
**DEPARTMENT OF
PHYSICAL THERAPY ASSISTANT**

POLICY MANUAL



FALL 2015 – SPRING 2016

SUNY BROOME COMMUNITY COLLEGE

BINGHAMTON, NEW YORK

**SUNY BROOME COMMUNITY COLLEGE
BINGHAMTON, NEW YORK**

Upon signing this form, I agree that I have received and have read the Physical Therapist Assistant Policy Manual thoroughly and that I understand that I will be working with a variety of colleagues and patients throughout my education and that I will demonstrate professional conduct as instructed and outlined in the manual.

I also agree that I am well informed of the hands-on learning that will be required of me and understand that I will be used as a mock patient during lab activities, classroom learning activities and possibly on clinical affiliation. There may also be photos, audio or videotapes taken of me to be used for instructional purposes.

I will demonstrate conduct that reflects respect and courtesy in all interactions and understand zero tolerance policy regarding chemical impairment and its related disciplinary policy.

I agree that if I receive medical care for an acute injury or condition, I must produce a signed physician clearance prior to participating in lab or clinical activities.

Print Name _____

Signature _____

Date _____

Physical Therapist Assistant Policy Manual

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The items below can also be found online in your PTA100 course information.

[www.APTA.org](http://www.apta.org) :

Code of Ethics for the Physical Therapist (APTA)-

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf

Guide for Professional Conduct (APTA) -

[http://www.apta.org/uploadedFiles/APTAorg/Practice and Patient Care/Ethics/GuideforProfessionalConduct.pdf](http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforProfessionalConduct.pdf)

Standards of Ethical Conduct for the PTA (APTA)-

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/StandardsEthicalConductPTA.pdf

Guide for Conduct of the PTA (APTA)-

[http://www.apta.org/uploadedFiles/APTAorg/Practice and Patient Care/Ethics/GuideforConductofthePTA.pdf](http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforConductofthePTA.pdf)

Standards of Practice (APTA)-

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/StandardsPractice.pdf

Direction & Supervision of a PTA (APTA)-

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/DirectionSupervisionPTA.pdf

Professionalism: Core Values of the Profession (APTA)-

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Judicial_Legal/ProfessionalismCoreValues.pdf

Value-Based Behaviors for the PTA (APTA)-

<http://www.apta.org/uploadedFiles/APTAorg/PTAs/Careers/Values/ValuesBasedBehaviorsforPTA.pdf>

PTA Direction and Supervision Algorithms (APTA)

Minimum Required Skills of the Physical Therapist Assistant Graduate at Entry-Level (APTA) –

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Education/MinimumRequiredSkillsPTAGrads.pdf

PTA Clinical Problem-Solving Algorithm (APTA) –

PT/PTA Teamwork – Models in delivering care (APTA) –

<http://www.apta.org/SupervisionTeamwork/Models/>

<http://www.op.nysed.gov> :

Application for License and First Registration (NYS) - <http://www.op.nysed.gov/prof/pt/ptforms.htm>

Practice Guidelines (NYS) - <http://www.op.nysed.gov/prof/pt/ptpracticeguide.htm>

Laws, Rules & Regulations (NYS) - <http://www.op.nysed.gov/prof/pt/ptlaw.htm>

Education Law

- [Title VIII](#) - links to all Articles
- [Article 136](#) - Physical Therapy

Rules of the Board of Regents

- [Part 29](#) - Unprofessional Conduct

Commissioner's Regulations

- [Subpart 77](#) - Physical Therapy
- [Section 52.43](#) - Physical Therapy

Self-assessment

- [Test Your Knowledge of Law and Practice](#)

TO THE STUDENT:

Welcome to the Physical Therapist Assistant Program at SUNY Broome Community College!

This manual has been prepared as a guide for your use while here at SBCC. Along with the college catalog and student handbook, it comprises a contract between the program and you. It is important that you be familiar with all policies and procedures before entering the program. If anything is unclear or left unanswered, we are here to answer your questions.

We wish you success at SBCC and will be doing our best to help you achieve it.

Denise M. Abrams, P.T., D.P.T., M.A.
Department Chairperson
Physical Therapist Assistant Program

ACADEMIC FACULTY

DENISE M. ABRAMS, P.T, M.A., D.P.T.
PROFESSOR

JULIANNE KLEPFER, P.T., M.A.
ASSISTANT PROFESSOR

JOELLE MEYN, P.T.A.
ADJUNCT INSTRUCTOR

LYNNETTE MASLIN, PTA
CLINICAL LAB ASSISTANT

COMMUNICATION WITH THE COLLEGE

Ongoing communication is necessary for a mutually beneficial relationship between the clinical facility and college. If there are any problems, please do not hesitate to call the college office (open 8:00 a.m. to 4:30 p.m.) at (607) 778-5060.

Denise Abrams, P.T., D.P.T. M.A.
abramsdm@sunybroome.edu

Department Chairperson

Julianne Klepfer, P.T., M.A.
martinje@sunybroome.edu

Academic Coordinator of Clinical Education (ACCE)

ACCREDITATION

This program is accredited by the Commission on Accreditation in Physical Therapy Education. The Physical Therapist Assistant Program Chairperson is responsible for maintaining compliance with accreditation requirements.

Commission on Accreditation in Physical Therapy Education (CAPTE)

1111 North Fairfax Street, Alexandria, Virginia 22314

Telephone: 703-706-3245

email: accreditation@apta.org

website: www.capteonline.org.

CERTIFICATION

Graduates are certified by the New York State Education Department following successful completion of a licensing examination. Upon application for certification as a PTA in the state of New York, any graduate with convictions and/or pending charges of criminal or professional misconduct will be required to go through a review process by the Office of Professional Discipline to determine eligibility for certification (see application).

The law requires a licensee in Physical Therapy to be of “good moral character.” On the licensing application, a candidate must answer several questions about criminal charges or convictions that he or she may have been convicted of or any professional misconduct that the candidate may have been charged with if applying as a licensee from another jurisdiction. Charges of this sort may or may not result in a candidate being denied licensure. A panel of three State Board members will hear the case and make a decision about the severity and relevance of the misconduct or criminal charges. There are many factors that are taken into consideration, some of which are the kind of misconduct – it could be as simple as an administrative warning which would probably not prohibit a candidate from getting a license. Or it may be that the candidate has committed a violent crime – which will more than likely result in a negative recommendation by the hearing panel.

OFFICE OF THE PROFESSIONS

Questions regarding scope of practice, call (518) 474-3817, X180.

Questions regarding certification/application processing unit, call (518) 474-3817, X270

Or opunit3@mail.nysed.gov.

Office of Professional Misconduct and Discipline, call 1-800-442-8106 or (315) 453-3124. This site contains [information concerning professional misconduct](#), including how to file a complaint and search for disciplinary actions taken against licensees.

American Physical Therapy Association (APTA)

www.APTA.org 1-800-999-APTA(2782)

www.NYPTA.org 1-518-459-4499

NON-DISCRIMINATION COMMITMENT

In all of its activity, the College adheres to its non-discrimination commitment:

SUNY Broome Community College does not discriminate on the basis of race, sex, color, creed, religion, age, national origin, disability, marital status, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era in the recruitment or education of students; the recruitment and employment of faculty and staff; or the operation of any of its programs or activities. Where relevant, state and federal laws apply.

The designated coordinator for compliance with Title VI and VII of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972, and Section 402 of the Vietnam Era Veterans' Readjustments Assistance Act of 1974, as amended, is the Affirmative Action/Equal Opportunity Officer.

The designated coordinator for compliance with Section 504 of the Rehabilitation Act of 1973, as amended, is the Director of Student Support Services.

For further information or questions, contact the appropriate office weekdays, during regular College hours.

PHYSICAL THERAPIST ASSISTANT STUDENT ESSENTIAL FUNCTIONS

The Essential Functions are the nonacademic requirements of each Program. They correspond to the physical, psychological, and professional demands required of a Physical Therapist Assistant. These practitioners perform procedures that impact patient care and safety. For this reason, although SUNY Broome Community College is an Equal Opportunity/Affirmative Action Institution, it is important that every applicant meets certain technical standards (essential functions) to be able to engage in training activities that will not endanger students, faculty or patients.

The minimum goal or expectation of the program is to prepare competent entry-level Physical Therapist Assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

With appropriate accommodations if needed, all students must be able to perform activities such as those listed below.

Physical Functions:

1. Ability to efficiently implement the skills required in performing physical therapy functions using sufficient gross motor coordination and strength.
 1. Lift 1/3 of your body weight.
 2. Help in lifting patients who may be comatose, paralyzed, or otherwise incapacitated.
 3. Lift, move, and push heavy equipment, i.e. Hoyer lift, stretchers etc.
 4. Able to ambulate and safely guard an incapacitated patient to prevent falls.
 5. Able to move patient, and align body parts.
2. Ability to perform delicate manipulations that require good eye-hand coordination and fine motor skills.
 1. Operate computers.
 2. Do such tasks as gloving and gowning.
 3. Operate controls on machinery.
 4. Ability to write legibly and correctly.
3. Ability to read typewritten text and patient data from a computer screen, with or without corrective devices.
4. Ability to communicate orally and in writing instructions and directions to patients and to and from other health care personnel.
5. Ability to navigate efficiently within the classroom, hospital and clinic corridors, passageways, and doorway at a pace consistent with that of other employees.
6. Ability to speak, to hear, and to observe patients in order to elicit information, perceive nonverbal communication, describe changes in mood, activity and posture.
7. Ability to react quickly in emergency situations, to distress sounds, visual distress cues, emergency alarms, and vital sign assessment equipment.

Psychological Functions:

1. Ability to perform accurately and quickly even under stressful conditions and adapt to changing situations.
2. Ability to exercise independent judgment and think logically in the performance of one's duties.

3. Ability to organize and assume responsibility for one's work.
4. Ability to identify behaviors that would endanger a person's safety and intervene quickly in a crisis situation with an appropriate solution.
5. Ability to react quickly, both mentally and physically.
6. Ability to remain calm, rational, decisive, and in control at all times, especially during emergency situations.

Professional Functions:

1. Ability to communicate in the English language in a professional, positive, tactful manner with patients and their family members, physicians, nurses, other health care and non-health care employees.
2. Ability to maintain patient confidentiality and exercise ethical judgment, integrity, honesty, dependability, and accountability in the performance of one's professional responsibilities.
3. Ability to work carefully while maintaining efficiency and organization.
4. Ability to exercise critical thinking skills to solve problems.
5. Ability to follow written or verbal directions to perform tasks or procedures.
6. Ability to project a well-groomed, neat appearance and maintain cleanliness and personal grooming consistent with close personal contact.
7. Ability to work as a member of a team.
8. Exhibit social skills appropriate to professional interactions.

Each entering candidate must be capable of exercising good judgment, developing empathetic and therapeutic relationships with patients and others, and tolerating close and direct physical contact with a broad and very diverse population of laboratory colleagues and patients. This will include people of all ages, races, socioeconomic and ethnic backgrounds, as well as individuals with weight disorders, physical disfigurement and medical or mental health problems. Each candidate must also demonstrate the ability to foster cooperative and collegial relationships with classmates, instructors, other health care providers, patients and their families.

COLLEGE VISION, MISSION, STRATEGIC INITIATIVES AND INSTITUTIONAL LEARNING OUTCOMES

Vision Statement

SUNY Broome Community College will be widely recognized as a preeminent institution of higher education where hope, passion, and opportunity are fully realized.

Mission Statement

SUNY Broome Community College provides a quality educational experience to a diverse population, offering all the opportunity to identify their potential and to realize life goals.

Strategic Initiatives

1. Enrich the learning and teaching landscape at SUNY Broome.
2. Engage the campus, local, regional, and world community in meaningful partnerships which foster innovation and excellence.
3. Seek and refine proactive academic endeavors and student services which assist students in accomplishing their life goals.
4. Sustain and invest in SUNY Broome as a learning community.
5. Enhance and sustain the infrastructure and environment for a dynamic living-learning community.
6. Foster an integrated approach which creates a foundation for student empowerment in critical thinking, problem-solving, civic engagement, and self-efficacy.
7. Ensure a sustainable organization with a high level of excellence.

SUNY BROOME INSTITUTIONAL LEARNING OUTCOMES

SUNY BROOME graduates will be able to:

1. Apply relevant knowledge, technology, and tools from the academic disciplines in the contexts of personal, professional, and civic interactions, with sensitivity to diverse peoples and cultures.
2. Read, write, speak, and listen effectively in both personal and professional spheres.
3. Retrieve, organize, analyze, evaluate, and appropriately use information.
4. Perform effectively as a team member.
5. Reflect on, reason about, and form independent judgments on a variety of ideas and information, and use these skills to guide their beliefs and actions.
6. Exercise individual and social responsibilities through personal development and self-advocacy, healthy life-style choices, ethical behavior, civic involvement, interaction with diverse cultures, commitment to life-long learning, and engagement with global issues.
7. Integrate knowledge and skills gained and adapt them to new settings, questions, and responsibilities.

See SUNY Broome Community College catalog online at: <http://catalog.sunybroome.edu>

PTA MISSION

The purpose of the Physical Therapist Assistant Program at SUNY Broome Community College is to educate individuals to function in the role of Physical Therapist Assistant as defined by the State of New York and according to the guidelines of the American Physical Therapy Association. Critical thinking, problem solving, diversity, lifelong learning and community responsibility are the program cornerstones. Serving the PT profession is the foundation.

PTA PROGRAM GOALS

1. To present concepts, facts and entry-level skills as mandated appropriate for the physical therapist assistant by the APTA starting with the very basic ideas and progressing to the more complex levels of application in order to achieve professional certification.
2. To be responsive to student retention and attrition rates.
3. Provide learning experiences that meet the needs of students and effectively assist graduates in meeting their educational, professional, and related personal goals.
4. Provide learning experiences that encourage student engagement in lifelong learning experiences.
5. To graduate competent practitioners who are able to integrate the skills and procedures learned in all of their coursework including English, humanities etc. to meet the diverse needs of employers in healthcare institutions and related organizations.
6. Provide a sufficient number of healthcare graduates to meet the employment needs of healthcare organizations in their communities, and assist graduates to have adequate opportunities for employment in fields related to their program of study.
7. To encourage students to achieve and maintain a desirable level of professionalism.

PTA PROGRAM OUTCOMES

Communication

1. Utilize proper verbal, non-verbal and written communication.

Individual and Cultural Differences

2. Adjust behavior appropriately out of respect for individual and cultural differences with each patient/client and health care provider in an effective, appropriate and capable manner.

Behavior and Conduct

3. Display professional and ethical behavior.

Plan of Care/Intervention

4. Provide basic, safe, patient care and comfort.
5. Integrate knowledge and skills gained in biology, anatomy, physiology, kinesiology, psychology, physics, pathology, and pathophysiology and apply them to PT interventions.
6. Perform Physical Therapy Interventions and data collection, with excellence, according to the Scope of practice of the Physical Therapist Assistant, as directed in the plan of care, under the supervision of a licensed Physical Therapist.

Education

7. Demonstrate teaching and learning in physical therapy practice.

Administration

8. Participate in administration activities including: professional interaction with the health care team members; provision of accurate and timely documentation for billing and reimbursement; participate in quality assurance activities; and discuss organizational planning and operation of the PT department.

Social Responsibility

9. Discuss the Psychosocial Aspects of Health Care.

Career Development

10. Recognize that life-long learning is a continuum and identify life-long learning opportunities.

Outcomes measurement

11. Through observation, data collection, communication and problem solving, participate in determining patient/client progress toward a specific outcome as established in the plan of care by the Physical Therapist.

Critical Thinking/Clinical Problem Solving

12. Select appropriate patient/client interventions within the plan of care established by the Physical Therapist. Revised 5/15/13

PROGRAM OUTCOME THRESHOLDS

1. **Communication:** At least 85% of employers will rate graduates as average to above average in interpersonal skills and communication.
2. **Cultural Competence:** At least 85% of employers will rate graduates as average to above average in cultural competency.
3. **Professional Behavior:** At least 85% of program graduates will maintain APTA membership
4. **Professional Behavior:** At least 85% of employers will rate graduates as average or above average in professional behavior, and interpersonal skills.
5. **Physical Therapy Intervention/Plan of Care and Outcome Measurement:** At least 85% of employers will rate graduates as average to above average in PT interventions and data collection.
6. **Education:** At least 85% of employers will rate graduates as average to above average in their ability to educate patients, caregivers and other health care professionals as directed by the supervising P.T. and commensurate with the learning characteristics of the audience.
7. **Administration:** At least 85% of employers will rate graduates as average to above average in their provision of timely documentation for billing and reimbursement, participation in quality assurance activities and collaboration across the health care team.
8. **Social Responsibility:** At least 85% of employers will rate graduates as average to above average in their participation in community and service organization activities and pro bono services.
9. **Life Long Learning:** 100% of graduates will participate in professional continuing education.
10. **Critical Thinking, Problem Solving, and Integration of Skills and Procedures Learned in all Coursework:** At least 85% of employers will rate graduates as average to above average in critical thinking, problem solving and integration of skills.
11. **Performance on the FSBPT Licensing Examination:** The average graduate pass rate will be at least 80% over a 3-year period.
12. **Employment Rate:** At least 95% of graduates seeking employment will be employed within 1 year of graduation.
13. **Current Technology:** At least 85% of employers will rate graduates as competent in computer and other current technology as it relates to the Physical Therapy environment.
14. **Program completion rate will be 60% or above**

Reviewed and revised 5/13

ADMISSIONS INFORMATION FOR HEALTH SCIENCE DEGREE PROGRAM APPLICANTS

(<https://www.sunybroome.edu/admission-for-health-science-programs>)

Applicants to the PTA program must have specific academic background in math and sciences, either from high school or at the college level, to be considered for admission. The program participates in the competitive admissions process.

The Competitive Admissions Process

The Competitive Admissions process compares the academic strength of applicants with respect to the academic preparation required for a specific Health Science program. An Admissions Committee assesses each applicant's academic performance in the math and science background required for the Health Science program to which they have applied. Offers of admission are made based on an applicant's academic strength (grades in prerequisite subjects and high school average or college GPA) compared to other applicants and the number of seats available in a particular program. Meeting the minimum math level and science course background does not guarantee admission.

ACADEMIC ADVISEMENT

Advisement of students in the PTA program should begin before the entering semester to be most effective. Once enrolled in the PTA program, advising will continue with PTA faculty and appointments can be made during the advising/pre-registration period determined by the college.

Academic Advising assists students to understand degree requirements, college policies and procedures and how to best utilize college services and resources; however, the responsibility to meet course prerequisites and graduation requirements at the intended graduation date, both with respect to selecting courses and to completing them satisfactorily, rests with the student. Students are responsible for keeping track of the status of their own financial aid eligibility and of the coursework that would be covered by that aid.

Please recognize that it may not be possible or feasible to provide a student with a schedule that simultaneously meets academic requirements, optimizes eligibility for financial aid or insurance, and meets at times favorable for work, family, and other responsibilities.

