainant may also choose to file a written complaint with Commission on Accreditation in Physical Therapy Education, 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085.

Accommodations – Office of Accessibility

Policies

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

Mission

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

Disability Services Counselors

For additional information about the Office of Accessibility, feel free to email us (oa@rccc.edu) and someone will be in touch with you.

North Campus
Holly Wagoner

South Campus
Andra Bennett

Instructor Notification of Accommodation

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

Clinical Education Accommodations

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

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

APPENDIX

Guidelines for Writing a Professional Letter

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

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

Specifics for the Initial Clinical Education Professional Letter

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

Clinical Instructor/Student Meeting Form

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

Student: _____

Clin Ed Experience #: _____ Week #: _____

Date: _____

Clinical Instructor Comments:

Student's Strengths:

Areas/Skills Showing Improvement:

Areas/Skills for Improvement:

Student Comments:

Goals for Next Week:

CI Date

Student

Date

Clinical Orientation Checklist

Rowan-Cabarrus Community College Physical Therapist Assistant Program Clinical Orientation Checklist

To verify completion, the Clinical Instructor initials when a task is accomplished.

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

Please return completed form to DCE upon completion.

Confidentiality Agreement

Rowan-Cabarrus Community College Physical Therapist Assistant Program Confidentiality Agreement

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

- Any information regarding a patient, patient's family, or health issues related to the patient
- Information regarding the organization's strategic plan, programs, and process toward meeting business goals
- Issues related to legal, moral, and regulatory responsibility for the oversight of patient quality. This includes information regarding appointment and reappointment of professionals to the medical staff; information included in quality reports and statistical data regarding the agency's clinical services and patient care; risk management and malpractice information; and individual professional performance and reviews of attitudes and opinions from those who work for the agency
- Financial information including annual budgets, revenues, expenses, long-term capital expenditure plans and equipment purchases, and information regarding the agency's financial condition such as debt, liquidity, return on investment, profitability, and other financial data
- Employment information including employee salaries, employment agreements, and terms and conditions of employment

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

Student Signature

Date

Print Name

Request for Leave

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

Clinical Education Course: _____

SPTA Name: _____

Date of Request: _____

Date(s) requested off:

of hours requested off:

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

Student Signature _____

DCE Received Request: _____

DCE notified clinical facility/CI: YES NO

Approved time off:

Anecdotal Record

Rowan-Cabarrus Community College Physical Therapist Assistant Program Anecdotal Record

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

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

Student Action or Behavior of Concern:

Recommended Steps to Address Concern:

Student's Name: _____ Date: _____

Student's Signature: _____

CI/Evaluator Name: _____ Date: _____

CI/Evaluator Signature: _____

New Site Request Form

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

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

This form must be completed in its entirety and submitted to the DCE by the deadline provided. An incomplete form will not be accepted and the student will not have an opportunity to resubmit.

Any questions regarding this form should be directed to the DCE in advance of the deadline for submission.

Student: _____ Date: _____

Site Requested: _____

Address of site: _____

How did you hear about this site?

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

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

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

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

Student Signature: _____ Date: _____

Student Presentation Feedback Form

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

Name of Student: _____

Topic of Presentation: _____

Date of Presentation: _____

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

Strengths of the presentation:

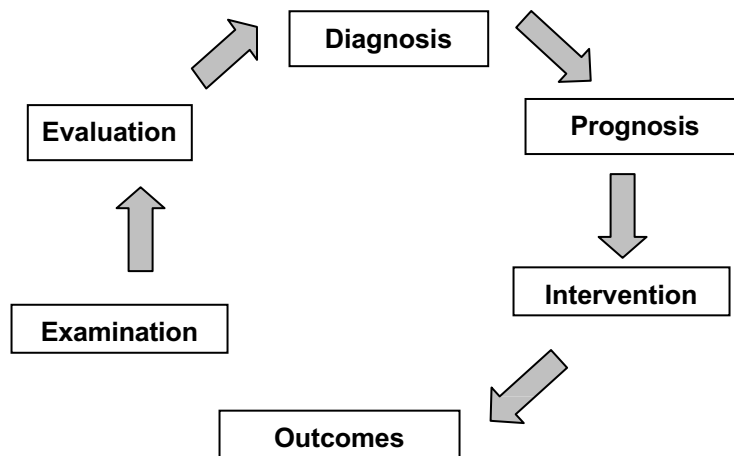
What are some things that could improve this presentation if performed again?

