



Physical Therapist Assistant Program

Student Handbook

2019-2021

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WELCOME

Dear Physical Therapist Assistant Student

We congratulate you on your admission to the P.T.A. program! We recognize your dedication to your future career as well as the challenges you will meet along the way. Over the next two years you will learn more than you ever imagined, gain unforgettable experiences, develop new skills and make lifetime friends. The PTA faculty is here to assist you along the way. We encourage you to come to us for answers to questions, to discuss concerns, desires, and goals or just to talk.

This handbook is designed to serve you throughout the program. It hopefully will be an informational resource for the PTA program. However, you should always feel comfortable in asking any questions of the PTA program faculty.

The faculty looks forward to having you as a Student Physical Therapist Assistant. We know that together you will graduate a competent, qualified P.T.A. who will be able to provide quality patient care, practice ethically, and be an asset to the profession of physical therapy, making a difference in the lives of your clients and contributing to the outstanding reputation of the PTA program here at ACC.

Good luck as you continue down the path toward becoming a Physical Therapist Assistant.

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ACCREDITATION

Arapahoe Community College is fully accredited by the North Central Association of Colleges and Schools, 30 N. LaSalle Street, Suite 2400, Chicago, IL 60602, 800-621-7440. The Physical Therapist Assistant Program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association, 1111 North Fairfax, Alexandria, VA 22314 800-999-2782.

NON-DISCRIMINATION STATEMENT

Arapahoe Community College prohibits all forms of discrimination and harassment including those that violate federal and state law or the State Board for Community Colleges and Occupational Education Board Policies 3-120 and 4-120. The College does not discriminate on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities. The College will take appropriate steps to ensure that the lack of English language skills will not be a barrier to admission and participation in vocational education programs. Additionally, CTE opportunities at the College will be offered without regard to sex, race, color, national origin, and disability.

The College has designated Angela Williams, Human Resources Director, as its Affirmative Action Officer/Equal Opportunity Coordinator/Title IX Coordinator with the responsibility to coordinate its civil rights compliance activities and grievance procedures. For information, contact Angela Williams, Human Resources Director at 5900 S. Santa Fe Drive, Littleton, CO 80120, telephone 303.797.5715.

You may also contact the Office for Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 North Speer Boulevard, Suite 310, Denver, CO 80204, telephone (303) 844-3417

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

Requests for academic accommodations can be made by contacting the Student Access Services Office at 303.797.5730.

Accommodations for student activities and events will be provided upon request. Persons with disabilities who require an accommodation to participate in a student activity should notify the Student Life Office (303.797.5668) at least three working days prior to the event.

Inquiries or specific complaints of alleged disability-related discrimination or harassment should contact the Human Resources Director, Angela Johnson (303.797.5715), Arapahoe Community College, 5900 S. Santa Fe Drive, Littleton, CO 80120.

Any student eligible for and needing academic adjustments or accommodations because of a disability should inform the PTA Chair during the first week of attending the program. A copy of the letter of accommodation must be presented to the Chair and instructors at the beginning of each semester. available on the ACC website and/or contact Student Access Services in Rm M-2710.

**DEFINITION & FUNCTION
OF A
PHYSICAL THERAPIST
ASSISTANT**

ROLE AND FUNCTION OF A PHYSICAL THERAPIST ASSISTANT

The role, function and utilization of a Physical Therapist Assistant are defined by the professional organization, American Physical Therapy Association (APTA), state of Colorado Practice Act, and insurance providers including Medicare. Physical therapy providers are responsible to be aware of all areas that regulate the delivery of physical therapy services which includes the afore mentioned entities and the patient's individual insurance providers.

APTA

DIRECTION AND SUPERVISION OF THE PHYSICAL THERAPIST ASSISTANT

HOD P06-05-18-26 [Amended HOD 06-00-16-27; HOD 06-99-07-11; HOD 06-96-30-42; HOD 06-95-11-06; HOD 06-93-08-09; HOD 06-85-20-41; Initial HOD06-84-16-72/HOD 06-78-22-61/HOD 06-77-19-37] [Position]

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

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

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

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

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

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

- The PTA's education, training, experience, and skill level.
- Patient/client criticality, acuity, stability, and complexity.
- The predictability of the consequences.
- The setting in which the care is being delivered.
- Federal and state statutes.
- Liability and risk management concerns.
- The mission of physical therapy services for the setting.
- The needed frequency of reexamination.

Physical Therapist Assistant

Definition

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

Utilization

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

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

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

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

**DEFINITION AND UTILIZATION
OF THE PHYSICAL THERAPIST ASSISTANT
(State of Colorado)**

<http://www.dora.state.co.us/physical-therapy/>

As of June 1, 2012, PTAs in Colorado have been required to have state certification. In Colorado PTAs are allowed off-site supervision but may not provide clinical supervision for other unlicensed personnel when the PT is not on site. By law a Physical Therapist Assistant can only practice physical therapy under the supervision of a physical therapist.

According to the Colorado Practice Act a licensed PT must be on the premise when a student PTA is involved in patient care. A PTA student is not counted in the 1:4 ratio of licensed PTs to individuals who are not PTs assisting in the practice.

MEDICARE REQUIREMENTS

Physical therapist assistants can now render physical therapy services under the Medicare Program without the qualified physical therapist being on the premises (except for privately owned physical therapy clinics) as long as the physical therapist assistant meets certain qualifications and certain supervisory requirements are met. The service must, in fact, be performed by or under the supervision of a qualified physical therapist; i.e., the qualified physical therapist provides authoritative procedural guidance or the rendering of the services with initial direction and periodic inspection of the actual act. Periodic inspection is required at least once every 30 days.

Medicare reimburses for physical therapy when the services are provided by a recognized provider (PT and/or PTA). Medicare does NOT reimburse for student minutes for physical

therapy. Therefore, a physical therapist must be present and in line-of-sight with a PTA student to legally seek and receive reimbursement.

As of January 2010, Medicare's definition of a qualified PTA practitioner requires that PTAs who graduated from an accredited PTA program in or after 2008, will also have to have successfully completed the National PTA examination to request reimbursement for care of Medicare beneficiaries.

JOB OUTLOOK

Employment in the Health services is one of the largest industries and includes 11 million jobs. The top 20 fastest growing occupations includes nine in the health services area with most of the jobs requiring less than 4 years of education beyond high school.

Employment of physical therapist assistants is expected to grow much faster than the average. Despite reimbursement limits imposed by federal legislation, the demand for physical therapist assistants will continue to rise, with growth in the number of individuals with disabilities or limited function including the rapidly growing elderly population. Additionally, future medical developments should permit an increased percentage of trauma victims to survive, creating added demand for therapy services. Licensed physical therapist assistants can enhance the cost-effective provision of physical therapy services by providing physical therapy after the patient has been evaluated. Median annual earnings of physical therapist assistants were \$57,750 in 2018, (<http://www.bls.gov/oes/current/oes312021.htm>).

PTA PROGRAM GRADUATE OUTLOOK

Locally, graduates from Arapahoe Community College PTA Program have been employed in nursing homes, hospitals, school systems, home health and outpatient facilities.. Placement rate for the 2014- 2017 PTA graduates is 100%. Beginning June 1, 2012 PTA employment in Colorado requires certification of PTAs which includes successful completion of the National Physical Therapist Assistant exam after graduation. The National PTA Exam ultimate pass rate for graduates of the ACC PTA Program is consistently over 90% and often is 100%.

PROGRAM POLICIES

VISION AND MISSION OF THE PTA PROGRAM

VISION STATEMENT

The Physical Therapist Assistant Program's vision is to be Colorado's recognized leader in physical therapist assistant education through flexibility and innovation in all aspects of our program including recruitment, admissions, and classroom and clinical education. We will dedicate our expertise and resources to the delivery of PTA education in ways which recognize the diversity, experience and needs of our students as well as the level of competence and excellence required of entry level PTAs by Colorado's physical therapy community.

MISSION STATEMENT

The Physical Therapist Assistant program provides physical therapist assistant education to a widely diverse student clientele. Since the educational needs of the program's constituency vary significantly, the program is committed to maintaining instructional flexibility to provide for these diverse needs; it encourages lifelong learning.

The Physical Therapist Assistant program fosters a sense of personal and professional integrity, ethics and responsibility, and understanding of the critical thinking and problem-solving processes; it develops communication skills and promotes an awareness and acceptance of individuals and groups from various backgrounds. The physical therapist assistant program's commitment to this educational process will prepare students with the medical knowledge, clinical skills, and professional behaviors necessary to meet the challenges inherent within our complex, evolving systems of physical therapy and health care delivery. Our graduates will be knowledgeable, competent, self-assured, adaptable, compassionate, and service-oriented physical therapist assistants capable of competently performing the duties of a PTA in a variety of PT settings.

The Physical Therapist Assistant program responds to our physical therapy community including efforts to advance the recognition of the field of physical therapy and the role of PTAs within the field. We partner with area clinicians and facilities to determine and meet their needs for physical therapist assistants.

Philosophy

The PTA Program at Arapahoe Community College reflects belief in fostering dignity, self-worth, integrity, teamwork, and professional growth while pursuing a problem-solving approach to effectively deal with the dynamics of providing health care.

PTA Program Goals and Objectives

The goal of the PTA program is to prepare our graduates to assume a responsible position in the Physical Therapy community, delivering consistently high quality services to patients/clients under the direction of and seeking consultation from the physical therapist. Additionally, the PTA program seeks to:

- Produce graduate PTAs prepared to competently perform the duties of a PTA in a variety of PT settings,
- Produce graduate PTAs prepared to successfully complete the national licensure examination and obtain licensure/certification in the state of their choice,
- Produce graduate PTAs prepared with a technological proficiency to effectively participate in the ever evolving practice of Physical Therapy, and
- Advance the recognition of the field of physical therapy and the role of PTAs within the field.

HEALTH CARE

The PTA program at Arapahoe Community College does not provide health insurance for students. A low-cost health insurance plan is available through the APTA for student members.

If an injury occurs during internships, the facility will provide emergency care with expenses being covered by Workmens Compensation through ACC. It is the student's responsibility to immediately notify the PTA Program Chair/ACCE of work-related injury.

It is the student's responsibility to report any significant health care problems and the taking of prescription medication to the PTA Program Chair and, when appropriate, to his/her clinical supervisor. The reporting of any change in the student's health status including pregnancy or taking of prescription drugs will not jeopardize the student in the PTA Program but rather assist in planning and providing safe educational and clinical experiences. Any physical limitations or recent change in physical status including hospitalization must be documented by a physician in writing. A written statement from the physician must be presented to the Chair when limitations are removed or discharged from the hospital before a student may resume participating in class, labs, and/or internships.

Students, at their own expense, will be required to prove current immunizations, complete a background check, and drug screening before placement in internships. Students will be oriented to blood borne pathogens, fire and electrical safety, and HIPPA standards annually. Students will be provided with specific directions, cost and other information, forms, and/or waivers during internship orientation.

IF YOU SUSPECT YOU'VE BEEN EXPOSED TO HIV - AIDS

The following are guidelines for exposure to blood or other potentially infectious body fluids. The Center for Disease Control defines "exposure" as direct contact-- via percutaneous inoculation, an open wound, non-intact skin, or a mucous membrane--with blood, certain other body fluids (amniotic, pericardial, peritoneal, pleural, synovial, and cerebrospinal fluids; semen; vaginal secretions), or any body fluid visibly contaminated with blood (MMWR38(S-6):9-10). The CDC advises that you be clinically evaluated and serologically tested for evidence of HIV or Aids infection as soon as possible after the exposure.