CURRICULUM PLAN

FALL SEMESTER

CREDITS

| | |
|--|------------------|
| BIO 131 - Human Biology I | 4 CREDITS |
| ENG 110 – College Writing I | 3 CREDITS |
| PSY 110 - General Psychology | 3 CREDITS |
| PTA 100 - Intro to Physical Therapy I | 4 CREDITS |
| PTA 104 – Basic Musculoskeletal Anatomy | 1 CREDIT |
| PHY 118 - Physics for Physical Therapist Assistant | <u>4 CREDITS</u> |
| TOTAL | 19 CREDITS |

SPRING SEMESTER

| | |
|--|-----------------|
| BIO 132 - Human Biology II | 4 CREDITS |
| PTA 101 - Intro to Physical Therapy II | 4 CREDITS |
| PTA 102 - Intro to Rehabilitation | 4 CREDITS |
| PTA 103 - Physical Agents and Massage | 4 CREDITS |
| MDA 114 - Standard First Aid Management of Emergencies | <u>1 CREDIT</u> |
| TOTAL | 17 CREDITS |

SUMMER TERM – CPR Certification in professional (2 person) CPR for adults and infants is required prior to PTA 110 and current through PTA 220

| | |
|----------------------------------|------------------|
| PTA 110 - Clinical Affiliation I | 3 CREDITS |
| PSY 210 – Human Development | <u>3 CREDITS</u> |
| TOTAL | 6 CREDITS |

FALL SEMESTER

| | |
|-----------------------------------|------------------|
| PTA 201 - Kinesiology | 4 CREDITS |
| PTA 202 - Therapeutic Exercise | 4 CREDITS |
| PTA 210 - Clinical Affiliation II | <u>4 CREDITS</u> |
| TOTAL | 12 CREDITS |

SPRING SEMESTER

| | |
|------------------------------------|------------------|
| PTA 213 - Senior Seminar I | 5 CREDITS |
| PTA 224 - Senior Seminar II | 1 CREDIT |
| PTA 220 - Clinical Affiliation III | <u>6 CREDITS</u> |
| TOTAL | 12 CREDITS |

TOTAL CREDITS 66

Two "W" emphasis courses and one designated "Civic Education" course must be completed.

ADDITIONAL FEES

Additional expenses for PTA students

- | | |
|--|------------------------------------|
| 1) PTA club dues | \$5.00 paid one time as a freshman |
| 2) Books (including class manuals) | Approx. \$500.00/semester |
| 3) Certification Fee | \$103.00 |
| 4) Limited permit Fee | \$50.00 |
| 5) Application for State Boards | \$370.00 |
| 6) Prometric Fee (where you take exam) | \$55.60 |
| 7) Neehr Perfect EHR | \$35/semester |

These fees are as of January 1, 2014

SCHOLARSHIPS AND LOANS

The S.B.C.C. Financial Aid Office, located in the Student Services Building, is available to assist students in building a financial aid packet.

TRANSFER CREDIT*

Upon receipt of a formal acceptance letter from the S.B.C.C. Admissions Office, and upon request of the entering student, the department chairman will review the student's transcripts for courses, taken at appropriately credentialed institutions, which are equivalent to those required in our curriculum. A Transfer Credit Evaluation form will then be filed with the Registrar's Office, and transfer credit will appear on the student's official S.B.C.C. transcript.

Students wishing an unofficial summary of potentially eligible transfer credit may contact the department chair.

CREDIT BY EXAM*

Students who wish to apply to earn credit by examination for any of the required courses in the PTA curriculum may do so by applying to the department and supplying evidence in support of his/her request.

College policy establishes procedure for evaluating requests for credit by exam as well as for administration of exams.

Examples of situations where a student might apply for credit by exam are: 1) previous coursework in an atmosphere which does not qualify for formal transfer credit, or 2) as a result of work experience or training which he/she feels covers similar material to the course being challenged.

CREDIT BY PORTFOLIO ASSESSMENT*

The college provides a process by which students can apply for and receive credit by portfolio assessment.

*NOTE: Students who earn credit by exam, transfer, or evaluation which is equivalent to the first year of the program will be allowed to enter the second year on a space available basis only.

ATTENDANCE POLICY

Attendance in all PTA courses will be taken daily. Attendance may be used in the calculation of the course final grade, as per individual course syllabus. Students are expected to attend all classes and will be responsible for all assigned work. If a student is absent, it is his/her responsibility to contact the instructor to initiate make-up work.

GRADING POLICY

The program adheres to the grading policy, as published in the college catalog.

A minimum grade of C in each PTA course is required in order for a student to progress in the PTA curriculum.

A copy of the equation for determining the students' grades in each PTA course will be given to students during the first meeting of that course. It will include:

1. The number of quizzes/exams to be given
2. Additional criteria to be used to determine grades
3. Breakdown of the percentage of grade assigned to each exam/quiz/additional criteria

Examinations may be offered on paper, on-line or as a practical examination. Students may review their examinations and if additional review is needed, may make an appointment to meet privately with the professor.

SUNY Broome Community College
Health Science Programs:

ADMISSIONS AND PROGRESSION PROCEDURES

Admissions

Competitive Admissions Procedures (see “Admissions Information for Health Science Degree Program Applicants”)

Clinical Progression

- 1) Students must satisfactorily complete each scheduled, successive clinical course, in order to progress in the program

Dismissal

- 1) All students attending S. B.C.C. are subject to the “Policy of Standards for Academic Progress” as defined in the college catalog.
- 2) Each Health Science program policy manual includes information on additional criteria used by the program for dismissing students from that program. Program policy manual procedures are supported by the college. Students dismissed from a program are advised to see an academic adviser, if they wish to continue taking courses within another curriculum. Dismissed students lose the curriculum designator and will no longer be advised by the department faculty or chair.

Readmission to the Program

- 1) Students dismissed from a Health Science program may apply for readmission and will be considered eligible for the competitive admissions process. Students dismissed more than once may not reapply to the same program.
- 2) Students who have successfully completed one or more major courses in a health science program and interrupt their course of study may be readmitted directly into program courses, bypassing the Competitive Admissions process, with permission of the Department Chairperson. Students who interrupt their course of study before completing courses within the major must reapply through competitive admissions.
- 3) Each Health Science program policy manual includes information on additional criteria used by the program for readmission of students to that program. This may include maximum time frames of eligibility for readmission or degree completion.

Adopted 4/03/06
Edited 3/19/07, 04/08/13

STANDARDS FOR ACADEMIC PROGRESS

The program adheres to the college policy on Standards for Academic Progress, as published in the college catalog.

A student who receives a grade of C- or less in a PTA designated course or MDA 114 is considered to have failed the course.

Students with two (2) failures in a PTA program course will be dismissed from the program.

If a student fails to pass a second attempt at a practical exam, it will result in an automatic failure of the course and the student will receive an "F" grade for that course. The student will be unable to progress in the program due to failure to successfully complete a prerequisite for the next semester.

Students receiving an Unsatisfactory (U) grade in any Clinical experience will be scheduled to repeat that experience. A maximum of 1 repeat will be allowed before dismissal from the program.

A Satisfactory (S) grade in all Clinical courses is required for graduation.

Once a student begins the clinical laboratory courses (those designated PTA 102 and above), he/she must complete the professional curriculum within three academic years.

A student who is readmitted to the PTA program (with permission of the Chairperson) is required to complete and pass a comprehensive practical exam to ensure competency prior to progressing in course work or clinical affiliations.

The student Academic Appeals procedure may be found in the college student handbook, online at <https://www.sunybroome.edu/student-academic-appeals-procedure> or from an academic Dean's office.

Edited 7/28/14

WAIVER FOR DEFERED DUE DATE FOR SERVICE LEARNING HOURS

The student _____, has been granted a deferment of the due date for completing 50 hours of volunteer/service learning. This student has provided appropriate evidence that they are not able to complete the hours prior to enrollment in the PTA courses. The due date for completion is now _____.

Denise Abrams, P.T., D.P.T., M.A.

Chairperson, Physical Therapist Assistant Program

SUNY Broome Community College

abramsdm@sunybroome.edu

WAIVER FOR SERVICE LEARNING HOURS

The student _____, has been waived from completing 50 hours of volunteer/service learning. This student has been employed in a PT clinic for more than 50 hours.

Denise Abrams, P.T., D.P.T., M.A.

Chairperson, Physical Therapist Assistant Program

SUNY Broome Community College

abramsdm@sunybroome.edu

ADDITION OF/WITHDRAWAL FROM PTA COURSES

All students in their second semester of their first year of the program will be full-time students, even if they have completed their general education requirement. Any student who elects to change to part-time status will be allowed to enroll in the second semester any subsequent year on a space-available basis only. Readmittance to the program will be determined using competitive criteria.

Each of the PTA courses builds on the previous PTA class; therefore it is not possible to take courses out of the order designated on the curriculum plan.

As per college policy #5.5.8., students may withdraw from PTA courses by official drop/add form. Deadline dates for adding and dropping a course are available through the registrar each semester.

STUDENT ACCIDENT INSURANCE

Full-Time and Part-time Students: All students enrolled in a full-time or part-time study at Broome Community College pay a mandatory annual fee for Student Accident Insurance. The Student Accident Insurance pays up to a specific amount indicated by the policy for medical treatment due to an accident. Accident insurance includes on or off campus for a period of twelve months, i.e., needle stick injury/follow-up care.

Note: The Student Accident Insurance policy is considered supplemental insurance; it enhances existing health (primary) insurance. Invoices for medical services are first submitted to one's primary health insurance carrier. If there are any unpaid claim sums, these may be submitted to the Student Accident Insurance. If a student does not have primary health insurance coverage, then the Student Accident Insurance acts as primary insurance in cases of payment for medical care related to an accident. **Please review the policy for details of coverage.**

OTHER HEALTH RELATED COSTS

All students are financially responsible for medical expenses that may arise in an assigned classroom/clinical setting, other than those deemed accidental by definition of the student accident policy. Information about the purchase optional student health insurance is available through Student Health Services. **Please review the policy for details of coverage.**

SUNY Broome Community College SEXUAL HARASSMENT POLICIES/INFORMATION:

According to Title IX if a student speaks to a Clinical Instructor regarding a matter of sexual harassment/Sexual Violence the Clinical instructor (Supervisor) is obligated to report this incident to “one” other person. This person can be the ACCE of the SUNY Broome Community College PTA Department, the Chairperson of the SUNY Broome Community College PTA Department or SUNY Broome Community College’s Dean of Students (607-778-5681) or the SUNY Broome Community College Title IX Coordinator (607-778-5213).

If a Clinical Instructor has been sexually harassed by a student this should be reported as well.

Anonymous Online Incident Reporting can be completed at: <http://sunybroome.wufoo.com/forms/incident-reporting>.

More information regarding this issue can be found at the Title IX Website:
<http://www2.sunybroome.edu/TTITLEIX>

Policy and Procedure Manual can be found at www.sunybroome.edu.

Procedure: Amorous Relationships

Authority: College President

Approved: July 27, 2000

Revised:

Reference No.: 2.6

Cross Reference: Policy 1.28

1. Background

Romantic or sexual relationships between college employees and students currently enrolled in their classes or under their direct or indirect supervision, or between supervisory employees and people whom they supervise (directly or indirectly), violate accepted standards of professional conduct. Such relationships are problematic for a variety of reasons:

A. Conflict of interest issues arise. It is difficult if not impossible to evaluate objectively the work of a student or employee with whom one is or has been romantically involved.

B. So-called "voluntary consent" is suspect, given the fundamentally asymmetric nature of power in a teacher-student or supervisor-subordinate relationship. If a charge of sexual harassment is subsequently lodged, it will be exceedingly difficult for the accused to sustain a defense on the grounds of mutual consent voluntarily given. This is a concern even if the faculty member or supervisor makes arrangements to eliminate the conflict of interest after the relationship has begun.

C. The potential for abuse and exploitation is high during any such relationship. The potential for retaliatory harassment is strong when an affair ends.

D. Other students or employees may be negatively affected by the real or apparent favoritism of an employee toward the person with whom he or she is involved.

E. Because of the asymmetry of the power relationship, the employee in the position of power will always be presumed to bear a higher level of responsibility. However, because such relationships pose a variety of potential problems, students and subordinate employees are also strongly advised to avoid initiating or becoming involved in such relationships.

2. For conflicts of interest that exist when the policy first takes effect

If a relationship posing the conflict of interest described above exists at the time this policy first takes effect, the employee in the position of power over the student or subordinate employee must report the situation within 30 days and seek advice and counsel from his or her immediate supervisor, the Affirmative Action Officer, or the Human Resources Officer. The employee in the position of power must work with his or her supervisor, the Affirmative Action Officer and the Human Resources Officer to make a plan to eliminate the conflict of interest, or must apply for an exemption from the policy. The plan for eliminating the conflict or the exemption must be put in writing, with a copy to the parties involved, to the immediate supervisor, and to the Human Resources Officer and the Affirmative Action Officer.

3. Applying for Exemption

The preferable course of action for employees in positions of power is always to prevent a conflict of interest or to eliminate a conflict of interest immediately if one arises. If the conflict of interest cannot be entirely eliminated, however, and if fully severing the college relationship would create undue academic or financial hardship to the student or subordinate employee, then the supervisory employee must request an exemption from this policy.

Such a request must be made to the immediate supervisor, the Human Resources Officer or the Affirmative Action Officer. The supervisor, the Affirmative Action Officer and the Human Resources Officer must meet to consider the request and make a recommendation to the President. If granted, the exemption must include a plan for assuring that to the extent possible, supervisory duties are assigned to another employee to assure unbiased supervision or evaluation of the student or subordinate employee. The exemption must be put in writing, with a copy to the parties involved, to the immediate supervisor, and to the Human Resources Officer and the Affirmative Action Officer.

4. Reporting Violations

Violations of this policy should be reported to the violator's immediate supervisor, the Affirmative Action Officer, the Human Resources Officer, or the College President. Members of the college community who receive such a complaint should report the complaint to the Affirmative Action Officer and/or the Human Resources Officer. The Affirmative Action Officer and Human Resources Officer shall then investigate the complaint and make recommendations to the President who will make the final determination on a course of action.

Complaints against the Affirmative Action Officer or Human Resources Officer may be brought to the College President and must be investigated by appointees of the College President, who must then recommend an appropriate administrative course

of action to the President. Complaints against the College President may be brought to the Chair of the Board of Trustees and must be investigated by appointees of the Chair of the Board of Trustees, who must then investigate the complaint and recommend an appropriate administrative course of action to the Chair of the Board of Trustees. Complaints against Trustees may be brought to the Affirmative Action Office at SUNY Central.

5. Violations of the Policy or Procedure

Violations of the policy or procedure may result in disciplinary action, up to and including termination of employment.

CELL PHONES

Cell phones are not to be turned on during class or laboratory time. In the event of an exceptional circumstance such as a very sick family member, the student will inform the instructor that a call may be received during the class or laboratory time. If the instructor agrees, the cell phone will be placed into "silent

mode”, and the student will quickly and quietly leave the room to take the phone call. In cases of emergency, students may be contacted through the SBCC security office. All cell phones must be completely off during examinations, allowing students to concentrate without distractions. The instructor has the right to ask that all cell phones be placed on the instructors’ desk or table during examinations.

CAREER/ACADEMIC/PERSONAL COUNSELING

Counselors offer [career](#), [transfer](#), and [academic](#) counseling. They are also committed to helping you resolve [personal](#) problems or concerns that interfere with academic achievement, and to helping you develop behaviors that enhance your decision making skills, increase self confidence, and enable you to meet future challenges.

It's never too soon to begin planning for the transfer process. We encourage you to meet with a counselor early in your first semester—during a scheduled appointment or during walk-in hours—to discuss transfer college selection, the transfer application process, academic preparation for transferring, colleges and universities with programs of study in disciplines of interest to you, and transfer scholarships and other resources that are available to you.

You can meet with a counselor to:

- [Identify career options](#)
- [Resolve personal issues impeding your academic progress](#)
- [Address stress or test anxiety](#)
- [Research career information such as education required and earning potential](#)
- [Learn about career opportunities for various academic programs](#)
- [Take and interpret career assessments](#)
- [Select an academic program that fits your interests and skills](#)
- [Research and apply to transfer colleges](#)
- [Review transfer college applications](#)

Revised 6/9/15



**Schedule an
Appointment**

(607) 778-5210
counselingservices@sunybroome.edu

Counseling and Career Services is
located in Suite 210 of the Student
Services building.

Counselors are available by
appointment Monday through
Friday from 9:00-4:00.

LABORATORY ETIQUETTE AND SAFETY

The main objective of the labs is to adequately prepare students to enter the clinical education segment of the program with specific entry level skills. The labs and lab practicals are Pass/Fail and are competency based to allow the student the practice necessary to become proficient.

Students are required to attend each lab session assigned. If there is a necessary absence, the instructor should be informed and the student must schedule a make-up lab. It is the student's responsibility to request a class mate to assist with the make-up lab as a partner.

PATIENT SIMULATION:

Students will act as subjects or mock patients during lab and clinics. The student must inform their faculty member or clinical instructor of any illness, condition or impairment which would disqualify them from a particular modality or procedure. For example, if a student knows or suspects they are pregnant, they will be excused from acting as a mock patient for electric stimulation.

Medical Care:

If a student receives medical care for an acute injury or condition, they must produce a physician clearance and signed Waiver of Responsibility prior to participating in lab or clinical activities (waiver form is attached at the end of this section).

Photo Release:

The students may be photographed, videotaped or audiotaped in the lab or clinic for instructional purposes.

DRUG TESTING/BACKGROUND CHECKS:

While attending clinical affiliation, the student may be asked to submit to drug testing or background checks in accordance with zero tolerance policies of specific clinics. Detailed information regarding this policy is found in the Chemical Impairment section of this policy manual.

*****THE STUDENT SIGNATURE ON THE FACE PAGE OF THIS MANUAL SIGNIFIES INFORMED CONSENT.**

LAB ATTIRE:

Lab attire consists of shorts, bathing suits and sweats. The student can determine which part of the body will need to be exposed for each lab by consulting the class syllabus. Students should come dressed and ready to begin each lab session. **If you choose to wear contact lenses, realize that there is an increased risk of injury if you come into contact with infectious material or chemicals.**

LAB SET-UP/CLEAN-UP:

Pillow cases and sheets should be used to cover pillows and plinths at all times. Once used, students will remove pillow cases and sheets and other linens used during the laboratory session and replace them with clean linens. Soiled or used linen will be placed in proper receptacles. Students will wash and dry the linen as instructed and assigned by the Clinical Lab Instructor. Students will be responsible to clean plinths and mat tables after each use.

LAB EXAMS:

Students must pass each practical to continue in the course. There is one retake of each practical allowed. The retake practical must be scheduled with the instructor of the class.

SAFETY:

All faculty are required to attend OSHA training in handling hazardous materials. Safety Data Sheets (SDS) are completed on all chemicals used in the lab and are stored in a tabbed, black notebook on the top shelf in the whirlpool room. SDS information can also be found online at <https://msdsmanagement.msdonline.com/ebinder/?nas=True>

Students are required to complete a module on bloodborne pathogens including a pre and post test. Students are educated in universal precautions and handling potentially infectious waste.

Equipment in the lab is inspected and calibrated yearly. Inspection stickers are visible on all appropriate equipment. There may be weight limits on tables and wheelchairs. The tilt table can accommodate persons weighing up to 500 pounds.

Students are not permitted to use or manipulate supplies or equipment prior to education relating to said supplies or equipment in the absence of a faculty member.

UNIVERSAL PRECAUTIONS:

Universal Precautions is the term used to describe the procedures used to ensure the safety of all health care personnel against exposure to infectious agents. In essence, use of universal precautions assumes that blood specimens or body fluids taken from any person may be contaminated with a potentially dangerous organism. Great care, then, is used with every specimen and in every situation in order to keep ourselves continually protected from those specimens which are infected. By always using good, safe practices, we remove the worry of potential harm to ourselves and those around us.