Other comments:

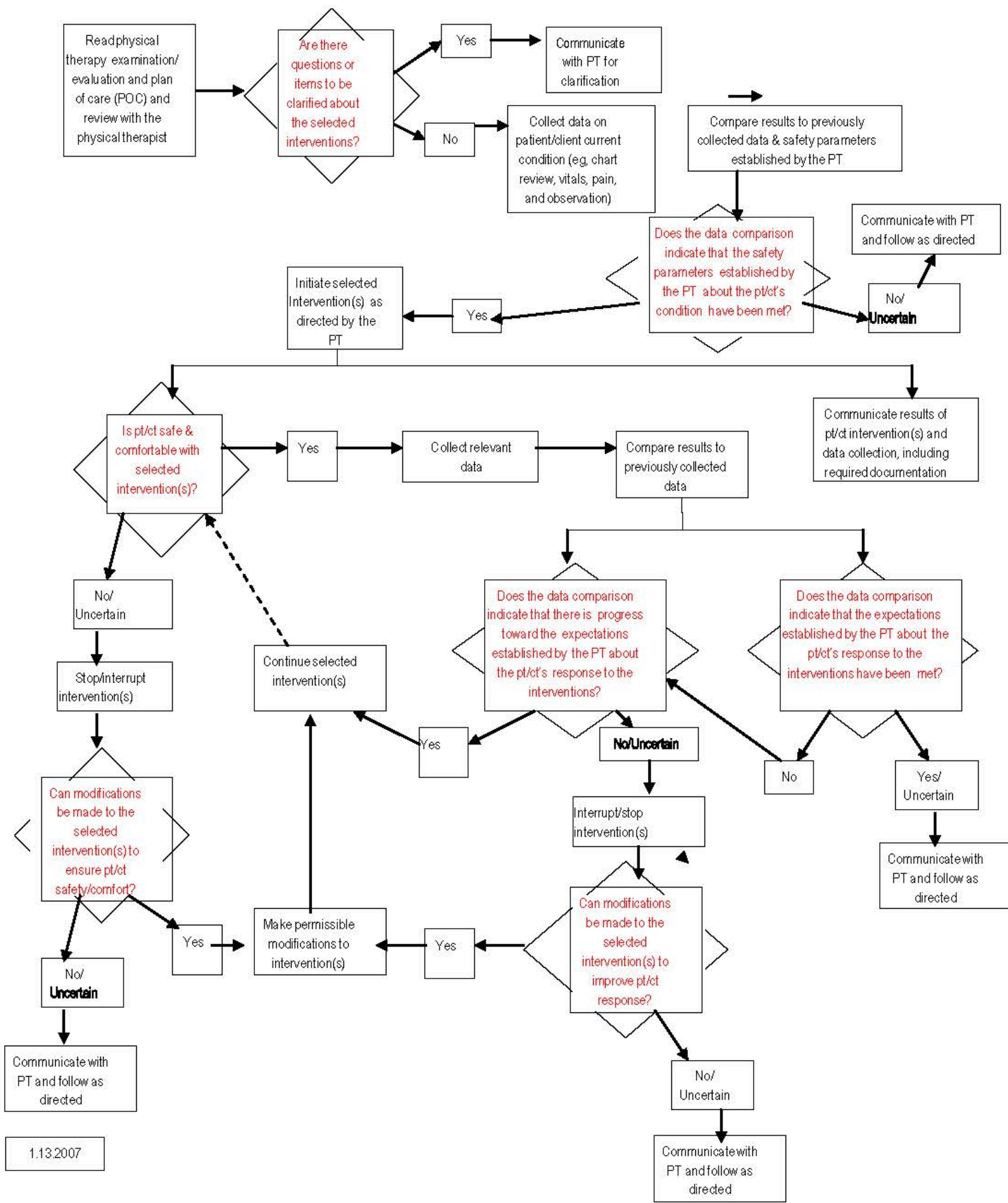
Problem-Solving Algorithm Utilized by PTAs in Patient Interventions

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

Controlling Assumptions



- The physical therapist integrates the five elements of patient/client management – examination, evaluation, diagnosis, prognosis, and intervention – in a manner designed to optimize outcomes. Responsibility for completion of the examination, evaluation, diagnosis, and prognosis is borne solely by the physical therapist. The physical therapist's plan of care may involve the physical therapist assistant to assist with selected interventions. This algorithm represents the decision making of the physical therapist assistant within the intervention element.
- The physical therapist will direct and supervise the physical therapist assistant consistent with APTA House of Delegates positions, including Direction and Supervision of the Physical Therapist Assistant (HOD P06-05-18-26); APTA core documents, including Standards of Ethical Conduct for the PTA; and federal and state legal practice standards; and institutional regulations.
- All selected interventions are directed and supervised by the physical therapist. Additionally, the physical therapist remains responsible for the physical therapy services provided when the physical therapist's plan of care involves the physical therapist assistant to assist with selected interventions.
- Selected intervention(s) includes the procedural intervention, associated data collection, and communication, including written documentation associated with the safe, effective, and efficient completion of the task.
- The algorithm may represent the thought processes involved in a patient/client interaction or episode of care. Entry into the algorithm will depend on the point at which the physical therapist assistant is directed by the physical therapist to provide selected interventions.
- Communication between the physical therapist and physical therapist assistant regarding patient/client care is ongoing. The algorithm does not intend to imply a limitation or restriction on communication between the physical therapist and physical therapist assistant.



