



PHYSICAL THERAPIST ASSISTANT PROGRAM Handbook



**36 Years of Training the Best
Spring 2025**

PTA HANDBOOK

Physical Therapist Assistant Program at Forest Park

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CONGRATULATIONS!

Dear Student,

You are about to begin an exciting and demanding curriculum at STLCC Forest Park, which will prepare you for a rewarding career in the field of physical therapy. Your education will begin with a strong emphasis in the basic and applied sciences, continue with a core component of courses in physical therapy, and culminate with your clinical rotations.

The PTA program requires more of your time and energy than the traditional offerings of the college. We are preparing you to care for people with illness and disability and this requires not only knowledge but also good communication skills and professionalism. The faculty is available to mentor you and encourage your success in the program while maintaining the standards needed for excellent patient care and your success as a licensed PTA.

This handbook contains information regarding the PTA program, important program policies and procedures, student services and various responsibilities you have throughout the next two years. Please keep it available for reference.

Christie Cohoon, PT, DPT, OCS
Program Chair/ DCE
Physical Therapist Assistant Program

Revised March 2025

PHYSICAL THERAPIST ASSISTANT PROGRAM

A. ST. LOUIS COMMUNITY COLLEGE MISSION STATEMENT

St. Louis Community College expands minds and changes lives every day by offering high-quality educational experiences leading to degrees, certificates, employment, university transfer, and life-long learning.

B. ST. LOUIS COMMUNITY COLLEGE VISION STATEMENT

St. Louis Community College is the first choice for academic excellence: leading the way in student success, innovation, and community transformation.

C. ST. LOUIS COMMUNITY COLLEGE CORE VALUES

Academic Excellence - Expect high standards in all academic endeavors.

Learning - Acknowledge and value the unique needs and potential of each learner.

Integrity - Demonstrate personal and professional behaviors that are ethical and transparent.

Accountability - Be responsible for actions that demonstrate a commitment to St. Louis Community College's vision, mission, core values, and strategic priorities.

Innovation - Support risk-taking for creative solutions to realize our vision.

Dignity And Civility - Foster a culture of equity and inclusion through thoughtful, candid and respectful interactions.

Intercultural Competence - Cultivate understanding of and appreciation for different cultures.

(Mission, Vision, Core Values – Board Policy R 8/16)

D. PTA MISSION STATEMENT

The mission of the Physical Therapist Assistant program is to graduate competent and caring physical therapist assistants who are dedicated to the safe, legal and ethical best practices of physical therapy. (R S/17)

E. GOALS RELATED TO PROGRAM, GRADUATES AND STUDENT LIFE

PTA program will:

1. Provide students with an educational experience grounded in basic sciences, clinical sciences, and service which expands their understanding of the knowledge, skills, attitudes, and values necessary to become a PTA.
2. Meet the needs of the PT community by preparing graduates for licensure and employment as PTAs.

3. Uphold the mission of the college and program as demonstrated by Faculty professional involvement and development.

Student/Graduate Goals: STLCC students/graduates will:

1. Pursue licensure and employment as a PTA.
2. Promote contemporary physical therapy through lifelong learning and service.
3. Communicate effectively with patients/clients, caregivers, and interprofessional team members.
4. Identify and integrate appropriate evidence-based resources to support clinical decision making.
5. Identify career development and learning opportunities to improve knowledge, skills, and behaviors.

F. PROGRAM STATISTICS / GENERAL INFORMATION

Accreditation: The PTA program is an accredited program from the Commission on Accreditation of Physical Therapy Education. The next accreditation site visit is 2030.

Matriculation: Admission into the program is on a first come-first serve basis. Students apply to the program and are listed in the order their completed application is received. Starting fall of 2017, a pilot project of priority admission for up to five students with a four-year degree was approved. In the fall semester applicants are contacted to inform them of their acceptance in the program and the date of the program orientation. Up to 32 students can be enrolled each fall in the PTA program. It is highly recommended that the students meet with a PTA academic advisor every semester to review their status in the program. Program admission requirements are located in Appendix A.

Graduation Rates: Graduation rates are based on academic attrition only and for the past three years are:

2021	88% graduation rate
2022	91% graduation rate
2023	91.7% graduation rate

Licensure Results: PTA licensure exam ultimate pass rates for the past three years are:

	<u>Ultimate</u>
2021	100 %
2022	95 %
2023	90.9 %

Employment Rates: The demand for physical therapy nationwide is strong and is projected to continue to grow. With the increase in the number of accredited PTA schools in the St. Louis area, full-time employment may be limited. Employment rates for the past three years are:

2021	100 %
2022	100 %
2023	100 %

Cost of the Program: The total in district cost of the program (tuition/books) for students who graduated in 2024 was \$10,272. Out-of-District cost was \$13,800.

Cost of Licensure: There will be expenses at the end of the curriculum associated with becoming licensed. Examination and processing cost will be approximately \$600.00. Maintaining your license will be \$50.00 every 2 years.

APTA Membership: Student membership in the American Physical Therapy Association (APTA) is a requirement for the final didactic course of the program. Joining the organization will entitle you to journals, communications, special conference, programs, etc. It will keep you informed of important legal, ethical and practical issues and guide you in your professional growth. Several of our graduates have been honored by the Missouri Physical Therapy Association.

G. **St. Louis Community College
Physical Therapist Assistant Program
Technical Standards**

Introduction

Aligned with the College's Mission, Vision and Values, the Health Sciences programs at St. Louis Community College strive to create inclusive and transformative educational experiences for the future generations of health care professionals. Valuing the uniqueness and potential of each learner, we work to foster a culture of respect and equality that is welcoming to all students – including individuals with disabilities. Rooted in an appreciation for the diversity among our learners, we encourage individuals with disabilities to engage with the Access Office regarding their access-related needs.

Technical Standards

Specific to the physical therapist assistant program, successful applicants must possess skills within the following areas: Observation; Communication; Motor; Intellectual, Conceptual, Integrative; Behavioral Navigation, Social Interactions, and Professional Presentation. The previous attributes, also referred to as Technical Standards, have been developed to create transparency and promote understanding surrounding expectations of STLCC's Health Science programs. These Technical Standards describe performance abilities and characteristics necessary for successful completion of our programs and can be met with or without reasonable accommodations.

Request for Accommodation

After reviewing the Technical Standards, any student who believes they require disability-related accommodations to fully engage and participate in the program should contact the Access Office. Given the intricacies associated with clinical-based programs, additional time may be needed to effectively implement an accommodation. In general, disability-related accommodations are not retroactively applied; therefore, students are encouraged to engage in conversations with the Access Office as soon as possible. Contact information can be found on the access office website www.stlcc.edu/access.

Domain	Technical Standard
<u>Observation</u>	<ul style="list-style-type: none"> • Acquire information from demonstrations (up close and from afar), program experiences, written documents, and computer systems (e.g., literature searches & data retrieval). • Recognize and assess patient changes in mood, activity, cognition, verbal, and non-verbal communication.
<u>Communication</u>	<ul style="list-style-type: none"> • Communicate in person, in writing and in English effectively, respectfully, and sensitively with: <ul style="list-style-type: none"> ◦ Patients ◦ Families ◦ faculty ◦ preceptors ◦ members of the healthcare team. • Elicit information from patient's, including a medical history, to conduct an accurate and effective evaluation.
<u>Motor</u>	<ul style="list-style-type: none"> • Possess psychomotor skills and balance necessary to provide or assist in Physical therapy care and perform or assist with procedures and treatments.
<u>Intellectual, Conceptual, Integrative</u>	<ul style="list-style-type: none"> • Measure, calculate, reason, analyze, and synthesize data related to diagnosis and treatment of patients. • Exercise proper judgment and complete responsibilities in a timely and accurate manner. • Synthesize information, problem solve, and think critically to judge the most appropriate theory, assessment, or treatment strategy.
<u>Behavioral, Social, Professional</u>	<ul style="list-style-type: none"> • Maintain mature, sensitive, effective relationships with multiple professionals under all circumstances • Follow the dress code of respective institution for clinical placement. • Possess emotional stability to function under stress and adapt to rapidly changing environments inherent to the practice of physical therapy.

PHYSICAL THERAPIST ASSISTANT PROGRAM 2024-2025**Associate in Applied Science Degree**

First Year		
Fall		
Course Number	Prerequisites	Milestones/Notes
BIO 208 Anatomy & Physiology II	BIO 207 with a minimum grade of "C" and Reading Proficiency	Must be taken in Fall Can be taken with either PTA 110 or PTA 120
COM 101 or COM 107 Oral Communications	Concurrent enrollment in ENG 070 or Reading Proficiency	Offered Fall and Spring
PSY 200 General Psychology	Reading Proficiency or concurrent enrollment in RDG 079	Offered Fall and Spring
**PTA 110 Kinesiology	BIO 207 with a grade of "C" or better and Reading Proficiency	Offered Fall and Spring Can be taken with PTA 120
***PTA 100 Introduction to Physical Therapist Assistant	Reading Proficiency	
Spring		
Course Number	Prerequisites	Milestones/Notes
PTA 120 Applied Science of the Movement System	Prior or concurrent enrollment in BIO 208 with a grade of "C" or higher and Reading Proficiency	Offered Fall and Spring Can be taken with PTA 110 Must be taken first year of program
ENG 101 College Composition I	Placement score or ENG 030 or ENG 070 with a grade of "C" or better or recommendation of department and Reading Proficiency or concurrent	Offered Fall and Spring

	enrollment in RDG 079	
PTA 130 Data Collections	PTA 222 or PTA 110 with a grade of "C" or better or concurrent enrollment in PTA 222 or PTA 110 and Reading Proficiency	
PSY 205 Human Growth and Development	PSY 200 with a minimum grade of "C" and Reading Proficiency	Offered Fall and Spring
Summer		
Course Number	Prerequisites	Milestones/Notes
PTA 140 Fundamentals of Patient Care for the Physical Therapist Assistant	PTA 214 or PTA 130 with a grade of "C" or better and reading proficiency.	
PTA 150 Medical Conditions in Rehabilitation	BIO 208 with a grade of "C" or better and Reading Proficiency	
Social & Behavioral Sciences: Civics Requirement		
Second Year		
Fall		
Course Number	Prerequisites	Milestones/Notes
*PTA 200 Clinical Education I	PTA 105 or PTA 140 with a grade of "C" or better and Reading Proficiency.	
***PTA 206 Physical Agents	PTA 105 or PTA 140 with a grade of "C" or better	
***PTA 220 Therapeutic Exercise and Rehabilitation Concepts I	PTA 105 or PTA 140 with a grade of "C" or better	

Spring		
Course Number	Prerequisites	Milestones/Notes
***PTA 230 Therapeutic Exercise and Rehabilitation Concepts II	PTA 212 or PTA 220 with a grade of "C" or better and Reading Proficiency.	
PTA 240 Health Occupation Seminar	PTA 212 or PTA 220 with a grade of "C" or better	
*PTA 250 Clinical Education II	PTA 104 or PTA 200 with a grade of "S" and reading proficiency.	
*PTA 260 Clinical Education III	PTA 104 or PTA 200 with a grade of "S" and reading proficiency.	
Summer		

- * Clinical experience may involve time in the clinics when school is not normally in session. Students may be assigned to out-of-town facilities and will be responsible for expenses involved in this aspect of the training.
- ** These courses may not be taken more than 1 year early, without re-enrolling and successfully repeating the course.
- *** Courses involve out-of-class testing and/or clinical experiences, or service learning.

Student Services

*College Safety Policies
and Procedures*

*PTA Program Safety Policies
and Procedures*

Universal Precautions

STUDENT SERVICES

For a complete guide to College Student Services please refer to the [Student Guide](#).

A. COUNSELING SERVICES

Professional counselors are available to assist students with educational, career and personal concerns. They help students gain a clear understanding of their strengths, identifying options and making choices. A variety of career interest and personality assessments are available to students using counseling services. For more information, visit www.stlcc.edu/student_resources/counseling or call 314-539-5151 or email counseling@stlcc.edu.

B. ACCESS OFFICE – disability Support Services

The Access office offers support to students who have documented temporary or permanent disabilities. The Access office provides the following services: individual advising and counseling; coordination of needed classroom accommodations; interpreters, readers and writers; consultation with faculty and staff members regarding accommodations needs; and liaison with community professionals and agencies. To qualify for services, students must self-identify to the Access office and provide written documentation of disability from a qualified professional or agency. This should be done at least six weeks prior to the beginning of each semester to ensure that accommodations can be in place when classes begin. For more information, see www.stlcc.edu/disAbility or call the Access office at the campus of your choice. Registration with Access is voluntary but, **REQUIRED FOR RECEIVING ACCOMMODATIONS**. If you are uncertain if you qualify for temporary or permanent disability and accommodations, please reach out to disability support services.

C. ACADEMIC SUCCESS & TUTORING

The Forest Park campus has an Academic Success & Tutoring Center which provides free tutoring and includes a Writing Center, Math Lab, and Bone Room filled with anatomical models for anatomy and physiology study. They can also help with Study Strategies, Reading Comprehension, Time Management, Note-taking, and basic use of Blackboard and other college software. Tutoring is available both online and in the center located in the lower level of the library in Tower D (L-109). The in-person tutoring follows the library's hours (currently M, W, Th 8-4; Tues 8-7; and Fri 8-2 but subject to change). Appointments can be made via the student [Navigate](#) portal found on the Current Students tab on the STLCC website and on the Academic Success & Tutoring tab in Blackboard. Questions can be directed to tutoring@stlcc.edu.

Writing Center

Students are encouraged to visit the professional writing tutors in the Writing Center for assistance with drafting, revising and writing college level essays in the proper formats. Appointments can be made at the Writing Center or in [ArcherOnline](#).

D. FINANCIAL AID

St. Louis Community College offers a variety of options for students who need financial assistance to pursue postsecondary education. Financial assistance is offered in the following categories:

- Federal grants are awarded based on financial need and do not require repayment.

- Federal loans are low-interest rate awards that must be repaid after the student ceases to be enrolled at least halftime in an institution of higher education.
- The Federal Work Study program provides jobs for students who want to earn part of their educational funds. Money is earned hourly and paid on a bi-weekly basis.
- Scholarships are awards based on academic achievement or participation in an activity and do not require repayment. Financial need is not a criterion for eligibility for most scholarship programs.
- The Missouri Department of Higher Education administers a variety of state grant and scholarship programs to assist Missouri residents.

Please log onto the following web address for further information:

<https://www.stlcc.edu/admissions/financial-aid/>

Or call a financial advisor at 314-644-9979 or financialaid@stlcc.edu.

The **PTA Retention Fund** is available to assist PTA students with financial need. See program coordinator for more details.

E. **STUDY LAB:**

HS 415 is a practice/study room and is available for students in the program to use for practice and tutorial use. HS 406 A/B and 417 are also available when PTA classes are not in session.

You may borrow certain equipment for use over a weekend by obtaining permission from the instructor and checking them out with PTA secretary or PTA Lab Assistant.

Available: During regular office hours when PTA faculty or secretary are on campus.

Procedure:

1. Ask a PTA faculty member or the PTA secretary to unlock the door.
2. When finished, notify the office when you leave so door may be re-locked.
3. Always leave the room in clinic-like order.

Other Options:

The Forest Park campus has a bone room in the lower level of the library that has skeletons and muscle models. For more information, see C on page 13.

COLLEGE SAFETY POLICIES AND PROCEDURES

For a complete guide to Forest Park Campus Safety and Emergency Procedures, please refer to [Student Guide](#).

A. Forest Park

College Police is located on the first floor of Tower C.

Phone: 314-539-5999 – indicate which campus you are on

Campus Police ensure a safe and secure campus environment for students and staff. They assist students with vehicle-related issues such as lockouts and jump-starts, as well as provide safety escorts to their vehicles upon request. They also maintain custody of lost-and-found property until claimed.

Forest Park campus is equipped with Emergency Call Boxes. These bright red boxes have blue lights above and can be used to contact the police dispatcher in case of emergency.

How to Use an Emergency Call Box

1. Push the red button to notify the dispatcher.
2. Wait for response: *This is the Campus Police.*
3. Press the red button to talk and release to listen.
4. Wait at the Call Box and an officer will immediately assist you.

Emergency Call Box Locations – Forest Park



Campus Police strongly suggest that all students, faculty and staff review safety procedures. Actions you should take are:

- Remain alert in any area while on campus after dark.
- Take note of any unfamiliar or suspicious person, and if you feel uncomfortable, either leave the area quickly or call Campus Police:

ALL CAMPUSES: 314-539-5999 – indicate which campus you are on

- If you are unsure about going to your car alone, walk with classmates or coworkers, or you can call Campus Police and they will provide an escort for you.
- Familiarize yourself with the Campus Emergency Call Boxes. You can spot them by a blue light.

A copy of the college crime report (Clery Act Report) is available online at

<https://www.stlcc.edu/college-policy-procedures/consumer-information/campus-crime-reports.aspx>

B. Campus Closing Procedures

St. Louis Community College will remain open except under very severe weather conditions. Official announcements will be broadcast on KMOX-AM (1120) Radio, and television Channels 2, 4 and 5. On television, announcements are broadcast as early as possible at the bottom of the screen. Severe weather announcements are announced by campus.

All STLCC students and employees are automatically set up to receive STLCC Alerts. However, to ensure that you receive STLCC Alerts on your cell, work, and/or home phone, it's imperative that you verify your emergency notification information in Banner. Email notifications will automatically be sent to your college account (stlcc.edu).

