Physical Therapist Assistant Program

Clinical Education Handbook
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Accreditation Status

UA Cossatot is seeking accreditation of a new Physical Therapist Assistant education program from CAPTE. The program is planning to submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage, on March 1, 2017. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the professional/technical phase of the program; therefore, no students may be enrolled in professional/technical courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

Approval to begin development for Physical Therapist Assistant Program on the Little River campus was received on April 22, 2016 from the Arkansas Higher Education Coordinating Board. This program is initially slated for 77 semester credit hours offered by Cossatot Community College of the University of Arkansas, effective Spring 2017.

The Physical Therapist Assistant Program Director is responsible for maintaining compliance with accreditation policies and procedures.
PTA Program Goals

1. The PTA graduates will act as leaders within their communities and as members of the professional behavior that is responsive to age, culture, and diversity of individuals.

2. The PTA graduates will practice in a manner consistent with the profession and licensure regulations.

3. The PTA graduates will demonstrate a contemporary approach to the practice of Physical Therapy to ensure superior outcomes while understanding the methodologies that support an entry level, evidence based practice.

4. The PTA graduates will demonstrate an understanding of and the ability to service rural populations, emphasizing the promotion of health and well-being.

5. The PTA graduates will demonstrate and develop contemporary and lifelong learning opportunities to broaden their abilities to serve the health care needs of the community.

6. The PTA Program Faculty will continually ensure skills are of the highest level for contemporary practice to provide students with learning experiences, which reflect best physical therapy practices.

7. The PTA Program will provide quality classroom and lab equipment to reflect contemporary pedagogy and physical therapy practice.

8. The PTA Program will continually assess geographic needs for contemporary practice and provide programmatic content to meet those needs.
PTA Program Philosophy

Clients receiving physical therapy present with challenging disabilities or conditions. Finding motivation to overcome or at least minimize those challenges essential in allowing them to function at the highest level of independence. The PTA demonstrates acceptance of the patient’s condition and works with the patient to strive toward a healthier, more functional life. The faculty will promote high treatment standards including a commitment to evidence based contemporary practice, professional behavior, continuing education, and above all, compassionate care.

The program utilizes regional facilities and clinics to reinforce the classroom and lab experiences. The PTA Program is, in essence, fulfilling the College’s Mission of connecting and partnering with the community to ensure the regional influence is apparent and the regional needs are being met.
PTA Program Objectives and Student Learning Outcomes

1. 100% of students will participate in at least one service project within our diverse community prior to completing the PTA program.

2. 100% of students will be rated by clinical supervisors as entry level or above on professionalism sections of the PTA MACS by the end of the terminal practicum.

3. 100% of students will be a member of the APTA while enrolled in the PTA program.

4. 100% of students will be rated as able to demonstrate ethical behavior in the delivery of PT services that is within the scope of practice of the PTA on the PTA MACS by the end of the terminal practicum.

5. 90% of the PTA graduates will pass the National Physical Therapy Examination (NPTE) overall, averaged over three years.

6. 85% of the PTA graduates that are practicing will receive an above average rating from the received employer surveys.

7. Students will provide an in-service to the physical therapy staff during their terminal clinical that addresses current evidence related to a physical therapy intervention.

8. All students will participate in one community service health prevention/wellness program as evidenced by Rehab Technique Objective 7.5.

9. 90% of graduates will identify lifelong learning, professional development and/or health care community service opportunities measured by the exit survey at the time of graduation.

10. 50% of graduates will have participated in lifelong learning, professional development and/or health care community service within one year of graduation measured by received graduate or alumni lifelong learning survey.

11. All clinical education faculty will be rated as good or excellent on 66% of the criteria on the Student Evaluation of Clinical Education Experiences (SECEE).

12. All core academic faculty will be active members of the Arkansas Physical Therapy Chapter as evidenced by attendance to at least one yearly meeting and review of minute materials reported in faculty bi-monthly meeting.

13. Active clinical education faculty will be observed and evaluated by the academic faculty on an annual basis; clinical faculty development will be done as warranted by the evaluation.

14. All clinical education faculty will have participated in at least one professional development, continuing education or community activity related to their clinical practice every two years.

15. All academic faculty will participate in at least one professional development, continuing education or community activity related to their current teaching responsibilities each year.

16. 60% of students will rate the PTA Program’s classroom and lab equipment as above average.

17. Advisory Committee and Faculty input will be solicited each year regarding the need to lease or purchase additional equipment for the program.