The Public Health Service recommends these actions: report "any acute febrile illness that occurs within 12 weeks of the exposure. Such an illness, particularly one characterized by fever, rash, or lymphadenopathy, may be indicative of recent HIV infection" (MMWR38(S-6):13).

If your test at the time of exposure is negative, seek repeat testing 6 weeks, 12 weeks, and 6 months later to see if transmission has occurred. Most people who are infected, seroconvert 6 to 12 weeks after exposure.

If the person to whom you were exposed is tested and is found to be seronegative, you may still want to obtain baseline testing with follow-up testing 12 weeks later.

INJURY POLICY

Students are covered by Workers' Compensation while in an assigned clinical setting. In the event of an injury the student must do the following:

At the Clinical Site:

1. Seek Medical treatment immediately. Depending on the severity of injury care may be received at Concentra, CareNow Urgent Care or Littleton Adventist Hospital. If injury is life threatening proceed to the nearest emergency room or call 911.
2. Report the incident to his/her clinical instructor.
3. Follow through with the facility's requirements for on-site treatment and documentation. Provide a copy of the facility's documentation to ACC Human Resources Office. **Follow-up care needs to be provided by ACC Workers' Compensation providers.**
4. Check patient/client chart for history of Hepatitis B or any other communicable disease (if appropriate).

In addition, you must,

At ACC:

1. Report to the Human Resources Office, CSB 1005, 797-5741 within 24-48 hours of incident.
2. Bring copies of the facility's report and any billings related to treatment.
3. Complete Workers' Compensation reporting form, available from the Human Resources Office.
4. Arrange follow-up care through Concentra
 - a) Human Resources will contact Concentra to either let hospital personnel know that you are on your way or to make an appointment for you.
 - b) Upon treatment from Concentra, CareNow or Littleton Adventist Hospital, submit the necessary paperwork (Broadspire reporting form) back to the Human Resources Office for further processing no later than 48 hours after the incident.

*It is important to note that the student ***should not*** be driven to the hospital or Concentra by another individual (for liability reasons). If they are unable to drive themselves, an ambulance should be called to take them for treatment.

Also – the student shouldn't return to clinical until released by Concentra. For return to clinical, the student must be released without restrictions. Both the clinical facility and the PTA program director must be kept updated on student's status.

Sexual Misconduct and Title IX

The ACC community has the right to be free from sexual violence. All members of the ACC community are expected to conduct themselves in a manner that does not infringe upon the rights of others. ACC is committed to a zero tolerance policy for sex/gender-based misconduct.

ACC's Sexual Misconduct Procedure (AP 4-120a)?

Sexual misconduct includes unwanted sexual activity, touching, or behavior. Attempting these behaviors is also sexual misconduct. Alcohol and drug use NEVER excuse or lessen violations to the Sexual Misconduct Procedure. Possession, use, or distribution of any rape drug, such as Rohypnol, Ketamine, GHB, etc. is a violation of the Sexual Misconduct Procedure.

Sexual Harassment

Sexual harassment is unwanted behavior or language based on gender that prevents someone from attending or benefiting from class, work, or other ACC activities. Harassment can happen between any two people and can be mild or severe.

- Unwanted sexual advances or asking for sexual favors
- Gender-based stalking, bullying, intimidation or hazing
- Denying employment, education, opportunities or benefits based on gender
- Attempting to coerce an unwilling person into a sexual relationship
- Violence between people in an intimate relationship
- Punishing a request to engage in a sexual act
- Requiring a sexual act in exchange for a benefit
- Repeatedly giving someone unwelcome sexual attention

Non-Consensual Sexual Contact

Non-consensual sexual contact is any sexual touching that is on purpose, without consent, and/or by force. Examples:

- Groping or fondling
- Making someone touch you sexually
- Touching someone's backside or breasts without consent

Sexual harassment is illegal and is a violation of Title VII of the Civil Rights Acts of 1964 and Title IX which prohibits sex discrimination in educational programs or activities. The College is committed to upholding this policy prohibiting sexual harassment. Violation of this policy may be grounds for dismissal. While it is the purpose of this policy to protect all persons associated with the College from sexual harassment, it shall also be a violation of this policy to knowingly make a false allegation of sexual harassment.

Individuals who feel they have been subjected to sexual harassment and are in need of further information as to the procedures, may contact:

Angela Williams, Title IX Coordinator
Human Resources Director
5900 S. Santa Fe Drive, Littleton, CO 80120
CSB1015, Littleton Campus, Church Street Building
303.797.5715; angela.williams@arapahoe.edu

OR

Deputy Title IX Coordinator
Jennifer Husum
Associate Dean of Students for Equity and Compliance
303-797-5674; jennifer.husum@arapahoe.edu

All matters involving sexual harassment complaints are taken seriously and shall be investigated. Complaints shall remain confidential to the extent possible. Filing a complaint or otherwise reporting sexual harassment shall not reflect upon the individual's status or affect future employment, work assignments or grades.

OFF CAMPUS LEARNING EXPERIENCES

Students may be expected to attend scheduled learning experiences off ACC campus to maximize educational opportunities. The experiences may be during academic courses (field trips) and include participation in internships as required by the PTA Program. Students will be expected to provide their own transportation to all experiences. Students will be required to sign College permission forms prior to attending field trips and faculty will be responsible for timely completion and submission of these forms. No forms are required to attend internship experiences. Arapahoe Community College and the Physical Therapist Assistant Program are not liable for any accidents during all off campus experiences.

Additionally, to ensure the safety of persons involved with clinical affiliations, the following procedures will be adhered to:

1. A current, fully executed clinical affiliation agreement will be in place before a student participates in an internship in a facility.
2. Prior to the beginning of each clinical affiliation, the ACCE will confirm that each student has met health and safety requirement including, but not limited to:
 - a. Current First Aid and CPR certification
 - b. Vaccinations/immunizations – MMR, Hep B, PPD, tDap, and flu shots (Oct. to April)
 - c. OSHA training in Body Mechanics, Fire and Electrical Safety, General Safety and Emergency Preparedness, Standard/Universal Precautions and Blood Borne Pathogens, Hazard Communications, Tuberculosis, Latex Allergies, Violence in the Workplace
3. Prior to participation in each clinical affiliation, PTA faculty will confirm that each student has demonstrated the required level of competence on the appropriate skills.

USE OF ACADEMIC FACILITIES

The PTA program facilities are designed as a simulated PT clinic/classroom. Illegal or unethical use of these facilities will be grounds for dismissal from the program. The following guidelines must be observed.

1. Student may not practice any PT modality on individuals who are not enrolled in the PTA program.
2. Student may not practice any PT modalities prior to instruction of that modality by PTA program faculty.
3. Student may not perform any "physician prescribed" treatment in the lab or using laboratory equipment.
4. Student may not "treat" himself/herself or others for actual conditions in the PTA laboratory or using laboratory equipment.
5. Student is required to maintain the equipment and the laboratory classrooms in a professional manner. All equipment must be returned to the proper storage area after use.
6. Report any damaged or non-working equipment to the PTA Faculty.

Student Safety in Role of Patients

As a student in the PTA program, each student will participate as a subject in labs and demonstrations. This may include, but is not limited to palpations, strength and range of motion tests, application of physical therapeutic agents, exercise program instruction and administration of functional mobility training techniques.

Safe practices will be observed at all times under the supervision of the faculty/ instructor. Students are to report any problems, concerns or feelings of discomfort to the instructor immediately. Respectfulness of individual rights and privacy is very important as you will be role- playing with classmates/lab partners.

Students have the right to refuse to be a subject or model when a procedure is medically contraindicated. The Program Director reserves the right to request a physician's statement exempting the student from certain activities.

Potential Health Risks

With any healthcare intervention, there is a potential element of risk or injury to the students. This risk is increased as other students-in-training administer these interventions. Some of the risks may include musculoskeletal injury, burn, allergic reactions, or spread of contagious disease through touch.

When working in the healthcare environment, individuals have a greater potential for exposure to communicable diseases. To reduce the transmission of diseases, OSHA standards- including standard and/or transmission precautions and infection control procedures- will be followed throughout all aspects of the program. These standards are taught to PTA students during PTA 110, Basic Care in Physical Therapy.

DRUGS/ALCOHOL/TOBACCO

Drugs

The use of drugs classified as "controlled, dangerous substances" unless prescribed by a physician for an identified therapeutic effect, is prohibited. Any student suspected of such use will be removed from any classroom/clinical area and will be required to undergo urine and blood tests.

If the student refuses to submit to testing or if such tests are positive, the student is subject to immediate dismissal. Any charges incurred are the responsibility of the student.

Alcohol

The use of alcohol will not be condoned in the classroom or clinic. If at any time a question of inebriation becomes an issue, the student will be removed from any classroom/clinical area and will be required to undergo appropriate testing.

If the student refuses to submit to testing or if such tests are positive, the student is subject to immediate dismissal. Any charges incurred are the responsibility of the student.

Smoking

Smoking is not allowed in ACC Buildings at any time. There will be no smoking or chewing tobacco during PTA class or lab time. Students are subject to clinic rules regarding the use of tobacco during clinicals and internships.

LEAVE OF ABSENCE

Once a student has been admitted to the PTA Program the student may request in writing a leave of absence for a maximum of one (1) year. The Program Chair may grant a leave of absence from the program for the following:

- pregnancy
- long-term illness
- family illness/problems
- personal problems

Decisions regarding leave of absence and reinstatement are the sole responsibility of the Program Chair and all decisions are final. Reinstatement into the program will depend upon the student giving prior notice to the Program Chair and receiving approval from the Chair.

The student must submit in writing their request for a leave of absence and meet with the Program Chair to discuss the request. The written request must include reason for leave of absence, effective date and expected return date.

Readmission Procedure

I. INTRODUCTION

The faculty of the PTA program believe in a philosophy commensurate with that of community colleges; that is, one which provides for an educational opportunity for the greatest number of people. They also believe in the integrity of the Physical Therapy profession and strive to uphold its standards.

Students may be readmitted to the ACC PTA program on **space available basis** as determined by the PTA faculty. Space is dependent upon attrition, availability of clinical sites, faculty staffing, and legislative budgetary appropriations. Readmission placement cannot be guaranteed to every student who applies. Readmission requests and transfer requests are given equal consideration.

II. READMISSION ELIGIBILITY

- A. Comply with all aspects of the procedure explained here.
- B. Readmission placement must occur within a two calendar year period from the date of last completed PTA course.
- C. Students withdrawing or failing during the first semester of their PTA program will be considered for readmission with the next beginning class and must meet all eligibility requirements and selection criteria of that class.

- D. Students are eligible for readmission one time only.
- E. The deadlines for readmission requests are as follows:

<u>Course:</u>	<u>Date:</u>
Spring Courses	Oct. 15
Summer Courses	Feb. 15
Fall Classes	May 15

III. PROCEDURE FOR READMISSION

- A. Complete an interview with the PTA chair within two weeks of the course failure or withdrawal.
- B. Submit a letter to the PTA Chair within two weeks of this interview stating the reason(s) for withdrawal or failure and plans to overcome the deficiencies/problems.
- C. Submit the following by the deadlines listed above:
 - 1. letter requesting readmission which documents how deficiencies/problems have been overcome.
 - 2. copies of ACC transcripts
- D. Achieve a minimum of 75% on a comprehensive written examination of previously completed PTA courses prior to the readmission deadline.
- E. If required, achieve a minimum of 75% on a practical examination of previously completed procedures classes prior to the readmission deadline.

IV. NOTIFICATION

The PTA faculty will evaluate the credentials and determine placement of the applicant in the PTA program. The applicant will be notified within the thirty days following the deadline of his/her readmission status.

Any readmitted student will be expected and required to comply with all current aspects and requirements of the current PTA program including any changes which may have occurred since he/she began the program.