For more information: <https://www.stlcc.edu/college-policy-procedures/consumer-information/closing-procedures-notifications.aspx>

Updates also will also be posted on the home page of the STLCC website and on the main page for each campus as well as a broadcast email when feasible. Below are the procedures for school closing and delayed schedule.

COLLEGE IS CLOSED

Means all classes are canceled for the day. No classes or labs, library, student center, writing center or any other service will be open. Classes in the evening also are canceled. Clinical attendance follows the clinicals procedures and should be discussed with the clinical coordinator.

COLLEGE IS NOT CLOSED BUT IS ON DELAYED SCHEDULE

If a delayed schedule is announced, the location will delay opening until 9:30 a.m. Classes beginning before 9:30 a.m. will be canceled for that day.

In the absence of any announcement, students should assume the college is operating on its normal schedule.

Severe weather closing announcements are also available by calling any campus at the numbers below.

Florissant Valley: 314-513-4949
Forest Park: 314-644-9463
Meramec: 314-984-7669
Wildwood: 636-422-2653
Corporate College: 314-539-5799

National Weather Service Forecast - <http://forecast.weather.gov>

NOTE: Students are not excused from the clinic in the event of campus closing. Students are to contact their clinical supervisor and obtain permission for altering clinic hours/attendance in the event of inclement weather. If a student misses a day of clinical work it is recorded as an absence. Refer to the section in the handbook or Clinical Experiences for Clinical Attendance Policies and Procedures.

C. St. Louis Community College-Forest Park Basic Emergency Operational Plan

Forest Park Campus has developed guidelines and a general course of action to be taken to protect employees, students, visitors of the Forest Park campus in the event of an emergency situation. Students should familiarize themselves with the emergency procedures and evacuation routes in the buildings they frequent. They should be prepared to assess situations quickly but thoroughly and use common sense in determining the best course of action. They should evacuate areas in an orderly manner when an alarm is sounded or when directed by faculty or emergency personnel.

Fire: Evacuation Plans are posted at doorways, please check for exit route from HS 406 A & B, HS 417, HS 410, HS 416, HS 415 or the office area. We are to meet at the softball field for a head count.



Medical Emergencies: Call Campus Police at 314-539-5999 – indicate which campus you are on and the room you are in.

Tornado: Hallway outside of classroom is the safest area in the event of tornado.

Earthquake: Lab Area – under Treatment tables, never stand outside building near buildings or near utility poles. Exit building as soon as tremors slow.

Armed Intruder: In the event of an armed intruder on Campus, you are to remain in the classroom you are in. If you are in the hallways, outside, or in an open area, move to a secure area. All classroom doors are to be locked, lights off, and students away from windows and doors.

NOTE: For Tornado and Earthquake – look for the blue “Severe Weather Safe Area” signs in the hallways and stairwells.

PTA PROGRAM SAFETY POLICIES AND PROCEDURES

Student safety is maintained on and off campus.

A. On Campus

1. Classroom Safety: The classroom environment is one of safety, mutual respect, and professionalism. Faculty and students are to arrive on time and demonstrate respect for one another by coming prepared for class, listening, participating, and giving feedback in a respectful manner. Students and instructors are to maintain a clean and orderly workspace.
 - Students are allowed in the classroom outside of class period with permission from the instructor or program faculty.
 - Emergency procedures are posted near the entrance to HS 406 and 417. Severe weather safe areas are identified by blue “Severe Weather Safe Area” signs; the hallway or HS 417 is the location to move to in the event of a Tornado warning or severe weather warning.
 - A phone is located at the instructor’s desk in HS 406 and 417 and the Campus Police number is posted on the phone. In a medical emergency dial 5999.
2. Laboratory Safety: During PTA lab sessions students will be learning data collection and intervention techniques. These skills will be practiced on classmates. The lab exercises/interventions will be described before practice and contraindications/ precautions discussed in class prior to performance.
 - Informed Consent is obtained for all courses with laboratory components. **In the event that a student cannot participate in lab, it is the student’s responsibility to inform the instructor.** If the reason for nonparticipation is because the student cannot complete a program essential task, the student will be required to obtain a medical release from their physician and meet with the program director to discuss their ability to perform the required essential tasks and continue in the program.
 - Following instruction on the laboratory assignment, students wash their hands, practice communicating the task in a professional manner, and take turns being the subject and assistant. Students are to dress appropriately for the lab as per the course syllabi. **If a student feels they have been injured during lab the instructor is to be notified immediately.**
 - Communication and physical contact is to remain professional at all times. Any complaints of inappropriate behavior/language will result in a written warning and meeting with the program director. Any conduct that is perceived to be sexual harassment is unacceptable and will be reported to the trained sexual harassment advisor on campus.
 - Equipment and mats are to be cleaned by the students after each use with appropriate cleaning agents. Laboratory equipment is either rented from a medical supply company or owned by the PTA program. Equipment owned by the program is inspected and calibrated annually in the late summer or early fall by an outside agency to assure safety.

- PTA students are informed in proper hand washing and infection control methods at the beginning of their first laboratory course and repeatedly throughout the program. See the section on universal precautions for hand washing and infection control.

3. Competency of Students for Safety Prior to Clinical Experiences: Student safety in knowledge of and application of skills is determined by written exams, laboratory check-outs and laboratory practicals.

- Students are to pass all written exams and lab practicals with a minimum score of 74%. Laboratory check-outs which are pass/fail must also be passed.
- One re-take per exam/practical/check-out will be allowed and is to be passed with a minimum 74%.
- The original score will remain unchanged.
- If a re-take is not passed with a minimum score of 74%, the student will be required to repeat the course in order to continue in the PTA program.
- Each lab practical has certain items which are considered essential safety/clinical competency items. If a student does not perform these items, or performs them in an unsafe manner, the student will automatically fail the practical. These safety/clinical competency items are discussed in the course and listed on the lab practical forms in bolded formatting which the student receives prior to their practical.

B. Safety for Field Trips and Off Campus Laboratory Experiences:

Students will participate in course assignments at off campus sites and will sign a college release form prior to participation. Such activities may include service-learning projects, visits to prosthetic/orthotic labs and wheelchair companies, pediatric observations, and lab experiences in a hospital or physical therapy program. The college maintains insurance for all off-campus activities that are course requirements.

A written approval for participation from off campus sites is obtained for all locations. A STLCC faculty member or STLCC clinical faculty member will be present during off campus experiences as will a representative from the facility. In the event of an emergency, students will follow instruction from the facility representative.

C. Safety for Clinical Experiences:

Students will only be assigned to clinical sites with which St. Louis Community College has a current contract. Prior to clinical experiences, it is the students responsibility to complete required health forms, demonstrate compliance with immunization requirements, complete a criminal background check and drug screen, obtain Healthcare Provider CPR certification, and re-verify ability to perform The PTA Technical Standards listed in this PTA Handbook.

Students will participate in an orientation during the first day of the clinical experience. Departmental safety procedures should be included as part of the

orientation. **If safety procedures are not discussed, the student is to request information regarding safety procedures during the first day.** The student is to notify the Academic Coordinator of Clinical Education (ACCE) if safety procedures are not discussed the first day. Refer to the Clinical Experience Section of this handbook for further details of clinical education policies and procedures.

B.10 Universal Precautions ^(06/2020)

[BP B.15]

It is recommended that reasonable steps be taken to prevent individuals from having direct skin or mucous membrane contact with any moist body fluid from another person.

Specifically, direct contact should be avoided with all of the following:

- blood (preventing exposure to blood or blood-contaminated body fluids is discussed in more detail in the following section on universal precautions);
- all other body fluids, secretions and excretions regardless of whether or not they contain visible blood;
- non-intact skin (any area where the skin surface is not intact, such as moist skin sores, ulcers or open cuts in the skin);
- mucous membranes.

If hands or other skin surfaces are contaminated with body fluids from another person, washing with soap and water should take place as soon as possible.

In general, standard medical vinyl or latex gloves should be worn whenever the possibility of direct contact with any body fluid from another person is anticipated. Gloves should be available and easily accessible in any setting where contact with body fluids could take place. Hands should always be washed immediately after removal of gloves. Pocket masks or other devices for mouth-to-mouth resuscitation should be available.

Additional steps to reduce the risk of transmission of communicable diseases include the following:

- Toilet tissue, liquid soap dispensers and disposable towels should always be available in all restrooms.
- Proper sanitation procedures must be followed with regard to food handling and preparation, control of insects and rodents and proper disposal of solid waste.

Universal precautions apply only to blood, body fluids which are visibly contaminated with blood, and certain other body fluids such as semen, vaginal secretions, amniotic fluid and cerebrospinal fluid. These precautions are designed specifically to prevent direct skin or mucous membrane exposure to these particular fluids, as well as to prevent accidents involving sharp instruments such as needles contaminated with these fluids. The term “universal” indicates that these precautions should be taken at all times and in all situations.

Universal precautions involve the following measures:

- Appropriate barrier precautions should be used to avoid skin or mucous membrane contact with any of the above-mentioned body fluids. Such barrier precautions can, based on the given situation, include the use of standard medical vinyl or latex gloves along with gowns, protective eyewear, and/or masks. If potential contact with a significant amount of blood is anticipated, latex gloves are preferred. These items should always be available and readily accessible.
- Hands and other skin surfaces should be washed immediately and thoroughly if contaminated. Hands should always be washed immediately after gloves are removed.
- If any of the above-mentioned body fluids come into contact with the mucous membrane surfaces of the nose or mouth, the area should be vigorously flushed with water. If the mucous

membrane surfaces of the eyes are contaminated, there should be irrigation with clean water or with saline solution or sterile irrigants designed for this purpose.

- Precautions should be taken to avoid injuries with sharp instruments contaminated with blood. Needles should not be recapped, purposely bent or broken by hand or removed from disposable syringes. Needles and other sharp items should be placed in puncture-resistant, leak-proof containers for disposal; the puncture-resistant containers should be located as close as practical to the use area.
- Persons providing health care who have exudative skin lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

Persons who, as part of their assigned occupational duties, may reasonably be expected to have contact with blood should be vaccinated with Hepatitis B vaccine. Vaccination of all employees is neither feasible nor necessary. However, certain employees are assigned duties which could place them at increased risk of infection with Hepatitis B. These individuals should be provided, free of charge, three doses of Hepatitis B vaccine.

Such individuals include those employed in the following areas:

- Allied Health
- College Health Services
- Child Care Centers
- Athletic Trainers College
- Police Maintenance
- Housekeeping

A person who has been offered Hepatitis B vaccine but refuses to receive it will be required to sign a statement indicating the vaccine was offered but he/she chose not to be vaccinated.

The Occupational Safety and Health Administration (OSHA) blood-borne pathogens rule 29 CFR Part 1910.1030 does not apply to public schools or other public institutions in Missouri. However, this rule established the current standard of practice with regard to the prevention of transmission of infectious blood-borne agents in occupational settings.

Body fluids which are not associated with transmission of blood-borne pathogens, such as tears, nasal secretions, saliva, urine and feces are not covered by universal precautions.

However, since these body fluids can transmit other diseases, the recommendations in the preceding section which state that direct contact with these materials is to be avoided should be followed at all times. Put another way, the use of universal precautions does not eliminate the need to utilize good infection control practices, including careful attention to hand washing, in all situations, regardless of whether there is risk of exposure to blood.

B.10.1 Cleaning Spills or Other Body Fluids

[BP B 15]

- Absorbent floor-sweeping material should be used to cover larger body fluid spills.
- Wear sturdy, non-permeable gloves and other protective clothing as necessary.
- Use disposable absorbent towels or tissues, along with soap and water, to clean the area of the spill as thoroughly as possible.
- All surfaces that have been in contact with the body fluids should then be wiped with a disinfectant. Any EPA-approved tuberculocidal disinfectant can be used. A 1:10 dilution of

household bleach can also be used. This solution should not be mixed in advance because it loses its potency. After the disinfectant is applied, the surface should either be allowed to air dry or else to remain wet for 10 minutes before being dried with a disposable towel or tissue.

- If the gloves worn to clean up the spill are reusable rubber gloves, they should be washed with soap and running water before removal. Disposable gloves should be placed in an impermeable plastic bag. Regardless of the type of gloves used, care should be taken during glove removal to avoid contamination of the hands. However, whether or not any known contamination occurs, the hands should always be thoroughly washed with soap and water after the gloves are removed.
- If the person doing the cleanup has any open skin lesions, precautions should be taken to avoid direct exposure of the lesions to the body fluids.
- If direct skin exposure to body fluids accidentally occurs, the exposed area should be thoroughly washed with soap and water for at least 15 seconds.
- It is necessary to keep one or more clean-up kits on hand for blood/body fluid spills.

The clean-up kit should consist of the following items:

- absorbent floor-sweeping material
- liquid soap
- disinfectant
- small buckets
- rubber or plastic gloves
- disposable towels or tissues
- impermeable plastic bags.

All of these materials should be kept together in one or more central locations so that they are easily accessible.

Caution: Diluted bleach disinfectant solution, if utilized, should not be used for any other purpose than the cleanup described above. Mixing this solution with certain other chemicals can produce a toxic gas. Also, any EPA-approved disinfectant that is used should be diluted according to manufacturer's instructions. It is not appropriate or necessary to add more disinfectant than the directions indicate. Doing so will make the disinfectant more toxic and could result in skin or lung damage to those individuals using it.

STLCC Administrative Procedures, B.10 and B.10.1.

ADDITIONAL RESOURCES FOR BLOODBORNE PATHOGEN EXPOSURE CONTROL POLICY

Policy

It is the policy of the St. Louis Community College that faculty, students, and staff will utilize “Universal Precautions” to minimize contact with Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens. It is also the policy of the College that exposure incidents involving blood or other potentially infectious materials, which occur as a result of College activities, will be reported for appropriate follow up, in accordance with administrative procedures.

Definitions

“Bloodborne Pathogens” – Disease-producing agents present in human blood that can cause diseases such as Hepatitis-B Virus and Human Immunodeficiency Virus.

“Exposure Incident” – If during training or clinical procedures, the student’s or faculty member’s eyes, mouth, other mucous membrane, or broken abraded skin, comes into contact with blood or other potentially infectious material, or the student’s or faculty member’s skin is pierced in a manner that causes exposure to blood or other potentially infectious material (such as being stuck with a needle that has been used to give an injection to another person).

“Hepatitis B Virus” or “HBV” – A virus that causes inflammation of the liver.

“Human Immunodeficiency Virus” or “HIV” – The virus believed to cause Acquired Immunodeficiency Virus (AIDS).

“Other Potentially Infectious Materials” or “OPIM” – Body fluids or organ(s) from a human (living or dead).

“Universal Precautions” – As delineated by the CDC (Center for Disease Control), include proper handling and disposal of instruments and needles, scrupulous handwashing, and the use of appropriate barrier precautions to prevent skin and mucous membrane exposure to blood or other body fluids. Appropriate barrier precautions include gloves, masks and protective eyewear or face shields, gowns or aprons. Blood and all other potentially infectious materials of all persons are treated as if they were infected with the Hepatitis B Virus or Human Immunodeficiency Virus.

Procedure in Case of Exposure Incident Involving Student in Allied Health Programs

1. Any student who has an exposure incident during training or clinical practice should:
2. Notify his/her clinical site supervisor or faculty supervisor IMMEDIATELY.
3. Follow the clinical site’s protocol for bloodborne pathogen exposure incidents. –If there is no such protocol, or the student is unaware of the protocol, the student should wash exposed skin with soap and water and/or flush exposed mucous membranes with water, and seek further direction from the clinical site supervisor or faculty supervisor.
4. Complete the clinical site’s injury/exposure incident report.
5. If possible, retain a copy of the clinical site’s injury/exposure report and submit a copy of the report to the faculty supervisor. If the report includes the names of any clinical site patients, those names should be deleted or blacked-out protect patient confidentiality, before the report is submitted to the faculty supervisor.
6. Complete a College Exposure Incident Report Form, carefully and accurately describing the circumstances and details of the exposure, and submit that report to the faculty supervisor within two (2) business days of the exposure incident.
7. VISIT STUDENT’S PERSONAL PHYSICIAN FOR IMMEDIATE TREATMENT/TESTING/FOLLOW-UP. Students are responsible for all costs associated with their treatment/testing/follow-up.

ADDITIONAL RESOURCES FOR UNIVERSAL PRECAUTIONS GENERAL GUIDELINES

PURPOSE: The implementation of Universal Precautions in the case of all players will protect employees who have Occupational contact/exposure to blood or other potentially infectious body fluids or material.

POLICY/GENERAL GUIDELINES:

- I. **HANDWASHING**
 - A. Hands must be washed after handling soiled or contaminated equipment.
 - B. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or potentially infectious body fluids or materials.
 - C. In areas where a sink is not immediately accessible, an alcohol-based hand sanitizer is to be available. NOTE: hands must then be washed with running water and soap as soon as feasible.