18. Faculty input will be solicited each year regarding the classroom environment and the instructional technology.

19. The Program once fully accredited, will provide/sponsor one continuing education course for the physical therapy community every 2 years and strive to offer inter-professional education programs.
Clinical Education Expectations / Faculty & Clinical Instructors Roles

The program expects the clinical education faculty to provide a positive learning environment, appropriately supervise students and provide constructive feedback, to be clinically competent and to be effective role models. The Program insists that CIs are licensed physical therapists or licensed physical therapist assistants, with a minimum of one-year of full time (or equivalent) post-licensure clinical experience. The Program will notify the clinical instructors of the expectations at the time that clinical settings are being considered and will remind the clinical instructors by email or mail (per facility preference). The ACCEs will be responsible for ensuring the credentials, qualifications, clinical competence, of the CI. The Clinical Instructor will complete a Facility Data Form and a Clinical Instruction Agreement Form, provided via the student, which are reviewed by the ACCEs to ensure appropriateness of supervision, licensure, and years of practice. This must be completed and returned by facsimile or email to the ACCE on the first day of the clinical rotation.

Clinical education faculty will be evaluated by students and the Co-ACCEs through several methods. After each practicum, students will complete the SECEE which addresses the attributes and engagement of the clinical instructor. The program will also focus on how the clinical instructor helps the student toward skill mastery. In addition to the student feedback, the ACCEs will perform scheduled and random site visits and will maintain contact with the student and the CI through phone calls, face-to-face meetings, Blackboard Collaborate, and emails. The Program will determine that the PTA MACS has been completed correctly by the ACCEs via meetings and digital submission of skills, progress reports and master list. (See 2B3 for specifics on clinical education faculty assessments and expected levels of performance)

The PTA MACS will be utilized to assess the student performance, as is regionally the most used tool. In the event a CI is unfamiliar with the MACS, a training will be provided by the Program faculty prior to the clinical practicum.

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Physical Therapist Assistant Core Courses
Fall Semester:

PTA 1112 INTRODUCTION FOR PHYSICAL THERAPIST ASSISTANTS
Prerequisite: Admission to PTA Program.
Co-requisites: PTA 2303, PTA 2314/L, PTA 2203/L, PTA 2205/L, PTA 2322
This course introduces the student to the physical therapy profession including the history of physical therapy from WWI and polio epidemic to the present and the role of the physical therapist and physical therapist assistant. Other topics include the legal, ethical, professional and regulatory aspects of physical therapy practice. Two hours lecture. Online format.

PTA 2303 PATHOPHYSIOLOGICAL CONDITIONS
Prerequisite: Admission to PTA Program.
Co-requisites: PTA 1112, PTA 2314/L, PTA 2203/L, PTA 2205/L, PTA 2322
This course will study disease pathophysiology, etiology, clinical signs and symptoms of many diseases, disorders and injuries seen in physical therapy. All body symptoms will be examined with emphasis on the cardiopulmonary, musculoskeletal, neurological and integumentary system. Medical, surgical, and physical therapy management of these diseases, disorders and injuries will be presented. Medical literature research is required. Three lecture hours. Online format.

PTA 2314/L MOVEMENT SCIENCE and LAB
Prerequisite: Admission to PTA Program.
Co-requisites: PTA 1112, PTA 2303, PTA2203/L, PTA 2205/L, PTA 2322
Kinesiology is the study of musculoskeletal anatomy, posture and movement of the human body and the analysis of movement based on anatomical and mechanical principles. An understanding of the muscular system with regard to origin, insertion, and action of muscles, serves as the basis by which to study planes, axes of movements, the range and quality of functional movements, the actions of levers within the human body, and how muscular contraction affects movements, posture, and gait. Emphasis is given to the application of these principles to the understanding of human movement and/or athletic performance. Two hours lecture and two hours laboratory.

PTA 2203/L BASIC PATIENT CARE SKILLS and LAB
Prerequisite: Admission to the PTA Program.
Co-requisites: PTA 1112, PTA 2303, PTA 2314/L, PTA 2205/L, PTA 2322
This course introduces students to findings in the health record, basic patient care skills, body mechanics, and patient functional mobility. This course will further introduce the student to handwashing, personal protective equipment, and aseptic principles. Assistive devices will be introduced. Two hours lecture and one hour laboratory.

PTA 2205/L THERAPEUTIC AGENTS and LAB
Prerequisite: Admission to the PTA Program.
Co-requisites: PTA 1112, PTA 2303, PTA 2314/L, PTA 2205/L, PTA 2322
This course will guide students through biophysical agents including: indications, applications/techniques, precautions and contraindications. Students will gain understanding in the implementation of massage as a modality. Three hours lecture and two hours laboratory.

PTA 2322 ADMINISTRATION AND MANAGEMENT
FOR PHYSICAL THERAPIST ASSISTANTS
Prerequisite: Admission to the PTA Program.
Co-requisites: PTA 1112, PTA 2303, PTA 2314/L, PTA 2203/L, PTA 2205/L
This course focuses on professional issues and behaviors related to clinical practice. It also
addresses the administration and management of physical therapy practice and begins to prepare the
student for a successful transition into the workforce. Three hours lecture.

Spring Semester:
PTA 2404/L THERAPEUTIC EXERCISE and LAB
Prerequisite: PTA 1112, PTA 2303, PTA 2314/L, PTA 2203/L, PTA 2205/L, PTA 2323
Co-requisites: PTA 2403/L, PTA 2413/L
This course focuses on patient care interventions related to application of therapeutic exercise
(extremity, spinal, osteoarthritis / rheumatoid arthritis, OB/GYN, pulmonary, cardiovascular,
endurance), and range of motion exercises, stretching exercises, peripheral joint mobilization,
resistive exercises, effective oral and written communication. Three hours lecture and one hour
laboratory.