WORK PRACTICES:

Smoking, Eating and Drinking are **not** allowed in the lab.

ONLY PTA STUDENTS are allowed in the lab at any time. Equipment should not be handled, unless previously instructed in its use, to prevent unnecessary injury.

Classmates will be working as partners throughout the program and should treat each other with respect and dignity.

PROTECTION:

Hepatitis B vaccines are available and are advisable for all medical personnel.

INJURY OR ILLNESS IN CLASS OR LAB

- (1) Ill or injured students should receive first aid.
- (2) Dial 9911 (in house phone) or 911 (cell or pay phone) for any emergency and follow with a call to Public Safety at X5083.
- (3) Call Public Safety at X5083 if urgent but emergency help is not needed.
- (4) If illness or injury is not an emergency, ask the student to seek medical help at BCC's student Health Services Office X5181.
- (5) Notify the chairperson of the PTA program and document event noting student compliance or refusal to seek medical assistance
- (6) Documentation will be filed in the PTA office.

WALKING TANK SAFETY:

- (1) No student is allowed in the walking tank without permission of an instructor.
- (2) There must be at least 2 persons in the aquatherapy room when there is a student in the walking tank.
- (3) There will be no roughhousing in the walking tank, all action must relate to lab activities.
- (4) Beware of wet, slippery floors.

All safety procedures and policies should be enforced by the students as well as by the staff to ensure the good health of us all.

OFF-CAMPUS EDUCATIONAL EXPERIENCES

Activities may include but are not limited to:

- Scheduled off-campus laboratories

- Observation experiences or “field-trips” such as assigned in PTA 213 Senior Seminar I

Students are responsible for providing transportation to and from their scheduled off campus educational experiences. Students may **NOT** ride in a non-college vehicle driven by a clinical instructor, faculty member, or their designee. When attending an aquatic therapy educational experience held at a pool, there must be a lifeguard on duty.

PROFESSIONAL CONDUCT

The faculty of the PTA program comply with the college's Non-discrimination Commitment, APTA Code of Ethics, NYS Education Law, Rules of the Board of Regents, Commissioner's Regulations, and Standards of Ethical Conduct for the Physical Therapist Assistant.

Each student/graduate is expected to demonstrate a commitment to meet performance expectations of this program and the profession of physical therapy. Performance expectations include demonstration of sensitivity to individual and cultural differences in all aspects of physical therapy, conduct that reflects a commitment to meet or exceed the expectations of members of society receiving health care services, and conduct that reflects a commitment to meet or exceed the expectation of members of the profession of physical therapy.

Each entering candidate must be capable of exercising good judgment, developing empathetic and therapeutic relationships with patients and others, and tolerating close and direct physical contact with a broad and very diverse population of laboratory colleagues and patients. This will include people of all ages, races, socioeconomic and ethnic backgrounds, as well as individuals with weight disorders, physical disfigurement and medical or mental health problems. Each candidate must also demonstrate the ability to foster cooperative and collegial relationships with classmates, instructors, other health care providers, patients and their families.

Each candidate, student or graduate must respect and appreciate the value and dignity of every person and his or her right to an atmosphere not only free of harassment, hostility and violence but supportive of individual academic, personal, social and professional growth. They must adhere to practice standards, and perform legally, ethically and safely with knowledge of codes of ethics, standards for ethical conduct and in accordance with state laws and regulations. They must demonstrate behavior, conduct, actions, attitudes, and values that influence and promote excellence in patient care. They must demonstrate conduct that reflects respect and courtesy in all interactions. They must demonstrate truth in documentation and billing practices and participate in peer evaluations and self-evaluations. This represents the minimum acceptable standard of behavior for a physical therapist assistant. The PTA faculty believes that our patients, and those treated by our

colleagues, have the right to considerate and respectful care. Throughout your education you will be expected to demonstrate your investment in these standards by the manner in which you interact with your colleagues and patients.

Last Updated: 08/22/12

Contact: nationalgovernance@apta.org

STANDARDS OF CONDUCT IN THE USE OF SOCIAL MEDIA HOD P06-12-17-16 [Position]

Whereas, social media creates opportunities to communicate in a public forum;

Whereas, Physical therapists (PT), physical therapist assistants (PTA) and physical therapy students (students) must be knowledgeable and respectful of the principles of patient/client privacy and confidentiality in safeguarding identifiable patient/client information as it relates to social media;

Whereas, PTs, PTAs, and students who use social media should represent their own views and be professional and accurate in their communications;

Whereas, errors and omissions in communication, harassing statements, and unprofessional language presented via social media may have a long-lasting and possibly negative impact on the individual or the physical therapy profession;

Whereas, PTs, PTAs, and students shall consider when and how to separate their personal and professional lives on social media; and,

Whereas, PTs, PTAs, and students should be knowledgeable about employers', educational institutions', or clinical training sites' published policies on social media;

Resolved, Physical therapists (PT), physical therapist assistants (PTA) and physical therapy students (students) shall consider whether to interact with patients on social media or create separate personal and professional social media profiles;

Resolved, PTs, PTAs, and students shall not misrepresent when they are speaking for themselves or the American Physical Therapy Association (APTA), other organizations, educational institutions, clinical sites, or employers; and

Resolved, if an individual identifies content posted to social media by a colleague that appears unprofessional, s/he has a responsibility to bring that to the attention of the individual that has posted the content so that s/he can remove it or take other appropriate action;

Resolved, PTs, PTAs, and students engaging in social media activities shall demonstrate appropriate conduct in accordance with the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant.

Explanation of Reference Numbers: BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.

EMERGENCY EVACUATION OF CLASSROOM/LABORATORY/OFFICE

In the event of natural disaster, e.g., earthquake, tornado, flood, an emergency caused by fire, a gas leak, explosion, chemical or biological release, bomb threat, a person with a weapon on campus, or isolated events in relation to terrorist activity requiring immediate evacuation of a building, an area, or the entire campus, follow these procedures:

1. Exit from the building immediately upon hearing the fire alarm or seeing the flashing alarm lights. Evacuate facility, the immediate area, or the campus at the direction of uniformed Security or emergency personnel or appropriate campus staff whether or not building alarms have been activated. Do not use the elevator in an emergency.
2. In the event of a fire or other facility emergency, including terrorist act, whether or not an alarm has sounded, evacuate the building immediately using the nearest exit as indicated in the evacuation route guide posted in each classroom or other areas of public assembly. If that exit is blocked by smoke or fire, to the next closest exit that is clear. All building exits are clearly identified with exit signage. Follow immediately all instructions from uniformed officers or emergency personnel or appropriate campus staff.
3. Evacuate and move away from the building at least 200 feet for personal safety and to allow emergency personnel quick and unhindered access to the facility with their equipment. A headcount should be taken once the evacuees are outside the building. The supervisor or instructor should immediately report the number of individuals not accounted for to Campus Safety or emergency personnel.
4. Do not attempt to re-enter the building until the emergency has been cleared and the "all clear" has been given by Security/emergency personnel.
5. The instructor will point out facility exit signs and instruct students in the above emergency evacuation procedures during the first class period of the semester. Evacuation route guides are posted on the wall near the door of each classroom, laboratory, and all other places of public assembly.

EVACUATION OF HANDICAPPED INDIVIDUALS

Faculty, staff, and students that are on-scene, not handicapped, and not incapacitated by the emergency, shall immediately assist handicapped individuals to evacuate the building, i.e., direct or assist them to the nearest clear exit. Handicapped individuals in upper floors should be directed or assisted to the nearest clear stairwell (do not use elevator). Those assisting the handicapped evacuee may wait with the disabled

person at the exit or head of stairwell for emergency personnel, or assist the handicapped person through the exit or down the stairwell if in imminent danger. Campus Safety and emergency personnel coming on the scene will first search exits, and tops of stairwells, to evacuate any remaining individuals.

When an instructor has a handicapped student in his/her class who will require assistance during an emergency, the instructor will brief the handicapped student, i.e. exit door areas at grade or with ramp, and tops of stairwells on upper floors. This shall be done during the first class period of the semester.

EVACUATION DRILLS

The College is required to conduct day and evening evacuation drills during each semester, i.e., Fall, Spring and Summer (a total of 9 drills each year). These drills are conducted in all occupied campus buildings. Response to a fire/evacuation drill shall be exactly the same as response to an emergency. All above evacuation guidance will be followed. Evacuees will move 200 feet away from the building; the instructor will take a headcount; and no one is to return to the building until Campus Safety has given the "all clear" signal.

A detailed **EMERGENCY PLAN** can be found at: <https://www.sunybroome.edu/emergencyplan>

DISCIPLINARY POLICY

In order to maintain the integrity of the program and the profession, and to insure the best care possible for future patients of program graduates, the department has the responsibility to take disciplinary action against the behavior of students that could jeopardize that integrity. The student pursuing an occupation in healthcare must demonstrate a high regard for honesty, accuracy, dependability, and respect for others.

The program supports and abides by the college Student Code of Conduct. Article 9 contains a list of behaviors that can result in disciplinary action from the Vice President for Student and Community Affairs. Supplementary to the procedures in the BCC catalog and student handbook, departmental guidelines have been established and will be followed to ensure that students in these programs maintain this kind of performance.

Progressive Disciplinary Action

The progressive method of discipline will be followed in all cases except those in which the infraction is severe.

1. First offense: The student will receive a verbal warning to be issued within 3 days of the incident or of its report. A notation of the verbal warning will be made and placed in the student's file for reference. First offense notations will be removed from the file upon graduation if no second infraction occurs.

2. Second offense: The student will be issued a written warning to be issued within 3 days of the offense or of its report. A copy of the warning is to be signed by the student and placed in his/her permanent file. The student's signature on the written warning is intended to be acknowledgment that such a warning was received

and does not constitute agreement on the part of the student. If the student is in disagreement with the written warning, he/she may contest it with the department chairman. This should be in written form and completed within one week of the written warning.

3. On third or any subsequent offense (the same or another infraction), the person citing the infraction may recommend to the department chairman that a student be dismissed from the program. If deemed appropriate, the department chairman may also initiate this procedure. The student will be given written notice of this recommendation. Action then proceeds as outlined below:

Disciplinary Action for Severe or Repeated Offenses

If a student's action merits dismissal, timely written notification will be given the student. Within three school days of notification, the student may file a request for review, either by the department chairman or by a review committee to be composed of three departmental or clinical affiliate faculty, appointed by the department chairman. A meeting will be called within reasonable time, and the student may present his/her case for review. On recommendation from the department chair or the review committee (whichever is applicable), the student will be issued a reprimand, removed from clinical pending appeal, dismissed from clinical, or dismissed from the program. Permanent records will be kept in the department office of all proceedings.

Any additional incidents that constitute academic dishonesty in the view of the department chairperson will result in immediate dismissal from the program without opportunity for re-admission.

WRITTEN DISCIPLINARY ACTION

Student:

Date:

This document serves as a written warning under the Physical Therapist Assistant Department Disciplinary Action procedure as listed in the Physical Therapist Assistant Policy Manual.

Reason for Written Warning:

Grounds for Immediate Dismissal

- ☐ Arriving to class or clinical under the influence of drugs.
- ☐ Possession, use and/or distribution of weapons or illegal drugs; threatening to use firearms, illegal knives
- ☐ Theft, abuse, misuse, or destruction of the property of any patient, visitor, student, campus faculty, hospital employee or affiliate hospital.
- ☐ Any violation of patient, student, or clinical employee confidentiality. Removal or patient, student or official medical records without proper authorization.
- ☐ Immoral, indecent, illegal or unethical conduct.
- ☐ Misuse or falsification of patient, student, or official medical records.
- ☐ Physical assault of faculty, students, staff, or patients.
- ☐ Disruption of classroom instruction at college or clinical rotation site.
- ☐ Insubordination.
- ☐ Inability to maintain the required academic standards of the program.
- ☐ Repeated unexcused absences from classes/ rotation.
- ☐ Cheating
- ☐ Other _____

Grounds for Progressive Disciplinary Action

- ☐ Violation of safety rules and regulations or failure to use safety equipment.
- ☐ Engaging in disorderly conduct.
- ☐ Tardiness.
- ☐ Inappropriate dress or appearance based upon program regulations.
- ☐ Leaving the clinical area without proper authorization.
- ☐ Sleeping during class/ clinical rotation.
- ☐ Unauthorized soliciting, vending or distribution of written or printed material.
- ☐ Acceptance of gratuities from patients.
- ☐ Unauthorized use of equipment.

- ☐ Failure to be ready for clinical assignment at the starting time.
- ☐ Inconsiderate treatment of patients, visitors, students, faculty or clinical employees.
- ☐ Unexcused absence.
- ☐ Altering a time card or punching another's time card.
- ☐ Misuse of clinical time.
- ☐ Smoking in restricted areas.
- ☐ Unauthorized posting, removing, or tampering with bulleting board notices.
- ☐ Unauthorized soliciting, vending, or distribution of written or printed material.
- ☐ Threatening, intimidating, coercing other students, faculty, patients, visitors, or clinical personnel.
- ☐ Other _____

Faculty/Staff Description of Problem/Incident:

Improvement Objectives:

1.

Failure to meet the behavioral improvement objectives will result in dismissal from the program.

Student Comments:

Student Signature _____

Date _____

Department Chairman Signature _____

Date _____

Copy to: Student, Student's File

ACADEMIC HONESTY POLICY

Purpose

The purpose of this policy is to

- a. clearly define to all students the College standards regarding cheating, plagiarism, and other dishonest conduct and to protect the academic integrity of the institution and,
- b. ensure that grades earned by a student reflect the skills, knowledge and abilities acquired by the student.

Terms

Bribery – Offering or receiving any service or article with the purpose or effect of receiving a grade or other academic benefit that was not earned on the merits of the academic work ^α.

Cheating – Obtaining or giving unfair advantage over another, or receiving or giving unauthorized help before, during, or after an examination, quiz, or other graded assignment. Examples include ^α:

- a. Unauthorized collaboration of any sort during an examination
- b. Reading of an exam before it has been given
- c. Unauthorized use of notes, books, tapes, computers, or other aids during an examination
- d. Allowing another person to take an examination in one's place
- e. Looking at someone else's examination during the examination period
- f. Allowing another person to use one's own examination during the examination period
- g. Passing examination information to students who have not yet taken the exam

Facilitating Academic Dishonesty – Intentionally or knowingly helping or attempting to help another violate any provision of this Policy. Examples include but are not limited to ^γ:

- a. Allowing another student to view and/or copy answers during an examination
- b. Providing to other students one's own work or that of others with the reasonable expectation that these will be used for the purpose of cheating or plagiarism
- c. Maintaining a file of exams or papers with the reasonable expectation that these will be used for the purpose of cheating or plagiarism
- d. Theft of other students' notes, papers, homework, or textbooks for academic gain
- e. Placing another person's work on the internet without his or her permission for academic gain

Fabrication and Misrepresentation – Misrepresenting or fabricating material, including misleading citation of sources as well as falsified or fabricated data or results from experiments or other analyses; misrepresenting facts related to academic performance, including the justification of absences, late assignments, and other activities ^α.

Forgery – Imitating another person's signature on academic documents (for example, an academic advising form or one's own paper that is signed with respect to the time of submission) or other official documents that have an effect on academic credit (for example, a medical form submitted in support of taking a make-up exam) or the altering of any writing, symbol, or object on a document, work of art, or project with the intent to defraud or deceive another ^α.

Multiple Submissions – Submitting substantial portions of the same work for credit more than once, unless there is prior explicit consent of the instructor(s) to whom the material is being or has been submitted ^α.

Plagiarism – Presenting the work of another person as one’s own work (including papers, words, ideas, information, computer code, data, evidence, method, organizing principles, music, art, or style of presentation of someone else taken from the internet, books, periodicals, or other sources). Plagiarism includes, but is not limited to ^α:

- a. Quoting, paraphrasing, or summarizing of even a few phrases without acknowledgement of the source or failing to acknowledge the source of an idea
- b. Relying on another person’s data, evidence, or method without credit or permission
- c. Submitting another person’s work as one’s own work
- d. Failure to acknowledge the original source

Sabotage – Deliberately impairing, destroying, damaging, or stealing another’s work or working material. Examples include, but are not limited to ^α:

- a. Destroying, stealing, or damaging another’s lab experiment, computer program, paper, exam, or project
- b. Defacing, damaging, hoarding, displacing or unauthorized removal of library resources with the effect that others cannot use them or others have undue difficulty using them
- c. Interfering with the operation of a computer system so it has an adverse effect on the academic performance of others
- d. Altering materials on which others may rely to correctly complete their work

Unauthorized Collaboration – Collaborating on projects, papers, computer programs, or other academic assignments when prohibited by the instructor ^α.

Policy

It is the policy of Broome Community College to educate students about academic honesty standards, encourage adherence to the standards, and enforce the practice of acting with the highest standards of honesty and personal integrity in all aspects of their academic career ^{μ δ}.

Student Responsibilities

Students share the responsibility for maintaining academic honesty. Students are expected to ^ε:

- a. Refrain from acts of academic dishonesty
- b. Refuse to aid or abet any form of academic dishonesty
- c. Notify instructors and/or appropriate administrators about observed incidents of academic dishonesty
- d. Encourage other students to adhere to the standards of academic honesty

Faculty Responsibilities

Faculty members have the responsibility to support academic honesty in their classrooms. Faculty members are expected to ^ε:

- a. Explain the meaning of academic honesty to their students and refer them to the campus policy
- b. Conduct their classes in a way that makes academic dishonesty difficult
- c. Address students suspected of academic dishonesty and take appropriate disciplinary action in a timely manner

Procedure

1. An instructor has the prerogative of failing a student who has violated the Academic Honesty Policy on an exam, paper, project, report, or other assignment for that exercise only ^β.

2. An instructor has the prerogative of failing a student in the course when the student has violated the Academic Honesty Policy a second time ^β. A grade of “F” assigned to a student for academic dishonesty is final and shall be placed on the transcript. If the student withdraws from the course, a “W” will not replace an “F” assigned for academic dishonesty. Academic disciplinary actions taken by the instructor based on alleged cheating may be appealed as specified in the College’s Academic Appeals Procedure.
3. If the disciplinary actions described in steps 1 and 2 are inappropriate, the instructor, with his/her department chairperson’s approval, can recommend an alternative action to the Dean ^β and the VPAA.
4. An instructor who fails a student on an assignment or in a course must file a report of the action ^β with the following:
 - a. The instructor’s chairperson
 - b. The instructor’s dean
 - c. The student’s chairperson
 - d. The student’s dean
 - e. The Vice President for Academic Affairs

In addition, the instructor must notify the student in writing immediately after taking such action and shall provide the student with a copy of the action report ^β.

5. When an allegation of a violation of the Academic Honesty Policy leads to the failure of a course and has been upheld, the Vice President for Academic Affairs may administratively suspend or dismiss the student from the College ^β.
6. The student and instructor’s deans and Vice President for Academic Affairs shall maintain records of Academic Honesty Policy violations.
7. The Vice President for Academic Affairs shall place a permanent notation in the file of any student who has been dismissed from the College for a violation of the Academic Honesty Policy.
8. An instructor shall be prepared to defend the disciplinary action in the event the student feels he/she has been falsely accused of violating the Academic Honesty Policy and appeals the instructor’s action by means of the Student Academic Appeals Procedure ^β.
9. Nothing in this policy shall prohibit a department or division from applying stricter standards for academic honesty as outlined in their respective policy manuals and approved by the division dean.
10. Any disciplinary action taken against a student for an alleged violation of this Academic Honesty Policy may be appealed by the student under the College’s *Student Academic Appeals Procedure*.