- II. All personnel must routinely use personal protective equipment (PPE) when there is a potential for exposure to blood or other infectious body fluids or materials. Personal protective equipment (gloves, gown, mask and/or protection) is readily available in the work area.
 - A. Gloves must be worn when the employee has the potential to have direct skin contact with blood, other potentially infectious body fluids or materials, mucous membranes, non-intact skin, and when handling items or surfaces soiled with blood or other potentially infectious body fluids or materials.
 1. Disposable single-use gloves must be changed as soon as possible when visibly soiled, torn, punctured or when their ability to function as a barrier is compromised.
 2. Disposable single-use gloves cannot be washed or disinfected for re-use.
 3. Gloves must be changed after contact with each patient.
 4. Utility gloves may be disinfected for re-use if the integrity of the gloves is not compromised.
 - B. Fluid-resistant clothing (gowns, sleeved aprons) must be worn if there is a potential for splashing or spraying of blood or other potentially infectious materials.
 - C. Masks, eye protection, or face shields must be worn whenever splashes, sprays, droplets or aerosols of blood or other potentially infectious materials may be generated and there is a potential for eye, nose or mouth contamination.
 1. Prescription eyeglasses are not considered personal protective equipment unless equipped with protective side shields.
 2. Protective eye wear must be worn by persons wearing contact lenses when there is potential for eye contamination.

- III. Sharp items (needles, blades, and other sharp instruments and equipment) are considered potentially infective and must be handled with extraordinary care to prevent accidental injuries.
 - A. Sharps must be disposed of in a closeable, puncture resistant container which is leakproof on bottom and sides.
 - B. Sharps disposal units must be easily accessible to personnel and located in the immediate of use. NOTE: Sharps containers are located in each training room (Arrillaga, Maples, and Burnham). Sharps containers are also located in each physician office in the Arrillaga Athletic Training Room.
 - C. Sharps must be replaced routinely and not allowed to overfill (no more than 3/4 full). Container must be closed immediately prior to removal or replacement.

Note: If sharps containers are used only for sharps, they may remain in use until 3/4's full then closed and dated and then we have up to 30 days to ensure proper disposal.
 - D. Used needles and other sharps must not be sheared, bent, broken, recapped or resheathed.
- IV. Food and drink shall not be stored in refrigerators, freezers or cabinets where blood or other potentially infectious body fluids and materials are stored.
- V. All non-invasive equipment and environmental and working surfaces shall be properly cleaned and disinfected after contact with blood and/or other potentially infectious materials.
 - A. Chemical germicides that are approved for use as disinfectants can be used to decontaminate spills of blood and fluids. Alternatives for blood spills are a freshly prepared 1:10 bleach solution or a blood spill kit.
 - B. Gloves must always be worn for cleaning spills of blood or other body fluids.
 - C. Hands are not to be used to pick up broken glass; mechanical means are to be used.
 - D. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regular scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- VI. Standard sterilization and disinfection procedures for patient care equipment are adequate to sterilize or disinfect instruments, devices, or other items contaminated with blood or other body fluids.
 - A. All sharps (needles, scalpel blades, suture needles, etc - which are disposable) and other contaminated trash must be discarded at the user site.

VII. MANAGEMENT-INFECTIOUS/POTENTIALLY INFECTIOUS WASTE

- A. Non-sharp items which meet the definition of infectious or potentially infectious are to be placed in a red bag which has a biohazard label.
- B. Small sharp items (needles, syringes, razors, blood tubes, etc) are to be placed in puncture resistant sharps collection containers which have a biohazard label.
- C. All biohazard bags are to be properly secured by tying to prevent leakage.
- D. If biohazard bag is torn, place in a second biohazard bag prior to transport.
- E. Gloves are to be worn for collection/transportation of all waste.

GLOVES AND OTHER BARRIERS

*Gloves should be routinely used to prevent skin and mucous membrane exposure when in contact with blood, other body fluids, or materials contaminated with blood or other body fluids.

*Types of Gloves: Vinyl or latex gloves are appropriate for use in school.

*Size of Gloves: Gloves are available in small, medium, and large sizes. Efforts should be made to have appropriate sizes available for school personnel's use.

*Disposable gloves should be available in every classroom, office area, gymnasium, locker room, janitorial closet, and laundry area.

*All first aid kits should be stocked with gloves and replenished as necessary.

*Disposal: Soiled gloves should be removed using the recommended procedure illustrated in Appendix B - Diagram. Used gloves should be disposed of in the biohazard waste containers lined with a red bag. Wash hands after removing gloves.

*Proper Removal of Gloves:

***Grasp glove at heel of hand without touching skin.

***Pull glove toward fingers.

***Remove glove from hand.

***While holding soiled glove, insert index finger and middle of free hand under glove at cuff.

***Pull glove toward fingers.

***AS glove is removed it is turned inside out, over the glove that has already been removed.

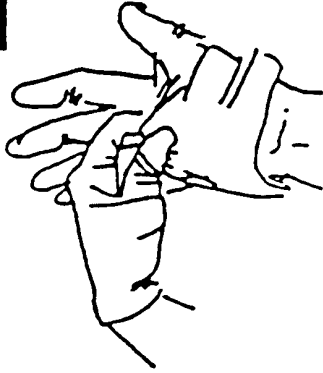
***Discard contaminated gloves in appropriate waste container and wash hands.

*Other Barriers: In some instances, gloves may not be immediately available. In those circumstances, other barriers (e.g. A wad of tissues, paper towels, or an article of clothing) should be used.

PROPER REMOVAL OF GLOVES

Appendix B

1



Grasp glove at heel of hand
without touching skin

2



Pull glove
toward fingers

3



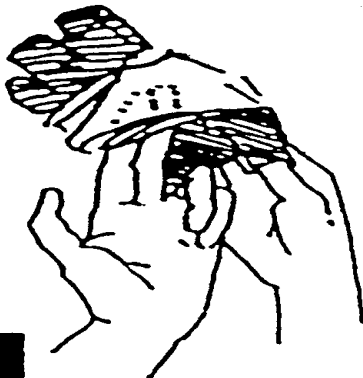
Remove glove from hand

4



While holding soiled glove, insert
index finger and middle of free
hand under glove at cuff.

5



As glove is removed it is turned
inside out, over the glove that has
been soiled.

6



Discard contaminated gloves in
appropriate waste container
and wash hands.

*Student Rights and
Responsibilities*

*Student Retention Policies
and Procedures*

STUDENT RIGHTS AND RESPONSIBILITIES^(6/20)

Please refer to the [Student Guide](#) for a complete description of college student rights and responsibilities.

A. Non-Discrimination Statement

St. Louis Community College is committed to non-discrimination and equal opportunities in its admissions, educational programs, activities and employment regardless of race, color, creed, religion, sex, sexual orientation, national origin, ancestry, age, disability or status as a disabled or Vietnam-era veteran and shall take action necessary to ensure non-discrimination.

B. College Student Rights and Responsibilities

[G.19]

Upon enrolling in the College, each student assumes an obligation to conduct themselves in a manner compatible with the College's function as an educational institution and to obey the laws enacted by federal, state and local governments. If this obligation is neglected or ignored by the student, the College must, in the interest of fulfilling its function, institute appropriate disciplinary action.

Students who are parents have the responsibility to arrange suitable care for their children while they attend class. Students are not permitted to bring children to class nor should children be left unattended in halls, building offices or on campus. The College reserves the right to protect the safety and welfare of unattended children.

In addition to the above, misconduct that may subject a student to disciplinary action includes the following:

- a. Dishonesty such as cheating, plagiarism, or knowingly furnishing false information to the College.
- b. Forgery, alteration or misuse of College documents, records or identification.
- c. Hazing, which is defined as any act that injures, frightens, endangers or degrades an individual.
- d. Harassment, any act perceived to be coercive in nature or intimidating to another person or group is prohibited.
- e. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other College-authorized activities.
- f. Sexual harassment of any person on College property or at College-authorized activities.
- g. Physical abuse of any person on College property or at College-authorized activities, or conduct that threatens or endangers the health or safety of such person.
- h. Theft or damage to College property or property of others on College premises or at College-authorized activities.
- i. Unauthorized entry to or use of College facilities.

- j. Violation of law or of College policies or procedures or campus rules or regulations (herein collectively called "Regulations").
- k. Use of, being under the influence of, possession of, or distribution of, alcohol or controlled substances on College property or at College-authorized activities except as permitted under the Board policy entitled "Food Service Facilities."
- l. Disorderly conduct, breach of the peace, aiding or inciting another to breach the peace, or infringement upon the rights or defamation of another either on College property or at College-authorized activities.
- m. Academic Misconduct
- n. Failure to comply with directions of a College official acting in the performance of their duties.
- o. Possession or use of a firearm, explosive, dangerous chemical or other weapon or anything that could be construed as a weapon on College property or at College-authorized activities except as required by law and permitted by Regulations. Law enforcement officers who are enrolled and are on campus to attend classes or study are to take no action to enforce any Regulations, except as required by law. Alleged violations must be reported to college police.
- p. Any of the foregoing, if proven to be knowingly committed in concert with other persons, may make each participant responsible for the acts of the entire group.

Students are protected against race and ethnicity discrimination by Title VI of the Civil Rights Act of 1964, against sex discrimination, including sexual harassment by Title IX of the Education Amendments of 1972 and against discrimination based on sexual orientation, religion, age and status as a disabled or Vietnam-era veteran by Board policy. Students who believe they have been subjected to discrimination should use the procedures described in Board of Trustees policy B9 and Administrative Procedures G18.

Students are protected against discrimination based upon reason of disability by the Americans With Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Students who believe they have been discriminated against based upon reason of disability should use the procedures described in Board of Trustees policy G8 and Administrative Procedures B10.

Students who believe they are being sexually harassed are encouraged to discuss the matter first with a sexual harassment advisors listed in the [Student Guide](#). Students should refer to Board of Trustees policy B12, the guidelines for implementation of the sexual harassment policy found in each campus library, and the [Student Guide](#) for more information.

STLCC Board Policy, B.9.

Student Appellate Process ^(R 6/20)

[BP G.13]

A student's alleged violation of his/her rights and alleged violation of a student's responsibilities, are subject to redress or disciplinary action in accordance with the student appellate process.

In all cases where the dispute involves a purely academic matter, the student appellate process will not be applicable. Academic matters will be handled through the academic appeals process.

Violation of Student Rights ^(R 06/20)

[BP G 19.1]

Step 1

A student who believes his/her rights, as specified above, have been violated by a College employee will first make an informal appeal to that employee's immediate supervisor.

Step 2

If an acceptable resolution is not reached, the student may continue informal appeals through organizational channels ending with a written decision from the appropriate campus chief student affairs officer.

Step 3

If an acceptable solution is not reached at Step 2, the student may, within 10 days after the date of the written decision, submit a written appeal to the chairperson of the Student Appellate Hearing Committee. The written appeal will state the circumstances pertaining to the case, the justification for appeal and the remedy sought. The committee may render a decision on the written petition, request further information and documentation, or conduct a hearing.

The committee will render its decision as soon as possible after completion of the hearing. Any affected party dissatisfied with the decision of the committee may make a written appeal to the vice chancellor for student affairs within 10 calendar days after the date of the committee's written decision. The vice chancellor for student affairs, or his/her designee, may, in whole or in part, affirm, reverse or modify the committee's decision. The vice chancellor for student affairs' decision will be rendered within 30 calendar days and will be final.

STLCC Board Policy, B.9

Refer to the [Student Guide](#) for Disciplinary Actions for Violation of Student Responsibilities.

C. Student Academic Rights and Responsibilities

1. Access to scheduled class meetings and appropriate instructional and support service.
2. Right to a syllabus describing course objectives; units of subject matter to be provided; evaluation procedures; major course requirements such as term papers, book reviews, field trips and weekly reports; and rules of attendance, grading and conduct.
3. Right to have instruction that begins promptly; is presented in a clear and concise manner; and provides relevant structured activities consistent with the contact hour requirements of the course.
4. Right to have classroom instruction, assignments, and evaluation that are consistent with the general course description and the specifications of the syllabus.
5. Right to be treated in a humane, ethical and professional manner both in the classroom and in all communication and contact with the instructor.

Student Academic Responsibilities

1. Responsible for selecting a program of study that is consistent with his/her interests, skills and abilities.
2. Responsible for selecting courses that are consistent with his/her program objectives and readiness level.
3. Responsible for enrolling for a schedule of courses in accordance with the time and effort he/she will allocate to academic requirements.
4. Responsible for being punctual and attending classes.
5. Responsible for being attentive and for appropriately participating in class activities.
6. Responsible for completing all class assignments as directed by the instructor.
7. Responsible for consulting with the instructor as soon as possible if problems arise.
8. Responsible for complying with official announcements.
9. Responsible for seeking appropriate support services to improve his/her level of academic achievement and to enhance the quality of college life.
10. Responsible for behaving in a humane and ethical manner both in the classroom and in all communication and contact with the instructor, other staff members and other students.

Academic Appeals Procedure (R 06/20)

[BP G 13]

A student may appeal an alleged violation of his/her academic rights identified in the [Student Guide](#) in accordance with the following procedures.

Step 1

- A. In appeal cases not involving a final grade, within 10 working days of an alleged violation(s) of academic rights, the student must make a verbal or written request for an individual conference with the faculty member to clarify the alleged violation(s) and request a remedy.
- B. In the case of a final grade, the request for a conference must be made in writing no later than ten (10) working days of the first day of course (typically the day of the final exam/culminating experience). Within 10 working days of receipt of the student's request, the faculty member must hold the conference (in person or via synchronous distant communication technology) with the student.

Step 2

To pursue Step 2 if the matter is not resolved at Step 1, within 10 working days of the conference with the faculty member, the student must file a written notice of the academic appeal and request a conference with the appropriate department chair/program director. The student will present to the department chair/ program director in writing the allegations, the student's position on the facts of the situation and the student's suggested remedy. The department chair/program director will provide a copy to the faculty member within three working days, confer with the student within 10 working days of receipt of the request, investigate the situation, and respond in writing to the student and faculty member within 10 working days of the conference.

Step 3

To pursue Step 3 if the matter is not resolved at Step 2, within 10 working days of the response from the department chair, the student or the faculty member must file a written appeal with the appropriate dean and provide copies of the original allegation and responses. Within five working days, the dean will investigate the situation and confer with the student and faculty member. The dean will respond in writing to the student and faculty member within 10 working days of the conference.

Step 4

To pursue Step 4 if the matter is not resolved at Step 3, one of the two options below must be followed.

- a. In appeal cases not involving a final grade, within 10 working days of receipt of the written response from the dean, the student or faculty member must appeal in writing to the campus chief academic officer and provide copies of the original allegations and written responses. The campus chief academic officer will investigate the situation, confer with the student or faculty member within 10 working days, and respond in writing to the student and faculty member within 10 working days of the conference. The campus chief academic officer's decision will be final.

- b. When the appeal involves a final grade, within 10 working days of receipt of the written response from the dean, the student or the faculty member must file a written request, providing copies of the original allegations and written responses, with the campus chief academic officer for a hearing of the campus Academic Appeals Hearing Committee. Within 10 working days of receipt of the student's or faculty member's request, the campus chief academic officer will designate the Hearing Committee and provide the committee with the original allegations and written responses. The committee will have 15 working days to conduct the hearing. The committee's decision will be final.

STLCC ACADEMIC INTEGRITY STATEMENT

St. Louis Community College recognizes that the core value of academic integrity is essential to all activities of an academic community and provides the cornerstone for teaching and learning. It is characterized by upholding the foundational principles of honesty, equity, mutual responsibility, respect, and personal integrity. Advancing the principles of academic integrity is essential because doing so enhances academic discourse, the quality of academic work, institutional operations, and the assessment of educational goals.

Observing academic integrity involves:

- Maintaining the standards of the College's degrees, certificates, and awards to preserve the academic credibility and reputation of the College;
- Communicating expectations, best practices, and procedures in order to promote the principles of academic integrity and ensure compliance;
- Providing environments, instruction, and access to resources necessary for maintaining integrity in learning;
- Taking responsibility and personal accountability for the merit and authenticity of one's work;
- Giving proper acknowledgement and attribution to those who directly contribute to a project, or whose work is used in the completion of a project;
- Recognizing what compromises academic integrity, whether intentional or unintentional (plagiarism, cheating, uncivil behavior, etc.).

It is the shared duty of faculty, students, and staff of the College to understand, abide by, and endorse academic integrity.

Student Behavior

Most classroom problems are resolved by the instructor giving prompt, specific, and consistent instruction and admonition to the offending student. However, an instructor may exercise professional judgment and exclude a student from one class session and, depending upon the seriousness of the situation, may elect one of the following options:

1. The instructor can arrange an immediate student-teacher conference to discuss the problem and seek resolution.
2. The instructor can arrange a conference with the student and the program director to discuss the problem and seek resolution.
3. The instructor or the program director can arrange a conference with the student and the appropriate dean to discuss the problem and seek resolution.
4. The instructor, the program director, or the appropriate dean may seek assistance through one of the following options:
 - a. A student can be referred to Counseling Services to discuss the problem and seek resolution.
 - b. If a problem situation occurs during the evening hours, the instructor has the option of contacting the evening administrator who will discuss the problem and seek resolution.
 - c. The instructor or any party referred to above may immediately contact the college police at extension 5999 if the student's behavior poses a threat to the safety of the student or others.
5. The student may be referred to the dean of the student support services who will review the matter and proceed in accordance with Board Policy G.19.

These procedures apply to disruptions, disturbance, and other non-academic problems.

D. Notification of Rights under FERPA

The College complies with the Family Educational Rights and Privacy Act (FERPA) which afford you certain rights with respect to your education records.