PROBATIONARY STATUS

This PTA program student handbook outlines the academic and professional behavior standards of the program. Students are expected to know, understand and follow these standards. Any student not meeting program standards may be placed on probation within the program. While instructors may discuss performance considerations with students, it remains the students responsibility to seek out assistance from their instructors or the program director if it is needed.

PROGRAM DISMISSAL POLICY

With the expectations of the Physical Therapist Assistant student being of the highest level, behaviors that are unacceptable or inappropriate as described in Student Ethics may result in **IMMEDIATE** dismissal from the Physical Therapist Assistant Program. This dismissal will mean that the student will not be allowed to continue in the Physical Therapist Assistant Courses. They may, however, continue in or enroll in other courses within the college. This dismissal will be only from the P.T.A. program.

In addition to failure to comply with the Code of Conduct in the ACC Student Handbook, violation of the following will result in immediate dismissal from the PTA Program:

1. Failure to observe all safety procedures when working with students, patients or equipment whether in class, the clinical setting or the patient's home. Students must not endanger the safety and welfare of patients, other students, faculty or staff.
2. Failure to follow all policies and procedures established by the clinical facilities. The student shall not exempt themselves without specific written permission by a faculty member or clinical supervisor.
3. Failure to show respect for the confidentiality of patient information regardless of the source (patient, therapist, records, charts). They must not repeat information outside of the clinical setting or classroom. They must not make written reports outside of the clinical facility in which any part of the patient's name appears except initials.
4. Failure to work cooperatively and respectfully with other health care team members and/or ACC faculty and staff. They must not interfere with or obstruct the rendering of the services provided by other health care members and/or faculty and staff.
5. Failure to protect the property and property rights of the facility, clinic and patient. They must not remove or borrow property without permission and shall not damage or misuse property while in the facility, clinic or home.
6. Attending class under the influence of alcohol or drugs. They must not be present at any clinical site under the influence of alcohol or drugs or exhibiting any signs of alcohol or drug use.
7. Personal involvement with the patients/clients in the clinical setting to which they are assigned. They must not date, borrow money, accept gifts from or meet patients/clients outside of the setting.
8. Failure to exhibit professional behaviors while assigned to their clinical sites. Besides the expected behaviors that have already been listed, the student must be

- on time, call ahead if unable to attend, dress appropriately, respect the opinions of the clinical instructors, be courteous of others and follow the ethics of physical therapy.
9. Cheating during any exam or quiz either in lab or during a lecture examination or plagiarizes any information for any assignment will be considered for dismissal from the program.
 10. Receiving a “D” or an “F” in any PTA course. Dismissal by a clinical facility during a scheduled internship.
 11. Demonstration of any behavior listed below during clinicals (but not limited to this list) will result in an automatic "F" and subsequent dismissal from the PTA Program. This may not be appealed for readmission to the Program.
 - ◆ Behavior that creates a threat to the welfare of the patient/client or other students.
 - ◆ Behavior that creates a threat to the program, facility, and/or internship site to which the student is assigned.
 - ◆ Behavior that threatens the continued relationship between the college and the facility.
 - ◆ Violation of patient confidentiality.
 - ◆ Failure to adhere to program or facility policy and/or procedures.
 - ◆ Arguing in a non-professional manner with the supervisor.
 - ◆ Use of profane, abusive, or vulgar language.
 - ◆ Refusal to carry out assigned duties.
 - ◆ Misrepresentation of personal competency level.
 12. Receiving a second "D" or "F" in any PTA course.
 13. Using PTA academic facilities illegally or unethically.

GRIEVANCE PROCEDURES

ACC STUDENT GRIEVANCE PROCEDURE

SP 4-31

The PTA program at Arapahoe Community College abides by the college's student grievance procedure. This procedure is available in the ACC student handbook and on the ACC website at <http://www.arapahoe.edu/campus-life/policies-and-procedures>

STUDENT ACADEMIC SUPPORT

Student retention in the PTA Program is a primary goal of the PTA faculty. Faculty are available during office hours as posted and through scheduled appointments to provide academic support. Additional services are available in the Student Success Center (M1650) for any student needing academic support. The student must initiate the request for the tutoring service. If you feel the need for a tutor, it is your responsibility to consult with the instructor regarding this matter.

Students in the PTA Program are encouraged to record their grades and monitor their progress in every course. The gradebooks in D2L are to assist student with this. Each course syllabus explains how final grades will be calculated. Any questions should be directed to the course instructor.

Attendance is critical in the PTA Program. Excessive tardies and/or absences may also result in probation status within the program. Students are encouraged to discuss concerns with instructors as well as create action plans to improve attendance.

Open lab times will be posted each semester. Students are encouraged to attend the open lab for additional academic support. Additional days and/or times may be scheduled when requested by students. Mandatory open lab will be scheduled for certain PTA courses and students will be required to attend the required lab as instructed by the course instructor(s).

STUDENT POLICIES

STUDENT RIGHTS

1. The student has the right to choose to comply with the established policies contained in this handbook.
2. The student has the right to advising and counseling services. However, it is the student's responsibility to seek out these services.
3. Physical Therapist Assistant Program at Arapahoe Community College complies with Student Educational Records Rights of Privacy and the Civil Rights Compliance as described in the College Catalog.

STUDENT ETHICS

The following Code of Student Ethics shall be followed throughout the program.

ARAPAHOE COMMUNITY COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM CODE OF STUDENT ETHICS

Students shall:

1. Use their own knowledge and skill to complete examinations without referring to others' answers, old examinations, class notes or other references, unless specifically permitted by the instructor.

If caught cheating the student will receive a zero for any assignments, exams, quizzes or lab practicals and may be placed on probation or dismissed from the PTA Program.
2. Use their own knowledge to write major papers or compile research information. They shall not plagiarize, quote or copy other persons' work without giving proper recognition as stated in a standard manual on style.
 - A. In respect to plagiarism, no student shall check out a copyrighted educational audio/video for the purpose of duplication. Any tape that is duplicated will remain in possession of the PTA Department and will not leave the premises.
3. Respect the opinions of instructor and other learners. They shall not insult, slur or degrade instructors, other health professionals or students at any time. (This ethics statement does not infringe upon a student's right to raise questions and request clarification but does modify the manner in which the question or clarification is brought forth.)
4. Respect the limited resources of textbooks, library books, reprints and journals. They shall not mutilate, deface, damage or withhold resources for their own use.

5. Conserve limited resources by using only supplies needed for completion of assignments and maintain equipment in good working order. They shall not waste supplies or misuse equipment.
6. Assist in maintaining class and laboratory rooms in good order. They shall not leave these rooms dirty or in disarray or disorder upon completion of their assignment in each room.
7. Complete all assignments by the scheduled date and time or make satisfactory arrangements with the course instructor for an extension. They shall not expect to receive equal consideration in grading unless such arrangements are made.
8. Observe all safety procedures when working with students, patients or equipment whether in class, clinic or patient's home. They shall not endanger the safety and welfare of patients, other students or faculty and staff.
9. Observe all policies and procedures established by the Physical Therapist Assistant Program and all clinical facilities. They shall not exempt themselves without specific permission by a faculty member or clinical supervisor.
10. Respect the confidentiality of patient information regardless of source (patient, therapist, records, charts). They shall not repeat information outside of the classroom, clinic or facility. They shall not make written reports outside the clinic or facility in which any part of the patient's name appears except initials.
11. Work in cooperation with and with respect for other health care team members. They shall not interfere with or obstruct the rendering of the services provided by other health care members.
12. Protect the property and property rights of the facility, clinic and patient. They shall not remove or borrow property without permission and shall not damage or misuse property while in the facility, clinic or home.
13. Respect other student's projects. They shall not handle, steal, alter, deface or otherwise harm another student's project, especially in a manner which might cause the project to receive a lower grade by the instructor.
14. The student, APTA member and non-member, will also adhere to the American Physical Therapy Association Standards of Ethical Conduct for the Physical Therapist Assistant.

AMERICAN PHYSICAL THERAPY ASSOCIATION STANDARDS OF ETHICAL CONDUCT FOR THE PHYSICAL THERAPIST ASSISTANT

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

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

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

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

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

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

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

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

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

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

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

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

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

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

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

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when

patient/client status requires modifications to the established plan of care.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PROFESSIONAL BEHAVIOR IN LABS

All students enrolled in the Arapahoe Community College Physical Therapist Assistant Program are expected to follow all policies and procedures related to ACC and to the Physical Therapist Assistant Program. Additionally, students are expected to exhibit and practice the highest level of professional behavior and ethics in the classroom, laboratory, clinical settings, and off-campus settings.

The Physical Therapist Assistant Program often requires students to participate in laboratory exercises that involve students demonstrating and performing physical therapy techniques with other students or faculty. This requires physical contact/touching between students and faculty, and it is expected that this physical contact/touching be conducted within the acceptable and appropriate parameters established by the instructor. This also requires students to wear laboratory clothing that is appropriate and discreet.

It is important for each student to familiarize themselves with the sexual misconduct and the sexual harassment policies of Arapahoe Community College. If a student believes that he or she has been subject to sexual harassment or if a student believes that another student has violated the sexual misconduct policy, the student should immediately bring this to the attention of the Director of Student Affairs and/or the Physical Therapist Assistant Department Chair.

EDUCATION OF THE PTA

AT

ARAPAHOE COMMUNITY

COLLEGE

EDUCATION OF THE ASSOCIATE DEGREE **PHYSICAL THERAPIST ASSISTANT**

PTA education is a process by which the learner acquires and assimilates scientific and discipline-specific content which results in a change in behavior. This behavior is demonstrated in the cognitive, psychomotor and affective domains. These domains are developed within the learner through didactic and clinical application using simple to complex learning principles and varied teaching strategies.

The general education CORE curriculum of ACC serves as a contributing cornerstone which emphasizes “learner-centered” rather than “teacher-centered” education. The environment is structured so that it is conducive to self-directed learning. Self-directed learning includes the Learning Resource Center, the PTA laboratory, remedial and tutorial services, computer laboratories, and extracurricular activities. The student is encouraged to become acquainted with state-of-the art technology and learning modes such as computer assisted learning.

Based on these concepts, the PTA faculty believe that PTA education stresses competency-based curriculum which actively engages the student in the learning process. The simulated laboratory settings and the clinical experience components of the curriculum are designed to help the student apply theoretical knowledge to practical health care situations. The clinical laboratory experiences are intended to fulfill the learning objectives of each PTA course. Therefore, they are structured to include active, applied student participation.

PTA education strives to assist the student to incorporate an appreciation for clients of varying cultures and ethnicity’s. This is achieved through the assignment of “clients” with varying health care needs. The student utilizes the physical therapy process to assess the client, interpret and implement appropriate physical therapy care, and monitor the client’s response to physical therapy intervention according to outcome criteria.

The faculty further believes that PTA education also provides the student with the opportunity to develop as contributing and accountable members of the discipline of physical therapy and the community. Each PTA course stresses the provision and maintenance of client safety. This is demonstrated by legal and ethical dimensions to include accountability for one’s own actions.

PROFESSIONAL BEHAVIORS

Professional behaviors are behaviors, attributes, or characteristics that are not explicitly part of a profession’s core of knowledge and technical skills, but nevertheless are required for success in that profession. The professional behaviors which define expected behavior within a given profession serve as the foundation for ability-based learning in the educational programs of the profession.

Professional behaviors and behavioral criteria *specific to the practice of Physical Therapy* were identified by the faculty of the ACC Physical Therapist Assistant program and have been validated and accepted as defining physical therapy professional behavior. The quality of

professional behavior expected of Program graduates is exemplified by the ten Physical Therapy specific professional behaviors and the three levels of associated behavioral criteria. Satisfactory progress is demonstrated by exhibiting Beginning Level criteria by the end of the first year, Developing Level criteria by the end of the second year and Entry Level criteria by the end of the final twelve week clinical internships.