References

^α Binghamton University, *2008-2009 University Bulletin*, “Student Academic Honesty Code”, <http://bulletin.binghamton.edu/program>.

^β Broome Community College, *BCC Policy and Procedure Manual*, “Student Cheating, Reference No. 3.14”, http://web.sunybroome.edu/facultystaff/pmthree.html#Section_3.14.

^ε Golden West College, *Academic Honesty Policy*, “Faculty Responsibilities”, <http://gwc.info/admissions/honesty.html>.

^ε Golden West College, *Academic Honesty Policy*, “Student Responsibilities”, <http://gwc.info/admissions/honesty.html>.

^δ Seneca College, *Academic Honesty*, http://www.senecac.on.ca/academic-honesty/0809_09_honesty.html.

^μ University of Georgia, *General Academic Regulations and Information*, “Academic Honesty”, <http://bulletin.uga.edu/bulletin/ind/acadhonesty.html>.

^y University of New Haven, *Academic Integrity Policy and Procedures, Effective 8/27/07, "Facilitating Academic Dishonesty"*, p. 6, http://www.newhaven.edu/unhl/marketing/pdfs/academic_integrity_policy.pdf.

CHEMICAL IMPAIRMENT POLICY

The Health Sciences faculty defines the chemically impaired student as a person who, while in the academic or clinical setting, is under the influence of, or has abused, either separately or in combination: alcohol, over-the-counter medications, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic misuse or chronic use that has produced psychological and/or physical symptoms, for example: odor of alcohol; unsteady or staggering gait, rapid or slurred speech; dilated or pinpoint pupils; blood-shot eyes; fine motor tremors, difficulty in calculation; inability to follow directions; impairment of ability to function appropriately in the classroom or clinical site, and nausea, vomiting and sweating. If such behaviors are observed in the student, the faculty member will:

- a. Confront the student with suspicions
- b. Escort student to occupational medicine office/employee health office, i.e., Binghamton General Hospital, Wilson, Lourdes
- c. Document the reasons for such action: symptoms observed, patient safety issues, etc.

The following steps will be completed:

1. The student will submit to blood and/or urinalysis tests upon request.
2. The student will be asked to leave the clinical setting pending results.
3. Students have the right to refuse to submit to testing. This refusal will be treated as a positive result.
4. If drug screening tests are negative, student will resume clinical or class the next scheduled day.
5. If drug screening levels are positive as determined by agency protocols, or a student refuses to submit to testing, further clinical/classroom experiences will be suspended until therapeutic interventions have been sought by the student, and documentation of ongoing treatment and testing is provided to the respective department chairperson. Placement back into the clinical or classroom will be at the department chairperson's discretion.
6. If tests are negative, BCC will pay for cost of tests. If tests are positive, the student will incur all costs.
7. Evidence of current positive drug tests such as those administered in employment or pre-clinical, or random screens will be subject to the chemical impairment and disciplinary action policies.

6/2000

SUNY Broome Community College
Physical Therapist Assistant Program
Binghamton, New York

UNPROFESSIONAL BEHAVIOR DOCUMENTATION AND REMEDIATION PROCESS

A. Unprofessional Behavior and Remedial Plan

It is expected that students will act in an ethical, safe and professional manner in lecture, lab and clinic settings. If a student exhibits unprofessional behavior in lecture or lab, or receives a U (unsatisfactory) grade on any section of the Clinical Performance Instrument (CPI) in clinic that is determined by the physical therapist assistant department to warrant remediation, the following procedure must be followed by the student:

- The student will immediately set up a meeting with the appropriate faculty. If it is a classroom issue the student will meet with the appropriate faculty member. If it is a clinic issue the student will meet with the academic coordinator of clinical education (ACCE), clinic coordinator of clinical education (CCCE), and/or other involved faculty.
- Using the 6-Step Plan for the Remediation of Unprofessional Student Behavior, the student will develop a remedial plan that addresses each cited instance of unprofessional behavior. The classroom/lab instructor or ACCE/CCCE will establish a time-line with the student for completion of the plan. The plan must be typed.
- The involved faculty, ACCE, CCCE and the student will then conference to determine if the plan fully addresses the problem(s) and identifies adequate and appropriate solutions. If the plan is determined to need further development, the student will rewrite the plan and re-conference with the involved faculty, and/or ACCE and CCCE/CI.
- When an acceptable remedial plan has been developed, the involved faculty, and/or ACCE and CCCE and the student will sign and date the plan to indicate that the student is now ready to implement the plan.
- Subsequent conferences will be scheduled with the involved faculty, and/or ACCE and CCCE as needed in order to document student progress and completion of the plan.

B. Directions for Completing the 6-Step Remedial Plan:

1. *Define your problem(s).* Clearly identify the problem(s) cited as unprofessional behavior.
2. *Gather relevant information (facts, values, assumptions).* You need to reflect on the problem(s) and gather facts about the incident(s). Be specific about what happened, but do not make excuses. Discuss the facts, your values and assumptions in contrast to the PTA program values, policies, procedures and guidelines.

3. *Identify the issues (social, legal and ethical principles).* In this section you will be expected to do research so that you can clearly identify the social, legal and ethical principles that pertain to your problem(s). Some suggestions for documenting all of the issues involved in your problem(s): refer to the Standards of Ethical Conduct for the Physical Therapist Assistant, the Practice Act, and any other statutes applicable to the problem; read your clinic and infection control manuals; use your textbooks. This portion of your plan must be adequately developed or it will be returned to you for revision.
4. *State options for correcting the problem(s) and avoiding repetition of the problem(s).* Identify and evaluate the alternatives that address your problem(s). You should think of this section as a brainstorming process. Consider as many options as possible and then discuss the pros and cons of each option. Do not settle for the first solution. Stay open-minded and think through multiple approaches to the problem.
5. *Make your decision.* Describe how you will implement your solution(s) to the problem(s). The solution must be acceptable to the faculty who cited you for unprofessional behavior, and/or the Academic Coordinator of Clinical Education (ACCE) and the Clinical Coordinator of Clinical Education (CCCE). You are expected to propose a reasonable and comprehensive solution. However, you may be asked to revise or amend the solution based on the involved faculty's judgment. Evaluate the potential outcome of your choices(s) and the plan to achieve the desired end.
6. *Implement the decision.* When an acceptable remedial plan has been developed and agreed upon by all parties, involved faculty, and/or ACCE and CCCE and the student will sign and date the plan to indicate that the student is ready to implement the plan. Subsequent conferences will be scheduled with involved faculty, and/or ACCE and CCCE as needed to document progress and completion of the plan.

Once the plan is completed, it will be reviewed by the Physical Therapist Assistant Department. If the student fails to complete the remedial plan, appropriate action will be taken.

C. Professional Behavior Process/End Product Evaluation follows:

SUNY Broome Community College
Binghamton, New York

PROFESSIONAL BEHAVIOR PROCESS/END PRODUCT EVALUATION

Student's Name _____ Date of "U" grade 1st _____ 2nd _____ 3rd _____

Faculty/CI Name _____

Aseptic Technique

1. _____ Follows infection control policies and procedures
2. _____ Maintains safe/clean cubicle, work area and equipment

Dress Code

3. _____ Complies with clinic/lab dress code
4. _____ Practices appropriate personal hygiene

Patient/Faculty/Staff/Student Interaction

5. _____ Establishes professional rapport with patients, faculty, staff, peers
6. _____ Demonstrates positive attitudes in relations with patients, peers, faculty, staff
7. _____ Is sensitive to the needs of patients, peers, faculty, staff
8. _____ Places the patient's needs before clinical requirements
9. _____ Accepts and applies constructive criticism/suggestions for improvement
10. _____ Is honest with peers, faculty, staff
11. _____ Demonstrates courtesy, tact and consideration of others
12. _____ Listens attentively
13. _____ Communicates effectively (Verbally, Non-Verbally and Written)
14. _____ Is an effective team member
15. _____ Refers concerns to involved faculty

General Behavior

16. _____ Abides by clinic, lab, classroom rules/policies and follows instructions
17. _____ Performs within the legal and ethical framework of the profession and the college
18. _____ Maintains professional demeanor, including appropriate voice level and tone
19. _____ Maintains confidentiality of information
20. _____ Completes tasks thoroughly and effectively
21. _____ Is prepared for lecture, lab, clinic
22. _____ Is present and prompt for lecture, lab, clinic as scheduled
23. _____ Assumes responsibility for own learning
24. _____ Uses sound judgment in meeting unexpected or new situations
25. _____ Displays reliable, consistent and stable behavior
26. _____ Demonstrates appropriate organizational skills
27. _____ Demonstrates the ability to engage in realistic self-evaluation

Appointment Time Management

28. _____ Manages lab and clinic affiliation time effectively

Record Keeping

29. _____ Follows policies for record documentation
30. _____ Uses proper grammar/spelling when completing records
31. _____ Documents in a legible manner
32. _____ Obtains informed consent

Technology

33. _____ Follows Social Media Policy of the PTA Department
34. _____ Follows cell phone usage policy

GRADING: Failure to comply with any of the behaviors listed in this process will result in an unacceptable (U) grade, as ALL errors are critical errors. Any unacceptable grade in lecture, lab or clinic, is subject to departmental review to determine if the behavior warrants remediation. A second “U” grade requires immediate remediation. If a third “U” grade occurs following remediation an “F” grade will be given in respective lecture, lab or clinic.

6-STEP REMEDIAL PLAN
FOR

UNPROFESSIONAL STUDENT BEHAVIOR

(To be completed by the student)

1. DEFINE THE PROBLEM(S).
2. GATHER RELEVANT INFORMATION (facts, values, assumptions).
3. IDENTIFY AND EVALUATE THE ALTERNATIVES THAT ADDRESS YOUR PROBLEM(S).
4. DESCRIBE HOW YOU WILL IMPLEMENT YOUR CHOICE(S).
5. EVALUATE THE POTENTIAL OUTCOME OF YOUR CHOICE(S) AND THE PLAN TO ACHIEVE THE DESIRED END.

The undersigned agree that the plan is comprehensive and ready for implementation.

Student _____ Date _____

Clinic Coordinator _____ Date _____

Faculty _____ Date _____

Dept. Chairperson _____ Date _____

The undersigned agree that the plan has been completed satisfactorily

Student _____ Date _____

Clinic Coordinator _____ Date _____

Faculty _____ Date _____

Dept. Chairperson _____ Date _____

Adapted from professional behavior evaluations, SUNY Broome Dental Hygiene Program and from Foothill College and Harrisburg Area Community College Dental Hygiene Programs, information presented by Phyllis Sprague at the Allied Dental Directors Meeting (June 2003), and Atchinson & Beemsterboer's Ethical Decision Making Model.

COMPLAINT POLICY

If a student, graduate, employer, clinical affiliate or community member contacts the institution with a concern or complaint, it will be addressed in a timely fashion.

(1) If the complaint is made to the institution, it will be addressed by the Dean who will attempt to resolve the issue quickly to the satisfaction of all parties and/or if appropriate forward the complaint to the proper authority.

(2) If the complaint is made directly to the department faculty and/or department chairperson, the department chairperson will address and attempt to resolve the issue quickly and to the satisfaction of all parties. Department and college policy and procedures will be followed in resolving each complaint on an individual basis.

(3) The Staff Associate for Dean of Applied Sciences, Dean of Applied Sciences or Vice President for Academic Affairs will be contacted as is appropriate and necessary.

(4) Documentation of the nature of the complaint, date, and disposition of the complaint will be filed in the department.

STUDENT GRIEVANCES

The college and the PTA program urge students to seek resolution of problems, complaints, and concerns about staff, another student, and/or the regulations or procedures of the college.

If the difficulty involves the PTA program or faculty, students are urged, but are not required, to contact a faculty member or the department chairperson to report/resolve the issue.

Information about the academic grievance process may be found online at <https://www.sunybroome.edu/student-academic-appeals-procedure>, in the Student Handbook, or from an academic Dean/AVP.

ACADEMIC APPEALS

A student may request academic due process in cases where the student perceives an inequity concerning his/her academic standing, where his/her academic rights may have been violated, or where the academic regulations of the college may have been inappropriately interpreted or applied.

Information about the academic appeals process may be found online at <https://www.sunybroome.edu/student-academic-appeals-procedure>, in the Student Handbook, or from an academic Dean/AVP.

SKILLS IN WHICH STUDENTS ARE EXPECTED TO BE COMPETENT AND SAFE

| | | |
|---|--|--|
| <ol style="list-style-type: none"> 1. Vital signs/aseptic technique/hand washing 2. Aerobic conditioning 3. Wheel Chair management 4. Application/removal of dressings 5. Aseptic technique (gloving/gowning/wound care) 6. Body Mechanics 7. Bed mobility 8. Positioning 9. Range of Motion 10. Goniometric 11. Transfers 12. Gait 13. Assistive devices 14. Neurological interventions (CVA, SCI etc) 15. Coordination training 16. Developmental sequence training 17. Facilitation 18. Inhibition 19. PNF 20. Resistance isometrics 21. Tilt table 22. Residual limb wrapping | <ol style="list-style-type: none"> 23. Intermittent Compression 24. Massage 25. Paraffin 26. Traction 27. Ultrasound 28. Electrotherapy <ol style="list-style-type: none"> a. High volt b. Low volt c. Tens d. Interferential e. Biofeedback 29. Cryotherapy 30. Shortwave Diathermy 31. Fluidotherapy 32. Hot pack 33. Hydrotherapy 34. Manual Muscle Test 35. Palpation 36. Abdominal hallowing 37. Agonist contract stretch 38. Hold relax stretch 39. Self-stretching 40. Passive stretching 41. Closed kinematic chain | <ol style="list-style-type: none"> 42. Codman's exercise 43. Manual resistance 44. McKenzie protocol 45. Williams Flexion protocol 46. Lateral pelvic shift correction 47. Resistance exercise (Isokinetic) 48. Resistance exercise (Isometric) 49. Resistance exercise (Isotonic) 50. Posture correction 51. Auscultation 52. Chest mobility 53. Postural drainage/percussion 54. Breathing exercise <p>2/7/15</p> |
|---|--|--|

WAIVER OF RESPONSIBILITY

Name: _____
Address: _____
Telephone: _____ Curriculum/Year: _____
Affiliation Site: _____

WHILE IN CLASS, LAB AND/OR CLINIC, THE UNDERSIGNED ACKNOWLEDGES:

- Full awareness of the dangers inherent in participating in clinical physical therapy practice.
- That the participant is entering this activity voluntarily and freely.
- That the participant assumes the risk of personal injury and damage to participant's property in undertaking this activity.

The undersigned states the condition (i.e. broken leg) _____

The undersigned exempts and releases SUNY Broome Community College, the Physical Therapist Assistant Department and the assigned Agency from any liability for personal injury or property damage arising out of my participation in the assigned clinical physical therapy affiliation regarding the above-named condition.

The undersigned understands that returning to lab or clinic requires a physician's signature releasing the undersigned for lab and/or clinic activities.

Physician's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Department Chairperson's Signature: _____ Date: _____

If you are under 18 years of age, this form must be signed by a parent or guardian.

Present Age: _____.

Parent or Guardian Signature: _____ Date: _____

**PTA Program
SUNY Broome**

CLINICAL POLICY AND PROCEDURE

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INTRODUCTION

The purpose of this portion of the manual is to provide basic information to students, Clinical Instructors, and, Center Coordinators of Clinical Education regarding clinical education in the Broome Community College Physical Therapist Assistant Program. This manual sets the base for all clinical policies in this program. If additional questions or issues arise that are beyond the contents of this manual, users are welcome to contact the ACCE

FORMS

The items below can be found online in your clinical course. You will be required to print specific forms out prior to your clinical affiliation. The ACCE will direct you when you need to print a form(s).

- Clinical Performance Instrument (CPI) - Evaluation of Student Performance
- Student Introduction Form
- Frequency Checklist
- Student’s Evaluation of Clinical Experience
- Clinical Training Policies & Procedures
- Bloodborne Pathogen Guidelines
- Hepatitis B Documentation Form
- Student Health Form
- Release of Health Information
- Access and Confidentiality Agreement

COMMUNICATION WITH THE COLLEGE

Ongoing communication is necessary for a mutually beneficial relationship between the clinical facility and college. If there are any problems, please do not hesitate to call the college office (open 8:00 a.m. to 4:30 p.m.) at (607) 778-5060.

Denise Abrams, PT, DPT, MA
Julianne Klepfer, PT, MA
Marji Wood

Department Chairperson
Academic Coordinator of Clinical Education (ACCE)
Department Secretary

PREFACE

Clinical Education is an integral part of the Physical Therapist Assistant education. It is a supervised learning experience where the student is given the opportunity to practically apply concepts learned in the classroom. It is during this experience that the student enhances his or her knowledge of physical therapy procedures; learns interpersonal interactions; develops verbal and non verbal communication skills; learns to deal with patient's physical, mental, and emotional problems; develops a sense of medical ethics; and begins to fully understand the role of the Physical Therapist Assistant in the health care system.

SUNY Broome Community College is presently affiliated with almost fifty clinical facilities, including hospital, private practices, and nursing homes. Students are given the opportunity to work with a full range of diseases and disabilities. In addition, some specialized facilities offer experiences in pediatrics, school systems, and rehabilitation centers.

The most formative experiences for Physical Therapist Assistant students are their clinical affiliations. It is at this time that the student begins to integrate all that they have learned in the academic setting and apply it to patients in need of Physical Therapy. It is because of this significant role that this manual has been created. We hope to ensure clear guidelines regarding clinical education for both students and clinical instructors. Policies set forth in this manual are binding and as a result, student compliance is essential.

PARTICIPANTS IN CLINICAL EDUCATION

Title: **Academic Coordinator of Clinical Education (ACCE)**

Description: Faculty member representing SUNY Broome Community College in the clinical education component of the Physical Therapist Assistant program

Responsibilities:

1. Clinical site recruitment, selection, and development.
2. Communication between academic institution and clinical site.
3. Assignment of students to clinical site.
4. Pre-clinical meeting and briefing with students to discuss all aspects and objectives of the clinical affiliation.
5. Assess student readiness for clinical setting.
6. Monitor student performance at clinical site.
7. Evaluation of clinical sites.
8. Individual student counseling.
9. Set objectives for clinical education program.
10. Assist with clinical faculty development.
11. With CCCE and CI, determine solutions to clinical education problems.
12. Represent the academic institution in all issues concerning student performance at the clinical site.
13. Determine successful completion of clinical education requirements by student.
14. Provide clinical site with all necessary forms including:
 - affiliation contracts
 - certificate of insurance upon request from affiliation
 - clinical facility information sheet
 - curriculum vitae for clinical instructors
 - student's physical exam
 - student evaluation forms
15. Provide student with all necessary forms including (available online in your clinical course):
 - student introduction form
 - frequency checklist
 - student evaluation of clinical experience

Title: **Center Coordinator of Clinical Education (CCCE)**

Description: An employee of the clinical site who coordinates and develops procedures for the facility's physical therapy student program

Responsibilities:

1. Develops site specific objectives for the PTA student.
2. Coordinates center specific activities related to the student program.
3. Conducts staff development activities to enhance CI skills.
4. Supervises the CI in educational planning.
5. Supervises the performance evaluation of students.
6. With the ACCE and the CI, performs student related problem solving.
7. Liaison between clinical site and academic institution.
8. Identifies required health certifications student must provide to affiliate at the site.
9. Reviews "Evaluation of Clinical Experience" completed by the student for future consideration in working with students.
10. Provides SUNY Broome Community College with the following completed forms:
 - affiliation contract
 - clinical site information sheet (CSIF)
 - curriculum vitae of clinical instructors
11. The APTA requires that all Clinical Instructors, CCCE's, ACCE's and students complete their Free online course for the PTA CPI (3 CEU's are given after completion/passing test). This coursework must be completed prior to being able to complete an online CPI for a PTA student. The Quick Click Guide will provide you with easy instruction on how to access and complete this coursework (<https://cpi2.amsapps.com/>). Please remember the email address and password that you utilize to complete this coursework as it will be the same login information you will need to access the PTA student CPI assigned to you. The ACCE will need the email address you utilized to enter you into our SUNY Broome CPI Evaluation database.