The Family Educational Rights and Privacy Act (FERPA) afford eligible students certain rights with respect to their education records. (An “eligible student” under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution.) These rights include:

1. The right to inspect and review the student's education records within 45 days after the day the St. Louis Community College (STLCC) receives a request for access. A student should submit to the registrar, dean, head of the academic department, or other appropriate official, a written request that identifies the record(s) the student wishes to inspect. The school official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the school official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.
2. The right to request the amendment of the student's education records that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

A student who wishes to ask the school to amend a record should write the school official responsible for the record, clearly identify the part of the record the student wants changed, and specify why it should be changed.

If the school decides not to amend the record as requested, the school will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to provide written consent before the university discloses personally identifiable information (PII) from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

The school discloses education records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by STLCC in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); a person serving on the board of trustees; or a student serving on an official committee, such as a disciplinary or grievance committee. A school official also may include a volunteer or contractor outside of STLCC who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, or collection agent or a student volunteering to assist another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities for STLCC.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by STLCC to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

FERPA permits the disclosure of PII from students' education records, without consent of the student, if the disclosure meets certain conditions found in §99.31 of the FERPA regulations. Except

for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosures to the student, §99.32 of FERPA regulations requires the institution to record the disclosure. Eligible students have a right to inspect and review the record of disclosures. A postsecondary institution may disclose PII from the education records without obtaining prior written consent of the student –

- To other school officials, including teachers, within STLCC whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in §99.31(a)(1)(i)(B)(1) - (a)(1)(i)(B)(2) are met. (§99.31(a)(1))
- To officials of another school where the student seeks or intends to enroll, or where the student is already enrolled if the disclosure is for purposes related to the student's enrollment or transfer, subject to the requirements of §99.34. (§99.31(a)(2))
- To authorized representatives of the U. S. Comptroller General, the U. S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as a State postsecondary authority that is responsible for supervising the university's State-supported education programs. Disclosures under this provision may be made, subject to the requirements of §99.35, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf. (§§99.31(a)(3) and 99.35)
- In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of the aid, determine the conditions of the aid, or enforce the terms and conditions of the aid. (§99.31(a)(4))
- To organizations conducting studies for, or on behalf of, the school, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction. (§99.31(a)(6))
- To accrediting organizations to carry out their accrediting functions. (§99.31(a)(7))
- To parents of an eligible student if the student is a dependent for IRS tax purposes. (§99.31(a)(8))
- To comply with a judicial order or lawfully issued subpoena. (§99.31(a)(9))
- To appropriate officials in connection with a health or safety emergency, subject to §99.36. (§99.31(a)(10))
- Information the school has designated as "directory information" under §99.37. (§99.31(a)(11))
- To a victim of an alleged perpetrator of a crime of violence or a non-forcible sex offense, subject to the requirements of §99.39. The disclosure may only include the final results of the disciplinary proceeding with respect to that alleged crime or offense, regardless of the finding. (§99.31(a)(13))
- To the general public, the final results of a disciplinary proceeding, subject to the requirements of §99.39, if the school determines the student is an alleged perpetrator of a crime of violence or non-forcible sex offense and the student has committed a violation of the school's rules or policies with respect to the allegation made against him or her. (§99.31(a)(14))
- To parents of a student regarding the student's violation of any Federal, State, or local law, or of any rule or policy of the school, governing the use or possession of alcohol or a controlled substance if the school determines the student committed a disciplinary violation and the student is under the age of 21. (§99.31(a)(15))
- Students with concerns should contact:
St. Louis Community College Registrar
5600 Oakland Ave.
St. Louis, MO 63110
314-644-9410

STLCC Website - <https://www.stlcc.edu/college-policy-procedures/consumer-information/privacy-of-student-records-ferpa.aspx>

All PTA faculty complete the on-line FERPA tutorial on an annual basis.

The following forms are used in the PTA program for release of student information. These forms are included in the student packet which students receive at the PTA Program orientation. Students are asked to sign these forms and return them to the program so they may be included in their program student files.

- STLCC Informed/Consent Release for Student Educational Information: This form allows STLCC to receive criminal background information and drug testing results. It also allows the college to release this information along with academic, personal and health information to clinical supervisors.
- STLCC Student Reference Request and FERPA Release: This form obtains student permission for the release of student information to entities identified by the student.

E. Program Privacy and Confidentiality

In keeping with the College policy of maintaining confidentiality of student records the following program procedures are to be followed.

1. Student PTA Program Records:

PTA program student records will be maintained in a file cabinet in the PTA faculty office. The file cabinet will be locked when not in immediate use. Access to student records is limited to program faculty and the program secretary. Student records contain any written exams and course projects from PTA courses and PTA 222 - Kinesiology; required clinical information; release forms; correspondences from the program director and documentation of meetings with faculty regarding academic or professional issues. Student records may only be released to another party upon written consent from the student, in compliance with federal or state law, or to parents with proof of dependence provided by the parent or the student's written permission. Data/information on a student will not be released to a spouse of a student without written permission of the student.

2. Student Exams/Grades in Current Courses:

Written exams from program courses in which students are currently enrolled are maintained in a file drawer in the PTA faculty office. Students may review their exams at designated times with faculty. Grades/exam scores may be obtained from the instructor in person, through the student view screen after grades have been recorded. Students may view their final grade by visiting Canvas and logging into their student account. Grades will not be posted, discussed over the phone, delivered by e-mail, or distributed by the secretary.

3. Communication with Students:

Faculty make every attempt to assure student privacy and confidentiality during advising and counseling by meeting in private in the faculty office or other privacy space. Phone conversations or e-mail interactions are kept to a minimum and students are encouraged to meet with faculty in person during office hours which are posted at the entrance to the office.

4. Patient/Subject Privacy:

Patient/subject privacy is to be maintained per HIPAA and clinical contract requirements. Students are required to perform interventions and data collection techniques on each other or with patients in the clinical setting. Information

gathered regarding classmates or patients is to remain confidential and is not to be revealed to any person, except authorized faculty, staff, or associated personnel. A sample copy of a confidentiality form is found in the clinical section of this handbook. HIPAA rules are discussed prior to clinical courses.

F. Informed Consent for PTA Program

1. Laboratory:

All students participating in PTA clinical laboratory classes will read and sign a written consent form addressing their acknowledgment of laboratory requirements. **In the event that a student cannot participate in lab and therefore does not consent, it is the student's responsibility to inform the instructor.** If the reason for nonparticipation is because the student cannot complete a program essential task, the student will be required to obtain a medical release from their physician and meet with the program director to discuss their ability to perform the required essential tasks and continue in the program.

Consent will be obtained for participation in the following laboratory classes:

PTA 120 Kinesiology

PTA 130 Data Collection and Intervention Techniques for the PTA

PTA 140 Fundamentals of Patient Care for the PTA

PTA 206 Physical Agents

PTA 220 Therapeutic Exercise and Rehabilitation Concepts 1

PTA 230 Therapeutic Exercise and Rehabilitation Concepts 2

2. Video/Audio Consent:

Written consent will be obtained from students for the educational use of photographs, audio and/or audiovisual recordings. The College release form is included in the orientation packet.

3. Clinical Requirements:

St. Louis Community College maintains legal contracts with many healthcare facilities. Students are placed in facilities with which we have current contracts. Criminal background checks, a current physical, proof of immunization, TB testing, and CPR certification are some of the requirements a student must complete prior to clinical experiences.

Informed consent from the student for the release of this information is obtained prior to clinical experiences. **Without this consent, information will not be given to clinical instructors and students may not be allowed to complete the program.**

During clinical experiences, **patients are to be informed that you are a student physical therapist assistant and given an uncoerced option to refuse to participate in clinical education.** You are always to be introduced as a student physical therapist assistant. In addition, it is mandatory that you wear an identification badge. The identification badge from the program identifies you as a student physical therapist assistant.

G. Complaints:

It is the policy of the college to respond to written complaints.

Complaints from clinical sites, employers, or the general public which involve students or graduates of the program are to be received in writing.

Complaints can be addressed to the program director, Academic Coordinator of Clinical Education, or the Dean of Health Sciences. Refer to Appendix C for addresses and telephone numbers.

All complaints will be forwarded to the Dean who will inform the Provost for review. The Dean will advise the program director and a log will be completed which includes the Name of the individual issuing the complaint, the responsible administrator, and the actions taken.

H. Retaliation

St. Louis Community College prohibits retaliation against persons who in good faith violations of policy or law, or who cooperates in an investigation. The College also prohibits the filing of knowingly false or misleading reports and providing knowingly false or misleading information in an investigation. Discipline or other action can result from either of these acts of violation of policy.

I. To File a Complaint with CAPTE

If a student, graduate, clinician, or member of the community would like to provide feedback to the program's accrediting agency, CAPTE may be contacted at: **703/706-3242** or at accreditation@apta.org.

CAPTE considers complaints about programs that are accredited, or are seeking accreditation by CAPTE, and complaints about CAPTE itself.

Formal Complaints About Programs

CAPTE has a mechanism to consider formal complaints about physical therapy education programs (PT or PTA) that allege a program is not in compliance with one or more of CAPTE's [Evaluative Criteria](#) (for complaints about events occurring before December 31, 2015) or the Standards and Required Elements (for complaints addressing events occurring January 1, 2016 and thereafter) or has violated any of CAPTE's expectations related to academic integrity. CAPTE will consider two types of complaints: those that involve situations subject to formal institution/program due process policies and procedures and those that involve situations not subject to formal due process procedures:

- If the complainant is involved with an institution/program grievance subject to formal due process and procedure, CAPTE requires that the process be completed prior to initiating CAPTE's formal complaint process, unless the complaint includes an allegation that the institution/program process has not been handled in a timely manner as defined in the institution/program policy, in which case CAPTE will consider the complaint prior to completion of the grievance process. Evidence of completion of the institutional process or of the untimely handling of such must be included in the complaint materials.

- If the complaint is related to situations that fall outside of formal due process policies and procedures, the complaint may be filed at any time.

CAPTE will not consider complaints that fall outside its jurisdiction/authority as expressed in the Evaluative Criteria (or Standards and Elements, as appropriate) and the academic integrity statements. When appropriate, complainants will be referred to other organizations to pursue their concern(s).

CAPTE will not intervene on behalf of individuals or act as a court of appeal for faculty members or students in matters of admission, retention, appointment, promotion, or dismissal. CAPTE will take action only when it believes practices or conditions indicate the program may not be in compliance with the Evaluative Criteria for Accreditation (or the Standards and Required Elements, as appropriate) or the statements listed above.

In order for CAPTE to consider a formal complaint, several conditions must be met:

- The complaint must be specifically linked to the relevant Evaluative Criteria (or Standards and Elements, as appropriate) (PT or PTA) or to the integrity statements.
- The complainant must have exhausted all remedies available through the institution, if appropriate.
- The complaint must be submitted in writing, using the format prescribed by CAPTE, and must be signed by the complainant.
- The event(s) being complained about must have occurred at least in part within three (3) years of the date the complaint is filed.

In reviewing and acting on a complaint, CAPTE cannot and does not function as an arbiter between the complaint and the institution. Should CAPTE find that a complaint has merit and that the program is out of compliance with the Evaluative Criteria (or the Standards and Elements, as appropriate) or the integrity statement(s), CAPTE can only require the program to come into compliance with the Evaluative Criteria (or the Standards and Elements, as appropriate). CAPTE cannot force a program into any specific resolution of the situation that resulted in the complaint.

To obtain the materials necessary for submitting a complaint, contact the APTA Accreditation Department at 703/706-3242 or at accreditation@apta.org.

Complaints will ordinarily be reviewed at the next meeting regularly scheduled CAPTE meeting. In order for the process to be completed in time for considered review by CAPTE, complaints must be received no later than ninety (90) days prior to a meeting. At its discretion, CAPTE may choose to consider complaints between its regularly scheduled meetings. Ordinarily, such consideration will occur only when delay in consideration of the complaint could have a serious adverse effect on either the complainant or the institution.

STUDENT RETENTION POLICIES AND PROCEDURES

The PTA program is a rigorous course of study. Students withdraw from the program for a variety of reasons, one being academic. PTA students are required to maintain a 2.0 GPA and are required to demonstrate competency by passing all exams and lab practicals. The following areas are deemed essential for retention in the PTA program.

A. **Attendance and Tardiness:**

Regular, prompt attendance is required in all course work, laboratory sessions, and clinical experiences. **Excessive absence may result in removal from the PTA program.** Unexcused absences from two or more lab sessions, lectures, or clinical days is considered excessive absence. It is necessary to notify the course instructor and/or the PTA office of an absence or tardiness. Exams will be made up at the discretion of the course instructor. The phone number of the instructor is listed on the course syllabi; the PTA office number is 314-644-9163.

Consistent tardiness for class is unprofessional. The instructor will issue a verbal warning if he/she feels the tardiness is disrupting student learning. Further infractions will result in a written warning of unprofessional behavior. Two such written professional warnings may result in dismissal from the program if the faculty do not see improvement. A student removed from the program for professional concerns is not eligible to return to the program.

B. **Grading:**

Students in the PTA program must maintain a 2.0 GPA. The grading scale for the PTA program didactic courses is as follows:

92 – 100%	A
83 – 91%	B
74 – 82%	C
65 – 73%	D
64 – below	F

The curriculum is competency based which means that satisfactory demonstration of skills and knowledge is required to complete the course.

All practical and written exams must be satisfactory (74% or better) to complete the course, including PTA 110, Kinesiology.

- If 74% is not achieved on an exam or lab practical in the course, a retake exam/practical will be required to demonstrate competency but will not change the original score for grading purposes.
- Only one retake per test/practical is allowed.
- Only two retakes per course will be allowed. This includes lab practicals and written exams.
- Skill check-outs are pass/fail. Students are allowed only one retake of a check-out to demonstrate skill competency and safety.

If the above requirements are not met, the student will be required to repeat the course regardless of their final score. Repeating a course will delay completion of

the program. Students will be allowed to re-enroll in the program and will be placed on the admissions list if they meet admissions requirements.

Students may appeal the decision of being placed on the waitlist to the review and retention committee. In the event of having to repeat a class, all prior lab courses must be repeated for skills.

C. **Academic Retention**

1. All PTA courses must be completed in proper sequence as outlined in the Curriculum Course Outline.
2. Students receiving a grade of “D” or below in any course titled PTA or BIO must repeat that course in its **PROPER SEQUENCE**. This includes PTA courses needing to be repeated because of unsatisfactory exam/practical retakes. **NO PTA COURSE MAY BE REPEATED MORE THAN ONCE OR ENROLLED IN MORE THAN TWICE WITHOUT REVIEW BY THE RETENTION COMMITTEE. NO MORE THAN 1 PTA COURSE MAY BE REPEATED WITHOUT REVIEW BY THE RETENTION COMMITTEE.**
3. If a student’s appeal for readmission is granted, they will be readmitted based upon academic performance and professional behavior. For readmission, student’s must repeat all PTA lab courses taken prior to their leaving the program.
4. For courses that are repeated, the latest grade earned will be used in calculating G.P.A. Students must have authorization from a counselor or advisor before a third enrollment in the same non-PTA class.
5. Academic Dishonesty [Administrative Procedures G.17 Misconduct (BP G 17)] Includes, but is not limited to: cheating on an examination; receiving help from others in work to be submitted, if contrary to the stated rules of the course; plagiarizing; submitting work from another course unless permitted by the instructor; stealing examinations or course materials; assisting anyone to do any of the above. Any student found cheating will be dismissed from the program.
6. The graduation requirements are outlined in the Spring 2022 College Catalog, pages 17-18 located on the College website. <https://stlcc.edu/programs-academics/course-catalog/>

CI. **Clinical Grading and Retention**

1. All clinical grades are given by the Director of Clinical Education (DCE). Successful completion of requirements results in a satisfactory grade (S), unsuccessful performance is unsatisfactory (U).
2. Students receiving a “U” in any clinical experience will be required to repeat that course at a time determined by the DCE.

3. Students will not be allowed to repeat a clinical experience more than once or to graduate until all deficiencies have been satisfied.
4. The PTA CPI will be the evaluation instrument for all clinical rotations.
For PTA 200:

For PTA 250: Students are to be assessed to perform at the Advanced Intermediate “AI” Level. An “S” will be earned if 9 or more of the 11 clinical performance measures are marked at the “AI” level and the remaining 2 measures are at or above the intermediate “I” level. When 7-9 of the 11 items are at “AI” and the remaining items are at “I” or above the DCE will determine the grade by reading all comments and determining if comments reflect “AI” performance. If fewer than 7 items are at the “AI” mark and comments do not support “AI” performance the student will have earned a failing mark “U” and will need to repeat the clinical experience.

For PTA 260: Students are to be assessed to perform at Entry “E” Level for. An “S” will be earned if 9 or more of the 11 clinical performance measures are marked at the “E” level and the remaining 2 measures are at or above the intermediate “AI” level. When 7-9 of the 11 items are at “E” and the remaining items are at “AI” or above the DCE will determine the grade by reading all comments and determining if comments reflect “E” performance. If fewer than 7 items are at the “E” mark and comments do not support “E” performance the student will have earned a failing mark “U” and will need to repeat the clinical experience.

6. No more than one clinical course may be repeated without review by the retention committee.

E. **Non-Academic Retention**

1. Should a student need to leave the program for non-academic reasons, they will be granted a one-time deferral. They may be readmitted at the appropriate semester only if they left the program in good standing and there is space available. **They have the option to return to the program within one year.** Students are to write a letter to the program director indicating intention to return to the program and the semester they intend to enroll in. If there are more students than space availability, students will be re-admitted based upon academic performance and professional behavior. For re-admission students must repeat all PTA lab courses taken prior to their leaving the program.
2. Students will follow the guidelines of professional and ethical conduct as outlined by APTA. See Appendix D.