1.13.2007

Minimum Final Rating for Clinical Performance Instrument (CPI) for Each Clinical Education Experience

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

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

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

Performance Criteria	Minimum final Rating Scale: Clinical Education Intro	Minimum final Rating Scale: Advanced Clinical Education A	Minimum final Rating Scale: Advanced Clinical Education B
1 Safety	ABP	AIP	ELP
2 Clinical Behaviors	ABP	AIP	ELP
3 Accountability	ABP	AIP	ELP
4 Cultural Competency	ABP	AIP	ELP
5 Communication	ABP	AIP	ELP
6 Self-Assessment & Life	ABP	AIP	ELP
7 Clinical Problem Solve	ABP	AIP	ELP
8 Interventions: Therapeutic Exercise	ABP	AIP	ELP
9 Interventions: Therapeutic Techniques	ABP	AIP	ELP

10 Interventions: Physical Agents and Mechanical Modalities	ABP	AIP	ELP
11 Interventions: Electrotherapeutic Modalities	ABP	AIP	ELP
12 Interventions: Functional Training & Application of Devices/Equipment	ABP	AIP	ELP
13 Documentation	ABP	AIP	ELP
14 Resource Management	ABP	AIP	ELP

Skills Learned Prior to Clinical Education Rotations

Skills Learned Prior to 1st Clinical Education Experience (Clinical Ed Intro)

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

*Denotes skills student has successfully demonstrated through Competency Skill Check-offs and/or practical examinations

Functional Anatomy	Therapeutic Exercise I	Procedures III	Procedures IV
Surface Anatomy*	ROM Exercises*	UE Goniometry*	Cognition/Orientation Assessment*
Soft tissue palpation*	Stretching/Flexibility for Neck and Back*	LE Goniometry*	Motor Learning Techniques*
Basic Gait Assessment*	Stretching/Flexibility for Upper Extremity*	Neck/Trunk Goniometry*	Functional movement Assessment*
Posture Assessment*	Stretching/Flexibility for Lower Extremity*	UE MMT*	PNF techniques*
Dermatomes*	Aerobic Conditioning	LE MMT*	Prosthetic training
Myotomes*	Resistance Exercises for Neck and Back*	Neck/Trunk MMT*	Residual limb wrapping*
	Resistance Exercises for Upper Extremity*	ROM Assessment of TMJ*	Chest percussion*
	Resistance Exercises for Lower Extremity*	Alternatives to MMT*	Breathing exercises*
	Exercises for Posture*	Testing Functional Performance*	Coughing
	CPM		Coma stimulation
	Peripheral Joint Mobilization Grades I and II*		Postural drainage*
	Isokinetic (didactic only)		Inhibition techniques
			Progressive Exercise Treatment Design*
			Basic NDT techniques*
			Gait training for special populations*
			Transfers for special populations*

*Denotes skills student has successfully demonstrated through Competency Skill Check-offs and/or practical examinations

Skills Learned by 2nd and 3rd Clinical Education Experiences PTA 260 A and PTA 260 B

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

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

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

Quick Start Guide for the APTA Learning Center

1. Navigate to <http://learningcenter.apta.org> and click

- a. Enter your APTA username and password.
- b. Select "Click here to Continue:"

FORGOTTEN PASSWORD:

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

NEW USER:

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

2. Find and "Purchase" the free PT CPI or PTA CPI online course.

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

3. Take the PT CPI or PTA CPI online course

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

POP-UPS:

You may need to enable pop-ups for <http://learningcenter.apta.org>, in order to view the course, learn how on the APTA Learning Center.

LMS-120: 2012 PTA CPI contains material that uses Flash player. Chrome and Internet Explorer still natively play Flash. Firefox requires an add-in. You can find a link to download Flash play on the System Specs page.

4. Access the PT CPI or PTA CPI Web site

- a. The academic program with whom you affiliate can provide you with your username (the email address provided to them) to login to CPI Web. If you do not have a password, you will need to use the 'I forgot or do not have a password" link to establish a password. The password to login to CPI Web is NOT the same as the password used to login to the APTA Web site.

Core Values for the Physical Therapist and Physical Therapist Assistant



HOD P09-21-21-09 [Amended: HOD P06-19-48-55; HOD P06-18-25-33; Initial HOD P05-07-19-19]
[Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

- **Accountability**

Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.

- **Altruism**

Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.

- **Collaboration**

Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.

- **Compassion and Caring**

Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

- **Duty**

Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.