Title: **Clinical Instructor**

Description: Physical Therapist or Physical Therapist Assistant (under direct supervision of a Physical Therapist) directly involved in instruction of student in the clinical setting.

Responsibilities:

1. Provide student with complete orientation of facility at the beginning of the affiliation.
2. Communicate expectations, objectives, and assignments to students.
3. Supervise the assigned student appropriately for his/her level of clinical education and experience.
4. Discuss, instruct, and demonstrate to the student all appropriate treatments and procedures relevant to the student's learning experience.
5. With the student and CCCE, plans learning experiences.
6. Act as a professional role model for students.
7. Provide special experiences such as attendance at conferences, clinics, surgery, etc. if possible.
8. Provide ongoing feedback to student regarding performance.
9. Observe and analyze student performance on a regular basis.
10. Explain method of evaluation to student and describe the criteria for grading.
11. Complete midterm and final student performance evaluations.
12. Communicate with CCCE and ACCE regarding student performance. Notify the ACCE if student's overall performance is unsatisfactory prior to midterm so that appropriate action may be taken.
13. Notify the ACCE if student is absent or fails to appear for scheduled clinical times.
14. The APTA requires that all Clinical Instructors, CCCE's, ACCE's and students complete their Free online course for the PTA CPI (3 CEU's are given after completion/passing test). This coursework must be completed prior to being able to complete an online CPI for a PTA student. The Quick Click Guide will provide you with easy instruction on how to access and complete this coursework (<https://cpi2.amsapps.com/>). Please remember the email address and password that you utilize to complete this coursework as it will be the same login information you will need to access the PTA student CPI assigned to you. The ACCE will need the email address you utilized to enter you into our SUNY Broome CPI Evaluation database.

Title: **Student**

Description: Physical Therapist Assistant student engaged in required clinical affiliations.

Responsibilities:

1. Provide input to ACCE regarding site preferences for clinical education.
2. Attend pre-clinical meeting and briefing with ACCE.
3. Read and comply with course syllabi and clinical policies and procedures regarding student responsibilities in the clinic.
4. Arrange for transportation to and from site, and housing (if necessary) during affiliation.
5. Complete "Student Introduction Form" (available online in clinical course) and return to ACCE.
6. Fulfillment of any health certification requirements including medical physical evaluation.
7. Dress appropriately for affiliation according to the particular institution's policy.
8. Wear student name tag (provided by the college. Student may be instructed to wear a name badge provided by facility).
9. Actively participate in clinical learning process.
10. Complete all assignments by clinical site.
11. Provide feedback to clinical instructor and CCCE regarding learning experiences and learning environment.
12. Communicate with CI and ACCE regarding own performance and learning environment.
13. Attend mid term and final evaluation sessions with CI. Attend a midterm meeting with ACCE.
14. Complete "Student Evaluation of Clinical Education Experience" (available online in clinical course) and review it with CI, CCCE, and ACCE.
15. Arrange make-ups for any absences.
16. The APTA requires that all Clinical Instructors, CCCE's, ACCE's and students complete their Free online course for the PTA CPI (3 CEU's are given after completion/passing test). This coursework must be completed prior to being able to complete an online CPI for a PTA student. The Quick Click Guide will provide you with easy instruction on how to access and complete this coursework (<https://cpi2.amsapps.com/>). Please remember the email address and password that you utilize to complete this coursework as it will be the same login information you will need to access the PTA student CPI assigned to you. The ACCE will need the email address you utilized to enter you into our SUNY Broome CPI Evaluation database.

ASSIGNMENT OF CLINICAL AFFILIATION SITES

POLICY

It is the responsibility of the ACCE to ensure that each student is provided with a site for clinical education during each clinical affiliation block in each semester. These sites will satisfy the requirements to complete courses PTA110, PTA210, and PTA220. Assignments of clinical sites are made on a space available basis, and in some circumstances, a site may not be available for a qualified student. Priority as to who will be granted placement and who will not, is based on initial application date, with students having the earliest initial application date receiving higher ranking on the waiting list. If a student is attempting a repeat affiliation after a failure, they will not be placed until all students registered for the current course have been placed. Those not given a clinical site will be placed as soon as a site becomes available.

The standard procedures for assigning clinical sites is as follows. **Please note that highly specialized sites such as pediatric centers and comprehensive rehab centers are not available to students for affiliation until the third clinical rotation (PTA220).**

PROCEDURE

| PERSON | ACTION |
|---------|--|
| ACCE | <ol style="list-style-type: none">1. Establishes a student-clinical matching procedure for the academic year.2. Obtains commitments from clinical education sites and provides information to students regarding all slots that are available.3. Meets with students to inform them of matching procedure and clinical education requirements. |
| Student | <ol style="list-style-type: none">4. Researches available affiliation sites using ACCE, previous student affiliates and the electronic CSIF if available as a resource. <u>Students are not permitted to contact CCEs or CIs without permission of ACCE.</u>5. Selects preference for clinical affiliation.6. Enters established matching procedure. *(See Below) |
| ACCE | <ol style="list-style-type: none">7. Determines final clinical site assignments.8. Notifies and confirms all clinical assignments six weeks prior to time block.9. Holds pre-clinical meeting with students; collects Student Intro Form and Frequency Checklist Summary; directs student to the |

Student Evaluation and Clinic Evaluation form found online in Angel (under PTA 110, 210 or 220).

- | | | |
|-----------------|-----|---|
| Dept. Secretary | 10. | Sends copies of student's medical physical to respective clinical site along with Student Introduction Form. |
| Student | 11. | Having yet to receive word from assigned clinical site, contacts site <u>two weeks</u> prior to affiliation period to inquire about schedule, dress code etc. |
| | 12. | Arranges for own transportation and housing. |

NOTE: AT NO TIME IS IT ACCEPTABLE FOR A STUDENT TO INITIATE CONTACT WITH A CLINICAL INSTRUCTOR OR A CENTER COORDINATOR OF CLINICAL EDUCATION PRIOR TO OFFICIAL CONFIRMATION OF A STUDENT'S CLINICAL ASSIGNMENT WITHOUT PERMISSION OF THE ACCE. STUDENTS ARE FORBIDDEN TO CONTACT A SITE TO DETERMINE IF AN AFFILIATION SLOT IS AVAILABLE.

***Example of a Matching Procedure**

1. Students are given a list of available clinical sites.
2. Students are asked to prioritize all the choices in order of preference (not just give 3 choices) from the list of available sites.
3. The ACCE will determine final placement in the following procedure:
 - a. Those who have chosen a site for their first selection that no one else has chosen are given their first choice if academically appropriate.
 - b. If multiple individuals choose the same site as their first choice, and the first choice was deemed academically appropriate by the ACCE, all involved individuals' names are put into a hat and one name is drawn and assigned.
 - c. The same procedure is followed to place remaining students in their second to fifth choices.
 - d. If a student is not granted one of their top 3 preferences, the ACCE will review their past assignments and place the student in an academically appropriate site.
 - e. If more than one student and/or more than one site is available following step "c", a secondary process may occur if the ACCE finds it appropriate, i.e. all remaining non-placed students will reprioritize their preferences from remaining clinical sites and the process will begin again at step "a".
 - f. Students will be notified of their assignments in a timely fashion by the ACCE once all are placed.
 - g. Students may only trade sites with a fellow student if approved by the ACCE.
4. The ACCE and Chairperson reserve the right to change or place students in any clinical site deemed academically appropriate.
5. No special considerations can be made for personal circumstances such as employment or family.
6. No student will be placed at a clinical facility in which they are currently employed.

7. If a student declines an assigned clinical placement they will receive a “W” for that course and will be placed in the next semester clinical rotation on a space available basis. If they cannot be placed due to lack of space availability they will not be allowed to progress in the program.
8. The main objective of clinical assignment is to offer the student a well-rounded clinical experience including acute care, outpatient orthopedics and possible specialty care such as pediatrics or nursing home.

STUDENT REQUEST FOR DISTANT CLINICAL AFFILIATION

Students may wish to complete an affiliation that is out of state or distant from BCC.

Any student wishing to complete a distant clinical affiliation must meet the following criteria:

1. Must be entering PTA 220 - final clinical affiliation.
2. Must have met at least minimum grading policy requirements on the CPI of their first two clinical rotations (PTA 110 & PTA 210) as outlined in BCC’s clinical grading policy.
3. Must not have failed, needed remediation, or been noted to have need of improvement in professional behavior skills in any PTA course or clinical.
4. Must have at least a 3.0 GPA overall.
5. Must get the facility’s contact information to the ACCE by October of their first freshman semester.
6. Must **NOT** contact facility requesting a clinical slot.
7. The program chairperson and ACCE reserve the right to decline a request for a distant clinical affiliation.

CHANGE/CANCELLATION OF CLINICAL AFFILIATION SITE

POLICY

Once a clinical education assignment has been confirmed, student requests for a change of affiliation will not be honored, unless there is an emergency situation. If the ACCE determines that a change should be made, or if a facility cancels their commitment, the following procedure will be followed.

PROCEDURE

| PERSON | ACTION |
|--------|---|
| ACCE | <ol style="list-style-type: none">1. Meets with student to gain an understanding of student's preferences for alternative location, type of affiliation, etc.2. If possible, matches student preference with available affiliation slots. If a match is not possible, ACCE will assign an affiliation for the student.3. Notifies all involved individuals of change. |

STUDENT ABSENCES

POLICY

If a student is unable to report to the clinical site due to illness, inclement weather, or family emergency, the following procedures must be followed. These are the only acceptable reasons for absence. A physician excuse is required for an absence of 3 days or more. **Broome Community College PTA program does not allow absence days for employment interviews.**

PROCEDURE

| PERSON | ACTION |
|---------|---|
| Student | <ol style="list-style-type: none">1. Notifies CI of absence and reason for absence as soon as PT office opens.2. Notifies ACCE of absence and reason for absence as soon as PT office opens. |

| | |
|---------------------|--|
| Clinical Instructor | 1. Contacts ACCE to determine make up Arrangements. |
| | 2. More than five days: Contacts ACCE to make arrangements for additional clinical time. |
| ACCE | 3. With CI (or CCCE), makes determination of action based upon guidelines above. Extended absence may require termination of affiliation. |
| Student | 4. Provides CI and ACCE with doctor's excuse if absence is three days or more. |

Revised 6/9/15

IF TERMINATION OF AFFILIATION IS NECESSARY DUE TO EXTENDED ILLNESS, THE STUDENT WILL BE REQUIRED TO PARTAKE IN A MAKE UP AFFILIATION WHEN THEY ARE DEEMED HEALTHY ENOUGH TO DO SO PER A PHYSICIAN'S CLEARANCE. UNLESS EXTENUATING CIRCUMSTANCES EXIST, THE STUDENT WILL BE RESPONSIBLE FOR MAKING UP THE ENTIRE AFFILIATION PERIOD. WHERE AND WHEN THE MAKE UP AFFILIATION OCCURS WILL BE AT THE DISCRETION OF THE ACCE. STUDENTS MUST COMPLETE CLINICAL EDUCATION COURSES BEFORE THEY WILL BE ALLOWED TO CONTINUE ON IN THE PTA CURRICULUM.

IF THE STUDENT IS UNABLE TO RETURN TO CLINIC FOR AN EXTENDED PERIOD OF TIME, THEY MAY BE REQUIRED TO COMPLETE AND PASS A COMPREHENSIVE PRACTICAL PRIOR TO ATTENDING A MAKE-UP CLINICAL AFFILIATION. THE DECISION TO REQUIRE THIS PRACTICAL IS AT THE DISCRETION OF THE DEPARTMENT CHAIRPERSON.

THE STUDENT IS RESPONSIBLE FOR THE COST OF TUITION FOR ANY MAKE-UP CLINICAL AFFILIATION.
ILLNESS

1. If an illness occurs while on a clinical affiliation, the student is to notify the Clinical Instructor and Clinical Coordinator immediately.
2. If a student's illness appears to be life-threatening, call EMS-911
3. Apply appropriate first aid measures until emergency personnel arrive.
4. If the situation is non-emergent, but the student requires medical treatment, they are to contact their personal physician or go to a walk-in clinic.
5. **The college is NOT responsible for any medical bills due to illness.**
6. If the student chooses not to follow the advice of their CI, CCCE, ACCE or Chair of the PTA Department, or other supervisor, the choice should be documented. The supervisor should document the choice of action, any observation of the student's physical/mental status, terms of advisement and time/date of the incident.
7. In addition, the ACCE and the BCC Department Secretary should be notified as soon as possible. **No student should be absent from the clinical site without notifying both the site and BCC PTA Department Office.**

ACCIDENT/INJURY

A student accident/incident report with the following information is required at the time of the injury: Who was injured, when, what, where and how the accident occurred, status of body part injured, status of patient/client if one is involved in the incident, names of any witnesses and any first aid measures taken. Refer to **Bloodborne Pathogen Exposure** Forms section below. A copy of the incident report needs to be filed with the department's student file the following day or within 3 days of the incident.

If a needlestick or exposure to potentially infectious blood or body fluids occurs, follow the procedure outlined in the STUDENT GUIDELINES FOR BLOODBORNE PATHOGENS NEEDLESTICK/INSTRUMENT INJURIES.

EMERGENCIES:

1. Call EMS-911 for assistance/transport
2. Provide appropriate first aid measures until emergency personnel arrive.

NON - EMERGENCIES:

1. Provide and note first aid measures
2. If student needs additional health-care measures, they should contact their personal physician or walk-in clinic.

Students have accident insurance coverage. The student needs to fill out a claim form in the Student Health Services office. Please read more on insurance coverage in the section titled "Student Accident Insurance".

STUDENT ACCIDENT INSURANCE

Full-Time and Part-time Students: All students enrolled in a full-time or part-time study at Broome Community College pay a mandatory annual fee for Student Accident Insurance. The Student Accident Insurance pays up to a specific amount indicated by the policy for medical treatment due to an accident. Accident insurance includes on or off campus for a period of twelve months, i.e., needle stick injury/follow-up care.

Note: The Student Accident Insurance policy is considered supplemental insurance; it enhances existing health (primary) insurance. Invoices for medical services are first submitted to one's primary health insurance carrier. If there are any unpaid claim sums, these may be submitted to the Student Accident Insurance. If a student does not have primary health insurance coverage, then the Student Accident Insurance acts as primary insurance in cases of payment for medical care related to an accident. **Please review the policy for details of coverage.**

Other Health Related Costs:

All students are financially responsible for medical expenses that may arise in an assigned classroom/clinical setting, other than those deemed accidental by definition of the student accident policy. Information about the purchase optional student health insurance is available through Student Health Services. Please review the policy for details of coverage.

PHYSICALS:

Students are required to undergo a general medical physical at some point prior to the first clinical affiliation. The student is responsible for the cost of this physical. This physical is only good for a year with regard to affiliations; therefore it is advisable that the student have the physical in **May of their freshman year.**

If a student receives medical care for an acute injury or condition, they must produce a physician clearance and signed Waiver of Responsibility prior to participating in lab or clinical activities.

SUNY Broome Community College
Physical Therapist Assistant Program
Binghamton, New York
Division of Health Sciences

STUDENT HEALTH FORM

Please read and answer all questions in Part I, Personal Medical History, before going to your physician or nurse practitioner.

It is the student's responsibility to insure that all items in Part I, II and III are completed even if immunizations are on file elsewhere (i.e., Health Office, Student Services).

The New York State Department of Health Regulations Section 405.3(b) (10) mandates physical examinations and annual reassessments for all persons who have patient contact. Students in Health Science curricula are required to complete hospital cooperative programs and/or patient-related experiences as part of their education. These students must therefore have a physical examination and submit a completed health form to the Department Chairperson by the designated due date to be eligible to attend clinical practicums. Failure to fulfill this requirement may result in dismissal from the program.

Please send the completed form to:

Julianne Klepfer, PT, MA
ACCE
Physical Therapist Assistant Program
D-217
SUNY Broome Community College
P.O. Box 1017
Binghamton, NY 13902

PART I: MEDICAL HISTORY (To be completed by student)

1. NAME _____
LAST FIRST MIDDLE
2. Program of Study _____
3. Date of Birth _____ 4. Male _____ Female _____
Month/Day/Year
5. Home Address _____
Number Street City or Town Zip Code
6. Person to be notified in an emergency
Name _____ Relationship _____
Telephone number _____

HAVE YOU EVER HAD OR DO YOU NOW HAVE THE FOLLOWING:

| CHECK EACH ITEM | Y E S | N O | CHECK EACH ITEM | Y E S | N O |
|--|-------------|--------|--|-------------|--------|
| 7. Allergies, food, drugs, others | | | 29. Hernia or rupture | | |
| 8. Anemia or other blood disease | | | 30. High or low blood pressure | | |
| 9. Arthritis, joint disease | | | 31. Infectious mononucleosis | | |
| 10. Asthma, Hay fever | | | 32. Kidney trouble | | |
| 11. Bone, joint or other deformity | | | 33. Measles (rubeola) | | |
| 12. Cancer | | | 34. Mumps | | |
| 13. Chicken Pox | | | 35. Operations/surgery | | |
| 14. Chronic diarrhea | | | 36. Pilonidal sinus or cyst | | |
| 15. Concussion or unconsciousness | | | 37. Poliomyelitis | | |
| 16. Coronary heart disease, angina | | | 38. Rheumatic fever | | |
| 17. Diabetes | | | 39. Scarlet fever | | |
| 18. Difficulty- coordination/locomotion | | | 40. Sinusitis | | |
| 19. Diphtheria | | | 41. Thyroid trouble or goiter | | |
| 20. Eczema, other skin disease | | | 42. Tuberculosis | | |
| 21. Emotional problems | | | 43. Close contact in the past two years with anyone having tuberculosis | | |
| 22. Eye trouble | | | 44. Tumor, benign or malignant | | |
| 23. Fainting, convulsions, migraines | | | 45. Ulcer, stomach or duodenal | | |
| 24. Frequent colds, sore throat | | | 46. Do you have any physical activity | | |

| | | | | | |
|---------------------------------------|--|--|---|--|--|
| | | | restrictions? | | |
| 25. German measles (rubella) | | | 47. Painful or irregular menstruation? | | |
| 26. Heart trouble | | | 48. Does it interfere with class participation or attendance? | | |
| 27. Hearing difficulty or ear trouble | | | | | |
| 28. Hepatitis | | | | | |

If yes to any of the preceding items (7-48), give details. Please number answers.