- F. Written warning: Unprofessional or disrespectful behavior will first be addressed by the instructor in the form of a verbal warning. If this behavior continues a written warning will be issued. The date and outcome of this discussion will be recorded on a student counseling form, signed by the student and faculty member, and

placed in the program student file. This written warning will list the offensive behavior and actions which must be implemented to demonstrate improvement. Two written warnings may result in dismissal from the program. If a student is dismissed for unprofessional behavior or disrespectful behavior, they cannot reapply to the PTA program.

If a student does not agree with an action by the program/faculty they must follow the appeal or appellate procedure outlined in the [Student Guide](#) and described in the PTA Handbook.

G. Program Policy Appeals

There is a District Readmission Committee for Nursing and Health Science programs that hears all readmission concerns related to the programs' policies. The committee membership is comprised of the Chairperson, three members of the Nursing program, three members from the Health Science programs, and two retention coaches. Faculty members are voted to serve 2-year terms or as directed by the affiliated Deans.

To request an appeal on a program policy, the following steps must be followed:

1. The student must request a readmission appeal form from the Program Chair/Coordinator.
2. Paperwork must be submitted to the committee Chairperson as indicated on the form.
3. The committee will meet to hear the appeal. The student is given the option to speak to the committee for a time not to exceed 5 minutes.
4. The chairperson will notify the student of the committee's decision.
5. Under no condition will the Readmission Committee arbitrate on grades.
6. The committee shall not hear appeals alleging violations of students' rights and/or responsibilities for academic appeals

H. **Non-Academic PTA Program Requirements for Progression:**

The following items are to be provided as part of your program file.

ALL items to be completed and uploaded as a PDF file – no JPEG, TIFF, etc. (except photo) to CastleBranch by the deadline dates indicated.

*** Before Orientation:**

- Create CastleBranch account.
- Photo – must be professional looking and look like an ID photo (no selfies, etc.), dress appropriately

*** By Summer (specific date TBD):**

- PTA Program Technical Standards
- Informed Consent/Release for Student Educational Information
- Photo Release
- PTA Student Contract for Clinical Experiences I & II
- STLCC Release for Fieldtrips, Off-Campus Labs, etc.
- Student Confidentiality Agreement
- Student Information Release Form
- Student Reference Request and FERPA Release
- Orientation Observation Assignment
- Consent/Release Form for Participation in Laboratory Curriculum Activities



*** By Fall of first year (specific date TBD):**

- Personal Data Sheet
- Statement of Understanding
- Missouri Department of Health and Senior Services Family Care Check, and Safety Registry/Employee Disqualification
- CPR (Healthcare Provider) **[Complete after May 22 with a two year certification.]**
- Physical Examination Form for PTA Students
- Hepatitis B Series and/or Student Refusal to Receive Hepatitis B Vaccine
- PTA Program Immunization Record (information sent with orientation letter)
- Sexual Harassment (Title IX) Online Education
- 2-Step TB (PPD) Results **[Two sets of results 14-21 days apart.]**

*** Spring first year (specific date TBD):**

- Drug Screening
- Criminal Background Check
- Missouri Mental Health Disqualification Registry

*** Fall second year (specific date TBD):**

- Seasonal Influenza Vaccination **(by November 1)**
- 2-Step TB (PPD) Results **[Two sets of results 14-21 days apart.]**
- Health Insurance Verification

If the items are not on CastleBranch by the due dates, you will be given a written warning for each missed date of completion. Two written warnings can result in dismissal from the Program. Your spot will be filled by another student and you will have to defer a year or reapply to the program.

Clinical Information

Clinical Education

Clinical education is a critical part of completing the PTA program. Due to the regulations surrounding the relationship between the college and the clinical site, the program must retain a large amount of paperwork about students in the PTA program.

You will have to upload your forms to CastleBranch and have all results of background checks, drug screening, TB results, etc. on page 48 before you will be allowed to begin your clinical training.

The Physical Therapist Assistant Program requires students to complete 3 clinical rotations prior to graduating. Students with criminal convictions or drug use may have difficulty progressing in this program. **Hospitals and facilities mandate that a criminal background check and/or drug screening check (at the student's expense) be conducted prior to placement in a clinical or field setting. Students not passing these checks may be prohibited from participating in the clinical or field experience thus rendering the student ineligible to satisfactorily meet the course/program requirements.**

PTA Program Policies and Procedures for Clinical Education:

Students in the PTA program gain practical experience by participating in three different full-time clinical rotations. The first clinical experience is a three-week full-time rotation at the end of the final fall semester. During the final spring semester students participate in two, 6-week full-time clinical experiences. Students are supervised by a clinical instructor (CI). The CI may be a PT or a PTA under the direction and supervision of a PT. The CI facilitates the clinical learning experience. The following are program policies and procedures for clinical education:

1. **Students will only be assigned to a clinical facility with which the college has a current contract.** In the spring a letter is sent to physical therapy facilities who have taken students from our program in the past 5 years (active clinical sites) requesting a commitment to assist in clinical education. During the summer the Director of Clinical Education (DCE) reviews contracts from all active clinical sites to determine if the contract is current. The office of Risk Management is informed of any contracts which are not current and they in turn send a new contract to the facility. Students may request that the DCE investigate obtaining a contract with a new facility by discussing the issue with the DCE.
2. **Students will have experiences in at least two different clinical settings as available.** Students will complete the Clinical Preference Sheet listing their top 6 clinical site preferences. Every attempt will be made to try and secure at least one preference. Students will not be placed in a physical therapy department where they have previously been employed. Beyond these requirements, clinical assignments will be made considering student needs, location, background, etc. when possible. If after considering all of the above, there are a number of students requesting a similar site, random selection will be utilized to determine placement.

3. **Students are to exhibit professional behavior during their clinical experiences.**

Attendance: Regular and prompt attendance is required. A total of two absences from the 15 weeks of clinicals is excused. Additional absences will be made up at the discretion of the clinical supervisor. Students must notify the clinical instructor and the DCE as soon as possible regarding an absence from the clinic. If the student is going to be tardy (stuck in traffic), they must notify the clinical instructor as soon as possible.

Behavior: Any documented evidence of unprofessional/unethical behavior by the student will result in an unsatisfactory grade "U" for that clinical. Students are to abide by the APTA Code of Ethics for the PTA. See Appendix E. Disciplinary proceedings will be initiated against any student found guilty of violating the Code of Ethics.

Professional Attire: Professional attire includes a name tag identifying you as a PTA student, a shirt with a collar, nice slacks (no jeans) which cover the midsection and do not drag on the ground, supportive shoes, and a watch with a second hand. Some sites require a lab coat or have specific dress codes. Please refer to the Clinical Site Binders for information specific to your clinical sites. A clean and neat appearance is mandatory. Jewelry should be minimal, no dangling jewelry or face piercings. Artificial nails are prohibited. Cell phones should remain off during working hours, unless otherwise indicated by your clinical instructor.

4. **Safety of students and patients is to be maintained and students are to practice under the supervision of their clinical instructor at all times.** In keeping with ethical and legal practice, the student PTA and PTA will work under the direction and supervision of the physical therapist. See Appendix F. for a table of student supervision and Medicare requirements. Students must have completed CPR training, a criminal background check, drug screening, physical exam with documentation of required immunization, and HIPAA instruction prior to clinical experiences. Students must have health insurance and the college carries liability insurance for all students with clinical education requirements.

Students will participate in an orientation for each clinical experience. Departmental safety procedures should be included as part of the orientation. If safety procedures are not discussed the student is to request information regarding safety procedures during the first day. The student is to notify the Director of Clinical Education (DCE) if safety procedures are not discussed. In the event the student believes the CI/Facility is not practicing in an ethical/legal manner or feels harassed, he/she is to contact the DCE immediately. The DCE will contact the Site Coordinator of Clinical Education (SCCE) for a site visit. In the unlikely event that a student would need to be removed from an unsafe or unethical site he/she will be reassigned to another clinical site without penalty to the student.

If there are circumstances involving emergency expenses, medical insurance or other student incidences, resulting expenses will be the student's responsibility.

Patient Safety: Students are to work within the scope of practice of a physical therapist assistant. Every effort is made to assure students are safe and competent prior to clinical experiences however in the event a student is unsure of his or her ability to maintain patient safety and/or safety to themselves they are to inform their clinical instructor and request further assistance.

5. **Privacy and confidentiality of patients will be maintained.** Students will have access to Proprietary Information and as such will receive training in HIPAA guidelines prior to clinical rotations. Many clinical sites require students to sign a Confidentiality Agreement and offer further training during student orientation to the site.
6. **Patients will be informed that you are a student physical therapist assistant and allowed to refuse participation in clinical education.** Students are to introduce themselves as a "student physical therapist assistant" and ask for permission from the patient or responsible party prior to treatment. The PTA Program will issue students a name badge which identifies them as a PTA student at St. Louis Community College. Students are to wear their badge (or a student badge issued by the clinical site) while working. All documentation performed by the student will be signed using the student's full name followed by SPTA and co-signed by the clinical instructor. Verbal communication with other members of the healthcare team will include identifying yourself as a student.
7. **The Student is responsible for completing and returning the Skills Inventory Checklist.** The Skills Inventory list is to be completed over the course of all three clinical experiences. The student is responsible for assuring all areas are completed

and the form returned to the DCE. A final grade cannot be given for PTA 260 until this form is returned.

Procedures for Assigning Clinical Rotations:

During the fall session, students complete the Clinical Preference Form. Students review the Active Clinical Site spreadsheet which contains information listing active clinical sites and site information. From this information and discussion with the Director of Clinical Education (DCE), students list their top 6 choices, 2 acute/hospital, 2 OP, 2 SNF recommended.

All preference forms are returned to the DCE on the date given. Every attempt will be made to place students in at least one of their top 6 choices. Active clinical sites which have made commitments to take students are compared with student requests for sites. Students who return forms late or who were late in turning in their clinical forms from the first year will be assigned clinical sites last and may not get their top clinical choice.

During the spring and summer semesters, students meet individually to receive their clinical site selections, discuss their requirements, review and sign the program clinical contract, and begin formulating student strengths, weaknesses, and clinical objectives. Student strengths, weaknesses, and objectives are completed in cooperation with the DCE for all clinical rotations.

4-6 weeks prior to the first clinical rotation, the DCE meets with the students to discuss the clinical evaluation tool, professionalism, supervision, HIPAA, and state practice act statutes and rules. Students are expected to contact their clinical site via a phone call one week prior to the start of their clinical.

Clinical Rotation Dates:	PTA 200	CE I	August/September	(5 weeks 40 hrs/wk)
	PTA 250	CEII	February/April	(6 weeks 40 hrs/wk)
	PTA 260	CEIII	April/May	(6 weeks 40 hrs/wk)

**** Background/Drug Screening
Information will be distributed in
the middle of spring semester in
your second semester.**

Appendix A

Physical Therapist Assistant

***Clinical Performance
Instrument***

Clinical Experience I, II, III

Forest Park/Clinical Education Spring

Coronavirus (COVID-19) Information

Students must be prepared for any, and all, classes to be moved online in response to changes in the coronavirus status. Please visit the [COVID-19 website](#) for the latest update.

Section Information

Course Title: Clinical Education III

Course Prefix, Number, and Section: PTA 260 Section 401

Course Registration Number (CRN): TBD

Meeting Day(s)/Time(s): Arranged off campus

Location(s): off campus

Instructor Information

Instructor: Christie Cohoon, PT, DPT, OCS

Campus Hours: M-F 8-2 and by appointment

Location of Campus Hours: online availability

STLCC E-mail: ccohoon1@stlcc.edu

Office Location: HS 402C

Office Phone: 314-644-9158

Cell number (314) 520-0696

Course Information

Course Description: Clinical Education III will provide students with an opportunity to practice skills acquired in the first and second year of the program in a clinical facility under the direction and supervision of a clinical instructor for 6 weeks.

Credit Hours: 4

This Clinical Education course begins at the end of the didactic portion of the curriculum. It is comprised of 6 weeks, approximately 40 hours per week of clinical experiences

Course Pre-requisite 200 with a grade of "S" and Reading Proficiency.

Course Learning Outcomes

The student is expected to demonstrate the ability to:

1. Work independently with patients with simple conditions and require clinical supervision less than 25% of the time working with new patients or patients with complex conditions.
2. Perform consistently and proficiently simple tasks, clinical problem solving, patient education, documentation, interventions/data collection, and accurate and timely billing requiring only occasional cueing for more complex tasks, clinical problem solving and interventions/data collection.

3. Maintain 100% of a full-time PTA caseload with direction and supervision from the clinical instructor.
4. Perform to acceptable standards of professional ethics.
5. Research, prepare, organize, and present an in service, utilizing evidence based practice on one of the two terminal clinicals, IIA or IIB.
6. Seek exposure and participation to the interprofessional team available at your clinical site.
7. Discover aspects of organizational planning and operation of the physical therapy service.
8. Analyze clinical experience by completing the student evaluation of clinical and clinical instructor.
9. Evaluate strengths and areas for improvement and establish objectives for the clinical rotation to facilitate performance improvement.
10. Consult with other healthcare practitioners to resolve unfamiliar or ambiguous situations.
11. Utilize effective written, verbal, and non-verbal communication.
12. Perform at entry level on the Clinical Performance Instrument.

Required Course Materials

- NA

Technology Requirements

- Your **my.stlcc.edu** student e-mail account is official means of communication with St. Louis Community College. All communication from the college to students will be sent to my.stlcc.edu student e-mail.
- You will need regular access to Blackboard and Blackboard collaborate.
- This instructor also uses the Remind App for quick announcements and text reminders.
- All students have free access to Microsoft 365 through their MySTLCC account, which includes software such as Word, PowerPoint, Excel, OneDrive, a calendar, and e-mail. See the link [STLCC Student Email and Office 365](#) for more information.

Classroom Policies

Grading Policy

Please refer to the PTA Clinical Handbook for all P & P.

As a reminder:

- The student is expected to pass evaluative criteria at Entry-level.
- The student is expected to make up absences at the discretion of the Clinical Instructor.
- The student is expected to adhere to all points of the "Student Contract for CE I & II".

PROGRAM RESPONSIBILITIES:

To be in contact before mid-term of experience to determine if any intervention or remediation is necessary. To keep clinical instructor informed of any concerns regarding the student or the experience to remediate any problems.

ASSIGNMENT FOR CE II or III

An in-service presentation serves as a learning experience to develop the student competencies and meet objectives of the clinical experience. Students are expected to complete an in-service which includes an article review during at least one of their terminal clinical experiences.

CLINICAL EVALUATION AND COMPLETING STUDENT PERFORMANCE REPORT

General Principles

Evaluation of patient care should be used as a mechanism for determining strengths and weaknesses of the individual student, as well as the effectiveness of the academic and clinical programs. Although any rating method will be somewhat subjective, every precaution should be taken to make it as objective as possible by following these accepted principles of rating:

A. The student should be rated:

1. On the basis of definite observations made of his work and behavior.
2. On the basis of typical and frequent manner of performance rather than on isolated instances.

B. Cautions for the rater:

1. Become “rating conscious” by familiarizing yourself with the rating form in advance so you know what you are to observe. Look for concrete instances in the daily work of the student which will assist you in formulating your judgments. The more instances you can cite, the better able you will be to support your rating in discussion with the student.
2. Avoid translating a student’s potential into a higher rating than the present performance warrants.
3. Avoid the “halo effect” which is allowing the value of one item to influence the grade in another item.

Evaluations

For the final clinical rotations (PTA 250 and 260) the student will need to pass the online PTA CPI course through the APTA. The PTA CPI will be the student evaluation tool for the terminal two clinical courses.

A. Student Evaluations:

Students are to receive a midterm and a final evaluation from the CI for all three clinical rotations

Final grades for all clinical experiences are Satisfactory (S) or Unsatisfactory (U) and are assigned by the DCE or course instructor of record. For CE III (PTA 260) performance should be Entry-level**. Students are responsible for completing the skill inventory list with the CI. A final grade for PTA 260 will not be issued if the student does not return the skill inventory sheet to the DCE.

****Entry-level Performance:**

- A student who is **capable of** completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist.
- At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection.
- The student consults with others to resolve unfamiliar or ambiguous situations.
- The student is **capable of** maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost-effective manner with direction and supervision from the physical therapist.

- B. Clinical Instructor Evaluations: Student Evaluation of their Clinical Instructor(s) is to be shared with the CI at midterm and final. Students are encouraged to be honest with their evaluations and discuss any concerns with the DCE. If there are concerns from the student regarding the CI, the DCE will take the appropriate action which may include: giving direction to the student, discussing the concerns with the CI, informing the SCCE, meeting with the CI and student and/or SCCE.

At the end of the academic year the DCE reviews all evaluations of clinical instructors. Any deficiencies are noted and discussed in person with the CI, and a final report sent in a note to the SCCE.

C. Clinical Grading and Retention

1. All clinical grades are given by the Director of Clinical Education (DCE) or the course coordinator of record. Successful completion of requirements result in a satisfactory grade (S), unsuccessful performance is unsatisfactory (U).
2. Students receiving a "U" in any clinical experience will be required to repeat that course at a time determined by the DCE.
3. Students will not be allowed to repeat a clinical experience more than once or to graduate until all deficiencies have been satisfied.
4. PTA 260: The PTA CPI will be the evaluation instrument for the terminal clinical rotations.