Specifically, the professional behaviors to which we refer are:

1. critical thinking.
2. communication skills.
3. problem solving.
4. interpersonal skills.
5. responsibility
6. professionalism
7. use of constructive feedback..
8. effective use of time and resources.
9. stress management
10. commitment to learning.

Mastery of this repertoire of behaviors facilitates the ability to:

1. generalize from one context to another.
2. integrate information from different sources.
3. apply knowledge and skills in the practice setting.
4. synthesize cognitive, affective, and psychomotor behaviors.
5. interact effectively with clients, families, the community, and other professionals.

At various points during the PTA program, students will perform a self-assessment which is reviewed by their advisors as well as the faculty as a whole and is followed by individual feedback to each student via their advisor. Students and faculty have found this process extremely valuable for monitoring and facilitating professional development as the student progresses through the professional program.

COLLABORATIVE LEARNING

The faculty encourages students in the professional Physical Therapy Program to engage in collaborative learning: to help each other to attain the knowledge and develop the skills necessary to be a competent physical therapist assistant. Although attaining admission to the Program is highly competitive, succeeding as a physical therapist assistant requires working cooperatively with others for the benefit of patients, the profession and society. Because grading in the Program is criterion based, it is an excellent opportunity for students to practice the behaviors that will help them succeed as physical therapist assistants in an increasingly collaborative professional environment. However, collaboration does not involve copying another student's work, or having one or two members of a group do all of the work. Students are encouraged to seek/offer help from/to their classmates, but each completed assignment must represent the student's own work.

PROFESSIONAL BEHAVIORS

Professional behavior is vital to the success of each student physical therapist assistant, the ACC PTA Program and the Physical Therapy profession. As each of you are well aware, the process of becoming an effective physical therapist assistant involves attaining competency in professional knowledge, skill, and behavior. Thus, we will use the ten behaviors (professional behaviors) identified by clinicians as those abilities which exemplify the professional behaviors valued by the physical therapy profession as a guide throughout this course. To facilitate development of competency in the ten professional behaviors, we will provide formal and informal feedback to each student. If a student demonstrates behaviors inconsistent with the professional behaviors, the following response will occur:

1. The student will be provided feedback regarding perceived inappropriate behavior(s) and relevant expectations of the instructor/faculty.
2. If a change to more appropriate behavior(s) does not occur, the student will be subject to appropriate consequences as determined by the faculty ranging from remediation to the forfeiture of the opportunity to continue on internships.

In addition, “classroom” professional behaviors such as being well-prepared for lecture and labs, maintaining composure when discussing examination results, being seated and ready to proceed when class is scheduled to commence, waiting until class is dismissed, avoiding excessive conversation during class, etc. fall within the realm of the professional behaviors.

Also, please recall the importance of self-assessment in your development as a student and professional physical therapist assistant. Reflecting on past experiences is an extremely valuable method of assessing your performance and planning more useful strategies for the future. We will expect each student to seek feedback from fellow students and faculty as well. Finally, specific professional behaviors will be assessed during practical examinations, laboratory experiences, assignments, etc.

Professional Behavior: The process of becoming an effective physical therapist assistant involves attaining competency in professional knowledge, skill and behavior. Each aspect of this triad is equally important for the student to develop as s/he progresses through the physical therapist assistant program. The ten professional behaviors exemplify the professional behavior expected of Program graduates. To facilitate development of competency in the ten professional behaviors, PTA faculty will provide formal and informal feedback to the student throughout the semester. The student will be responsible for ongoing self-assessment, and for seeking feedback from faculty and fellow students.

PROFESSIONAL DRESS/BEHAVIOR

The student is now entering the *professional* portion of his/her undergraduate education. We wish to stress here that the student now represents a profession. This does not mean s/he must forego his/her individuality or sense of humor, but realize his/her behavior and dress does reflect on the physical therapy profession and its members. We expect the student to exhibit appropriate professional conduct and to represent the profession effectively.

Courteous and supportive behavior is expected in all classroom and lab situations. A student, or groups of students, who repeatedly disrupt class will be dismissed from class. Appropriate action will follow.

Appropriate academic conduct as defined by ACC is expected of all students in the Program. The values of academic integrity that foster an atmosphere of trust between faculty and students are the same values exemplified by the APTA Guide of Professional Conduct and the Physical Therapy-Specific Professional behaviors.

Professional Behaviors Statement for Scientific Inquiry

Each student is expected to demonstrate professional behaviors and a commitment to learning throughout the semester. This will include, but not be limited to, punctuality and preparedness for each class session, and timely completion of assignments. Students will be encouraged to participate in class discussions in a manner that demonstrates respect for their classmates and for the instructor.

In keeping with the professional behavior that all members of a health care team uphold, each student enrolled in this program is expected to conduct her/himself in a respectful and professional manner. This includes, but it not limited to, being punctual and prepared for every class session, respecting his/her classmates and the instructor during class discussions; working independent of classmates when asked to do so; working in a positive and productive manner with classmates on group projects; respecting oneself by presenting his/her own ideas and opinions in a positive and thoughtful manner that demands the attention and respect of classmates; being committed to a positive learning experience.

Professional Behaviors for the 21st Century

Definitions of Behavioral Criteria Levels

Beginning Level – behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant internship

Intermediate Level – behaviors consistent with a learner after the first significant internship

Entry Level – behaviors consistent with a learner who has completed all didactic work and is able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

Post-Entry Level – behaviors consistent with an autonomous practitioner beyond entry level

Background Information

In 1991 the faculty of the University of Wisconsin-Madison, Physical Therapy Educational Program identified the original Physical Therapy - Specific *Generic Abilities*. Since that time these abilities have been used by academic programs to facilitate the development, measurement and assessment of professional behaviors of students during both the didactic and clinical phases of the programs of study.

Since the initial study was conducted, the profession of Physical Therapy and the curricula of the educational programs have undergone significant changes that mirror the changes in healthcare and the academy. These changes include managed care, expansion in the scope of physical therapist practice, increased patient direct access to physical therapists, evidenced-based practice, clinical specialization in physical therapy and the American Physical Therapy Association's Vision 2020 supporting doctors of physical therapy.

Today's physical therapy practitioner functions on a more autonomous level in the delivery of patient care which places a higher demand for professional development on the new graduates of the physical therapy educational programs. Most recently (2008-2009), the research team of Warren May, PT, MPH, Laurie Kontney PT, DPT, MS and Z. Annette Iglarsh, PT, PhD, MBA completed a research project that built on the work of other researchers to analyze the PT-Specific *Generic Abilities* in relation to the changing landscape of physical therapist practice and in relation to generational differences of the "Millennial" or "Y" Generation (born 1980-2000). These are the graduates of the classes of 2004 and beyond who will shape clinical practice in the 21st century.

The research project was twofold and consisted of 1) a research survey which identified and rank ordered professional behaviors expected of the newly licensed physical therapist upon employment (2008); and 2) 10 small work groups that took the 10 identified behaviors (statistically determined) and wrote/revised behavior definitions, behavioral criteria and placement within developmental levels (Beginning, Intermediate, Entry Level and Post Entry Level) (2009). Interestingly the 10 statistically significant behaviors identified were identical to

the original 10 *Generic Abilities*, however, the rank orders of the behaviors changed. Participants in the research survey included Center Coordinators of Clinical Education (CCCE's) and Clinical Instructors (CI's) from all regions of the United States. Participants in the small work groups included Directors of Clinical Education (DCE's), Academic Faculty, CCCE's and CI's from all regions of the United States.

This resulting document, ***Professional Behaviors***, is the culmination of this research project. The definitions of each professional behavior have been revised along with the behavioral criteria for each developmental level. The 'developing level' was changed to the 'intermediate level' and the title of the document has been changed from *Generic Abilities* to ***Professional Behaviors***. The title of this important document was changed to differentiate it from the original *Generic Abilities* and to better reflect the intent of assessing professional behaviors deemed critical for professional growth and development in physical therapy education and practice.

Preamble

In addition to a core of cognitive knowledge and psychomotor skills, it has been recognized by educators and practicing professionals that a repertoire of behaviors is required for success in any given profession (Alverno College Faculty, Assessment at Alverno, 1979). The identified repertoire of behaviors that constitute professional behavior reflect the values of any given profession and, at the same time, cross disciplinary lines (May et. al., 1991). Visualizing cognitive knowledge, psychomotor skills and a repertoire of behaviors as the legs of a three-legged stool serves to emphasize the importance of each. Remove one leg and the stool loses its stability and makes it very difficult to support professional growth, development, and ultimately, professional success. (May et. al., Opportunity Favors the Prepared: A Guide to Facilitating the Development of Professional Behavior, 2002)

The intent of the ***Professional Behaviors*** Assessment Tool is to identify and describe the repertoire of professional behaviors deemed necessary for success in the practice of physical therapy. This ***Professional Behaviors*** Assessment Tool is intended to represent and be applied to student growth and development in the classroom and the clinic. It also contains behavioral criteria for the practicing clinician. Each ***Professional Behavior*** is defined and then broken down into developmental levels with each level containing behavioral criteria that describe behaviors that represent possession of the ***Professional Behavior*** they represent. Each developmental level builds on the previous level such that the tool represents growth over time in physical therapy education and practice.

It is critical that students, academic and clinical faculty utilize the ***Professional Behaviors*** Assessment Tool in the context of physical therapy and not life experiences. For example, a learner may possess strong communication skills in the context of student life and work situations, however, may be in the process of developing their physical therapy communication skills, those necessary to be successful as a professional in a greater health care context. One does not necessarily translate to the other, and thus must be used in the appropriate context to be effective.

Opportunities to reflect on each *Professional Behavior* through self assessment, and through peer and instructor assessment is critical for progress toward entry level performance in the classroom and clinic. A learner does not need to possess each behavioral criterion identified at each level within the tool, however, should demonstrate, and be able to provide examples of the majority in order to move from one level to the next. Likewise, the behavioral criteria are examples of behaviors one might demonstrate, however are not exhaustive. Academic and clinical facilities may decide to add or delete behavioral criteria based on the needs of their specific setting. Formal opportunities to reflect and discuss with an academic and/or clinical instructor is key to the tool's use, and ultimately professional growth of the learner. The *Professional Behaviors* Assessment Tool allows the learner to build and strengthen their third leg with skills in the affective domain to augment the cognitive and psychomotor domains.