- **Excellence**

Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

- **Inclusion**

Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

- **Integrity**

Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

- **Social Responsibility**

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/**month/year/page/vote** in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

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

Last Updated: 12/14/2021

Contact: governancehouse@apta.org

Professional Behaviors Assessment Tool

Student Name: _____ Date: _____

Directions:

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

<p>1. Critical Thinking: The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.</p>		
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Raises relevant questions; • Considers all available information; • Articulates ideas; • Understands the scientific method; • States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion); • Recognizes holes in knowledge base; 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Feels challenged to examine ideas; • Critically analyzes the literature and applies it to patient management; • Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas; • Seeks alternative ideas; • Formulates alternative hypotheses; 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Distinguishes relevant from irrelevant patient data; • Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations; • Exhibits openness to contradictory ideas; • Identifies appropriate measures and determines effectiveness of applied solutions efficiently; • Justifies solutions selected

<p>3. Problem Solving: The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</p>		
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Recognizes problems; • States problems clearly; • Describes known solutions to problems; • Identifies resources needed to develop solutions; • Uses technology to search for and locate resources; • Identifies possible solutions and probable outcomes 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Prioritizes problems; • Identifies contributors to problems; • Consults with others to clarify problems; • Appropriately seeks input or guidance; • Prioritizes resources (analysis and critique of resources); • Considers consequences of possible solutions 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Independently locates, prioritizes and uses resources to solve problems; • Accepts responsibility for implementing solutions; • Implements solutions; • Reassesses solutions; • Evaluates outcomes; • Modifies solutions based on the outcome and current evidence; • Evaluates generalizability of current evidence to a particular problem
<p>Specific Example:</p>		<p>Place an "x" on the rating scale</p> <hr style="width: 100%;"/> <p>B I E</p>
<p>4. Interpersonal Skills: The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</p>		
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Maintains professional demeanor in all interactions; • Demonstrates interest in patients as individuals; • Communicates with others in a respectful and confident manner; • Respects differences in personality, lifestyle and learning styles during 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Recognizes the non-verbal communication and emotions that others bring to professional interactions; • Establishes trust; • Seeks to gain input from others ; • Respects role of others; 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Demonstrates active listening skills and reflects back to original concern to determine course of action; • Responds effectively to unexpected situations; • Demonstrates ability to build partnerships; • Applies conflict management strategies when dealing with challenging interactions;

<p>interactions with all persons; <ul style="list-style-type: none"> • Maintains confidentiality in all interactions; • Recognizes the emotions and bias that one brings to all professional interactions </p>	<ul style="list-style-type: none"> • Accommodates differences in learning styles as appropriate 	<ul style="list-style-type: none"> • Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them
<p>Specific Example:</p>		<p>Place an “x” on the rating scale</p> <hr/> <p style="text-align: center;">B I E</p>
<p>5. Responsibility: The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.</p>		
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Demonstrates punctuality; • Provides a safe and secure environment for patients; • Assumes responsibility for actions; • Follows through on commitments; • Articulates limitations and readiness to learn; • Abides by all policies of academic program and clinical facility 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Displays awareness of and sensitivity to diverse populations; • Completes projects without prompting; • Delegates tasks as needed; • Collaborates with team members, patients and families; • Provides evidence-based patient care 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Educates patients as consumers of health care services; • Encourages patient accountability; • Directs patients to other health care professionals as needed; • Acts as a patient advocate; • Promotes evidence-based practice in health care settings; • Accepts responsibility for implementing solutions; • Demonstrates accountability for all decisions and behaviors in • academic and clinical settings
<p>Specific Example:</p>		<p>Place an “x” on the rating scale</p> <hr/> <p style="text-align: center;">B I E</p>

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

- Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary;
- Provides patient & family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity;
- Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development;
- Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices;
- Discusses role of physical therapy within the healthcare system and in population health;
- Demonstrates leadership in collaboration with both individuals and groups

Specific Example:

Place an “x” on the rating scale

		<hr/> B I E
7. Use of Constructive Feedback: The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.		
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Demonstrates active listening skills; • Assesses own performance; • Actively seeks feedback from appropriate sources; • Demonstrates receptive behavior and positive attitude toward feedback; • Incorporates specific feedback into behaviors; • Maintains two-way communication without defensiveness 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Critiques own performance accurately; • Responds effectively to constructive feedback; • Utilizes feedback when establishing professional and patient related goals; Develops and implements a plan of action in response to feedback; • Provides constructive and timely feedback 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Independently engages in a continual process of self-evaluation of skills, knowledge and abilities; • Seeks feedback from patients/clients and peers/mentors; • Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities; • Uses multiple approaches when responding to feedback; • Reconciles differences with sensitivity; • Modifies feedback given to patients/clients according to their learning styles
<p>Specific Example:</p>		<p>Place an “x” on the rating scale</p> <hr/> B I E
8. Effective Use of Time and Resources: The ability to manage time and resources effectively to obtain the maximum possible benefit.		
<p>Beginning Level:</p> <p>Comes prepared for the day’s activities& responsibilities; Identifies resource limitations (i.e. information, time, experience);</p>	<p>Intermediate Level:</p> <p>Utilizes effective methods of searching for evidence for practice decisions; Recognizes own resource contributions;</p>	<p>Entry Level:</p> <p>Uses current best evidence; Collaborates with members of the team to maximize the impact of treatment available; Has the ability to set boundaries, negotiate,</p>