PART II: Physical Examination (to be filled in by the Examining Physician or Nurse Practitioner)

1. Name _____ 2. Date of Examination _____

3. Height _____ 4. Weight _____ 5. Gender _____

6. Blood Pressure _____

7. Vision: OD _____ OS _____ With glasses if worn: OD _____ OS _____

Colorblindness screen: Normal _____ Abnormal _____

| <u>Clinical Evaluation</u> Check each item in the appropriate column. Enter "NE" if not evaluated | Normal | Abnormal | Comments: (Describe any abnormalities in detail. Enter corresponding item # before each comment) |
|--|---------------|-----------------|---|
| 8. Head/Neck | | | |
| 9. Eyes, Ears, Nose/Throat | | | |
| 10. Skin | | | |
| 11. Lungs | | | |
| 12. Heart | | | |
| 13. Breasts | | | |
| 14. Abdomen | | | |
| 15. Rectum | | | |
| 16. Genitourinary | | | |
| 17. Extremities | | | |
| 18. Neurological | | | |
| 19. Musculoskeletal | | | |
| 20. Endocrine | | | |

21. Is the patient currently under treatment for emotional/mental illness?

Yes _____ No _____ If yes, please explain.

22. Is the patient currently under treatment for any physical condition?

Yes _____ No _____

If yes, are there any restrictions on physical activity?

23. Is the student on any medication or drugs?

Yes _____ No _____ If yes, please explain.

24. Do you have any other comments or recommendations?

Yes _____ No _____ If yes, please explain.

25. To the best of your knowledge, is there any reason this student cannot participate in clinicals involving patient contact?

Yes _____ No _____ If yes, please explain.

PART III: Student Immunization Record

Entry of results on this form for review by the physician/nurse practitioner/facility signing below is preferred. All immunization records attached to this form must be on official stationery from physician/nurse practitioner/facility.

1. Tuberculin Skin Test (TST) (Required annually) All students will need at least one current TST; some students will require two. Students with a positive documented TST and those for whom TSTs are contraindicated should get a chest x-ray and/or further evaluation. (See attached guidelines)

| | | |
|---|--|---|
| Two-Step TST for those with previous undocumented, positive TST or previous BCG vaccination or with no previous TST results: 1st Date Administered: _____ Date Read: _____ Result: Induration _____ mm Signature: _____ 2nd test at least 7 days later 2nd Date Administered: _____ Date Read: _____ Result: Induration _____ mm Signature: _____ | For those with a documented, negative TST within the past 12 months Current Date Administered: _____ Date Read: _____ Result: Induration _____ mm Signature: _____ Date of Previous Test (<12 months): _____ Date Read: _____ Result: Induration _____ mm Verification Signature: _____ | For those with 2 documented, previous negative TSTs in their lifetime Current Date Administered: _____ Date Read: _____ Result: Induration _____ mm Signature: _____ Date of Previous Test: _____ Date Read: _____ Result: Induration _____ mm Verification Signature: _____ Date of Previous Test: _____ Date Read: _____ Result: Induration _____ mm Verification Signature: _____ |
| Chest x-ray if indicated: Date _____ Result: _____ | | |

2. Rubella Date of immunization _____ or Rubella Titer _____
 All students **must** show documented proof of immunity to Rubella (German Measles) _____ Date/ Result _____

3. MMR _____ OR Measles Titer _____ Mumps Titer _____
 Date _____ Date _____ Date/ Result _____ Date/ Result _____
 All students born on or **after January 1, 1957** must show documentation proof of immunity to measles and mumps.

4. Chicken Pox (Varicella)
 Did you have chicken pox as a child: Yes _____ No _____ **OR**
 Date received vaccine (must provide proof) _____ **OR**
 Decline the varicella (chicken pox) vaccine: Signature _____

5. Hepatitis B (**Strongly recommended**) If Hepatitis B immunization is declined, an appropriate declination statement must be signed and furnished to the Department prior to clinical assignment.

Date of immunization _____
1st 2nd 3rd

6. Allergy to Latex ____ Yes ____ No (If yes, attach doctor's release to participate in the clinical experiences).

7. Diphtheria/Tetanus (within last 10 years) Date of Immunization: _____

I confirm that on this date, I found this individual to be free from any health impairment that would be of potential risk to patients or which might interfere with the performance of his/her duties. To the best of my knowledge and based on the findings of a complete physical examination and medical history, on the date noted below, I found no evidence of any habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances which might alter the individual's behavior.

Name of Physician/Nurse Practitioner _____

Address _____

Telephone Number _____ License/Certification # _____

Two-Step Testing

In some people who are infected with *M. tuberculosis*, delayed-type hypersensitivity to tuberculin may wane over the years. When these people are skin tested many years after infection, they may have a negative reaction. However, this skin test may stimulate (boost) their ability to react to tuberculin, causing a positive reaction to subsequent tests. This boosted reaction may be misinterpreted as a new infection. The booster phenomenon may occur at any age; its frequency increases with age and is highest among older persons. Boosted reactions may occur in persons infected with nontuberculous mycobacteria or in persons who have had a prior BCG vaccination.

Two-step testing is used to reduce the likelihood that a boosted reaction will be misinterpreted as a recent infection. If the reaction to the first test is classified as negative, a second test should be done 1 to 3 weeks later. A positive reaction to the second test probably represents a boosted reaction (past infection or prior BCG vaccination). On the basis of this second test result, the person should be classified as previously infected and cared for accordingly. This would not be considered a skin test conversion. If the second test result is also negative, the person should be classified as uninfected. In these persons, a positive reaction to any subsequent test is likely to represent new infection with *M. tuberculosis* (skin test conversion). Two-step testing should be used for the **initial** skin testing of adults who will be retested periodically, such as health care workers.

Because of cross-reactions with other mycobacteria, the specificity of the tuberculin test is less when serial skin testing is performed than when a single test is administered. Thus, serial skin-testing programs tend to overestimate the incidence of new TB infection in the tested population. Because of this potential for overestimation of new infections, serial skin-testing programs should be targeted to populations at high risk for continued exposure to infectious persons.

BOX 1. Indications for two-step tuberculin skin tests (TSTs)

| Situation | Recommended testing |
|---|---|
| No previous TST result | Two-step baseline TSTs |
| Previous negative TST result (documented or not) >12 months before new employment | Two-step baseline TSTs |
| Previous documented negative TST result ≤12 months before new employment | Single TST needed for baseline testing; this test will be the second-step |
| ≥2 previous documented negative TSTs but most recent TST >12 months before new employment | Single TST; two-step testing is not necessary |
| Previous documented positive TST result | No TST |
| Previous undocumented positive TST result* | Two-step baseline TST(s) |
| Previous BCG† vaccination | Two-step baseline TST(s) |
| Programs that use serial BAMT,§ including QFT¶ (or the previous version QFT) | See Supplement, Use of QFT-G** for Diagnosing <i>M. tuberculosis</i> Infections in Health-Care Workers (HCWs) |

* For newly hired health-care workers and other persons who will be tested on a routine basis (e.g., residents or staff of correctional or long-term-care facilities), a previous TST is not a contraindication to a subsequent TST, unless the test was associated with severe ulceration or anaphylactic shock, which are substantially rare adverse events. If the previous positive TST result is not documented, administer two-step TSTs or offer BAMT. SOURCES: Aventis Pasteur. Tuberculin purified protein derivative (Mantoux) Tubersol® diagnostic antigen. Toronto, Ontario, Canada: Aventis Pasteur; 2001. Parkdale Pharmaceuticals. APLISOL (Tuberculin purified protein derivative, diluted [stabilized solution]). Diagnostic antigen for intradermal injection only. Rochester, MI: Parkdale Pharmaceuticals; 2002. Froeschle JE, Ruben FL, Bloh AM. Immediate hypersensitivity reactions after use of tuberculin skin testing. Clin Infect Dis 2002;34:E12-3.

† Bacille Calmette-Guérin.

§ Blood assay for *Mycobacterium tuberculosis*.

¶ QuantiFERON®-TB test.

** QuantiFERON®-TB Gold test.

FLU SHOT

Students are now required to get a Flu Shot prior to completing any inpatient/subacute rotation. It is advised that all students receive the Flu shot (unless there is a medical reason that a shot should not be given. A doctor's note stating why a student is exempt may be required).

BLOODBORNE PATHOGEN EXPOSURE FORMS

1. The Student Bloodborne Pathogens Guidelines (form #S1) will be reviewed collectively by the clinical instructor or faculty member and students prior to clinical experience.
2. Following the information session, students will review, note and sign the Students Hepatitis B Immunization/Declination Form (form #S2), or provide evidence of Hepatitis B immunization. The form will be retained in the student's file.
3. In the event of an exposure, the clinical instructor and student will complete a "Documentation of Student Exposure to Bloodborne Pathogens" form (form #S3) as soon as possible.
4. If a student states or implies that he/she is unwilling to follow recommended procedures/protocols for handling a needlestick or other type of injury that may place them at risk for potential bloodborne pathogen disease as recommended, the student shall complete a "Student Refusal and Release of Liability" Form (form #S4).
5. Regarding the student's injury, form #S5 should be completed by SBCC Clinical/Faculty Staff and form #S6 should be completed by the student.

Physical Therapist Assistant Program

Binghamton, New York

STUDENT GUIDELINES FOR BLOODBORNE PATHOGENS NEEDLESTICK/INSTRUMENT INJURIES

If a student is accidentally punctured/lacerated with a contaminated instrument or needle, flush wound with warm water and apply pressure above wound area to promote bleeding for 2-3 minutes.

After the student's wound has been cleansed, the clinical instructor responsible for the student needs to document the following information:

1. For injuries sustained both on and off campus: clinical instructors and students need to document injury by filling out documents S5 and S6.
2. The source patient should be made aware that HIV testing will be paid for by Broome Community College and they will not incur any expense for testing.
3. After cleansing the wound and completing the appropriate paperwork, **contact UHS Department of Occupational Health at 607-762-2333, located at 33 Mitchell Ave., Binghamton, New York.** They are open Monday through Friday, from 7:30 am to 5:00 pm. AFTER OFFICE HOURS, refer the student to either the UHS Emergency Room at 607-762-2231, which is located on Park Avenue in Binghamton, New York, or to the ER on Baldwin Street in Johnson City, New York. Note names of UHS personnel that you spoke with, as well as the date and time of call.

NOTE: for students attending a clinical outside of the Binghamton area: the student will need to follow the protocol for treatment of the office that they are working in.

4. Security is in charge of all safety issues for Broome Community College, therefore, any injuries including those sustained at clinical sites must be reported to the Security Department on campus located in the Student Services Building. As noted above, if the incident happens on or off campus, notify Security at 778-5083 to report the incident.

A copy of the department's protocols and notation of the incident signed by the supervisor should be provided to the student, as well as a copy should be filed in the department's file where the student is assigned.

NOTE: Regarding the source patient's HIV and HBV status, the source patient does not have to subject himself or herself to testing for such. If it is necessary that a source patient be tested, then the Dean or the VPAA (whichever appropriate) and the County Attorney need to be consulted regarding current policy as to who is responsible for the cost of the client's medical services in respect to testing the source patient for HIV and/or HBV.

The student, in addition to reporting incident to his/her clinical instructor, needs to report his or her injury to the BCC Security Department either the day of injury if possible, or if not possible, the day following the incident.

Updated 4/07 • EOLAC Revised 8/9/1, 7/30/14 from MA policy manual DMA

ATTACHMENT #1

BLOODBORNE PATHOGENS GLOSSARY OF TERMS

OCCUPATIONAL EXPOSURE is defined as “reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of the employee’s duties.”

BLOOD is defined as human blood, human blood components, and products made from human blood.

OPIM is defined as the following human body fluids: “saliva, semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; body fluids visibly contaminated with blood; along with all body fluids in situations where it is difficult or impossible to differentiate between body fluids; unfixed human tissues or organs (other than intact skin); HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing cultures media or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Updated 6/15/01

SHS/mcl

Revised 8/9/1, 7/30/14 from MA policy manual. DMA

SUNY Broome Community College

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Physical Therapist Assistant Program

Binghamton, New York

STUDENT HEPATITIS B IMMUNIZATION DOCUMENTATION FORM

Please read the following instructions and then fill in below any of the responses that are applicable to you.

1. I, _____
(**print name**), acknowledge that I have had the opportunity to be informed of the risks related to potential exposure of blood-borne pathogens in the clinical setting, and, furthermore, have been encouraged to obtain the Hepatitis B vaccine series at this time if I have not already done such.

2. Upon being informed of this information, I assert that I **will seek out** a health-care provider to initiate the Hepatitis B vaccine series by _____ (**specific date**).

OR

3. I have already received (or are in the process of receiving) Hepatitis B vaccination series on _____ (**specific date and name of health-care provider**) _____ **name and documentation of such**).

OR

4. I, _____ (Print name here if statement applies), **DECLINE** to become vaccinated against Hepatitis B at this time.

Student's Signature _____ Date _____

CWID _____

BCC Witness' Signature _____ Date _____

Position _____

Updated 6-15-01 Revised 8/9/13, 7/30/14 from MA policy manual

SUNY Broome Community College

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Physical Therapist Assistant Program

Binghamton, New York

**DOCUMENTATION OF STUDENT EXPOSURE TO BLOODBORNE PATHOGENS and OTHER POTENTIALLY
INFECTIOUS MATERIALS**

I, _____ (**print name of student**) have read and discussed Broome Community College's student policy and procedures regarding potential exposure to bloodborne pathogens with my clinical supervisor or assigned faculty member named below. **I understand the policy and WILL FOLLOW the procedure as stated.**

Documentation of the incident and recommended written plan for follow-up treatment and/or surveillance is attached.

Student Signature _____ Date _____

Clinical Supervisor or
Assigned Faculty Member Signature _____ Date _____

Updated 6/01

SHS/mcl

Edited 9/09

Revised 8/9/1, 7/30/14 from MA policy manual

DMA

SUNY Broome Community College
Physical Therapist Assistant Program

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Binghamton, New York

**STUDENT REFUSAL TO FOLLOW RECOMMENDED PROCEDURES
LISTED FOR BLOOD-BORNE PATHOGENS**

I, _____ (**print name of student**) the above named BCC student have read and discussed Broome Community College's student policy and procedures regarding occupational exposure to blood borne pathogens and other potentially infectious materials based on CDC and OSHA guidelines with my clinical supervisor or assigned faculty member named below. **Though I understand the policy and risks associated with NOT following the stated procedures, I hereby DECLINE to follow the stated procedure for the reasons listed below, and release Broome Community College from further responsibility.**

Documentation of the incident and recommended written plan for follow-up treatment and/or surveillance is attached.

Student's Signature _____ Date _____

Clinical Supervisor or
Assigned Faculty Member Signature _____ Date _____

*Updated 6/01
SHS/mcl
Revised 8/9/13, 7/30/14 from MA policy manual
DMA*

SUNY Broome Community College

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Physical Therapist Assistant Program

Binghamton, New York

**STUDENT INJURY/EXPOSURE REPORT
(BCC Clinical/Faculty Staff Form)**

This report is to be completed by staff or faculty present during time of student injury. If no faculty or staff member were present at the time of the injury, then the form should be completed by a faculty or staff member with the most immediate knowledge of the incident.

1. _____
Faculty/ Staff Name (circle one)

Were you present at the time of the incident? _____ If not, how soon after the incident were you able to observe the situation and interview the student?

2. _____
Student Name Student ID number

Address

Gender Date of Birth

3. _____
Date of Accident Time

4. _____
Location

5. Describe the nature of injury in detail, including the part of the body affected.

For blood and body fluid exposures please check all that apply:

____ Skin Puncture Depth ____ mm Needle gauge ____
____ Skin surface contamination ____ Intact Skin ____ Wound
____ Mucous Membrane Exposure Site: _____

6. What was the student doing when the injury occurred?

How was the injury sustained?

7. In what specific location (site, building, room, location within a room) did the injury occur?

8. Was immediate first aid administered? _____ If so, then please describe.

9. Was emergency assistance requested? _____ If so, then please describe.

10. Did you accompany/send (circle one) student to Student Health Services/ UHS Dept. of Occupational Health at (607) 762-2333/ Employee Health Services/ Emergency Department/ Other _____?

11. For exposures to blood or body fluids, is the identity of the source patient known? _____ If so, then please list contact information for the source patient:

Are specimens from the source patient available for medical evaluation? _____ If so, then please detail specific arrangements made for their evaluation.

12. Did student refuse any medical attention? _____ If so, what?

13. Did you recommend the student seek further medical attention, i.e., his or her personal physician?
Y or N (please circle one). If so, then please describe.

14. What follow-up action still needs to be taken?

15. Contact Information for any witnesses present during the incident:

16. Any further relevant comments

17. Signature of Faculty/Staff member completing this report

Signature

Date

Revised 8/9/13, 7/30/14 from MA policy manual
DMA

**SUNY Broome Community College
Physical Therapist Assistant Program**

Binghamton, New York

**STUDENT/EXPOSURE INJURY REPORT
(Student Form)**

This report is to be completed by the student within 24 hours following an injury.

1. _____
Student Name Student ID number

Address

Gender Date of Birth

2. Faculty or staff members present at the time of the injury or exposure

Name: _____

Name: _____

Name: _____

3. Date of injury/exposure: _____ Time of injury/exposure _____

4. Describe the nature of injury in detail, including the part or parts of body affected

For blood and body fluid exposure please check all that apply:

____ Skin Puncture Depth ____ mm Needle gauge _____

____ Skin surface contamination ____ Intact Skin ____ Wound

____ Mucous Membrane Exposure Site _____

5. What were you doing when the accident occurred?

How was the injury sustained?

6. In what specific location (site, building, room, location within a room) did the injury occur?
7. Name(s) of witnesses, if any.
8. Was immediate first aid administered? _____ If so, then please describe.
9. Was emergency assistance required (i.e. 911)? _____ If so, then please describe.
10. Were you accompanied/sent to the (circle one)
 - a. Student Health Services Office on campus
 - b. UHS Department of Occupational Health at 607-762-2333
 - c. Employee Health services at your clinical site
 - d. Emergency Department
 - e. Other _____
11. Do/did you refuse any medical attention? _____ If so, then please describe which types.

12. Any further relevant comments or questions?

If your injury continues to bother you, then please note that you should see your personal physician. Please remember to report any injury sustained on the BCC campus or at any clinical site to Campus Safety in the Student Support Services building (SS-102) at 607-778-5083.

Signature of Student completing this report

Signature

Date

***Revised 8/9/13, 7/30/14 from MA policy manual
DMA***

EVALUATION OF STUDENT PERFORMANCE

POLICY

Each student will be evaluated at midterm and final utilizing the "On-line Clinical Performance Instrument (CPI)" form. The student will be an active participant in the evaluation process by doing a self evaluation at the same time. Additionally, more frequent, informal feedback is considered an essential part of the evaluation process.