Students must be assessed to perform at Entry-level for PTA 260. An “S” will be earned if 9 or more of the 11 clinical performance measures are marked at the “E” level and the remaining 2 measures are at or above the intermediate “AI” level. When 7-9 of the 11 items are at “E” and the remaining items are at “AI” or above the ACCE will determine the grade by reading all comments and determining if comments reflect “E” performance. If fewer than 7 items are at the “E” mark and comments do not support “E” performance the student will have earned a failing mark “U” and will need to repeat the clinical experience.

5. No more than one clinical course may be repeated without review by the retention committee.
- D. Site Evaluations: Student evaluation of the facility is performed at midterm and during the final week and discussed with the CI. The DCE conducts a site visit every two years to confirm CSIF information, answer questions, and to assure students are given a work area. Any site deficiencies confirmed by the DCE will be discussed with the SCCE for resolution. The DCE will follow up to assure resolution of deficiencies prior to any future clinical assignment.
- E. DCE Evaluations: Students evaluate the DCE at the end of the program on an exit survey. DCE evaluations are also mailed to SCCEs every two years in March.

Supervision of PTA Students

Supervision: The PTA Program at St. Louis Community College expects clinical faculty to comply with the APTA House of Delegates Policy on PTA student supervision as well as Medicare’s reimbursement guidelines.

SUPERVISION OF STUDENT PHYSICAL THERAPIST ASSISTANTS HOD P06-11-09-17

[Amended HOD P06-00-19-31; HOD 06-96-20-35; HOD 06-95-20-11] [Position]

Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, and when acting in accordance with American Physical Therapy Association policy and applicable state laws and regulations, are qualified to perform selected physical therapy interventions under the direction and supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. 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*. The physical therapist maintains responsibility for patient/client management at all times, including appropriate utilization of the physical therapist assistant as described in Direction and Supervision of the Physical Therapist Assistant, and for interventions performed by the student physical therapist assistant.

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

[Document updated: 08/31/11]

Explanation of Reference Numbers:

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means

that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

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

Attendance Policy

Students are permitted 2 missed days over the 15-week clinical period to include PTA 200, 250, 260. Any further absences must be made up at the discretion of the Clinical Instructor in communication with the DCE.

STLCC College Policies

Below are important STLCC College policies of which you must be aware. Please go to [Consumer Information](https://stlcc.edu/college-policy-procedures/consumer-information/index.aspx) (https://stlcc.edu/college-policy-procedures/consumer-information/index.aspx) for additional information.

Withdrawal Policy

To formally withdraw, students must submit official forms to the Admissions/Registration office. The class will be shown on the transcript with a grade of W, and students are not eligible for a refund of fees. It is always the student's responsibility to initiate a withdrawal.

Diversity & Inclusion, Non-Discrimination Statement

St. Louis Community College is committed to creating inclusive, welcoming, and respectful learning and working environments focused on the needs of our diverse communities. The College does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, and any other status protected by applicable state or federal law. The College's Nondiscrimination policies apply to any phase of its employment process, any phase of its admission, or financial aid programs, and all of its educational programs or activities.

Student inquiries concerning discrimination or harassment, and the procedure for complaints of discrimination or harassment may be made to: Shannon Nicholson, Director, Student Conduct/Title IX Coordinator, 314-539-5345, snicholson29@stlcc.edu.

Disability Resources and Access Office Information

STLCC is committed to providing all students equal access to learning opportunities. Access Office staff, available on each campus, work with students who have disabilities to provide and/or arrange academic accommodations. Students who have, or think they may have, a disability are encouraged to contact the campus Access Office:

- Florissant Valley: 314-513-4551 or FVAccess@stlcc.edu
- Forest Park & Harrison Center: 314-644-9039 or FPAccess@stlcc.edu
- Meramec & South County: 314-984-7673 or MCAccess@stlcc.edu
- Wildwood: 636-422-2000 or WWAccess@stlcc.edu
- Online: 314-513-4771 or SFoster@stlcc.edu

Students with academic accommodations are responsible for providing their professors with Instructor Memos and should do so early in the course. For more information, see [Access services](https://www.stlcc.edu/student-support/disability-services/) (https://www.stlcc.edu/student-support/disability-services/).

Title IX

Discrimination includes any form of unequal treatment on the basis of sex, sexual orientation or gender expression such as denial of opportunities, harassment, and violence. Sex based violence includes sexual assault, sexual harassment, dating violence, domestic violence and stalking. If you experience discrimination in any of these forms, you are encouraged to report the incident to the Title IX Coordinator, or campus-based Title IX Investigators. To learn more, including information on campus and community resources, go to STLCC's Sexual Misconduct Policy (<https://www.stlcc.edu/docs/policies-and-procedures/sexual-misconduct-guidelines.pdf>).

STLCC Libraries

Make [STLCC Libraries](#) your source for finding and evaluating high-quality information. The best students know that meeting with a librarian will help them become even better scholars.

Revised Clinical Performance Instruments: PT CPI v.3.0 and PTA CPI v.3.0



Preliminary information for PT CPI and PTA CPI subscribers to assist with the transition to the revised tools.

In 2022, APTA made the decision to invest in the psychometric review of the PT and PTA CPIs to align the content and scoring model to best practices in 2023. That work was completed in partnership with Human Resources Research Organization (HumRRO) in November 2022. APTA is currently working with its new technology vendor, Competency.AI, to have these tools available for use in an electronic, mobile friendly platform.

APTA is aware that academic programs and clinical sites need to be able to review the revised proficiency domains, behaviorally anchored rating scales, and rater instructions for the revised tools ahead of their launch on the technology platform. This information is being provided to assist users prepare for the transition. **Note:** These sample paper versions of the revised tools do not include the fields for critical incident, narrative comments, and other features.

Content in the PT CPI tool is copyrighted to APTA. Academic and clinical institutions may review and share this information within their own programs/sites as necessary; however, the contents of this tool may not be reproduced or redistributed beyond the scope of a review without prior written approval from APTA.

Revised Uses of the CPIs

Formative Uses (Low-Stakes)

Providing a checkpoint for the student's progress during their clinical experience while helping to identify deficits and areas for growth in the student's performance and/or skills:

DCEs use performance ratings and comments on the midterm evaluation to determine if the student is on track to pass their clinical experience. Additionally, DCEs examine changes in ratings and feedback from the student's midterm evaluation to their final evaluation. If the CPI indicates gaps in the student's clinical performance, then the DCE and CI use that information to determine what types of additional support are necessary to help the student. The final CPI evaluation serves as a "mentoring guide" or tool for professional development before the student moves on to their next clinical experience.

When using the CPIs for this purpose, key stakeholders should take into consideration that CPI ratings are only completed at two points during the student's clinical experience (midterm and final); thus, the CPI does not serve as a tool to help *continuously* monitor the student's progress throughout their clinical experience. Moreover, CPI ratings should be based on where the student is at when the CPI is completed, not based on where they were in the weeks prior to the evaluation.

Facilitating the student's self-assessment of their clinical performance: The CPI serves as a tool to help students engage in self-assessment of their clinical performance at the midpoint and end of their clinical experiences. One useful feature of the CPIs is the sample behaviors embedded throughout the instruments. These sample behaviors provided in the CPI help guide students in creating thoughtful written comments. Ultimately, DCEs and CIs will work with students to guide and support students who rate themselves on the lower end or who rate themselves much higher than the ratings provided by their CI.

When using the CPIs for this purpose, key stakeholders should take into consideration that the length of the CPI could lead to limited written feedback from students. Thus, limited written comments from the student should not always be interpreted as lower levels of self-reflection. Further, the CPI provides only one checkpoint for students to complete a self-assessment; however, students should engage in self-assessment of their clinical performance on an ongoing basis.

Identifying areas of discordance in evaluation and/or expectations between the CI and the student: The CPI reinforces communication between the students and their instructors and provides insight into whether more frequent communication is needed. If the CI observes lower ratings from the student, they can work with the student to help instill confidence in the student. If necessary, CIs can provide the DCE with additional feedback on the student's performance in the form as an addendum to the original CPI after meeting with the student to discuss their ratings.

When using the CPIs for this purpose, key stakeholders should take into consideration that completing the CPI is already a large time commitment for the CI and asking the CI to meet again with the student to discuss their ratings adds to this time commitment. Key stakeholders should also keep in mind that allowing the CI and student to view each other's ratings and feedback before the CI and student have both signed off on their CPIs could sway the other's ratings.

Summative Use (High-Stakes)

Guiding the DCE's decision on the student's pass-fail status for their clinical experience: The CPI is used to provide data on a PT or PTA student's performance during their clinical experience. There are thresholds or criteria for the CPI performance ratings to help DCE's determine a student's pass-fail status for their clinical experience. DCEs also use the written comments from the CPI to support their decisions for whether a student passes or fails their clinical experience. Overall, key stakeholders described the CPI as most useful for determining readiness to enter practice when the student is participating in a clinical experience at the end of their clinical education program (i.e., a terminal clinical).

When using the CPIs for this purpose, key stakeholders should take into consideration that the CPI is only one piece of information that is used to determine a student's pass-fail status. Additionally, ratings and rating methods tend to be inconsistent across CIs due to differing interpretations of the rating scales. For example, CPI ratings are dependent on the CI's ability to conceptualize entry-level, especially if the CI is in a specialty setting (e.g., level-one trauma, pediatrics). Entry-level ratings should be based on readiness to practice in a *general* clinical setting, not readiness to practice in a *specific* specialty clinical setting. CIs may also interpret entry-level as practicing at the level the CI is currently at rather than at the level the CI was at when they first started practicing.

Inappropriate Uses of the CPIs

Standards 4.1 and 6.10 of the AERA/APA/NCME standards establish the need for test developers to identify potential limitations and inappropriate uses of test results to avoid misinterpretation and misuse of test scores by test users (AERA, APA, NCME, 2014). During our interviews, the key stakeholders identified the following for which the CPI should *not* be used. During the focus group workshops, we asked key stakeholders to confirm that each of the uses listed below were inappropriate. Group discussions were guided by the following questions:

- *Do you feel this an inappropriate use for the CPIs? Why or why not?*
- *Would this be an inappropriate use for all CPI users or for a specific group?*

In the end, each of the initial inappropriate uses for the PTA and PT CPIs were confirmed as being inappropriate during the focus group workshops. We provide further details on each use below.

Determining if a student is ready to sit for the Board exam: The CPI is more performance based while the Board exam is more knowledge based. Additionally, the CPI does not touch on didactic knowledge as it is not the intent of the tool. Overall, there are other academic factors that likely serve as more appropriate indicators to determine if a student is prepared for the Board exam.

Making comparisons about the relative effectiveness of education programs: The CPI should not be used to make judgments on the overall effectiveness of education programs, nor to compare the relative effectiveness of various education programs because the CPI does not account for differences in program design (e.g., the duration of the clinical experience, sequencing of clinical experiences). Key stakeholders stated that more breadth is necessary in comparing clinical education programs, not just the CPI; that's only one "piece of the puzzle."

As the single deciding factor for whether a student should be recommended for removal from their PT/PTA program: The red flag indicator in the CPI serves as a method of notifying the DCE of any immediate problems with the student's behavior or performance; however, the CI and DCE typically discuss any major concerns before using the red flag system is necessary. Key stakeholders described information from the CPI as a “consideration” but not a determining factor and stated that DCEs should not use the CPI as the only data point in making decision on a student’s status. It should be used in combination with other data points. Despite this, the CPI provides a source of documentation and rationale for issues such as unethical or unprofessional behavior and safety concerns.

Do Not Reproduce

Final PT CPI BARS¹

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or “anchors” that describe the six performance levels (**Beginning Performance, Advanced Beginner, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance**), (3) percentage ranges for the student’s level of required clinical supervision and caseload (except for the ‘Professionalism’ domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student’s clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student’s typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student’s level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student’s performance fall on the rating scale**. If the student’s clinical performance spans multiple performance levels, **consider where there is a preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:

- **Do not compare the student you are rating to other students.** Each student’s effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and **not** by comparing them to others. In other words, you should make **absolute** rating judgments (e.g., comparing students to a specific, common standard), not **relative** rating judgments (i.e., comparing students to each other).
- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student’s overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student’s strengths and less effective clinical behaviors, as appropriate.

¹ While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.

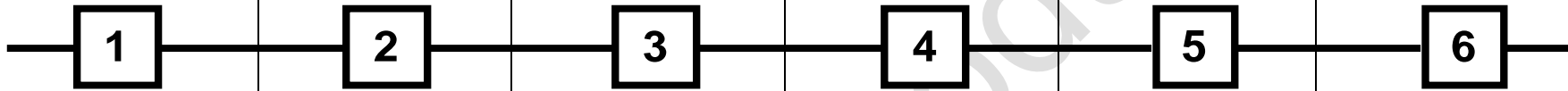
Professionalism: Ethical Practice

Description: *Practices according to the Code of Ethics for the Physical Therapist; demonstrates respect for self, the patient/client, and colleagues in all situations.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Acknowledges that there are ethical practice standards by which they should abide. Identifies obvious unethical behaviors that occur in the clinical setting. Identifies, acknowledges, and accepts responsibility for their actions. Maintains patient/client confidentiality. Engages in a polite and respectful manner with patients/clients and colleagues. 		<ul style="list-style-type: none"> Articulates most of the policies and procedures of their clinical practice setting (e.g., OSHA, HIPAA). Articulates most of the elements of the Code of Ethics for the Physical Therapist. Reports clinical errors without prompting from the CI. Gathers objective information to support questions regarding any potentially unethical behaviors observed in the clinical setting. Seeks advice from CI on how to address potentially unethical behaviors observed in the clinical setting. Seeks assistance with executing plans for addressing unethical behaviors. Devotes appropriate time and effort to meet patient/client needs; does not rush treatment session or intervention. 		<ul style="list-style-type: none"> Abides by the policies and procedures of the clinical practice setting (e.g., OSHA, HIPAA). Adheres to the elements of the Code of Ethics for the Physical Therapist. Consistently identifies unethical behaviors. Uses resources (e.g., hospital ethics committee) for addressing and resolving ethical conflicts. Recognizes the need and advocates for physical therapy services to underserved and underrepresented patient/client populations. Strives to provide patient/client services that go beyond expected standards of practice. Sets an example for other healthcare providers in their daily actions. 	

Professionalism: Legal Practice

Description: *Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> • Acknowledges that there are legal and professional practice standards by which they should abide. • Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. • Adheres to patient/client privacy laws and practice standards (e.g., keeps patient/client documentation systems out of line of sight of others, speaks in a low volume when discussing a patient's/client's case). • Discusses patient/client information only with others involved with that patient's/client's care. • Identifies cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). 		<ul style="list-style-type: none"> • Articulates most of the legal and professional practice standards related to patient/client care, including federal, state, and institutional regulations. • Gathers some objective information to support questions regarding perceived illegal activity observed in the clinical practice setting. • Reports clinical errors without prompting from CI. • Seeks advice from CI on how to address violations of legal and professional practice standards observed in the clinical setting. • Seeks appropriate sources to report any perceived violations of legal and professional practice standards observed in the clinical setting. 		<ul style="list-style-type: none"> • Practices according to legal and professional standards, including federal, state, and institutional regulations related to patient/client care. • Readily identifies violations of legal and professional practice standards. • Gathers objective information to support any questions regarding perceived illegal activity observed in the clinical practice setting. • Answers any questions to support reports of perceived illegal or unprofessional behavior. • Articulates and resolves cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). • Sets an example for other healthcare providers in their daily actions. 	

Professionalism: Professional Growth

Description: *Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Seeks guidance from CI for steps to improve their clinical performance and/or clinical practice knowledge. Participates in planning to improve clinical performance and/or clinical practice knowledge. Develops and prioritizes several short- and long-term goals for improving their clinical practice skills. Takes initiative to communicate their clinical practice goals and learning needs to the CI. Accepts feedback without defensiveness. 		<ul style="list-style-type: none"> Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. Identifies educational opportunities and resources that are relevant to their clinical setting. Researches diagnoses and treatments encountered in the clinic that are unfamiliar. Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. Implements new information in the clinical setting and reflects on effectiveness of different interventions. Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs. 		<ul style="list-style-type: none"> Self-assesses their clinical performance in an effort to improve patient/client care. Seeks out evidence-based research. Recognizes when referral to or consultation with individuals with greater experience/expertise is warranted in order to meet the patient's/client's needs. Participates in discussions with colleagues to foster their own professional growth or aide in the professional growth of their colleagues. Demonstrates the ability to effectively teach and/or share their professional knowledge. Shares articles or information with their colleagues for educational purposes within their areas of interest or within the needs of the patient/client population. Participates in the development of continuing education opportunities for the institution or on a local or national level. Seeks out additional opportunities to improve knowledge and skills that are beyond the day-to-day clinical practice expectations. 	

Interpersonal: Communication

Description: Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist assistants regarding patient/client care.

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Introduces self and the role of PT to the patient/client. Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency in communicating appropriately with other healthcare providers. Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Typically exhibits active listening for improved understanding. 		<ul style="list-style-type: none"> Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. Uses appropriate translation services as needed (e.g., interpreter, sign language). Typically refrains from using technical jargon with the patient/client. Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses. 		<ul style="list-style-type: none"> Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. Recognizes when communication is ineffective and seeks external assistance for mediation as needed. Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. Establishes rapport and trust with patient/client and caregiver(s) through effective communication. Facilitates ongoing communication with physical therapist assistants and the intra/interprofessional teams regarding patient/client care. Provides constructive feedback to others on effective verbal and non-verbal communication, when appropriate. Diffuses or redirects situations of potential conflict. 	