<p>Determines when and how much help/assistance is needed; Accesses current evidence in a timely manner; Verbalizes productivity standards and identifies barriers to meeting productivity standards; Self-identifies and initiates learning opportunities during unscheduled time</p>	<p>Shares knowledge and collaborates with staff to utilize best current evidence; Discusses and implements strategies for meeting productivity standards; Identifies need for and seeks referrals to other disciplines</p>	<p>compromise, and set realistic expectations; Gathers data and effectively interprets and assimilates the data to determine plan of care; Utilizes community resources in discharge planning; Adjusts plans, schedule etc. as patient needs and circumstances dictate; Meets productivity standards of facility while providing quality care and completing non-productive work activities</p>
<p>Specific Example:</p>		<p>Place an “x” on the rating scale</p> <hr/> <p>B I E</p>
<p>9. Stress Management: The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.</p>		
<p><i>Beginning Level:</i></p> <ul style="list-style-type: none"> • Recognizes own stressors; Recognizes distress or problems in others; • Seeks assistance as needed; • Maintains professional demeanor in all situations 	<p><i>Intermediate Level:</i></p> <ul style="list-style-type: none"> • Actively employs stress management techniques; • Reconciles inconsistencies in the educational process; • Maintains balance between professional and personal life; • Accepts constructive feedback and clarifies expectations; • Establishes outlets to cope with stressors 	<p><i>Entry Level:</i></p> <ul style="list-style-type: none"> • Demonstrates appropriate affective responses in all situations; • Responds calmly to urgent situations with reflection and debriefing as needed; • Prioritizes multiple commitments; • Reconciles inconsistencies within professional, personal and work/life environments; • Demonstrates ability to defuse potential stressors with self and others
<p>Specific Example:</p>		<p>Place an “x” on the rating scale</p>

		<hr/> B I E
<p>10. Commitment to Learning: The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.</p>		
<p>Beginning Level:</p> <ul style="list-style-type: none"> • Prioritizes information needs; • Analyzes and subdivides large questions into components; • Identifies own learning needs based on previous experiences; • Welcomes and/or seeks new learning opportunities; • Seeks out professional literature; • Plans and presents an in-service, research or cases studies 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> • Researches and studies areas where own knowledge base is lacking in order to augment learning and practice; • Applies new information and re-evaluates performance; • Accepts that there may be more than one answer to a problem; • Recognizes the need to and is able to verify solutions to problems; • Reads articles critically and understands limits of application to professional practice 	<p>Entry Level:</p> <ul style="list-style-type: none"> • Respectfully questions conventional wisdom; • Formulates and re-evaluates position based on available evidence; • Demonstrates confidence in sharing new knowledge with all staff levels; • Modifies programs and treatments based on newly-learned skills and considerations; • Consults with other health professionals and physical therapists for treatment ideas
<p>Specific Example:</p>		<p>Place an “x” on the rating scale</p> <hr/> <p style="text-align: center;">B I E</p>

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

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

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

APTA Guide for Conduct of the Physical Therapist Assistant



Purpose

The APTA 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 Ethical Conduct) of the American Physical Therapy Association (APTA). The APTA House of Delegates in June of 2009 adopted the revised Standards of Ethical Conduct, which became effective July 1, 2010.

The Guide provides a framework by which physical therapist assistants may determine the propriety of their conduct. It also is intended to guide the development of physical therapist assistant students. The Standards of Ethical Conduct 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 the Standards of Ethical Conduct

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 of Ethical Conduct 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 revise the Guide to address additional topics and standards when and as needed.

Preamble to the Standards of Ethical Conduct

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 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 of Ethical Conduct is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Standards of Ethical Conduct. 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 of Ethical Conduct were revised was to provide physical therapist assistants with a document that was clear enough to be read on its own without the need to seek extensive additional interpretation.

The Preamble states that “[no 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 website. 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 of Ethical Conduct.

Topics

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 and 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 or 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 individual's 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 website.

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 and clients but includes everyone physical therapist assistants come into contact with in the normal provision of physical therapist 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: Physical therapist assistants shall seek to discourage misconduct by health care professionals. Discouraging misconduct can be accomplished through a number of mechanisms. The following is not an exhaustive list:

- Do not engage in misconduct; instead, set a good example for health care professionals and others working in their immediate environment.
- Encourage or recommend to the appropriate individuals that health care and other professionals, such as legal counsel, conduct regular (such as annual) training that addresses federal and state law requirements, such as billing, best practices, harassment, and security and privacy; as such training can educate health care professionals on what to do and not to do.
- Encourage or recommend to the appropriate individuals other types of training that are not law based, such as bystander training.
- Assist in creating a culture that is positive and civil to all.
- If in a management position, consider how promotion and hiring decisions can impact the organization.
- Access professional association resources when considering best practices.
- Revisit policies and procedures each year to remain current.
-

Many other mechanisms may exist to discourage misconduct. The physical therapist assistant should be creative, open-minded, fair, and impartial in considering how to best meet this ethical obligation. Doing so can actively foster an environment in which misconduct does not occur. The main focus when thinking about misconduct is creating an action plan on prevention. Consider that reporting may never make the alleged victim whole or undo the misconduct.