PROCEDURE

| PERSON | ACTION |
|---------|---|
| CI | <ol style="list-style-type: none">1. Completes APTA online course for completing the online CPI Completes CSIF form to be entered into clinical evaluation database. (the student may be asked to help complete the CSIF) Completes evaluation form at midterm and final. |
| Student | <ol style="list-style-type: none">2. Completes self evaluation in preparation for midterm and final meetings with CI. |
| CI | <ol style="list-style-type: none">3. Schedules midterm evaluation meeting with student. Presents evaluation material to student and encourages discussion of strengths and areas for improvement. Reviews student's self evaluation. |
| ACCE | <ol style="list-style-type: none">4. Contacts CI prior to midterm period to set up midterm meeting with CI and student. Meets with CI and student for a summary of student performance. |
| CI/CCCE | <ol style="list-style-type: none">5. At any time during the affiliation, contacts ACCE if there are any concerns regarding student performance. Makes student aware of these concerns as they occur. |
| CI | <ol style="list-style-type: none">6. Schedules final evaluation meeting. Presents information and encourages discussion of its contents. |

| | | |
|---------|----|--|
| Student | 7. | Participates in final evaluation meeting. Presents final self evaluation. |
| CCCE/CI | 8. | Completes on-line CPI <u>immediately</u> after completion of affiliation. |
| ACCE | 9. | Based on discussion of student performance with CI, and on written evaluation, assigns a grade for the course. |

Upon notification by the CI of substandard student performance during clinical affiliation, it may be necessary for the ACCE to make additional site visits in order to collaborate with the CI to determine the best course of action to follow in order to bring the student up to standard performance.

NOTE: The CI will assign a pass/fail (S/U) grade to the student based on the student's overall performance during the affiliation. The final course grade will be assigned by the ACCE based on the grade from the CI. The ACCE has the authority to assign a higher or lower grade as the final grade, but will do so only if he or she feels that extenuating circumstances warrant such an action.

UNSATISFACTORY STUDENT PERFORMANCE ON CLINICAL AFFILIATION

POLICY

It has already been stated that in cases where a student does not perform satisfactorily on a clinical affiliation, the ACCE will be required to make additional site visits to work with the CI and student to attempt to promote student progression to a satisfactory level. At the end of the affiliation period, if the student does not meet the passing requirements as noted on the CPI evaluation of student performance, this will be considered a failure of the particular clinical course, and the student will receive a “U” grade.

Students are allowed to partake in one and only one makeup clinical affiliation following a failure, with the following stipulations applying:

1. The makeup affiliation will be equal in hours to the affiliation that was failed.
2. This makeup affiliation must be passed as per CPI evaluation of student performance or the student will be withdrawn from the PTA program.
3. The makeup affiliation must be successfully completed in its entirety before the student is allowed to progress in the PTA program.

4. Because of the stipulations in #3, it is essential that the makeup affiliation occurs as soon as possible following the failed affiliation. Therefore, when the makeup affiliation takes place will be at the discretion of the ACCE.
5. The location of the makeup affiliation will be at the discretion of the ACCE based on availability and needs of the student.
6. If the makeup affiliation is to occur concurrent with other PTA students going out on regularly scheduled affiliations, these students will have priority with regard to the availability of clinical slots. The student doing the makeup will be assigned to a clinic only after all other students have been assigned.
7. If the student is unable to attend the makeup affiliation as scheduled, they will be withdrawn from the PTA program.
8. The student must attain a passing grade as per the CPI evaluation of student performance on the makeup affiliation in order to progress. The student will not be allowed to do a second makeup affiliation.
9. Failure of a second PTA course including clinical affiliation at any point in the curriculum will result in the student being dismissed from the PTA program.

Student failure of a clinical course, including PTA110, PTA210, or PTA220, will require the following procedures to be followed.

PROCEDURE

| PERSON | ACTION |
|--------------|--|
| CI | <ol style="list-style-type: none"> 1. Informs ACCE that student did not successfully pass clinical. 2. In addition to evaluation form, provides ACCE with a separate written list of student's deficiencies. |
| ACCE | <ol style="list-style-type: none"> 3. Calls student to set up post clinical meeting. |
| ACCE/Student | <ol style="list-style-type: none"> 4. Attends a post clinical meeting. |
| ACCE | <ol style="list-style-type: none"> 5. Following post clinical meeting, the ACCE determines the student's final clinic grade based on results of meeting, CPI and student conference. |
| Student | <ol style="list-style-type: none"> 6. If the student receives a "U" grade, they are permitted to participate in a makeup affiliation. This is a repeat of a course; therefore, the student is responsible for tuition to cover this course. -If this is student's first failed clinical: student is given the option to |

participate in makeup affiliation (Provided they have not failed a course prior to failing the clinical affiliation. Two failed courses prevents a student from progressing in the PTA Program)

-If this is student's second failed clinical (or if this is a failed makeup clinical): student is advised that they will be dismissed from the PTA program.

ACCE

7. Makes arrangements for student to attend a makeup affiliation, if appropriate.

POLICY FOR REMEDIATION OF A STUDENT

POLICY

There are cases where a CI considers a student to be “borderline” at the end of a clinical affiliation. This meaning that the CI does not consider a student to be failing, but feels they require some additional time in the clinic in order to fully achieve an “S” grade. In these situations, it is appropriate for the student to receive an extension of their clinical affiliation time. The specifics of this time are to be worked out between the ACCE and the CI/CCCE. This does not apply to a student who has already failed a previous clinical affiliation.

*A student who is borderline at the end of Clinical Affiliation III and is required to do an extension of the clinical may do the extension period concurrent to PTA224.

1. Remediation is considered a short term extension of the student’s existing clinical hours
If it is the opinion of the CCCE/CI and/or ACCE that the student requires extended clinical time that amounts to more than ½ or more than the existing clinical hours, then the student should be recommended for a repeat clinical.
2. The student may partake in one and only one extension of the existing clinical.
3. The extension must be completed successfully in its entirety before the student is allowed to progress in the program.
4. If the student does not successfully complete the extension of the existing clinical, then the student must repeat the clinical as outlined in the Policy for “Unsatisfactory Student Performance on Clinical Affiliation”.

PROCEDURE

| PERSON | ACTION |
|---------------|---|
| CI | Fills out the “Notification of the Potential for Dismissal from Clinical Site Form”. Notifies student at Midterm or Final evaluation of the need for an extension. Notifies ACCE of need for student extension. Develops a written learning contract |

Written in behavioral terms that describes the depth and breadth of content in need of remediation, the level of expected student performance to be achieved in an appropriate time frame.

Contract should be written within 24 hours of Midterm/Final meeting with student.

ACCE

Sets up a meeting with CI.

Meets with CCCE/CI and student to review learning contract.

GENERAL INFORMATION

TRANSPORTATION

Students are responsible for providing transportation to and from their clinical affiliations during the entire two-year period. Students may not ride in a non-college vehicle driven by a clinical instructor, faculty member, or their designee.

Students who wish to attend an educationally relevant event (determined to be educationally relevant by the program chairperson) must also provide their own transportation. Students may not ride in a non-college vehicle driven by a clinical instructor, faculty member, or their designee.

Revised 3/16/09, Division Meeting

FINANCES

Students are responsible for the cost of uniforms, transportation, meals and other expenses incurred. Therefore, the students must plan their finances accordingly.

CHEMICAL IMPAIRMENT

Students are expected to arrive at their clinical site daily chemically unimpaired. (See Chemical Impairment Policy listed in Table of Contents for full definition and procedure for suspected chemical impairment.) While attending clinical affiliation, the student may be asked to submit to drug testing in accordance with zero tolerance policies of specific clinics. Detailed information regarding this policy is found in the Chemical Impairment section of this policy manual.

ATTENDANCE AT CLINICALS

Since clinical training is of major importance in the educational process, attendance is mandatory. Any time missed from an assignment must be made up within that assigned time. If the time is not made up, the student will NOT be allowed to continue in clinical training and will receive a grade of "U". Please see the section in this manual titled "Student Absences" for more information.

Clinical sites participate in the instruction of SUNY Broome students voluntarily. To accomplish this, the clinical sites staff and schedule instructors to meet student needs. When a student fails to attend scheduled clinical sessions, it inconveniences patients, the site and the individual instructors. Reliability in attendance and punctuality are indicators of professionalism necessary for success in the clinical setting.

Each student is expected to attend all scheduled clinical assignments punctually, to be prepared, to participate actively in learning and in the performance of procedures and to remain throughout the scheduled shift. In the event of an emergency which prevents the student from attending clinical, the student is responsible for contacting both the clinical coordinator at the clinical site and the SUNY Broome ACCE, Julianne Klepfer, at (607) 778-5329 prior to the scheduled clinical time. In some cases documentation of the reason for the absence (e.g. doctor's note) may be required.

A student who misses one of the clinical days for a particular course or fails to notify the clinical site and ACCE in a timely manner will be placed on probation for attendance. The ACCE and clinical instructor will require the student to make up the days missed. A student who attends class irregularly or demonstrates other evidence of academic and clinical irresponsibility is subject to a withdrawal from the PTA clinical affiliate and/or program

There are sometimes opportunities for students to observe special procedures or to obtain additional practice which are outside the regularly scheduled clinical day. These additional enrichment experiences are not required. Students may participate in enrichment experiences in the clinical setting; however, the clinical instructor is responsible for any skill instructed which is not included in the student's curriculum to date. Please check with the SUNY Broome ACCE before starting any clinical experiences which are at times other than those listed on your clinical schedule.

Students are considered to be enrolled on every scheduled clinic day irrespective of campus scheduling. Students may be assigned to clinical when the college campus is closed.

Snow days or emergency closure of the SUNY Broome campus does not automatically apply to students in clinical areas. Students should report as usual or call in if road conditions are poor enough to make travel hazardous. If conditions improve during the scheduled clinical time, students should plan to report to the clinical site when travel is safe. On the day of return, the student should contact the coordinator and/or clinical instructor to request make up time, if possible. Regularly scheduled SUNY Broome holidays such as Spring Break or Mid-Semester Break do apply to students in clinical areas. Students are not expected to attend clinical on those days. The CCCE at each facility has contact information for the ACCE to be used if contact with the college is not possible.

Revised 6/9/15

SCHEDULE

If a student cannot attend the clinic at the assigned times due to extenuating circumstances, the student may attempt to negotiate a different schedule with the facility clinical coordinator. In all cases the final decision is made by the coordinator. The student must then notify the ACCE of the schedule change. In all cases, the student is still responsible for the same number of hours in the clinic.

WRITTEN ASSIGNMENTS

Clinical Affiliation I students are required to maintain a log or diary based on their clinical experiences. This should be a summary of what was done during orientation, patient care, other observations, etc. Full patient names **are not** to be used in the log. Students are required to review this information with their CI weekly. The CI must initial the weekly log after reviewing and discussing this written assignment with the student. These logs must be returned with all other forms after the completion of their clinical.

Logs will be returned to students prior to the beginning of their next affiliation.

Clinical Affiliation II students will continue the log and, in addition, are required to view a surgical procedure. Viewing of the surgery will be coordinated with the CI. If it is not possible for the student to see a surgery at the particular facility they are attending, the ACCE will make other arrangements. The student will be responsible for writing a paper based on the surgery for this clinical affiliation.

Clinical Affiliation III students are required to write a case study on a particular patient following HIPAA guidelines. This case study is presented orally to the class during Senior Seminar II after completion of the final affiliation.

Students are required to keep a "frequency checklist" (available online in clinical course) while on each affiliation. This is for the student's benefit and will represent the amount of experience a student has with various treatments and procedures. This should be kept up to date as it will be helpful to the student when deciding on where to go for subsequent affiliations.

Students must complete an evaluation of the clinical site and review this evaluation with their CI prior to completion of the clinical. The CI must sign this evaluation. This must be turned in to the ACCE immediately after completion of the clinical.

All forms can be returned to the BCC PTA department in 1 of 2 ways:

1. Mailed to the ACCE in a sealed envelope.
2. Transported to the ACCE by the student in a sealed envelope.

All forms must be returned 1 week after the end of any given clinical affiliation.

MISCELLANEOUS

The clinical performance of students may be observed by the ACCE or Department Chair from time to time. Students may or may not be notified as to when this may occur.

Students will act as subjects or mock patients during lab and clinics. The student must inform their faculty member or clinical instructor of any illness, condition or impairment, which would disqualify them from a particular modality or procedure. For example, if a student knows or suspects they are pregnant, they will be excused from acting as a mock patient for electric stimulation.

The student may be photographed, videotaped or audiotaped in the lab or clinic for instructional purposes.

BACKGROUND CHECKS AND FINGERPRINTING:

Students may be required to submit to background checks, child abuse clearance and/or fingerprinting prior to attending clinical at specific sites. The cost of these procedures is something that the student must absorb. The ACCE will inform students in a timely fashion (as many of these procedures take up to 6 weeks to obtain clearance) which clinical sites require these procedures.

PERSONAL APPEARANCE POLICY FOR PHYSICAL THERAPIST ASSISTANT STUDENTS:

Personnel in the health field must present to the public and to patients a manner which will insure security and confidence. Health services personnel have the responsibility of helping patients gain that full measure of confidence and hope which is so vital to their personal security and well-being when stressed by disease, disability, or hospitalization.

Patients have a variety of opinions, beliefs and convictions. Personal appearance outside of reasonable expectations may alarm patients and visitors and go far to undo the good which the best biomedical science can accomplish; in fact, they may even prevent the acceptance of needed medical care.

Professional standards of appearance are important to the overall quality of patient care. For example, a high level of personal cleanliness is maintained as a standard for hospital employment. Poor body hygiene, oral hygiene, body odors, unkempt hair and other signs of poor personal hygiene cannot and will not be tolerated.

The following standards are, therefore, established for all Broome Community College Physical Therapist Assistant students:

1. Students will generally wear attire that corresponds with that worn by the majority of therapists at the

affiliating facility unless directed otherwise by the center coordinator of clinical education. In lieu of a clinical facility policy, the school requirement for males and females is dark pants, light top and/or lab coat with a name tag.

2. Slacks or skirts may be worn, skirts should not be above the knee. If a skirt is worn, stockings must also be worn, no bare legs. Jeans or sweatpants are NOT permissible unless specifically requested by the affiliate.
3. Under garments must be worn and should not be visible under clothing e.g. no low rise pants which expose undergarment or buttocks. No low cut or stomach revealing shirts. No spaghetti straps, halter-tops or strapless shirts. Graphic tees are not acceptable outerwear and if worn as a t-shirt, should not show through an outer shirt.
4. Cosmetics/fragrances should be used with moderation. Be aware of potential allergic reactions by patients and employees.
5. Shoes should be low-heeled, non slip rubber-soled. CLEAN sneakers are acceptable, no high-tops or open toed shoes. Allowable colors are white, brown or black.
6. A school identification name tag is provided and worn by all students at all times unless directed otherwise by the affiliate. Affiliates may require students to wear additional or other name tags. If the student loses the name tag, there is a \$10.00 fee for replacement. **Student name tags must be returned upon graduation.**
7. Hair of such length that it extends over the collar must be tied back in such a way that it does not come in contact with the patient or interfere with the student's ability to function. Hair must be worn in a neat and well-groomed fashion. Extreme hair styles on any student are not acceptable.
8. All fingernails are to be kept clipped and trimmed. **No artificial nails are allowed.**
9. All jewelry worn must be kept to a minimum; for example, only simple rings and neat wrist watches. No facial or oral jewelry is allowed.
10. Any tattoos/brands/decorative body art which are obscene or advocate sexual, racial, ethnic or religious or discrimination on any body part which is exposed must be covered.
11. Regardless of individual facility dress code, students must at all times appear professional and neat.

PROFESSIONAL CONDUCT - See page

CONFIDENTIALITY

The student is expected to conduct him/herself in a professional manner at all times. **Patient confidentiality** is to be maintained at all times. HIPAA regulations are strictly adhered to. Charts, test results, and all other information relating to the patient must not be discussed with anyone who is not directly concerned with the care and treatment of the patient. Discussion of patient information in any public area is prohibited. Policies and procedures established by the clinical affiliation site and academic institution must be adhered to.

The student is required to read, sign and date the “Access and Confidentiality Agreement” prior to attending clinical affiliation.

**SUNY Broome Community College
DIVISION OF HEALTH SCIENCES
Binghamton, New York**

ACCESS AND CONFIDENTIALITY AGREEMENT

As a student with privileges at health care facilities, you may have access to what this agreement refers to as “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information.

Confidential information includes patient/member information, employee/volunteer/student information, financial information, other information relating to health care facilities, and information proprietary to other companies or persons. You may learn of or have access to some or all of this confidential information through a computer system or through your employment activities.

Confidential information is valuable and sensitive and is protected by law and by strict health care facility policies. The intent of these laws and policies is to assure that confidential information will remain confidential, that is, will be used only as necessary to accomplish the organization’s mission. As a student, you are required to conduct yourself in strict conformance to applicable laws and health care facility policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, clinical failure and to legal liability.

As a student, you understand that you will have access to confidential information that may include, but is not limited to, information relating to the following:

- Patients/members (such as records, conversations, admittance information, patient/member financial information, etc.),
- Employees/volunteers/students (such salaries, employment records, disciplinary actions, etc.),
- Health care facility information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.), and
- Third-party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.).

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that:

1. You will use confidential information only as needed to perform your legitimate duties as a student

affiliated with a health care facility. This means, among other things, that:

- A.** You will only access confidential information for which you have a need to know; and
 - B.** You will not in any way divulge, copy, release, sell, loan, review, alter, or destroy any confidential information, except as properly authorized within the scope of your professional activities affiliated with each health care facility; and
 - C.** You will not misuse confidential information or carelessly care for confidential information.
- 2.** You will safeguard and will not disclose your access code or any other authorization you have that allows you to access confidential information.
- 3.** You accept responsibility for all activities undertaken using your access code and other authorization.
- 4.** You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
- 5.** You understand that your obligations under this Agreement will continue after termination of your clinical rotation. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
- 6.** You understand that you have no right or ownership interest in and confidential information referred to in this Agreement. The health care facility may at any time revoke your access code, other authorization, or access to confidential information. At all times during your clinical you will safeguard and retain the confidentiality of all confidential information.
- 7.** You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization access to confidential information. You understand that your failure to comply with this Agreement may also result in failure of clinical rotation.

Student Printed Name

Student Signature/Date

ACCESS CONFIDENTIALITY AGREEMENT
8/12/03

CURRICULUM CONTENT - Clinical Courses

| <u>Course Title</u> | <u>Number</u> | <u>Credits</u> | <u>Clock Hours</u> |
|--------------------------|---------------|----------------|--------------------|
| Clinical Affiliation I | PTA110 | 3 | 160 |
| Clinical Affiliation II | PTA210 | 4 | 200 |
| Clinical Affiliation III | PTA220 | 6 | 240 |

ACADEMIC CLINICAL COORDINATOR: Julianne Klepfer

COURSE DESCRIPTION:

The student is assigned to a variety of clinical settings (three) for planned learning experiences and practice under supervision. Selection of each student's affiliation is a faculty decision based on giving each student a variety of clinical experiences. All learned skills are reinforced during direct patient care. The student has the opportunity to observe and acquire skill in the typical modifications of basic physical therapy procedures used by physical therapists in the clinic.

The physical therapists who instruct and supervise students in the clinic are graduates of accredited programs of physical therapy; hold at least a baccalaureate degree; are eligible for or hold state licensure in physical therapy; have a minimum of one year's experience; and have demonstrated interests in teaching and continuing education. Students may also be assigned to and supervised by a physical therapist assistant who has graduated from an accredited physical therapist assistant program and who has had a minimum of one years' experience.