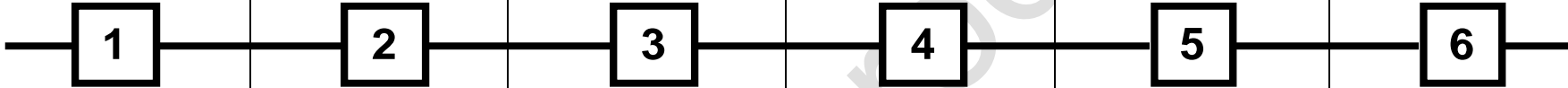
Interpersonal: Inclusivity

Description: *Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. Displays empathy in most patient/client interactions. Identifies some individual or cultural differences that may be impactful to the patient/client. Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). Responds professionally to patients/clients with conflicting values. 		<ul style="list-style-type: none"> Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. Reflects on and identifies personal biases. Seeks out resources to manage personal biases. Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns. 		<ul style="list-style-type: none"> Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care. Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. Advocates for patient/client populations on a local or national level. 	

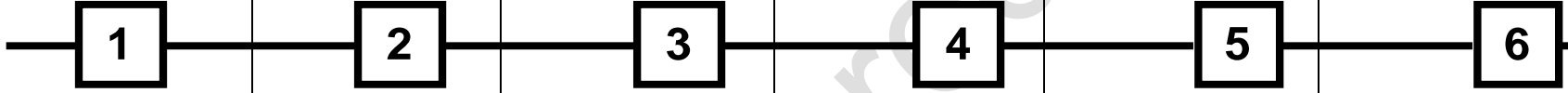
Technical/Procedural: Clinical Reasoning

Description: *Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement leading to accurate and efficient evaluations including: selection of examination techniques, diagnosis, prognosis, goals, and plan of care; ensures patient/client safety via medical screening during the episode of care and when making discharge and progression decisions; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. Selects basic therapeutic interventions that address the patient's/client's functional limitations. Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. Identifies all red flags that contraindicate treatment. Recognizes the need for clarification and seeks assistance from the CI as appropriate. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. Identifies progression and regression situations. Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. Verbalizes rationale to support specific interventions. Demonstrates the ability to use pattern recognition to apply to patient/client cases. Recognizes when a CI needs to be notified based on a patient's/client's progress or reaction to care. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. Identifies diverse interventions to progress or regress the patient's/client's plan of care. Acknowledges ineffectiveness of chosen interventions based on reflection. Articulates alternative options to provide effective patient/client care. Articulates the benefits and challenges of various treatment options. Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. Utilizes ongoing professional development and scholarly resources to make clinical decisions. 	

Technical/Procedural: Examination, Evaluation, and Diagnosis

Description: *Performs evidence-based initial and re-examination tests and measures that are relevant to the practice setting; rules out other pathologies and refers to or consults with other healthcare professionals as necessary; evaluates data from the patient/client examination (e.g., history, systems review, tests and measures, screening, and outcome measures) to make clinical decisions, including the determination of a diagnosis to guide future patient/client management.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Performs a comprehensive chart review for non-complex cases. Identifies appropriate subjective history questions, screening considerations, and basic objective tests and measures with assistance for non-complex cases. Performs an initial examination, including subjective history taking, previous medical history screening, and objective tests and measures with assistance for non-complex cases. Discusses anatomy as it relates to the patient's/client's condition(s). 		<ul style="list-style-type: none"> Performs a comprehensive chart review for complex cases. Uses subjective and objective data from examinations to develop a physical therapy diagnosis for non-complex cases. Sets appropriate short- and long-term goals for identified and/or anticipated deficits in non-complex cases. Performs re-examinations, including subjective history and objective tests and measures for non-complex cases. Develops differential diagnosis options for non-complex cases. Identifies limiting factors in recovery. Consistently makes appropriate patient/client discharge recommendations for non-complex cases. Seeks guidance from other healthcare providers when presented with ambiguous information. 		<ul style="list-style-type: none"> Performs initial examinations and re-examinations, including subjective history taking, previous medical history screening, and objective tests and measures for complex cases. Sets appropriate short- and long-term goals for identified and/or anticipated deficits in complex cases. Works through differential diagnoses within the examination/evaluation to arrive at 1-2 diagnoses for complex cases. Uses evidenced-based practice to perform and synthesize findings from the initial examination or re-examination to determine appropriateness for treatment or referral. Consistently makes appropriate patient/client discharge recommendations for complex cases. Contacts outside providers in the process of handing off the patient/client at discharge. 	


Technical/Procedural: Plan of Care and Case Management

Description: *Establishes a physical therapy plan of care that is safe, effective, patient/client-centered, and evidence-based while also considering prognostic factors; adapts plan of care as appropriate by utilizing test and retest measures, outcome measures, and caseload discussions to ensure patients/clients are progressing toward discharge goals.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Assists with developing a patient's/client's plan of care. Develops patient-/client-centered goals. Modifies goals based on the patient's/client's response to the treatment with assistance. Typically includes the patient/client in the plan of care development, including goal setting. Carries out an established plan of care that is safe, effective, and patient-/client-centered with assistance. Answers most of the technical questions from the patient/client effectively for non-complex cases. Assists with implementing use of routine outcome measures. Assists with re-evaluations and discusses findings with the CI. 		<ul style="list-style-type: none"> Demonstrates understanding of prognosis and designs a plan of care with an appropriate timeline for the patient's/client's specific diagnosis. Monitors and adjusts the plan of care using test and retest measures to determine the need for continued therapy services or discharge planning. Recognizes the patient's/client's tolerance to an activity and progresses or regresses the intensity of the activity accordingly. Suggests alternative interventions that are evidence-based and congruent with the plan of care. Recognizes where further referral to or consultation with other specialties might be warranted. Answers most of the technical questions from the patient/client effectively for complex cases. 		<ul style="list-style-type: none"> Progresses or regresses complex cases based on the patient's/client's reaction to the established plan of care. Demonstrates creativity by implementing innovative evidence-based activities to progress the patient/client while still adhering to the established plan of care. Communicates with other healthcare professionals on the status of the plan of care to ensure an appropriate discharge plan. Follows up with patients/clients and/or caregivers post-discharge. Utilizes all appropriate interprofessional team members to make clinical decisions regarding progression toward goals or discharge disposition. 	


Technical/Procedural: Interventions and Education

Description: *Selects and performs appropriate physical therapy interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) that are evidence-based and completed in a competent and efficient manner; consults with interprofessional colleagues as appropriate (e.g., nurse, physician, occupational therapist, speech-language pathologist, orthotist-prosthetist) to seek advice or an opinion; educates patients/clients and caregivers using multimodal approach based on patient's/client's learning style; educates healthcare team on relevant topics by taking an active role in activities (e.g., journal clubs) or in-service opportunities.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Identifies established protocols to direct patient/client therapeutic interventions. Identifies viable options for interventions with assistance to address objective and functional deficits. Performs basic therapeutic interventions that address one or more problems in patient's/client's diagnosis. Identifies the preferred learning style of the patient/client and adapts delivery of educational information to meet patient's/client's needs. Identifies some of the potential barriers to learning and collaboratively works with the CI in order to brainstorm ways to facilitate learning. 		<ul style="list-style-type: none"> Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) safely, competently, and efficiently for non-complex cases. Delivers patient/client education using evidence-based decision making safely, competently, and efficiently for non-complex cases. Adapts interventions based on patient/client response. Educates the patient/client and/or caregiver(s) on anatomical rationale/reasoning component for the patient's/client's diagnosis for non-complex cases. Assesses the patient's/client's and caregiver's understanding of educational information. 		<ul style="list-style-type: none"> Performs appropriate interventions (e.g., therapeutic exercise, therapeutic activity, neuromuscular re-education, application of modalities, manual therapy) safely, competently, and efficiently for complex cases. Determines when interventions are ineffective and require modification using evidence-based decision making. Delivers patient/client education using evidence-based decision making safely, competently, and efficiently for complex cases. Educates patients/clients and caregivers on interventions for prevention (e.g., floor-to-sit transfers as part of a post-fall recovery strategy). Educates the patient's/client's caregivers on directing therapeutic interventions for patient/client self-management at home or post-discharge. Educates interprofessional team members on relevant topics by taking an active role in educational activities or in-service opportunities. 	

Business: Documentation

Description: *Produces quality documentation that includes changes in the patient's/client's status, descriptions and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Understands most of the components of documentation of an initial evaluation (e.g., SOAP). Typically identifies the appropriate location within the documentation system for necessary components. Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care. Demonstrates awareness of the need for appropriate documentation as essential to the provision of care. Submits documentation but takes considerable time and effort to do so. 		<ul style="list-style-type: none"> Produces documentation that includes changes in patient/client status, interventions, a thorough assessment of patient/client tolerance, and progression toward goals. Produces documentation of the patient's/client's plan of care that is accurate and error-free. Provides a rationale for patient/client progression and regression. Submits and organizes documentation in a reasonably timely manner. 		<ul style="list-style-type: none"> Produces additional documentation to justify the need for ongoing services for the patient/client. Includes comparison statements across time and across interventions/techniques in the assessment of the patient's/client's response to skilled therapy. Provides documentation that supports external payer requirements. Participates in quality improvement review of documentation (e.g., chart audit, peer review, goals achievement). Submits and organizes documentation in a timely manner. 	

Business: Financial Management and Fiscal Responsibility

Description: Identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient); adjusts plan of care and schedule frequency based on the patient's/client's financial concerns or needs; understands nuances of insurance including copay, co-insurance, out-of-pocket max, deductible, etc.; appropriately bills patients/clients according to legal guidelines and insurance regulations; demonstrates appropriate understanding of other fiscally responsible behaviors, including time management and appropriate use of clinical supplies and equipment when providing physical therapy services.

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> • Demonstrates a general understanding of billing practices according to legal/federal guidelines (e.g., Medicare 8-minute rule, current procedural terminology (CPT) codes, ICD-10 codes). • Recognizes and follows most of the legal guidelines of insurance regulations for their clinical setting. • Typically identifies the appropriate exercises and techniques that would fall under various CPT codes to ensure appropriate billing practices. • Typically identifies where to find billing information in the patient's/client's electronic medical record or chart. • Requires guidance from the CI related to time management. • Demonstrates understanding of the basic requirements of the facility for patient/client treatment time. 		<ul style="list-style-type: none"> • Demonstrates understanding of the nuances of insurance (e.g., copay, co-insurance, out-of-pocket (OOP)) and the implications for the patient's/client's financial needs and concerns. • Typically identifies financial barriers and limitations to patient/client care (e.g., authorization limits, cost to patient/client) and adjusts plan of care and schedule frequency to meet the patient's/client's needs and concerns. • Appropriately bills patient/client according to legal guidelines and insurance regulations. • Demonstrate appropriate time management with non-complex cases. • Assists with scheduling to maximize time spent with patient/client and directs care to other team members as appropriate. • Begins to broach the topic of the financial impact of care with patients/clients. 		<ul style="list-style-type: none"> • Completes accurate, timely billing that is in accordance with each insurance agency's requirements. • Answers insurance questions from the patient/client. • Structures clinically appropriate treatment plan within patient/client payment restrictions to ensure adequate patient/client care. • Advocates for patient/client needs through communication with insurance companies and providers. • Demonstrates appropriate time management with complex cases. • Demonstrates awareness of clinical supplies and the impact on the utilization of financial resources of the organization. • Demonstrates awareness of equipment recommendations or continuum of care recommendations made for patient/client with regards to financial resources available to patient/client. 	

Responsibility: Guiding and Coordinating Support Staff

Description: Actively participates in caseload discussions with interprofessional colleagues to optimize patient/client outcomes; delegates tasks to support staff as appropriate; identifies patient/client complexity model of care when scheduling patients/clients with a physical therapist assistant versus a physical therapist.

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently while managing patients/clients with non-complex and complex conditions and seeks guidance/support as necessary. The student is capable of maintaining 100% of a full-time, entry-level physical therapist's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Articulates most of the laws/rules (organizational, state, and federal) related to delegation to support staff and licensed personnel (e.g., PTA). Articulates most of the roles and responsibilities of those within the clinical setting. Articulates who can best serve the patient/client in the clinical setting for the task at hand. Communicates respectfully with support staff and licensed personnel (e.g., PTA). Seeks feedback from support staff on patient/client progression. 		<ul style="list-style-type: none"> Begins to delegate tasks, as appropriate, and in compliance with organizational/state/federal law to support staff and licensed personnel (e.g., PTA). Begins to identify changes that support staff may implement to address patient/client progression in their plan of care. Participates in caseload discussions to ensure patient/client outcomes are progressing as expected. Reviews documentation from support staff. 		<ul style="list-style-type: none"> Schedules patients/clients according to their plan of care. Identifies patient/client complexity model of care when scheduling patients/clients with a PT vs. PTA. Participates in caseload discussions with interprofessional colleagues about patient/client presentation, progression, and status to optimize patient/client outcomes. Anticipates and plans for the need for support staff. Supervises support staff and licensed personnel (e.g., PTA). Monitors the outcomes of patients/clients receiving physical therapy services delivered by support staff and licensed personnel (e.g., PTA) and provides feedback on areas for improvement. Develops and delivers support staff training to address the management of specific patient/client populations. 	

Final PTA CPI BARS²

Rating Instructions

The key to accurately evaluating the student you are rating is to match their typical behaviors in the clinical setting to the descriptions in the rating scales. Four pieces of information are provided for each performance criterion: (1) a description of the performance criterion, (2) statements or “anchors” that describe the six performance levels (**Beginning Performance, Advanced Beginner, Intermediate Performance, Advanced Intermediate Performance, Entry-Level Performance, and Beyond Entry-Level Performance**), (3) percentage ranges for the student’s level of required clinical supervision and caseload (except for the ‘Professionalism’ domain where these benchmarks are less applicable), and (4) example behaviors that further clarify the performance levels. **It is critical to rely on these descriptors while making your ratings. Doing so will help to ensure that all students within and across programs are assessed using the same standards.**

When making your ratings, think about all aspects of the student’s clinical behavior during their current clinical placement. Then, find the example behaviors that best represent the student’s typical clinical behavior or performance. For each performance criterion, example behaviors span across two performance levels (Beginning Performance – Advanced Beginner; Intermediate Performance – Advanced Intermediate Performance; Entry-Level Performance – Beyond Entry-Level Performance). Please remember that the example behaviors are provided to illustrate the types of behaviors associated with different levels of performance. **Not all example behaviors may be relevant to the student you are rating, and they are not intended to be an exhaustive list of behaviors** representative of all performance at that level. Rather, they are provided as examples of the types of behaviors that constitute different performance levels for each criterion.

When deciding between performance levels, consider where **(a) the student’s level of supervision and caseload falls on the rating scale** and **(b) the majority of the behaviors that best represent the student’s performance fall on the rating scale**. If the student’s clinical performance spans multiple performance levels, **consider where there is a preponderance of evidence and make your rating at that level.**

Finally, when making your ratings, it is important to remember the following:

- **Do not compare the student you are rating to other students.** Each student’s effectiveness should be determined by comparing their clinical behavior to the standards provided on the rating scales, and **not** by comparing them to others. In other words, you should make **absolute** rating judgments (e.g., comparing students to a specific, common standard), not **relative** rating judgments (i.e., comparing students to each other).
- **Do not allow your general impression of a student to influence your ratings of the separate performance criteria.** Rather, you should focus on one performance criterion at a time, not letting the student’s overall clinical performance or the ratings you have given that student on other performance criteria affect your current performance criterion rating.
- Lastly, remember that every student has strengths and areas for development. Your ratings should clearly reflect the student’s strengths and less effective clinical behaviors, as appropriate.

² While not reflected in the pages that follow, the stakeholders advised that a checkbox be included to denote any safety violations.

Professionalism: Ethical Practice						
Description: <i>Practices according to the Standards of Ethical Conduct; demonstrates respect for self, the patient/client, and colleagues in all situations.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Acknowledges that there are ethical practice standards by which they should abide. Identifies obvious unethical behaviors that occur in the clinical setting. Identifies, acknowledges, and accepts responsibility for their actions. Maintains patient/client confidentiality. Engages in a polite and respectful manner with patients/clients and colleagues. 		<ul style="list-style-type: none"> Articulates most of the policies and procedures of their clinical practice setting (e.g., OSHA, HIPAA). Articulates most of the elements of the Guide for Conduct. Reports clinical errors without prompting from the CI. Gathers objective information to support questions regarding any potentially unethical behaviors observed in the clinical setting. Seeks advice from CI on how to address potentially unethical behaviors observed in the clinical setting. Seeks assistance with executing plans for addressing unethical behaviors. Devotes appropriate time and effort to meet patient/client needs; does not rush a treatment session or intervention. 		<ul style="list-style-type: none"> Abides by the policies and procedures of the clinical practice setting (e.g., OSHA, HIPAA). Adheres to the elements of the Guide for Conduct. Consistently identified unethical behaviors. Uses resources (e.g., hospital ethics committee) for addressing and resolving ethical conflicts. Recognizes the need and advocates for physical therapy services to underserved and underrepresented patient/client populations. Strives to provide patient/client services that go beyond expected standards of practice. Sets an example for other healthcare providers in their daily actions. 	