If misconduct has not been prevented, then reporting issues must be considered. This ethical obligation states that the physical therapist assistant reports to the “relevant authority, when appropriate.” Before examining the meaning of these words it is important to note that reporting intersects with corporate policies and legal obligations. It is beyond the scope of this interpretation to provide legal advice regarding laws and policies; however, an analysis of reporting cannot end with understanding one’s ethical obligations. One may need to seek advice of legal counsel who will take into consideration laws and policies and seek to discover the facts and circumstances.

With respect to ethical obligations, the term “when appropriate” is a fact-based decision and will be impacted by requirements of the law. If a law requires the physical therapist assistant to take an action, then, of course, it is appropriate to do so. If there is no legal requirement and no corporate policy, then the physical therapist assistant must consider what is appropriate given the facts and situation. It may not be appropriate if the physical therapist does not know what occurred, or because there is no legal requirement to act and the physical therapist assistant does not want to assume legal responsibility, or because the matter is being resolved internally. There are many different reasons that something may or may not be appropriate.

If the physical therapist assistant has determined that it is appropriate to report, the ethical obligation requires him or her to consider what entity or person is the “relevant authority.” Relevant authority can be a supervisor, human resources, an attorney, the Equal Employment Opportunities Commission, the licensing board, the Better Business Bureau, Office of the Insurance Commissioner, the Medicare hotline, the Office of the Inspector General hotline, the US Department of Health and Human Services, an institution using their internal grievance procedures, the Office of Civil Rights, or another federal, state, city, or local agency, or a state or federal court, among others.

Once the physical therapist assistant has decided to report, he or she must be mindful that reporting does not end his or her involvement, which can include office, regulatory, and/or legal proceedings. In this context, the physical therapist assistant may be asked to be a witness, to testify, or to provide written information.

Sexual Harassment

Standard 4F states as follows:

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

Interpretation: As noted in the House of Delegates policy titled “Sexual Harassment,” “[m]embers of the association have an obligation to comply with applicable legal prohibitions against sexual harassment...” This statement is in line with Standard 4F that prohibits physical therapist assistants from harassing anyone verbally, physically, emotionally, or sexually. While the standard is clear, it is important for APTA to restate this point, namely that physical therapist assistants shall not harass anyone, period. The association has zero tolerance for any form of harassment, specifically including sexual harassment.

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 clear—sexual relationships with their patients or 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 and clients, students, supervisees, research participants, or employees).

Consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients or 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 or 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 or 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 or 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 the physical therapist assistant might not know or easily be able 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 the physical therapist assistant does make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance, while 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 their professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone clearly is unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom the physical therapist assistant reports; it provides discretion to determine the appropriate authority.

The EJC Opinion titled Topic: 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 website.

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 encourages and contributes to his or her career development and lifelong learning, 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 of Ethical Conduct. 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 both patient and client and societal levels.

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 and clients and document related data collected from the patient or 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 therapist 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 services are available on the APTA website.

Issued by the Ethics and Judicial Committee
American Physical Therapy Association October 1981

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Contact: ejc@apta.org

Standards of Ethical Conduct for the Physical Therapist Assistant

HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

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. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

Standards

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

(Core Values: Compassion and Caring, Integrity)

- 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.

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

- 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.

(Core Values: Collaboration, Duty, Excellence, Integrity)

- 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, research participants, other health care providers, employers, payers, and the public.

(Core Values: Integrity)

- 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 (eg, patients and clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

(Core Values: Accountability, Duty, Social Responsibility)

- 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.

(Core Value: Excellence)

- 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.

(Core Values: Integrity, Accountability)

- 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.

(Core Value: social Responsibility)

- 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.

Direction and Supervision of the Physical Therapist Assistant



Last Updated: 08/30/18
Contact: nationalgovernance@apta.org

HOD P06-18-28-35 [Amended: HOD P06-05-18-26; 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 therapist practice and the practice of physical therapy are synonymous. Both phrases are inclusive of patient and client management, and direction and supervision. Direction and supervision apply to the physical therapist assistant, who is the only individual who assists a physical therapist in practice. The utilization of other support personnel, whether in the performance of tasks or clerical activities, relates to the efficient operation of the physical therapy service.

Physical therapists are responsible for providing safe, accessible, cost-effective, and evidence-based services. Services are rendered directly by the physical therapist and with responsible utilization of physical therapist assistants. The physical therapist's practice responsibility for patient and client management includes examination, evaluation, diagnosis, prognosis, intervention, and outcomes. Physical therapist assistants may be appropriately utilized in components of intervention and in collection of selected examination and outcomes data.