Professional Behaviors

1. **Critical Thinking** - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

Beginning Level:

- ❖ Raises relevant questions
- ❖ Considers all available information
- ❖ Articulates ideas
- ❖ Understands the scientific method
- ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)
- ❖ Recognizes holes in knowledge base
- ❖ Demonstrates acceptance of limited knowledge and experience

Intermediate Level:

- ❖ Feels challenged to examine ideas
- ❖ Critically analyzes the literature and applies it to patient management
- ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas
- ❖ Seeks alternative ideas
- ❖ Formulates alternative hypotheses
- ❖ Critiques hypotheses and ideas at a level consistent with knowledge base
- ❖ Acknowledges presence of contradictions

Entry Level:

- ❖ Distinguishes relevant from irrelevant patient data
- ❖ Readily formulates and critiques alternative hypotheses and ideas
- ❖ Infers applicability of information across populations
- ❖ Exhibits openness to contradictory ideas
- ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently
- ❖ Justifies solutions selected

Post-Entry Level:

- ❖ Develops new knowledge through research, professional writing and/or professional presentations
- ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process
- ❖ Weighs information value based on source and level of evidence
- ❖ Identifies complex patterns of associations
- ❖ Distinguishes when to think intuitively vs. analytically
- ❖ Recognizes own biases and suspends judgmental thinking
- ❖ Challenges others to think critically

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

Beginning Level:

- ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting
- ❖ Recognizes impact of non-verbal communication in self and others
- ❖ Recognizes the verbal and non-verbal characteristics that portray confidence
- ❖ Utilizes electronic communication appropriately

Intermediate Level:

- ❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences
- ❖ Restates, reflects and clarifies message(s)
- ❖ Communicates collaboratively with both individuals and groups
- ❖ Collects necessary information from all pertinent individuals in the patient/client management process
- ❖ Provides effective education (verbal, non-verbal, written and electronic)

Entry Level:

- ❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups
- ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing
- ❖ Maintains open and constructive communication
- ❖ Utilizes communication technology effectively and efficiently

Post Entry Level:

- ❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning
- ❖ Effectively delivers messages capable of influencing patients, the community and society
- ❖ Provides education locally, regionally and/or nationally
- ❖ Mediates conflict

3. **Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning Level:

- ❖ Recognizes problems
- ❖ States problems clearly
- ❖ Describes known solutions to problems
- ❖ Identifies resources needed to develop solutions
- ❖ Uses technology to search for and locate resources

- ❖ Identifies possible solutions and probable outcomes

Intermediate Level:

- ❖ Prioritizes problems
- ❖ Identifies contributors to problems
- ❖ Consults with others to clarify problems
- ❖ Appropriately seeks input or guidance
- ❖ Prioritizes resources (analysis and critique of resources)
- ❖ Considers consequences of possible solutions

Entry Level:

- ❖ Independently locates, prioritizes and uses resources to solve problems
- ❖ Accepts responsibility for implementing solutions
- ❖ Implements solutions
- ❖ Reassesses solutions
- ❖ Evaluates outcomes
- ❖ Modifies solutions based on the outcome and current evidence
- ❖ Evaluates generalizability of current evidence to a particular problem

Post Entry Level:

- ❖ Weighs advantages and disadvantages of a solution to a problem
- ❖ Participates in outcome studies
- ❖ Participates in formal quality assessment in work environment
- ❖ Seeks solutions to community health-related problems
- ❖ Considers second and third order effects of solutions chosen

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

Beginning Level:

- ❖ Maintains professional demeanor in all interactions
- ❖ Demonstrates interest in patients as individuals
- ❖ Communicates with others in a respectful and confident manner
- ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons
- ❖ Maintains confidentiality in all interactions
- ❖ Recognizes the emotions and bias that one brings to all professional interactions

Intermediate Level:

- ❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions
- ❖ Establishes trust
- ❖ Seeks to gain input from others
- ❖ Respects role of others
- ❖ Accommodates differences in learning styles as appropriate

Entry Level:

- ❖ Demonstrates active listening skills and reflects back to original concern to determine course of action
- ❖ Responds effectively to unexpected situations
- ❖ Demonstrates ability to build partnerships
- ❖ Applies conflict management strategies when dealing with challenging interactions
- ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

Post Entry Level:

- ❖ Establishes mentor relationships
- ❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

5. **Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

Beginning Level:

- ❖ Demonstrates punctuality
- ❖ Provides a safe and secure environment for patients
- ❖ Assumes responsibility for actions
- ❖ Follows through on commitments
- ❖ Articulates limitations and readiness to learn
- ❖ Abides by all policies of academic program and clinical facility

Intermediate Level:

- ❖ Displays awareness of and sensitivity to diverse populations
- ❖ Completes projects without prompting
- ❖ Delegates tasks as needed
- ❖ Collaborates with team members, patients and families
- ❖ Provides evidence-based patient care

Entry Level:

- ❖ Educates patients as consumers of health care services
- ❖ Encourages patient accountability
- ❖ Directs patients to other health care professionals as needed
- ❖ Acts as a patient advocate
- ❖ Promotes evidence-based practice in health care settings
- ❖ Accepts responsibility for implementing solutions
- ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings

Post Entry Level:

- ❖ Recognizes role as a leader
- ❖ Encourages and displays leadership
- ❖ Facilitates program development and modification
- ❖ Promotes clinical training for students and coworkers
- ❖ Monitors and adapts to changes in the health care system
- ❖ Promotes service to the community

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

Beginning Level:

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

Intermediate Level:

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

Entry Level:

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

Post Entry Level:

- ❖ Actively promotes and advocates for the profession
- ❖ Pursues leadership roles
- ❖ Supports research
- ❖ Participates in program development
- ❖ Participates in education of the community
- ❖ Demonstrates the ability to practice effectively in multiple settings
- ❖ Acts as a clinical instructor
- ❖ Advocates for the patient, the community and society

7. **Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:

- ❖ Demonstrates active listening skills
- ❖ Assesses own performance
- ❖ Actively seeks feedback from appropriate sources
- ❖ Demonstrates receptive behavior and positive attitude toward feedback

- ❖ Incorporates specific feedback into behaviors
- ❖ Maintains two-way communication without defensiveness

Intermediate Level:

- ❖ Critiques own performance accurately
- ❖ Responds effectively to constructive feedback
- ❖ Utilizes feedback when establishing professional and patient related goals
- ❖ Develops and implements a plan of action in response to feedback
- ❖ Provides constructive and timely feedback

Entry Level:

- ❖ Independently engages in a continual process of self evaluation of skills, knowledge and abilities
- ❖ Seeks feedback from patients/clients and peers/mentors
- ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities
- ❖ Uses multiple approaches when responding to feedback
- ❖ Reconciles differences with sensitivity
- ❖ Modifies feedback given to patients/clients according to their learning styles

Post Entry Level:

- ❖ Engages in non-judgmental, constructive problem-solving discussions
- ❖ Acts as conduit for feedback between multiple sources
- ❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients
- ❖ Utilizes feedback when analyzing and updating professional goals

8. Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:

- ❖ Comes prepared for the day's activities/responsibilities
- ❖ Identifies resource limitations (i.e. information, time, experience)
- ❖ Determines when and how much help/assistance is needed
- ❖ Accesses current evidence in a timely manner
- ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards
- ❖ Self-identifies and initiates learning opportunities during unscheduled time

Intermediate Level:

- ❖ Utilizes effective methods of searching for evidence for practice decisions
- ❖ Recognizes own resource contributions
- ❖ Shares knowledge and collaborates with staff to utilize best current evidence
- ❖ Discusses and implements strategies for meeting productivity standards
- ❖ Identifies need for and seeks referrals to other disciplines

Entry Level:

- ❖ Uses current best evidence
- ❖ Collaborates with members of the team to maximize the impact of treatment available
- ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations
- ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care
- ❖ Utilizes community resources in discharge planning
- ❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate

- ❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities

Post Entry Level:

- ❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc.)
- ❖ Applies best evidence considering available resources and constraints
- ❖ Organizes and prioritizes effectively
- ❖ Prioritizes multiple demands and situations that arise on a given day
- ❖ Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

- 9. Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

Beginning Level:

- ❖ Recognizes own stressors
- ❖ Recognizes distress or problems in others
- ❖ Seeks assistance as needed
- ❖ Maintains professional demeanor in all situations

Intermediate Level:

- ❖ Actively employs stress management techniques
- ❖ Reconciles inconsistencies in the educational process
- ❖ Maintains balance between professional and personal life
- ❖ Accepts constructive feedback and clarifies expectations
- ❖ Establishes outlets to cope with stressors

Entry Level:

- ❖ Demonstrates appropriate affective responses in all situations
- ❖ Responds calmly to urgent situations with reflection and debriefing as needed
- ❖ Prioritizes multiple commitments
- ❖ Reconciles inconsistencies within professional, personal and work/life environments
- ❖ Demonstrates ability to defuse potential stressors with self and others

Post Entry Level:

- ❖ Recognizes when problems are unsolvable
- ❖ Assists others in recognizing and managing stressors
- ❖ Demonstrates preventative approach to stress management
- ❖ Establishes support networks for self and others
- ❖ Offers solutions to the reduction of stress
- ❖ Models work/life balance through health/wellness behaviors in professional and personal life

- 10. Commitment to Learning** – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Beginning Level:

- ❖ Prioritizes information needs
- ❖ Analyzes and subdivides large questions into components
- ❖ Identifies own learning needs based on previous experiences
- ❖ Welcomes and/or seeks new learning opportunities

- ❖ Seeks out professional literature
- ❖ Plans and presents an in-service, research or cases studies

Intermediate Level:

- ❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice
- ❖ Applies new information and re-evaluates performance
- ❖ Accepts that there may be more than one answer to a problem
- ❖ Recognizes the need to and is able to verify solutions to problems
- ❖ Reads articles critically and understands limits of application to professional practice

Entry Level:

- ❖ Respectfully questions conventional wisdom
- ❖ Formulates and re-evaluates position based on available evidence
- ❖ Demonstrates confidence in sharing new knowledge with all staff levels
- ❖ Modifies programs and treatments based on newly-learned skills and considerations
- ❖ Consults with other health professionals and physical therapists for treatment ideas

Post Entry Level:

- ❖ Acts as a mentor not only to other PT's, but to other health professionals
- ❖ Utilizes mentors who have knowledge available to them
- ❖ Continues to seek and review relevant literature
- ❖ Works towards clinical specialty certifications
- ❖ Seeks specialty training
- ❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine)
- ❖ Pursues participation in clinical education as an educational opportunity.

**Professional Behaviors Assessment
Physical Therapy Program**

Student Name _____ Internship Facility _____

Clinical Instructor _____ Clinical Dates _____

- Directions:
1. Read the description of each Professional Behavior.
 2. Become familiar with the behavioral criteria described in each of the levels.
 3. Self assess your performance continually, relative to the Professional Behaviors, using the behavioral criteria.

At midterm and at the end of the internship, complete this form.

- a) **Using a Highlighter Pen**, highlight all criteria that describes behaviors you demonstrate in Beginning (column 1), Intermediate (column 2), Entry Level (column 3) or Post-Entry Level Professional Behaviors.
- b) Identify the level within which you predominately function.
- c) Document specific examples of when you demonstrated behaviors from the highest level highlighted. Please use different color pens to denote midterm vs. final.
- d) For each Professional Behavior, list the areas in which you wish to improve. Please use different color pens to denote midterm vs. final.

Share your self assessment with your clinical instructor, specifically seeking his/her feedback.

Have your CI sign that they have read and discussed your self assessment; sign and return to the DCE.