REQUIRED TEXTS: None

PREREQUISITES:

| | |
|---------------------------|---|
| Clinical Affiliation I: | PTA101 Introduction to Physical Therapy II PTA102 Introduction to Rehabilitation PTA103 Physical Agents and Massage |
| Clinical Affiliation II: | PTA110 Clinical Affiliation I Co-requisite PTA201 Kinesiology Co-requisite PTA202 Therapeutic Exercise |
| Clinical Affiliation III: | PTA210 Clinical Affiliation II PTA213 Senior Seminar I Co-requisite PTA224 Senior Seminar II |

Revised 8/2013

GENERAL OBJECTIVES OF CLINICAL EDUCATION

At the conclusion of all three Clinical Affiliations, the student is able to:

- 1. Provide physical therapy services as specified in the plan of care developed by the physical therapist which includes:**
 - a. Review of patient's medical chart
 - b. Review of techniques of selected physical agents
 - c. Recognition of indications and contraindications to physical therapy interventions
 - d. Preparation of area prior to interventions
 - e. Checking of equipment prior to use
 - f. Draping the patient properly
 - g. Adjusts interventions within the plan of care established by the PT in response to patient clinical indications and reports this to the supervising PT
- 2. Perform all interventions/assessments in a safe, ethical, efficient and technically competent manner that minimizes risk to the patient, self and others. This includes but is not limited to the following:**
 - a. Therapeutic exercises, such as passive, active, active-assistive, coordination exercise, balance exercise, PNF and developmental activities in relation to neurologically impaired individuals (pediatric and adult) and amputees.
 - b. Gait training and techniques such as preprosthetic and prosthetic training
 - c. ADL training techniques such as dressing, bed activities, transfers, and wheelchair management
 - d. Administration of therapeutic heat and cold, including the modalities of hydrocollator packs, paraffin, hydrotherapy
 - e. Administration of ultrasound
 - f. Administration of therapeutic electric current, such as iontophoresis, TENS, electrical stimulation, high volt galvanic stimulation
 - g. Didactic information related to infrared, UV and diathermy
 - h. Applications of cervical and pelvic traction
 - i. Performance of intermittent venous compression
 - j. Application of external bandages, dressings and supports
 - k. Performance of goniometric measurement
 - l. Performance of various massage techniques
 - m. Recognition of architectural barriers
 - n. Demonstrate a basic ability to identify structures of the musculoskeletal system
 - i. Muscle origin, insertion, action & nerve
 - ii. Palpation of superficial surface anatomy
 - o. Instruction of patient as to method and purpose of intervention procedure
 - p. Encouraging the patient to achieve maximum potential
 - q. Selection of effective sequence for intervention
 - r. Instruction of patient in proper use of assistive devices

- s. Instruction of family and/or other health care providers to perform selected treatment procedures and functional activities.
- t. Modification of program according to patient's age, discomfort, diagnosis, comprehension, and ability to cooperate and communicate.
- u. Demonstration of an awareness of the TOTAL patient rather than just a part
- v. Response to acute changes in physiological state
- w. Treating the patient within limits of tolerance (pain, fatigue)
- x. Demonstration of safe, ethical and legal practice
- y. Practicing the principles of proper body mechanics
- z. Proper use and adjustment of equipment
- aa. Cleaning of treatment area after use
- bb. Discuss orthotic, prosthetic function, use, maintenance and care.
- cc. Demonstrates understanding of infection control procedures.
- dd. Administration of biofeedback

3. *Communicate with patient, peers, family members and other caregivers in writing and orally in ways congruent to situational needs and supports delivery of patient services.*

- a. Develops oral communication (with patient/family/staff)
 - i. Expresses self accurately in a concise, organized manner
 - ii. Speaks in an appropriate tone and volume
 - iii. Adapts communication to comprehension of each individual
- b. Exhibits written communication skills
 - i. Presents accurate information in concise, organized manner
 - ii. Includes all pertinent information
 - iii. Writes legibly
 - iv. Uses appropriate medical terminology
 - v. Effectively writes a home program
 - vi. Provide accurate and timely information for the billing and reimbursement purposes
- c. Recognizes, responds and utilizes nonverbal communication
- d. Maintains appropriate interpersonal relationships
 - i. Reacts appropriately to the moods of others
 - ii. Masks emotional reactions in presence of others
 - iii. Contributes to a friendly but professional atmosphere
 - iv. Recognizes his own reactions to illness and disability
 - v. Recognizes patient's and families' reactions to illness and disability

4. *Obtain accurate information performing selected data collection consistent with the plan of care established by the PT. Including but not limited to:*

- a. Goniometric measurements
- b. Girth measurements
- c. Pain scale and standardize questionnaire delivery to patient and others
- d. Vital signs (blood pressure, pulse and respiration)
- e. Amount of assistance required for ambulation, transfers, bed mobility and ADL's
- f. Ambulation distance

- g. Absence or altered sensation
 - h. Abnormal and normal integumentary changes
 - i. Changes in muscle tone
 - j. Recognizes gross and fine motor milestones
 - k. Recognizes righting and equilibrium reactions.
 - l. Level of functional status
- 5. Deliver established patient care in a professional manner that reflects respect for and sensitivity to individual differences.**
- a. **Presents a professional appearance**
 - b. **Conducts himself/herself in a professional manner.**
 - i. Accepts responsibility
 - ii. Is punctual and reliable
 - iii. Abides by the regulations of the facility
 - iv. Does not allow personal affairs to interfere with duties/obligations
 - v. Seeks out learning experience
 - vi. Is considerate of the attitudes and beliefs of others including respect for individual cultural, religious, and socioeconomic differences in people
 - vii. Assists and cooperates willingly with co-workers
 - viii. Refers questions he/she cannot or should not answer to the proper authority
 - ix. Identifies situations that should be reported to the supervisor
 - x. Maintains confidentiality of information
 - xi. Responds favorably to criticism and suggestions
 - xii. Recognizes his/her own strengths and limitations in ability and/or experience
 - xiii. Indicates through behavior, attitude and comments that he/she clearly understands his/her role as a physical therapist assistant in relationship to other members of the physical therapist staff and members of other health fields.
 - xiv. Is capable of problem solving in terms of the role of the physical therapist assistant
 - xv. Seeks assistance with patient care to insure adequate treatment
 - xvi. Completes assignments
 - xvii. Uses free clinic time to advantage
 - c. Demonstrate a commitment to meeting the needs of the patients and consumer
- 6. Manage a caseload of patient's commensurate with the level of clinical affiliation.**
- a. Handles emergency situations appropriately
 - b. Adjusts to unanticipated changes in schedule or patient load
 - c. Works effectively in varied settings
 - d. Recognize the role of the PTA in the clinical education of PT and PTA students and prepare to assume that role
 - e. Student must complete Midterm and Final CPI assessment of themselves
- 7. Demonstrate time management skills.**
- a. Demonstration of an ability to organize time
 - b. Understands basic concepts related to the health care system, including multidisciplinary team approach, quality care, governmental agencies, private sector, role of other health care providers,

health care facilities, issues and problems

- c. Understands basic principles of levels of authority and responsibility, planning, time management, supervisory process, performance evaluations, policies and procedures, and fiscal consideration (provider and consumer)
- d. Supervise the PT aide in patient-related activities as delegated to the aide by the PT and in non-patient care activities as defined by the policies and procedures of the practice setting
- e. Participates in the organizational planning and operation of the PT service

8. Access information from literature relevant to interventions.

9. Examine the method and document the experience of an observed surgical procedure.

10. Complete a patient case study.

11. Recognize pharmaceuticals, their indications and side effects as they relate to patient rehabilitation.

Revised 7/30/14

CLINICAL GRADING POLICIES:

Each student must be graded utilizing the APTA PTA Clinical Performance Instrument at midterm and final. SUNY Broome Community College PTA Department has gone to the online version of the PTA CPI. Each student has taken the online APTA training prior to attending their first clinical. If a CI has not completed the training they may do so through the APTA at no cost and they will receive 3 CEU's for completion. A CI must complete this training in order to complete the CPI on line. Please find in the forms section *The Quick Click Guide* for taking this training.

If a CI has not taken the training the student also has access to a paper copy of the PTA CPI in their on line course shell for each clinical experience. (A paper copy can also be found in the Forms section of this handbook. They can print off a copy for the CI and themselves, as the student must complete their own PTA CPI evaluation at midterm and final for each clinical experience.

PTA 110-FRESHMAN 4 WEEK AFFILIATE

Student must obtain/complete the following to pass:

1. Score at least at the ***Advanced Beginner Performance*** mark on all criteria by the completion of the clinical affiliation.
2. Complete all Pharmaceutical modules on line and the related quizzes with a 75 or better on each quiz.

PTA 210- SENIOR CLINICAL I- 5 WEEK AFFILIATE

Student must obtain/complete the following to pass:

1. Score at least to ***Intermediate Performance*** mark on all criteria by the completion of this clinical affiliation.
2. Score at least a 75 % on their Surgical Observation Paper

PTA 220- SENIOR CLINICAL II- 6 WEEK AFFILIATE

Student must obtain/complete the following to pass:

1. Score at ***Entry Level Performance*** mark on all criteria by the completion of this clinical affiliation
2. Have clinical instructor sign and return the Statement of Competence Form indicating that they believe the student to be competent to practice at an Entry Level.

SUPERVISION OF STUDENTS IN HOME CARE/SCHOOL SETTINGS:

A SUNY Broome Community College PTA student may only implement interventions in a home care or school setting under the direct supervision of a Physical Therapist.

INSERVICES:

The SUNY Broome Community College PTA program does not require their students to complete an in-service on clinical. However if the affiliate deems it an enrichment activity they may assign it to the student.

QUICK CLICK GUIDE FOR ONLINE PTA CPI TRAINING:

Getting Started With the APTA Learning Center For PTA CPI Course Participants

APTA Members/Current APTA Customers

1. Login to www.apta.org

- Enter your username and password and select "click here to continue:" (<https://www.apta.org/APTALogin.aspx>)
- Under <https://www.apta.org/apta/profile/MyProfile.aspx> make note of the email address associated with your apta.org account. You will need to use the same address to verify your training completion in PTA CPI Web.

Important! It is essential that you do not purchase or register for courses in the APTA Learning Center using more than one account number. If you've forgotten your password or were at one time an APTA member, go to <http://www.apta.org/APTA/ForgotMyPassword/ForgotMyPasswordGetEmail.aspx> to have it emailed to you OR contact 800/999-2782, ext 3395 for assistance.

2. Set up your computer

- Enable pop-ups for <http://www.apta.org> and <http://learningcenter.apta.org>. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: <http://learningcenter.apta.org/oht.aspx#q1>).

3. "Purchase" the free PTA CPI online course

- To access the PTA CPI online course, go to: http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free Member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PTA CPI online course

- After purchasing the course, go to My Courses http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

5. Print CEU certificate

- Claim credit and print your 0.2 CEU certificate through My Courses http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

6. Access the PTA CPI Web site

- After successfully passing the posttest you will be able to fill out the PTA CPI. Please contact the academic program you are working with for information on the Web address for PTA CPI Web and how to login.

New Customers

1. Create an account at www.apta.org

- Register at **apta.org**: <https://www.apta.org/APTALogin.aspx>. Complete the required information and write down your username and password.
- Please make a note of the e-mail address that you use when completing this registration information as you will need to use the same email address to verify your training completion in PTA CPI Web.

2. Set up your computer

- Enable pop-ups for <http://www.apta.org> and <http://learningcenter.apta.org>. (Make sure pop-ups are enabled both in your Internet browser and in your Google/Yahoo/AOL toolbar, if installed. Learn how: <http://learningcenter.apta.org/oht.aspx#q1>).

- **Important!** You are now ready to purchase the free online course.

3. "Purchase" the free PTA CPI online course

a. To access the PTA CPI online course, go to:

http://learningcenter.apta.org/free_membercourses.aspx (this is the "Free Member" course catalog, accessible from the public course catalog) in the APTA Learning Center, then "purchase" the free course through the online shopping cart.

4. Take the PTA CPI online course

- After purchasing the course, go to **My Courses** http://learningcenter.apta.org/My_Courses.aspx within the APTA Learning Center.

5. Print CEU certificate

- Claim credit and print your 0.2 CEU certificate through **My Courses** http://learningcenter.apta.org/My_Courses.aspx at the APTA Learning Center.

6. Access the PTA CPI Web site

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CLINICAL SITE INFORMATION FORM (WEB):

As part of CAPTE Accreditation requirements SUNY Broome Community College's Physical Therapist Assistant Program must have a completed CSIF for each clinical affiliation site that we affiliate with. Generally this is completed by the CCCE. Please find below the link to the APTA website and the information that is needed to complete this form for SUNY Broome Community College.

<http://www.apta.org/CSIF/>

FREQUENCY CHECKLIST:

Each student must complete this form for every clinical attended.

SUNY BROOME COMMUNITY COLLEGE
BINGHAMTON, NEW YORK
PHYSICAL THERAPIST ASSISTANT PROGRAM
CLINICAL TRAINING

FREQUENCY CHECKLIST

NO. OF EXPERIENCES

MODALITIES

0-5 5-15 15 or above

| | | | |
|-------------------|---|---|---|
| Whirlpool | — | — | — |
| Hubbard Tank | — | — | — |
| Hot Packs | — | — | — |
| Cold Packs | — | — | — |
| Paraffin | — | — | — |
| Hyperbaric Oxygen | — | — | — |
| Ultraviolet | — | — | — |
| Infrared | — | — | — |
| Pelvic Traction | — | — | — |
| Cervical Traction | — | — | — |
| Diathermy | — | — | — |
| Ultrasound | — | — | — |
| Biofeedback | — | — | — |
| High Volt | — | — | — |
| TENS | — | — | — |
| Medcosonlator | — | — | — |
| Jobst | — | — | — |
| Other _____ | — | — | — |
| _____ | — | — | — |

PROCEDURES

| | | | |
|--------------------|---|---|---|
| Bed Positioning | — | — | — |
| Vital Signs | — | — | — |
| Sterile Techniques | — | — | — |
| Massage | — | — | — |
| Stump Bandaging | — | — | — |
| Postural Drainage | — | — | — |
| Body Mechanics | — | — | — |
| Other _____ | — | — | — |

COMMENTS

ADL

Transfers

| | | | |
|---------------|-----|-----|-----|
| WC/tub | ___ | ___ | ___ |
| WC/bed | ___ | ___ | ___ |
| WC/toilet | ___ | ___ | ___ |
| WC/car | ___ | ___ | ___ |
| Sliding Board | ___ | ___ | ___ |

Bed Activities

| | | |
|-----|-----|-----|
| ___ | ___ | ___ |
|-----|-----|-----|

Ambulation

| | | | |
|----------------------|-----|-----|-----|
| Parallel Bars | ___ | ___ | ___ |
| Crutches | ___ | ___ | ___ |
| Cane | ___ | ___ | ___ |
| Walker | ___ | ___ | ___ |
| Independ. | ___ | ___ | ___ |
| 2-Point | ___ | ___ | ___ |
| 3-Point NWB | ___ | ___ | ___ |
| 3-Point PWB | ___ | ___ | ___ |
| Swing to/thru | ___ | ___ | ___ |
| Stairs | ___ | ___ | ___ |
| Ramps | ___ | ___ | ___ |
| Recognize Deviations | ___ | ___ | ___ |
| Feeding | ___ | ___ | ___ |

EQUIPMENT

| | | | |
|-----------------|-----|-----|-----|
| Wheelchairs | ___ | ___ | ___ |
| Tilt table | ___ | ___ | ___ |
| Prosthetic | ___ | ___ | ___ |
| Orthotic | ___ | ___ | ___ |
| Splints | ___ | ___ | ___ |
| Exercise | ___ | ___ | ___ |
| Kinetron | ___ | ___ | ___ |
| Weights/Pulleys | ___ | ___ | ___ |
| Bike | ___ | ___ | ___ |
| Powdered board | ___ | ___ | ___ |

COMMENTS

THERAPEUTIC EXERCISE

| | | | |
|----------------------|---|---|---|
| PROM | — | — | — |
| AAROM | — | — | — |
| AROM | — | — | — |
| Manual Resistive | — | — | — |
| Coordination | — | — | — |
| Relaxation | — | — | — |
| Breathing | — | — | — |
| Manual Stretching | — | — | — |
| Static Stretching | — | — | — |
| Isometric | — | — | — |
| Advanced Therapeutic | — | — | — |
| Exer./Mat Activities | — | — | — |
| Other | — | — | — |
| _____ | — | — | — |
| _____ | — | — | — |
| _____ | — | — | — |

ASSIST-EVALS

| | | | |
|--------------|---|---|---|
| ROM | — | — | — |
| MMT | — | — | — |
| Gait | — | — | — |
| Posture | — | — | — |
| Sensory | — | — | — |
| ADL | — | — | — |
| Length/Girth | — | — | — |

NEUROLOGICAL CONDITIONS

| | | | |
|-----------------------|---|---|---|
| Bell's Palsy | — | — | — |
| Cerebral Palsy | — | — | — |
| CVA | — | — | — |
| Comatose | — | — | — |
| Multiple Sclerosis | — | — | — |
| M.D. | — | — | — |
| PNI | — | — | — |
| Spinal Cord Injury | — | — | — |
| Traumatic Head Injury | — | — | — |

COMMENTS:

MEDICAL CONDITIONS

| | | | |
|---------------------|-------|-------|-------|
| Burns | _____ | _____ | _____ |
| Cancer | _____ | _____ | _____ |
| Cardiac | _____ | _____ | _____ |
| Diabetes | _____ | _____ | _____ |
| Decubitus Ulcers | _____ | _____ | _____ |
| Psoriasis | _____ | _____ | _____ |
| Pulmonary Disorders | _____ | _____ | _____ |

ORTHOPEDIC CONDITIONS

| | | | |
|------------|-------|-------|-------|
| Neck | _____ | _____ | _____ |
| Back | _____ | _____ | _____ |
| Shoulder | _____ | _____ | _____ |
| Elbow | _____ | _____ | _____ |
| Wrist/Hand | _____ | _____ | _____ |
| Hip | _____ | _____ | _____ |
| Knee | _____ | _____ | _____ |
| Ankle/Foot | _____ | _____ | _____ |
| Arthritis | _____ | _____ | _____ |
| Amputee | _____ | _____ | _____ |
| Scoliosis | _____ | _____ | _____ |

OTHER – List

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

COMMENTS:

WEEKLY LOGS:

Students should complete one weekly log for each week that they attend clinical. These weekly logs should be reviewed at the end of each week with the student and the Clinical Instructor should sign off on them (or initial them).

SUNY BROOME COMMUNITY COLLEGE
Binghamton, New York

WEEKLY LOG

*To be turned in at the end of the affiliation

Personal log of _____ Week # _____

Clinical Instructor _____

(Please have CI initial weekly)

A. Complete the following statement:

This week went: _____ lousy _____ so-so _____ well _____ great

Why?

What can I do to make next week better?

B. Write 3 decisions that you made that went well over this past week:

C. Give yourself one positive and one constructive statement regarding your performance over the past week

Positive

Constructive

D. List all new experiences for this week and describe how you felt being part of each.

E. State three objectives goals for the coming week.

F. In what ways were your communication/interpersonal skill effectively or not so effectively used in this week?

G. Supervision was: _____adequate_____excessive_____not enough

H. Feedback from CI was: _____helpful_____positive_____inadequate

I. Write any suggestions for your CI for next week. Use the back of sheet if necessary.

FORMS/weeklylog2010.doc

STUDENT EVALUATION OF CLINICAL EXPERIENCE AND CLINICAL INSTRUCTOR

SUNY Broome Community College is currently utilizing the APTA Student PTA Evaluation of the Site and CI form. This can be found at:

<http://www.apta.org/uploadedFiles/APTAorg/Educators/Assessments/StudentPTEvaluationForm.doc>