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

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

1. Interpretation of referrals when available
2. Evaluation, diagnosis, and prognosis
3. Development or modification of a plan of care, which is based on the initial examination or reexamination and 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 services and when it may be appropriate to utilize the physical therapist assistant
5. Revision of the plan of care when indicated
6. Conclusion of an episode of care

7. Responsibility for any “hand off” communication
8. Oversight of all documentation for services rendered to each patient or client

Only the physical therapist performs the initial examination and reexamination of the patient and may utilize the physical therapist assistant in collection of selected examination and outcomes data.

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

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

- The physical therapist assistant’s education, training, experience, and skill level
- Patient or 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 therapist services for the setting
- The needed frequency of reexamination

Physical Therapist Assistant

Definition

The physical therapist assistant assists the physical therapist in the provision of physical therapy. The physical therapist assistant is a graduate of a physical therapist assistant program accredited by the Commission on Accreditation in Physical Therapy Education.

Utilization

The physical therapist is directly responsible for the actions of the physical therapist assistant in all practice settings. The physical therapist assistant may provide services 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 telecommunication. The ability of the physical therapist assistant to provide services shall be assessed on an ongoing basis by the supervising physical therapist.

Services provided 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 or 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. The physical therapist assistant makes modifications to elements of the intervention either to progress the patient or client as directed by the physical therapist or to ensure patient or client safety and comfort.

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

1. A physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is providing services to patients and clients.
2. There must be regularly scheduled and documented conferences with the physical therapist assistant regarding patients and clients, the frequency of which is determined by the needs of the patient or client and the needs of the physical therapist assistant.
3. In situations in which a physical therapist assistant is involved in the care of a patient or client, a supervisory visit by the physical therapist:
 - a. Shall be made upon the physical therapist assistant's request for a reexamination, when a change in the plan of care is needed, prior to any planned conclusion of the episode of care, and in response to a change in the patient's or client's medical status
 - b. Shall be made at least once a month, or at a higher frequency when established by the physical therapist, in accordance with the needs of the patient or client
 - c. Shall include:
 - i. An onsite reexamination of the patient or client
 - ii. Onsite review of the plan of care with appropriate revision or termination
 - iii. Evaluation of need and recommendation for utilization of outside resources

Explanation of Reference Numbers:

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

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

Clinical Education Affiliation Agreement



Post Office Box 1595, Salisbury, North Carolina 28145-1595 704-216-RCCC(7222)•

www.rccc.edu

Concord, NC

• Kannapolis, NC

• Salisbury, NC

**Memorandum of Understanding
BETWEEN
The Physical Therapist Assistant Program and Occupational Therapy Assistant Program at
Rowan-Cabarrus Community College
AND _____**

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

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

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

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

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

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

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

The College and the Facility mutually agree to:

1. Establish the site-specific and general educational objectives for the clinical and fieldwork education experience, devise methods for their implementation, and continually evaluate to determine the effectiveness of the clinical and fieldwork education experience;
2. Make no distinction among students covered by this Agreement, on the basis of race, color, sex, creed, age, or national origin. For the purpose of this Agreement, distinctions on the grounds of race, color, sex, creed, age, or national origin include but are not limited to the following: Denying a student any service or benefit that is different, or is provided in a different manner or at a different time from that provided to other students under this Agreement; subjecting a student to segregation or separate privilege enjoyed by other receiving any service or benefit; treating a student or potential student differently from others in determining whether they satisfy any admission, enrollment quota, eligibility, membership or any other requirement, or condition that individuals must meet in order to be provided any service or benefit.
3. The College agrees, to the extent allowed by North Carolina statutes, to indemnify and hold harmless the Facility from all claims, lawsuits, damages, penalties, causes of action, losses, obligations, fines or expenses (including reasonable attorneys' fees) relating to or arising out of the performance or failure to perform under this Agreement by the College, its students in training, employees acting within the scope of employment or authorized agents. Facility agrees to indemnify and hold harmless College from all claims, lawsuits, damages, penalties, causes of action, losses, obligations, fines or expenses (including reasonable attorneys' fees) relating to or arising out of the performance or failure to perform under this Agreement by the facility, its providers, employees acting within the scope of employment and authorized agents. Facility and College each further represent that it carries insurance coverage that satisfies the requirements established elsewhere in this Agreement. Each party agrees to give the other party notice in writing within thirty (30) days of receiving notice of any claim made against it that is covered by this paragraph.