****Professional Behaviors were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities.**

1. Critical Thinking - The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

Beginning Level:	Intermediate Level:	Entry Level:	Post-Entry Level:
<ul style="list-style-type: none"> ❖ Raises relevant questions ❖ Considers all available information ❖ Articulates ideas ❖ Understands the scientific method ❖ States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) ❖ Recognizes holes in knowledge base ❖ Demonstrates acceptance of limited knowledge and experience in knowledge base 	<ul style="list-style-type: none"> ❖ Feels challenged to examine ideas ❖ Critically analyzes the literature and applies it to patient management ❖ Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas ❖ Seeks alternative ideas ❖ Formulates alternative hypotheses ❖ Critiques hypotheses and ideas at a level consistent with knowledge base ❖ Acknowledges presence of contradictions 	<ul style="list-style-type: none"> ❖ Distinguishes relevant from irrelevant patient data ❖ Readily formulates and critiques alternative hypotheses and ideas ❖ Infers applicability of information across populations ❖ Exhibits openness to contradictory ideas ❖ Identifies appropriate measures and determines effectiveness of applied solutions efficiently ❖ Justifies solutions selected 	<ul style="list-style-type: none"> ❖ Develops new knowledge through research, professional writing and/or professional presentations ❖ Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process ❖ Weighs information value based on source and level of evidence ❖ Identifies complex patterns of associations ❖ Distinguishes when to think intuitively vs. analytically ❖ Recognizes own biases and suspends judgmental thinking ❖ Challenges others to think critically

I function predominantly in the beginning/intermediate/entry/post entry level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting ❖ Recognizes impact of non-verbal communication in self and others ❖ Recognizes the verbal and non-verbal characteristics that portray confidence ❖ Utilizes electronic communication appropriately 	<ul style="list-style-type: none"> ❖ Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences ❖ Restates, reflects and clarifies message(s) ❖ Communicates collaboratively with both individuals and groups ❖ Collects necessary information from all pertinent individuals in the patient/client management process ❖ Provides effective education (verbal, non-verbal, written and electronic) 	<ul style="list-style-type: none"> ❖ Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups ❖ Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing ❖ Maintains open and constructive communication ❖ Utilizes communication technology effectively and efficiently 	<ul style="list-style-type: none"> ❖ Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning ❖ Effectively delivers messages capable of influencing patients, the community and society ❖ Provides education locally, regionally and/or nationally ❖ Mediates conflict

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

3. Problem Solving – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

<p>Beginning Level:</p> <ul style="list-style-type: none"> ❖ Recognizes problems ❖ States problems clearly ❖ Describes known solutions to problems ❖ Identifies resources needed to develop solutions ❖ Uses technology to search for and locate resources ❖ Identifies possible solutions and probable outcomes 	<p>Intermediate Level:</p> <ul style="list-style-type: none"> ❖ Prioritizes problems ❖ Identifies contributors to problems ❖ Consults with others to clarify problems ❖ Appropriately seeks input or guidance ❖ Prioritizes resources (analysis and critique of resources) ❖ Considers consequences of possible solutions 	<p>Entry Level:</p> <ul style="list-style-type: none"> ❖ Independently locates, prioritizes and uses resources to solve problems ❖ Accepts responsibility for implementing solutions ❖ Implements solutions ❖ Reassesses solutions ❖ Evaluates outcomes ❖ Modifies solutions based on the outcome and current evidence ❖ Evaluates generalizability of current evidence to a particular problem 	<p>Post Entry Level:</p> <ul style="list-style-type: none"> ❖ Weighs advantages and disadvantages of a solution to a problem ❖ Participates in outcome studies ❖ Participates in formal quality assessment in work environment ❖ Seeks solutions to community health-related problems ❖ Considers second and third order effects of solutions chosen
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I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ❖ Maintains professional demeanor in all interactions ❖ Demonstrates interest in patients as individuals ❖ Communicates with others in a respectful and confident manner ❖ Respects differences in personality, lifestyle and learning styles during interactions with all persons ❖ Maintains confidentiality in all interactions ❖ Recognizes the emotions and bias that one brings to all professional interactions 	<ul style="list-style-type: none"> ❖ Recognizes the non-verbal communication and emotions that others bring to professional interactions ❖ Establishes trust ❖ Seeks to gain input from others ❖ Respects role of others ❖ Accommodates differences in learning styles as appropriate 	<ul style="list-style-type: none"> ❖ Demonstrates active listening skills and reflects back to original concern to determine course of action ❖ Responds effectively to unexpected situations ❖ Demonstrates ability to build partnerships ❖ Applies conflict management strategies when dealing with challenging interactions ❖ Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them 	<ul style="list-style-type: none"> ❖ Establishes mentor relationships ❖ Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment::

Regarding this Professional Behavior, I would like to improve in the following ways:

5. Responsibility – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ❖ Demonstrates punctuality ❖ Provides a safe and secure environment for patients ❖ Assumes responsibility for actions ❖ Follows through on commitments ❖ Articulates limitations and readiness to learn ❖ Abides by all policies of academic program and clinical facility 	<ul style="list-style-type: none"> ❖ Displays awareness of and sensitivity to diverse populations ❖ Completes projects without prompting ❖ Delegates tasks as needed ❖ Collaborates with team members, patients and families ❖ Provides evidence-based patient care 	<ul style="list-style-type: none"> ❖ Educates patients as consumers of health care services ❖ Encourages patient accountability ❖ Directs patients to other health care professionals as needed ❖ Acts as a patient advocate ❖ Promotes evidence-based practice in health care settings ❖ Accepts responsibility for implementing solutions ❖ Demonstrates accountability for all decisions and behaviors in academic and clinical settings 	<ul style="list-style-type: none"> ❖ Recognizes role as a leader ❖ Encourages and displays leadership ❖ Facilitates program development and modification ❖ Promotes clinical training for students and coworkers ❖ Monitors and adapts to changes in the health care system ❖ Promotes service to the community

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

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

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ❖ Abides by all aspects of the academic program honor code and the APTA Code of Ethics ❖ Demonstrates awareness of state licensure regulations ❖ Projects professional image ❖ Attends professional meetings ❖ Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers 	<ul style="list-style-type: none"> ❖ Identifies positive professional role models within the academic and clinical settings ❖ Acts on moral commitment during all academic and clinical activities ❖ Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making ❖ Discusses societal expectations of the profession 	<ul style="list-style-type: none"> ❖ Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary ❖ Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity ❖ Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development ❖ Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices ❖ Discusses role of physical therapy within the healthcare system and in population health ❖ Demonstrates leadership in collaboration with both individuals and groups 	<ul style="list-style-type: none"> ❖ Actively promotes and advocates for the profession ❖ Pursues leadership roles ❖ Supports research ❖ Participates in program development ❖ Participates in education of the community ❖ Demonstrates the ability to practice effectively in multiple settings ❖ Acts as a clinical instructor ❖ Advocates for the patient, the community and society

I function predominantly in the **beginning/intermediate/entry/post entry** level

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Examples of behaviors that support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

7. Use of Constructive Feedback – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Demonstrates active listening skills ❖ Assesses own performance ❖ Actively seeks feedback from appropriate sources ❖ Demonstrates receptive behavior and positive attitude toward feedback ❖ Incorporates specific feedback into behaviors ❖ Maintains two-way communication without defensiveness 	<ul style="list-style-type: none"> ❖ Critiques own performance accurately ❖ Responds effectively to constructive feedback ❖ Utilizes feedback when establishing professional and patient related goals ❖ Develops and implements a plan of action in response to feedback ❖ Provides constructive and timely feedback 	<ul style="list-style-type: none"> ❖ Independently engages in a continual process of self evaluation of skills, knowledge and abilities ❖ Seeks feedback from patients/clients and peers/mentors ❖ Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities ❖ Uses multiple approaches when responding to feedback ❖ Reconciles differences with sensitivity ❖ Modifies feedback given to patients/clients according to their learning styles 	<ul style="list-style-type: none"> ❖ Engages in non-judgmental, constructive problem-solving discussions ❖ Acts as conduit for feedback between multiple sources ❖ Seeks feedback from a variety of sources to include students/supervisees/peers/supervisors/patients ❖ Utilizes feedback when analyzing and updating professional goals

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

8. Effective Use of Time and Resources – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level:	Intermediate Level:	Entry Level:	Post Entry Level:
<ul style="list-style-type: none"> ❖ Comes prepared for the day’s activities/responsibilities ❖ Identifies resource limitations (i.e. information, time, experience) ❖ Determines when and how much help/assistance is needed ❖ Accesses current evidence in a timely manner ❖ Verbalizes productivity standards and identifies barriers to meeting productivity standards ❖ Self-identifies and initiates learning opportunities during unscheduled time 	<ul style="list-style-type: none"> ❖ Utilizes effective methods of searching for evidence for practice decisions ❖ Recognizes own resource contributions ❖ Shares knowledge and collaborates with staff to utilize best current evidence ❖ Discusses and implements strategies for meeting productivity standards ❖ Identifies need for and seeks referrals to other disciplines 	<ul style="list-style-type: none"> ❖ Uses current best evidence ❖ Collaborates with members of the team to maximize the impact of treatment available ❖ Has the ability to set boundaries, negotiate, compromise, and set realistic expectations ❖ Gathers data and effectively interprets and assimilates the data to determine plan of care ❖ Utilizes community resources in discharge planning ❖ Adjusts plans, schedule etc. as patient needs and circumstances dictate ❖ Meets productivity standards of facility while providing quality care and completing non-productive work activities 	<ul style="list-style-type: none"> ❖ Advances profession by contributing to the body of knowledge (outcomes, case studies, etc) ❖ Applies best evidence considering available resources and constraints ❖ Organizes and prioritizes effectively ❖ Prioritizes multiple demands and situations that arise on a given day ❖ Mentors peers and supervises in increasing productivity and/or effectiveness without decrement in quality of care

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

9. Stress Management – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ❖ Recognizes own stressors ❖ Recognizes distress or problems in others ❖ Seeks assistance as needed ❖ Maintains professional demeanor in all situations 	<ul style="list-style-type: none"> ❖ Actively employs stress management techniques ❖ Reconciles inconsistencies in the educational process ❖ Maintains balance between professional and personal life ❖ Accepts constructive feedback and clarifies expectations ❖ Establishes outlets to cope with stressors 	<ul style="list-style-type: none"> ❖ Demonstrates appropriate affective responses in all situations ❖ Responds calmly to urgent situations with reflection and debriefing as needed ❖ Prioritizes multiple commitments ❖ Reconciles inconsistencies within professional, personal and work/life environments ❖ Demonstrates ability to defuse potential stressors with self and others 	<ul style="list-style-type: none"> ❖ Recognizes when problems are unsolvable ❖ Assists others in recognizing and managing stressors ❖ Demonstrates preventative approach to stress management ❖ Establishes support networks for self and others ❖ Offers solutions to the reduction of stress ❖ Models work/life balance through health/wellness behaviors in professional and personal life

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

10. Commitment to Learning – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

<i>Beginning Level:</i>	<i>Intermediate Level:</i>	<i>Entry Level:</i>	<i>Post Entry Level:</i>
<ul style="list-style-type: none"> ❖ Prioritizes information needs ❖ Analyzes and subdivides large questions into components ❖ Identifies own learning needs based on previous experiences ❖ Welcomes and/or seeks new learning opportunities ❖ Seeks out professional literature ❖ Plans and presents an in-service, research or cases studies 	<ul style="list-style-type: none"> ❖ Researches and studies areas where own knowledge base is lacking in order to augment learning and practice ❖ Applies new information and re-evaluates performance ❖ Accepts that there may be more than one answer to a problem ❖ Recognizes the need to and is able to verify solutions to problems ❖ Reads articles critically and understands limits of application to professional practice 	<ul style="list-style-type: none"> ❖ Respectfully questions conventional wisdom ❖ Formulates and re-evaluates position based on available evidence ❖ Demonstrates confidence in sharing new knowledge with all staff levels ❖ Modifies programs and treatments based on newly-learned skills and considerations ❖ Consults with other health professionals and physical therapists for treatment ideas 	<ul style="list-style-type: none"> ❖ Acts as a mentor not only to other PT's, but to other health professionals ❖ Utilizes mentors who have knowledge available to them ❖ Continues to seek and review relevant literature ❖ Works towards clinical specialty certifications ❖ Seeks specialty training ❖ Is committed to understanding the PT's role in the health care environment today (i.e. wellness clinics, massage therapy, holistic medicine) ❖ Pursues participation in clinical education as an educational opportunity

I function predominantly in the **beginning/intermediate/entry/post entry** level

Examples of behaviors to support my self assessment:

Regarding this Professional Behavior, I would like to improve in the following ways:

Professional Development Plan:

Based on my self assessment of my Professional Behaviors and the areas I have identified for improvement, I am setting the following goals:

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

By my signature below, I indicate that I have completed this self assessment and sought feedback from my CI regarding my self assessment.