Professionalism: Legal Practice						
Description: <i>Practices according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> • Acknowledges that there are legal and professional practice standards by which they should abide. • Identifies obvious violations of legal and professional practice standards performed by others in the clinical setting. • Adheres to patient/client privacy laws and practice standards (e.g., keeps patient/client documentation systems out of the line of sight of others, speaks in a low volume when discussing a patient's/client's case). • Discusses patient/client information only with others involved with that patient's/client's care. • Identifies cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). 		<ul style="list-style-type: none"> • Articulates most of the legal and professional practice standards related to patient/client care, including federal, state, and institutional regulations. • Gathers some objective information to support questions regarding perceived illegal activity observed in the clinical practice setting. • Reports clinical errors without prompting from CI. • Seeks advice from CI on how to address violations of legal and professional practice standards observed in the clinical setting. • Seeks appropriate sources to report any perceived violations of legal and professional practice standards observed in the clinical setting. 		<ul style="list-style-type: none"> • Practices according to legal and professional standards including federal, state, and institutional regulations related to patient/client care. • Readily identifies violations of legal and professional practice standards. • Gathers objective information to support any questions regarding perceived illegal activity observed in the clinical practice setting. • Answers any questions to support reports of perceived illegal or unprofessional behavior. • Articulates and resolves cognitive dissonance that can arise during clinical training (i.e., textbook care versus clinical care). • Sets an example for other healthcare providers in their daily actions. • Works within the scope of what would be expected of the licensure and practice for their state. 	

Professionalism: Professional Growth						
Description: <i>Accepts and is receptive to feedback; participates in planning and/or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks out opportunities to improve knowledge and skills.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Seeks guidance from CI for steps to improve their clinical performance and/or clinical practice knowledge. Participates in planning to improve clinical performance and/or clinical practice knowledge. Develops and prioritizes several short- and long-term goals for improving their clinical practice skills. Takes initiative to communicate their clinical practice goals and learning needs to the CI. Accepts feedback without defensiveness. 		<ul style="list-style-type: none"> Identifies areas of strength and areas for growth in an effort to improve their clinical performance and/or clinical practice knowledge. Identifies educational opportunities and resources that are relevant to their clinical setting. Researches diagnoses and treatments encountered in the clinic that are unfamiliar. Revises previously established short- and long-term goals for improving clinical practice skills after participating in additional educational opportunities. Implements new information in the clinical setting and reflects on the effectiveness of different interventions. Provides effective feedback to CI related to clinical mentoring to advocate for their own learning needs. 		<ul style="list-style-type: none"> Self-assesses their clinical performance in an effort to improve patient/client care. Seeks out evidence-based research. Recognizes when referral to or consultation with individuals with greater experience/expertise is warranted in order to meet the patient's/client's needs. Participates in discussions with colleagues to foster their own professional growth or aid in the professional growth of their colleagues. Demonstrates the ability to effectively teach and/or share their professional knowledge. Shares articles or information with their colleagues for educational purposes within their areas of interest or within the needs of the patient/client population. Supports the development of continuing education opportunities for the institution or on a local or national level. Seeks out additional opportunities to improve knowledge and skills that are beyond the day-to-day clinical practice expectations. 	


Interpersonal: Communication

Description: Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist regarding patient/client care.

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	— 1 —	— 2 —	— 3 —	— 4 —	— 5 —	— 6 —
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Introduces self and the role of PTA to the patient/client. Demonstrates basic proficiency in identifying barriers to effective communication with patient/client and/or their caregiver(s) (e.g., hearing impairment, aphasia, low vision, low health literacy). Typically demonstrates effective verbal and non-verbal communication with patients/clients in non-complex situations. Demonstrates basic proficiency in communicating appropriately with other healthcare providers. Identifies the patient's/client's preferred communication style and uses their preferred communication style throughout most of the episode of care. Accesses and begins using translation services with assistance. Discusses patient/client status with other healthcare providers. Differentiates between technical and layman terminology. Typically exhibits active listening for improved understanding. 		<ul style="list-style-type: none"> Distinguishes between effective and ineffective verbal and non-verbal communication with the patient/client. Uses appropriate translation services as needed (e.g., interpreter, sign language). Typically refrains from using technical jargon with the patient/client. Communicates with other clinicians regarding patient/client care in order to facilitate a continuum of care between clinicians/disciplines. Asks the patient/client pertinent questions related to their medical history and medical screening to gain information during the episode of care. Asks the patient/client appropriate follow-up questions throughout the episode of care to clarify and understand the patient's/client's responses. 		<ul style="list-style-type: none"> Demonstrates effective verbal and non-verbal communication with patients/clients in complex situations. Recognizes when communication is ineffective and seeks external assistance for mediation as needed. Demonstrates effective communication with patients/clients in difficult situations (e.g., difficult topics, emotional situations) with respect and empathy in order to meet patient's/client's goals. Establishes rapport and trust with patient/client and caregiver(s) through effective communication. Facilitates ongoing communication with the physical therapist and the intra/interprofessional teams regarding patient/client care. Provides constructive feedback to others on effective verbal and non-verbal communication. Diffuses or redirects situations of potential conflict. 	

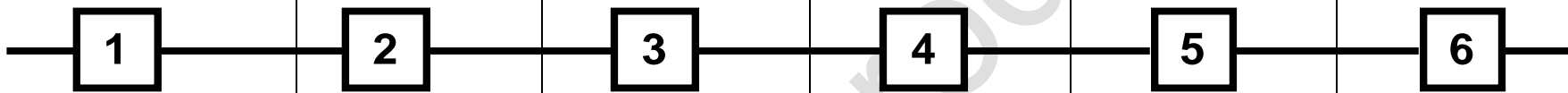
Interpersonal: Inclusivity


Description: *Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; Provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).*

Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Typically demonstrates respect for diversity and inclusivity regardless of age, disability, ethnicity, gender identity, race, sexual orientation, etc. Displays empathy in most patient/client interactions. Identifies some individual or cultural differences that may be impactful to the patient/client. Demonstrates a general understanding of the patient's/client's background and is respectful regardless of their background. Asks the patient/client some questions to improve understanding of cultural group differences (e.g., homeless, mental health, individuals who are incarcerated). Responds professionally to patients/clients with conflicting values. 		<ul style="list-style-type: none"> Seeks additional information on patient/client populations with cultural differences with which they may be less familiar. Reflects on and identifies personal biases. Seeks out resources to manage personal biases. Recognizes socioeconomic, psychological, and economical influences that might impact care and identifies possible avenues to address these concerns. 		<ul style="list-style-type: none"> Provides patient/client care that does not vary in quality based on the patient's/client's personal characteristics, including age, disability, ethnicity, gender identity, race, sexual orientation, etc. Assesses, reflects, and manages own biases, on an ongoing basis so that they do not interfere with the delivery of patient/client care Demonstrates sufficient knowledge of various cultures and backgrounds in order to effectively treat and provide equitable patient/client care. Identifies when equitable care is not being provided to a patient/client and takes steps to correct their course of care. Advocates for their patients/clients in order for them to receive the appropriate course of care needed to address their physical therapy needs. Advocates for patient/client populations on a local or national level. 	


Technical/Procedural: Clinical Reasoning

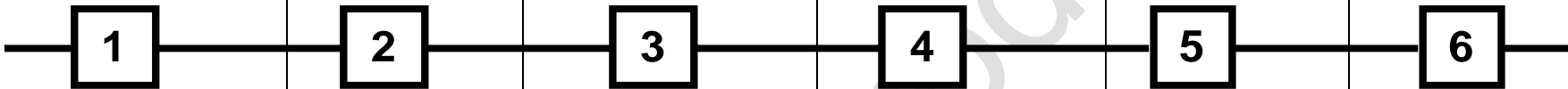
Description: *Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgement while supporting the physical therapist with clinical activities; ensures patient/client safety during the episode of care; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues).*


Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Performs chart review with assistance to determine a patient's/client's continued appropriateness for services. Identifies appropriate medical history and screening questions with assistance to ensure patient/client safety during the episode of care. Works with the CI to identify patient/client impairments, activity limitations, and participation restrictions. Selects basic therapeutic interventions that address the patient's/client's functional limitations. Explains their rationale for treatment choices according to the level of the experience and the didactic material covered up to that point. Articulates clinical thought processes using the International Classification of Functioning, Disability, and Health (ICF) model. Identifies all red flags that contraindicate treatment. Recognizes the need for clarification and seeks assistance from the CI as appropriate. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for non-complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with non-complex disorders. Identifies progression and regression situations. Uses hypothetico-deductive reasoning to talk through a patient/client case with the CI. Verbalizes rationale to support specific interventions. Demonstrates the ability to use pattern recognition to apply to patient/client cases. Recognizes when a CI needs to be notified based on a patient's/client's progress or reaction to care. 		<ul style="list-style-type: none"> Collects, interprets, and compares data from multiple sources (e.g., subjective history, objective tests, and measures) for complex cases to guide medical screening. Makes sound clinical decisions during treatment interventions when managing patients/clients with complex disorders. Identifies diverse interventions to progress or regress the patient's/client's plan of care. Acknowledges ineffectiveness of chosen interventions based on reflection. Articulates alternative options to provide effective patient/client care. Articulates the benefits and challenges of various treatment options. Provides suggestions to CI regarding changes in the plan of care citing evidence-based resources. Utilizes ongoing professional development and scholarly resources to make clinical decisions. 	

Technical/Procedural: Interventions: Therapeutic Exercise and Techniques						
Description: <i>Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Reviews patient/client chart for previous treatment notes. Competently performs basic therapeutic interventions for non-complex cases. Maintains patient/client safety throughout the patient's/client's episode of care while performing therapeutic interventions. Student relies on assistance from CI to help educate patients/clients on basic therapeutic exercises. Student relies on assistance from CI to prescribe basic therapeutic techniques. 		<ul style="list-style-type: none"> Competently performs therapeutic interventions for non-complex cases. Recognizes contraindications and precautions to prescribed interventions may require some cueing to apply knowledge appropriately for complex and non-complex cases. Makes adjustments to specific therapeutic exercises and techniques for non-complex cases. Identifies patient/client learning barriers and communicates to the supervising PT. 		<ul style="list-style-type: none"> Competently performs therapeutic interventions for complex cases. Recognizes contraindications and precautions to prescribed interventions and applies knowledge appropriately for complex and non-complex cases. Makes adjustments to specific therapeutic exercises and techniques within the plan of care for complex cases to progress the patient's/client's status and reach goals. Instructs others with respect to intervention performance, expected results, and identifying the need for adjustments. 	

Technical/Procedural: Interventions: Mechanical and Electrotherapeutic Modalities						
Description: <i>Applies selected mechanical and electrotherapeutic modalities in a competent manner.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
	1	2	3	4	5	6
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Identifies possible mechanical and electrotherapeutic modalities that would be effective in patient/client treatment. Performs basic mechanical and electrotherapeutic modalities with assistance. Typically provides appropriate questioning of the patient/client following the intervention in order to check for an appropriate response and adjust the treatment intervention. 		<ul style="list-style-type: none"> Performs mechanical and electrotherapeutic modalities for non-complex cases. Identifies when to adjust mechanical and electrotherapeutic modalities for non-complex cases dependent on patient/client feedback. Implements and recommends discontinuation of mechanical and electrotherapeutic modalities for non-complex cases. 		<ul style="list-style-type: none"> Utilizes evidence-based practice to determine the most effective mechanical and electrotherapeutic modalities for complex cases. Identifies when to adjust mechanical and electrotherapeutic modalities for complex cases dependent on patient/client feedback. Implements and recommends discontinuation of mechanical and electrotherapeutic modalities for complex cases. Maintains patient/client safety throughout the patient's/client's episode of care while applying mechanical and electrotherapeutic modalities. 	

Technical/Procedural: Interventions: Functional Training and Application of Devices and Equipment						
Description: <i>Performs functional training in self-care and home management, including therapeutic activities; performs application and adjustment of devices and equipment in a competent manner.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> • Articulates the purpose of most therapeutic devices and equipment. • Typically provides appropriate instructions for use of devices and equipment. • Performs functional training activities for basic mobility skills (e.g., rolling, supine/sitting transfers, gait level ground) with assistance. • Applies basic therapeutic devices to patient/client. • Demonstrates improvement with body mechanics. 		<ul style="list-style-type: none"> • Instructs patient/client and/or caregiver(s) on the use of the device or equipment for non-complex cases. • Performs functional training activities for non-complex cases. • Progresses or regresses the need for device or equipment used with minimal cueing from the CI. • Begins to demonstrate the ability to safely perform functional training in more complicated situations (e.g., uneven ground, car transfer). • Consistently considers body mechanics. 		<ul style="list-style-type: none"> • Instructs the patient/client and/or caregiver(s) with the use of a device or equipment for complex cases. • Performs functional training activities for complex cases. • Identifies, fits, and trains patients/clients with appropriate equipment or devices during functional training across a variety of settings (e.g., in the patient's/client's room, in a physical therapy gym, during a home visit). • Progresses or regresses the need for device or equipment use. • Maintains patient/client safety throughout the patient's/client's episode of care while performing functional training. • Instructs other team members in proper handling skills, safety, and device prescriptions. • Recognizes emerging devices and indications for use. 	

Business: Documentation						
Description: <i>Produces quality documentation that includes changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Understands most of the components of documentation of an initial evaluation (e.g., SOAP). Typically identifies the appropriate location within the documentation system for necessary components. Assists with producing documentation with accurate information regarding the patient's/client's status, interventions, assessment, and plan of care. Demonstrates awareness of the need for appropriate documentation as essential to the provision of care. Submits documentation but takes considerable time and effort to do so. 		<ul style="list-style-type: none"> Produces documentation that includes changes in patient/client status, interventions, a thorough assessment of patient/client tolerance, and progression toward goals. Produces documentation of the patient's/client's plan of care that is accurate and error-free. Provides a rationale for patient/client progression and regression. Submits and organizes documentation in a reasonably timely manner. 		<ul style="list-style-type: none"> Produces additional documentation to justify the need for ongoing services for the patient/client. Includes comparison statements across time and across interventions/techniques in the assessment of the patient's/client's response to skilled therapy. Provides documentation that supports external payer requirements. Participates in quality improvement review of documentation (e.g., chart audit, peer review, goals achievement). Submits and organizes documentation in a timely manner. 	

Business: Resource Management						
Description: <i>Participates in the efficient delivery of physical therapy services; demonstrates appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services.</i>						
Rating Scale	Beginning Performance	Advanced Beginner	Intermediate Performance	Advanced Intermediate Performance	Entry-Level Performance	Beyond Entry-Level Performance
						
Supervision/ Caseload	A student who requires clinical supervision 75 – 100% of the time managing patients/clients with non-complex conditions and 100% of the time managing patients/clients with complex conditions. The student may not carry a caseload or may begin to share a caseload with the clinical instructor.		A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions and 25 - 75% of the time managing patients/clients with complex conditions. The student maintains at least 50 – 75% of a full-time, entry-level physical therapist assistant's caseload.		A student who is capable of working independently under the direction/supervision of the PT while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.	
Sample Behaviors (NOT an exhaustive list)	<ul style="list-style-type: none"> Typically adheres to the clinic's time schedule. Demonstrates awareness of their facility's productivity requirements. Demonstrates awareness of the need for timely documentation delivery. Demonstrates effective use of their facility's information technology (IT) resources. Manages simple physical therapy interventions in a timely manner. 		<ul style="list-style-type: none"> Effectively manages assigned portion of caseload and documentation within allotted work hours. Adjusts patient/client schedule as daily dynamics occur with assistance from the CI. Begins to identify and articulate which patient/client cases should be prioritized. Participates in quality assurance (QA)/quality improvement (QI) studies to improve clinical efficiency. 		<ul style="list-style-type: none"> Effectively manages full caseload and documentation within allotted work hours. Demonstrates effective time management skills and effective use of clinical supplies throughout treatment sessions. Manages multiple tasks simultaneously while maintaining the time schedule of the clinic. Assists other staff as able within their own time constraints. Plans ahead to determine how to maintain efficiency while treating a patient/client independently, in a group setting, or during a co-treatment (coTx) with other therapy staff. 	

Appendix B

Confidentiality of Student Records

Appendix C

Confidentiality of Student Records ^(R 06/20)

[BP G 14]

The College is committed to protecting students' rights to privacy in compliance with the Family Educational Rights and Privacy Act of 1974, as amended. This policy governs access to and release of student records.

Appendix C

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Appendix D

*APTA Standards of
Ethical Conduct for
the Physical Therapist
Assistant*

*APTA Guide for Conduct of
the Physical Therapist
Assistant*

Standards of Ethical Conduct for the Physical Therapist Assistant



HOD S06-20-31-26 [Amended HOD S06-19-47-68; HOD S06-09-20-18; 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. Physical therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and 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 therapist services.

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

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

- 2A. Physical therapist assistants shall act in the best interests of patients and clients over the interests of the physical therapist assistant.
- 2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide.
- 2D. Physical therapist assistants shall protect confidential patient and 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 or client's best interest in all practice settings.
- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions.

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- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and 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 therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

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

(Core Value: 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 and 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 and 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 and 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 and 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 therapist services.
- 8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

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: 8/12/2020

Contact: nationalgovernance@apta.org

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.

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The Preamble states that “[n]o document that delineates ethical standards can address every situation.” The Preamble also states that physical therapist assistants “are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.” Potential sources for advice or counsel include third parties and the myriad resources available on the APTA 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: 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.

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