The College agrees:

1. to assume responsibility for assuring continuing compliance with the educational standards established by the Commission on Accreditation in Physical Therapy Education (CAPTE) and the Accreditation Council for Occupational Therapy Education (ACOTE);
2. to establish and maintain on-going communication with the Center Coordinator of Clinical Education (CCCE)/Fieldwork Coordinator of the Facility on items pertinent to Physical Therapist Assistant/Occupational Therapy Assistant education (such communication may include, but is not be limited to, a description of the curriculum, relevant course outlines, policies, faculty, and major changes in this information; on-site visits will be arranged when feasible);
3. to notify the Center Coordinator of Clinical Education (CCCE)/Fieldwork Coordinator of the Facility, at a time mutually agreed upon, of its planned schedule of student assignment,

including the name of the student, level of academic preparation, and length and dates of clinical education or fieldwork experiences;

4. to refer to the placement of only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum that is applicable to the placement;
5. to inform the student of the Facility's requirements for acceptance for clinical and fieldwork education, i.e., citizenship, health status, etc.;
6. to advise the assigned student of the responsibility for complying with the existing pertinent rules and regulations of the Facility;
7. to advise students of the confidential nature of all information that will come to them regarding patients and records;
8. to supply the Center Coordinator of Clinical Education (CCCE)/Clinical Instructor (CI)/Fieldwork Coordinator or Educator with appropriate forms to be used in evaluating the performance of the assigned student;
9. to have the student provide, prior to the commencement of the student assignment, such confidential information as may be required by the Facility;
10. to encourage the student to provide, prior to the commencement of the student assignment, such information deemed necessary for the training and guidance of the student;
11. to withdraw from the Facility, at the request of the Facility, any student whose performance is unsatisfactory;
12. that the student and faculty will carry professional liability insurance of \$1,000,000 per occurrence and \$5,000,000 annual aggregate through a private insurance company;
13. to comply with the Occupational Safety and Health Administration's December 1991 safety standard for healthcare worker's exposure to blood borne pathogens. [56 Federal Register 64175 (12/6/91)]. Adhering to both preventative and post-exposure requirements. Specifically, faculty and students are required to receive HBV immunizations or sign the mandatory declination form and have been counseled regarding Universal Precautions 1. Students are required to have evidence of current TB testing;
14. to have the student provide a 7-year county residence criminal search inside and outside the state of North Carolina, a Nationwide Record Indicator with Sex Offender Index, a Medicare Fraud Search, a 10-panel drug screen, and a Social Security alert.

The Facility agrees:

1. to designate as a Clinical Instructor (CI)/Fieldwork Education the staff member who will be responsible for the planning and implementation of the clinical education or fieldwork experience. The staff member so designated shall meet the criteria established by the Commission on Accreditation in Physical Therapy Education (CAPTE)/Accreditation Council for Occupational Therapy Education (ACOTE) for supervising students;
2. to provide the Clinical Instructor (CI)/Fieldwork Educator with time to plan and implement the clinical education or fieldwork experience including, when feasible, time to attend relevant meetings and conferences;
3. to provide the physical facilities and equipment necessary to conduct the clinical education or fieldwork experience;
4. to have available a written description of the clinical education or fieldwork experience being offered;
5. to collaborate on site-specific learning objectives prior to the beginning of the clinical education or fieldwork experience, and to update as needed;
6. to assure that all aspects of the clinical education or fieldwork experience are instructional;
7. to advise the College of any changes in its personnel, operations, or policies which may affect clinical/fieldwork education;
8. to determine the number of students it can accommodate during a given period of time;
9. to provide the assigned student, whenever possible, with use of library facilities and reasonable study and storage space;
10. to provide the assigned student a copy of the Facility's existing rules and regulations with which the student is expected to comply;
11. to evaluate the performance of the assigned student according to the Facility's existing rules and regulations with which the student is expected to comply;
12. to provide the student with a copy of his/her clinical education or fieldwork education performance report;
13. to advise the College as soon as any serious deficit is noted in the ability of the assigned student to progress toward achievement of the stated objectives of the clinical education or fieldwork experience. (It will then be the mutual responsibilities of the assigned student, the Clinical Instructor/Fieldwork Educator, and the Academic Coordinator of Clinical Education/Academic

Fieldwork Coordinator to devise a plan by which the student has the opportunity to achieve the stated objectives);

14. to have the right to terminate any student whose performance is a detriment to patient well-being or to achievement of the stated objectives of the clinical education or fieldwork experience after notifying the College;
15. to support continuing education and professional growth and development of those staff members who are responsible for student supervision;
16. to make emergency medical care available to the student in case of an injury or other incident requiring emergency care. The cost of the emergency care will be the responsibility of the student.

Terms of Agreement

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

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

SIGNATURE ON NEXT PAGE

Rowan-Cabarrus Community College
P.O. Box 1595
Salisbury, NC 28145-1595

Company
Address

By: _____
Dr. Carol Spalding

Title: President

Date: _____

By: _____

Title: _____

Date: _____

By: _____
Dr. Michael Quillen

Title: Vice President, Academic Programs

Date: _____

By: _____

Title: _____

Date: _____

By: _____
Dr. Wendy Barnhardt

Title: Dean in Health and Education

Date: _____

By: _____
Anna Marie Prado

Title: Department Chair in PTA

Date: _____

By: _____
Amy Mahle

Title: Department Chair in OTA

Date: _____

Clinical Handbook Agreement

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

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

Student Name (Please Print)

Signature

Date