Student Signature _____

Date _____

CI feedback/suggestions.

CI signature: _____

Date: _____

Plan of Action Worksheet

Learner _____ Issue _____ Date _____

1. Identify elements of learning objective.

Ability (to address issue)	Specific Activities (to achieve ability)	Outcome Performance (what student and faculty will see, hear or feel to verify accomplishment)
Verb from Bloom's Taxonomy Behavioral Criteria Course Objective	Incorporate student's learning style.	

- Compose "SMART" objective(s) (Specific, Measurable, Achievable, Results Centered, Time Bounded) using the information from the Ability and Outcome Performance columns above. Test to verify that it is a SMART objective.

PTA CURRICULUM

PTA COMPETENCIES

The curriculum of the PTA Program is based on *A Normative Model of Physical Therapist Assistant Education, Guide to Physical Therapist Practice* and the following *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants* (Effective January 1, 2016):

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS

(revised 11/11/15; revised 1/21/16; 3/4/16)

7D Courses within the curriculum include content designed to prepare program students to:

Ethics, Values and Responsibilities

- 7D1** Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- 7D2** Report to appropriate authorities suspected cases of abuse of vulnerable populations.
- 7D3** Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
- 7D4** Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.
- 7D5** Perform duties in a manner consistent with APTA's *Values Based Behaviors for the Physical Therapist Assistant*.
- 7D6** Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.
- 7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- 7D8** Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.
- 7D9** Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.
- 7D10** Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.
- 7D11** Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.
- 7D12** Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.
- 7D13** Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.

7D14 Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

Patient/Client Management

7D15 Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).

7D16 Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.

Plan of Care

7D17 Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.

7D18 Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.

7D19 Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.

7D20 Report any changes in patient/client status or progress to the supervising physical therapist.

7D21 Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.

7D22 Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.

Intervention¹

7D23 Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:

- a. Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization
- b. Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices
- c. Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies
- d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
- e. Manual Therapy Techniques: passive range of motion and therapeutic massage
- f. Motor Function Training (balance, gait, etc.)
- g. Patient/Client Education
- h. Therapeutic Exercise
- i. Wound Management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal

¹ **Interventions:** This list is adapted from the *Guide to Physical Therapist Practice (2014)*.

Test and Measures²

- 7D24** Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:
- Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise)
 - Anthropometrical Characteristics: measurements of height, weight, length and girth
 - Mental Functions: detect changes in a patient's state of arousal, mentation and cognition)
 - Assistive Technology: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment
 - Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility
 - Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue
 - Joint Integrity and Mobility: detect normal and abnormal joint movement
 - Muscle Performance: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone
 - Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions
 - Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations
 - Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities
 - Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device
 - Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others
 - Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics
- 7D25** Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.
- 7D26** Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.
- Participation in Health Care Environment
- 7D27** Contribute to efforts to increase patient and healthcare provider safety.

² **Test and Measures:** Categories are adapted from the *Guide to Physical Therapist Practice* (2014).

7D28 Participate in the provision of patient-centered interprofessional collaborative care.

7D29 Participate in performance improvement activities (quality assurance).

Practice Management

7D30 Describe aspects of organizational planning and operation of the physical therapy service.

7D31 Describe accurate and timely information for billing and payment purposes.

FINANCIAL RESPONSIBILITIES

The costs for the PTA program at Arapahoe Community College for 2019-2020 are available on the ACC website at <https://www.arapahoe.edu/paying-college/tuition-and-fees>. Currently ACC has a differential tuition rate for resident traditional courses, resident hybrid courses, resident online courses and non-resident courses. Most Colorado residents are eligible to have a portion of their total tuition cost paid for by the state of Colorado. To receive this stipend you must register with the College Opportunity Fund at www.collegeincolorado.com. Additional fees may be attached to specific courses and will be reflected in the total of each semester bill. The cost of required textbooks ranges from approximately \$1100.00 the first semester to approximately \$200.00 the fifth semester.

Additionally, students are responsible for all expenses associated with internships and must provide their own transportation to and from clinicals. Housing arrangements are the student's responsibility. First Aid and CPR certification as well as required vaccinations are also the financial responsibility of the student. Students will also incur variable costs in the completion of the program portfolio (see page 66-68).

Financial aid is available through the ACC Financial Aid Office. Additional scholarship and grant information will be posted on the PTA bulletin board as they become available.

PTA CURRICULUM SEQUENCE

<u>1ST SEMESTER</u>		<u>2ND SEMESTER</u>			
<u>COURSE</u>	<u>CREDITS</u>	<u>COURSE</u>	<u>CREDITS</u>		
PTA 115	Principles & Practice in PT	2	PTA 141	Professional Comm. II	1
PTA 110	Basic Patient Care	5	PTA 120	Modalities	5
PTA 175	Language of PT	1	PTA 140	Clinical Kinesiology	5
PTA 131	Professional Comm. I	1	PTA 134	Medical Management I	2
HPR 117	Anatomical Kinesiology	3	PTA 135	Principles of E. Stim	2
PTA 117	Anatomical Kines Lab	<u>2</u>			
TOTAL CREDITS		14	TOTAL CREDITS		15

3RD SEMESTER

<u>COURSE</u>	<u>CREDITS</u>
PTA 280 Internship I	<u>4</u>
TOTAL CREDITS	4

4TH SEMESTER

<u>COURSE</u>	<u>CREDITS</u>	
PTA 124	Medical Management II	2
PTA 230	Orthopedic Assessment	5
PTA 281	Internship II	<u>5</u>
TOTAL CREDITS		12

5TH SEMESTER

<u>COURSE</u>	<u>CREDITS</u>	
PTA 205	Psychosocial Issues	2
PTA 278	PTA Seminar	2
PTA 240	Neuro Assessment	5
PTA 282	Internship II	<u>5</u>
TOTAL CREDITS		14

Regardless of the current structure, the program reserves the right to adjust days and times of course as necessary.

This curriculum sequence represents only PTA courses. Students needing to complete general education degree requirements as well should meet with the program chair for advising regarding the completion of those courses along with PTA coursework.



**Arapahoe Community College
Physical Therapist Assistant (PTA) Program
Professional Development Portfolio (PDP)
PDP Faculty Coordinator 2019-2020 – Ashley R. Vasquez**

The Professional Development Portfolio (PDP or “portfolio”) program was developed by the PTA faculty to encourage students to take an active role and personal responsibility for professional membership, service learning, community involvement and continuing professional education. Each student will seek and select personal and professional development opportunities to improve knowledge, skills and behavior. The aim of the PDP is to develop well-rounded PTAs, increase awareness of continuing education opportunities and establish patterns of activity that can be continued after graduation. The student has two years to complete the PDP, from mid-August of the first year in the PTA Program to May 1 of the second year in the PTA Program. No points will be awarded for any activity initiated or completed outside of this timeframe. **The portfolio is included as a required course assignment in PTA 278 – PTA Seminar. The portfolio must be completed in order to pass the class.**

Each student may choose individual activities from three different categories: Membership, Service/Community Involvement, and Continuing Education. **A total of 500 points over the course of the two-year program is required. A minimum of 265 points must be completed the first year.** Each category has a minimum point value which must be obtained by the end of the first year. Because the student will participate in intensive coursework and two clinical affiliations during the second year of the PTA program, the time available to commit to completing the portfolio will be extremely limited during the student’s second year. Therefore, students will benefit from completing a *minimum* of 265 points in the first year of the program. Points are earned based on the “point value” assigned to each activity on the Activity Grid. **Some activities have a maximum point value that can be earned and some activities have a minimum point value that MUST be earned.** A description of activity ideas, point value and required documentation for verification of activities is included on the Activity Grid – please read all footnotes.

Documentation for portfolio points must be submitted to the PDP Faculty Coordinator by December 1st and May 1st of each year. The accumulation period of first year points ends on September 1 of the start of the second year in the program. All documentation for first year points **MUST be submitted by September 1** for the points to be considered valid. Failure to obtain appropriate documentation and/or signatures will result in zero points for the activity. If in doubt of an activity or required documentation, speak with the PDP faculty coordinator for pre-approval. **During the first year only, a minimum of 65 points must be earned from the “Membership” category, a minimum of 100 points must be earned from the “Service/Community Involvement” category, and a minimum of 100 points must be earned from the “Continuing Education” category.** After the first year, the remaining points may be earned from any combination of categories at the student’s discretion. **All documentation for points from the second year must be submitted by May 1 for the points to be considered**

valid. To earn credit for the points, the student must submit a copy of the minimum required documentation to the PDP faculty coordinator. Specific instructions on the electronic documentation submission process and the point-tracking system will be provided. The documentation must include the student's name, date of activity and appropriate signatures. The student should keep the original documentation. Activities that are required as part of a PTA course or clinical affiliation are NOT eligible for PDP points. Points earned may only apply to one activity. For example, attending the Rocky Mountain Conference & PT Expo will earn 50 points for that activity. Any continuing education courses taken during the Conference will NOT count as additional points earned for continuing education

After earning a minimum of 500 points toward activities, there are two final requirements to complete the professional development portfolio. In the Spring of the graduation year, each student will complete a review and written reflection of the portfolio accomplishments and submit this to the PDP faculty coordinator. Detailed instructions regarding the written component will be provided second semester of the graduation year. In addition, each student is required to attend and actively participate in a group discussion to share and celebrate portfolio accomplishments with fellow students and faculty in May. **The portfolio (activities, written component and group discussion) is included as a required course assignment in PTA 278 – PTA Seminar. All components of the portfolio program must be completed in order to pass the class.**

Professional Development Portfolio Activity Grid, page 1 of 2

	CATEGORY	ACTIVITY IDEAS	POINTS	REQUIRED DOCUMENTATION
	Membership	APTA Member	50 (MAX 100)	Membership card
		APTA Section Member	15 (MAX 30)	Membership card
		ACC PTA Class President	50	
1st year 65 point MIN		Publication of an article in Advance for Physical Therapy & Rehab Medicine OR PTANow	50	Copy of article & proof of submission from managing editor
	Service/Community Involvement	Adams Camp (adamscamp.org)	10/hr; (40 MAX Fall; 40 MAX Spring)	Signed Participation Verification Form
		2019 Regis DPT Move Forward 5k/10k Race 9/21/19	20	Photo at finish line
		DCSD Career Fair 11/6/19	15/hour	Participation Verification Form
		Project CURE (projectcure.org)	10/hour, 40 MAX	Signed Participation Verification Form
		Colorado Horsepower (coloradohorsepower.org)	15/hour, 60 MAX	Signed Participation Verification Form
		Community/ACC event ² (volunteerconnectdc.org)	10/hr, 40/project MAX; 15/hr in Douglas County, 60/project MAX	Signed Participation Verification Form
		ACC Club/Organization	40/club; 40 MAX	Signed Participation Verification Form

1st year; 100 point MIN		Health/wellness activity ³	10/activity; 40 MAX	Summary ³ & appropriate signature
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Professional Development Portfolio Activity Grid, page 2 of 2

	CATEGORY	ACTIVITY	POINTS	DOCUMENTATION
	Continuing Education	APTA Combined Sections Meeting Feb 12-15, 2020 Denver, CO	100	Copy of Registration; Course certificates
		Rocky Mountain Conference Oct 11-12, 2019, Denver, Colorado	50	Copy of Registration; Course certificates
		CO SIG educational event (coloradophysicaltherapists.org)	10/hr	Copy of Registration; Course certificates
		CE Seminars (Maximum of 30 pts earned from online CE seminars)	10/hr; 60 MAX	Copy of Registration; Course certificates
1st year; 100 point MIN		Review professional journal article ⁴	10/article; 20 MAX	Summary/impact statement ⁴

¹ Advance for Physical Therapy and Rehab Medicine article publication. You must first become an on-line member. Review the magazine's "Guidelines for Contributors" and submit an article for publication to the magazine. Prior to submittal, the article must be reviewed by the ACC Writing Center & PDP Faculty Coordinator and is subject to revisions prior to final submission to magazine.

² Examples of events include Habitat for Humanity, volunteer at ACC Arts Festival, community service events, etc. Prior approval by PDP Faculty Coordinator is required.

³ Health/wellness activity may include participation in a fitness or recreational activity, either as a participant or volunteer or serving as a coach. Include a one-page summary of the event and reflect on how this event impacted you as a PTA Student. Prior approval by the PDP Faculty Coordinator is required.

⁴ Review professional journal article in any peer reviewed professional physical therapy or medical journal. Write a one to three-page summary of the article and the impact the topic of this article will have on the profession.

Arapahoe Community College
Physical Therapist Assistant Program
Professional Development Portfolio

Participation Verification Form

It is the student's responsibility to complete the top portion of this form and obtain the appropriate signature to document participation in Professional Development Portfolio (PDP) activities. A copy of this completed form should be submitted to the PDP Coordinator.

_____ (Student name) has participated with
_____ (Agency/club name) in
_____ (Activity description) on
_____ (Date) for ____ hours.

_____ (Supervisor's signature and date)

_____ (Supervisor's title)

_____ (Supervisor's email or phone)

Examples of how points might be earned:

Scenario 1

First Year:

Second Year:

Approx. Cost	Activity	Points		Approx. Cost	Activity	Points
\$100	APTA Member	50				
\$0-50	APTA Section Member	15	65 pts Membership			
	Adams Camp	30			Community events	50
	Community Events	100		Varies	1 Health/wellness	10
Varies	1 Health/wellness	10	140 pts Service	\$129	Rocky Mountain Conference	50
\$280	Combined Sections Meeting	100		\$20	4 CE	40
	3 CE	30		\$149	TOTAL	150
	Review prof journal article x 2	20	150 pts CE			
\$380	TOTAL	355				

Scenario 2

First Year:

Second Year:

Approx. Cost	Activity	Points		Approx. Cost	Activity	Points
\$100	APTA Member	50		\$100	APTA Member	50
\$0-50	APTA Section Member	15		\$0-50	APTA Section Member	15
	PTA Class President	50	115 pts Membership	Varies	Community Event	10
	Adams Camp x 2	60		Varies	2 Health/wellness	20
	Community Events	30		\$10	CE	10
	ACC Club	40	130 pts Service	\$129	Rocky Mountain Conference	50
\$129	Rocky Mountain Conference	50		\$239	TOTAL	155
\$25	5 CE	50	100 pts CE			
\$254	TOTAL	345				

Scenario 3**First Year:****Second Year:**

Approx. Cost	Activity	Points		Approx. Cost	Activity	Points
\$100	APTA Member	50		\$100	APTA Member	50
	Advance article	50	100 pts Membership	\$0-50	APTA Section Member	15
	Adams Camp x 2	50		\$100	TOTAL	65
	Community Events	150				
	ACC Club	40	240 pts Service			
\$30	6CE	60				
\$40	CO SIG Ed event	40	100 pts CE			
\$170	TOTAL	440				

PHYSICAL THERAPIST ASSISTANT PROGRAM
PROPOSED TEXT LISTS – 2019 -2021

The following list is a **proposed** list for textbooks for students enrolled in the PTA Program. The addition or deletion of any text is at the discretion of the PTA faculty and may occur at any time during your PTA education. The prices quoted are subject to change. The PTA faculty does not control costs of any text and attempts to select the texts to maximize learning in physical therapy as physical therapist assistants.

FALL SEMESTER

Required Program Text:	Physical Rehab, O’Sullivan & Schmitz	\$142.75
PTA 115	Introduction to Physical Therapy, Pagliarulo	84.75
PTA 110	Patient Care Skills, Minor	136.25
	Medical Dictionary – Taber’s or Mosby’s	48.95
PTA 131	On Course, Downing	127.25
PTA 175	Medical Terminology Simplified	110.00
PTA 117	Acland’s DVD Atlas of Human Anatomy (recommended)	200.00
	Trail Guide to the Body	77.25
HPR 117	Essentials of Kinesiology-- Nuemann	<u>82.50</u>
		\$1009.70

SPRING SEMESTER

PTA 120	Physical Agents , Behrens	\$55.94
	Beard’s Massage	84.75
PTA 141	Documentation Basics, Erikson	47.00
PTA 134	Pathophysiology for the PTA, Goodman	90.79
PTA 140	Fundamentals of Therapeutic Exercise, Kisner/Colby	<u>83.89</u>
PTA 135	Same as PTA 120	
		\$362.37

SUMMER SEMESTER

PTA 280	Student Clinical Handbook & CPI	
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FALL SEMESTER

PTA 124	(Same as PTA 134)	
PTA 230	Measurement of Joint Motion, Norkin & White	\$53.99
	Muscle Testing, Daniels & Worthington	<u>91.94</u>
PTA 281	(Same as 280)	
		\$145.93

SPRING SEMESTER

PTA 240	Neurologic Intervention for PT, Martin	\$52.00
PTA 240	Improving Functional Outcomes in Rehab	47.00
PTA 205	Psychosocial Issues in Health Care, Drench	56.29
PTA 278	PTA Exam Study Guide, Giles	<u>90.00</u>
PTA 282	(Same as 280)	
		\$245.29

Recommended for Program Use as Reference Sources:

Merck Manual	Rehab Specialist's Handbook, Rothstein
Taber's Dictionary	OR Mosby’s Medical Dictionar

EVALUATION PROCEDURES

Evaluation methods may include but not limited to the following:

- Assignments
- Tests (exams)
- Quizzes
- Group activities
- Oral presentations
- Performance evaluations (skill checks)
- Class participation

Specific methods will be provided during the course.

- A. The following is the grading scale for all of the Physical Therapist Assistant Program courses:

92-100%	= A
83-91%	= B
75-82%	= C
67-74%	= D
0-66%	= F

Students must achieve a 75% in both written AND lab grades, in addition to maintaining a 75% average in the cumulative course work to successfully complete a course. Successful completion is required for continuation in the program.

All major aspects or components of the grade in each course must be completed for the published grading criteria to apply. Failure to complete all aspects will result in a failing grades unless previous arrangements are made by the student to receive an incomplete or withdraw from the course. **A student will not receive a passing grade in any class in which he/she does not earn any of the recorded minimums.**

- B. Scores on final examinations (both written and practical) must be at least 75%. Similarly, an exam score below 67% on any examination is unacceptable and may result in dismissal from the program.
- C. Students must earn a "C" or better in all PTA and General Education courses. If a student earns a "D" or an "F" in a PTA or Science course, the student will be dropped from the program. The student is eligible to apply for readmission to the PTA program.
- D. For PTA clinicals and internships, the student must completely satisfy all components of these courses to receive a passing grade of "C" or higher. If the student fails any component, (and consequently the course) he/she may be

allowed to take a second internship at another facility arranged at the ACCE and facility's convenience. If the second placement is also failed, the student will fail the entire course. Failure to successfully complete a clinical will result in dismissal from the program.

- E. All appeal policies will be followed in the case of student appeal. (See college catalog.)
- F. Students are reminded to not discuss any quiz or test before all students have taken the quiz or test. It is in the best interest of everyone to not "assist" your friends in their education. This is considered cheating, and is justification for dismissal from the PTA program.
- G. **Test questions regarding the safety or contraindications will penalize students three times the weight of the question.**
- H. Program students will be allowed to repeat only one (1) PTA core curriculum didactic course (excluding PTA 280, 281, and 282). If a second "D" occurs in the PTA core curriculum classes the student will be dismissed from the PTA Program. The student is eligible to reapply for readmission.
- I. All successful repeats of any course or clinical must occur within one year. If a student delays graduation from the original curriculum tract due to a leave of absence, academic failure, etc. verification of technical competencies in PTA 110, 120, 230 and 240 is required.

ATTENDANCE/TARDY POLICY:

ATTENDANCE:

The attendance policy of the Physical Therapist Assistant Program will be the same as Arapahoe Community College's with the following additions:

- A. Ten percent (10%) absence (excused or unexcused) in lecture or lab classes will result in the student receiving an attendance-warning letter from the instructor. Any additional absences beyond the 10% will result in the lowering of that grade one complete letter grade for the class.
- B. Twenty percent (20%) absence (excused or unexcused) in lecture and/or lab classes may result in the student being dropped from the class. If a student is dropped from a class for excessive absenteeism, continuation within the PTA Program will be decided by the Program Director.

TARDY:

It is considered unprofessional behavior for students to arrive late and/or leave early from lecture, lab, or internships. Students are to be ready to begin all educational opportunities at the scheduled start of that lecture, lab, or internship. Failure to do so will result in the student being tardy.

Students are to be ready in appropriate lab attire for the lab classes at the scheduled start of the lab. Failure to do so will result in the student being tardy. Three instances of being tardy or leaving early will be equivalent to one absence and dealt with as such.

ASSESSMENT POLICIES

ASSIGNMENTS: All assignments must be submitted as described in course materials. **DO NOT LEAVE ASSIGNMENTS UNDER OFFICE/CLASSROOM DOORS, THE CLEANING STAFF MAY DISPOSE OF THEM.**

Late Assignments: Policies regarding late assignments will be described in each course syllabus.

EXAMS: Policies regarding a student's opportunity to make up or retake an exam will be described in each course syllabus.

QUIZZES: Policies regarding a student's opportunity to make up or retake a quiz will be described in each course syllabus.

TEAM ASSESSMENT:

Group activities are learning experiences designed to promote teamwork among peers. It is a process that involves organization, time management, delegation, and accountability of all members of the team.

All members of the team will receive the same grade for their project which may be oral and/ or written presentations.

PTA Program Statistics

	2014	2015	2016	2017	2018
Number of students who applied	64	64	75	58	48
Number of students accepted	22	20	20	20	20
Number of students accepted who enrolled	22	19	19	19	20
Number of Minority Students	2	2	1	2	0
Average age	34	29	33	32	29
Number of graduates	16	19	14	18	

PROFESSIONAL ORGANIZATIONS

PROFESSIONAL ORGANIZATIONS

PTA Club

The Student Physical Therapist Assistant's Club of Arapahoe Community College has been established to act as an advocate for physical therapy and as a support system for the needs of its student members. It is open to any ACC student who is interested in physical therapy. PTA Program students are required to participate.

The American Physical Therapy Association (APTA) (www.apta.org)

This professional organization is also open to all students in an approved Physical Therapy Program at reduced membership fees. As a member you will receive all student mailings and the Journal of the American Physical Therapy Association. Students are encouraged to join.

The APTA of Colorado (www.aptaco.org)

This state professional organization is open to all students in an approved Physical Therapy Program and offers reduced membership fees. Students are encouraged to participate in meetings and seminars, many of which are held by the Mile Hi Colorado APTA District.

STUDENT AGREEMENT

I _____ (Print Name)
have received, read, and understand the policies and statements contained in this PTA handbook. **I do elect to abide** by these policies in pursuit of my goal to become a physical therapist assistant. I do have the motivation and the desire needed and by signing below, make a definite commitment to the program, for the duration of the program.

Student Signature

PTA Program Chair

Date

Date

I _____
(Print Name)

have received, read, and understand the policies and statements contained in this PTA handbook. **I choose to waive my rights to abide** by these policies in pursuit of my goal to become a physical therapist assistant and therefore **surrender my admission** into the PTA Program at Arapahoe Community College as indicated by the signature below.

Student Signature

PTA Program Chair

Date

Date