PTA 2403/L DATA COLLECTIONS and LAB
Prerequisite: PTA 1112, PTA 2303, PTA 2314/L, PTA 2203/L, PTA 2205/L, PTA 2323
Co-requisites: PTA 2404/L, PTA 2413/L
This course focuses on the aspects of collecting data for objective measurements. Professional
communication especially interview skills and the clinical application of special tests, manual
muscle testing, sensory testing, goniometric measurements and gait cycle. Two hours lecture and
one hour laboratory.

PTA 2413/L REHABILITATION TECHNIQUES and LAB
Prerequisite: PTA 1112, PTA 2303, PTA 2314/L, PTA 2203/L, PTA 2205/L, PTA 2323
Co-requisites: PTA 2404/L, PTA 2403/L
Physical therapy interventions such as airway clearance, wound care/debridement, environmental
assessments, wheelchair management, aquatics, amputation/stump care and prosthetics; oral and
written communication techniques with patient/family, the health care team, and the supervising PT.
Students must demonstrate competency in the use of selected therapeutic interventions. Two hours
lecture and one hour laboratory.

PTA 2424 CLINICAL PRACTICUM I
Prerequisites: PTA 2404/L, 2403/L, 2413/L
Co-requisites: none
Four-week clinical internship focusing on patient safety, handling techniques, gait training, vitals,
implementation of modalities, therapeutic exercises, goniometry, posture assessment/treatment;
muscle strength testing; ethical/legal practice; and documentation/communication.

PTA 2515/L NEUROREHABILITATION/ LAB
Prerequisites: PTA 2424
Co-requisite: none
This course focuses on the function of the nervous system, including the normal motor development
motor control and motor learning through the lifespan. It also addresses the physical therapy
management of neurological diseases/conditions. The home and community environmental barriers
are addressed with those patients who have limitations in their functional status. Three hours lecture
and two hours laboratory.
Summer:
PTA 2524 CLINICAL PRACTICUM II
Prerequisites: PTA 2515/L
Co-requisites: PTA 2502
A five-week clinical internship focusing on patient safety, handling techniques, gait training, vitals, implementation of modalities, therapeutic exercises, goniometry, posture assessment/treatment; muscle strength testing; ethical/legal practice; and documentation/communication. Practicums II and III allow for further data collection and intervention skills including neurologic interventions.

PTA 2624 CLINICAL PRACTICUM III
Prerequisites: PTA 2524
Co-requisites: PTA 2502
A five-week clinical internship focusing on patient safety, handling techniques, gait training, vitals, implementation of modalities, therapeutic exercises, goniometry, posture assessment/treatment; muscle strength testing; ethical/legal practice; and documentation/communication. Practicums II and III allow for further data collection and intervention skills including neurologic interventions.

PTA 2502 PTA SEMINAR
Prerequisites: PTA 2515/L
Co-requisites: PTA 2524, PTA 2624
Review of PTA program content through systematic study of PTA assessment skills, PTA treatment implementation, and professionalism for the physical therapist assistant. Licensure preparation activities; interview and resume preparation. Online format.
Curriculum and Clinical Education Sequence

Students admitted to the PTA Program will enter during the Fall semester. The courses taken during the Fall include Introduction to PTA, Pathophysiology, Movement Science, Basic Patient Care Skills, Therapeutic Agents, and Administration & Management. Upon successful completion of these courses, students will move into the Spring semester. The Spring semester is unlike a traditional 16-week semester. In a block schedule, students will first finish the following courses: Therapeutic Exercise, Data Collection, and Rehabilitation Techniques. Upon successful completion of these courses, students will enter into their first clinical rotation: Practicum I. This clinical rotation will be four weeks and is a means to provide you with basic experiences in a physical therapy setting. Once students have successfully completed Practicum I, students will move into an intense five-week Neurorehabilitation course. Upon successful completion of the course, students will move into the Summer semester. In the Summer, students will enroll in Practicums II & III, for their second and third clinical rotations, and PTA Seminar, which is aimed at professional development.
Dress Code

Students’ behavior, professionalism, and appearance are representative of themselves, UA Cossatot, and the profession of physical therapy. Cleanliness and neatness are necessities. Students are expected to arrive to clinical rotations clean and neat in clinical rotation attire outlined in the student program handbook. Some clinical rotations may require alternate dress. All changes to the uniform dress code must be pre-approved by the Program Director or ACCE.

Students must have their UA Cossatot picture ID visible at all times. If a student arrives at a clinical site without his/her ID badge, the student will be sent to obtain the ID badge and time will be deducted until student returns.

Violation of the dress code will result in the student being sent home with time deducted from the allotted amount of absence time. At times, specific clinical sites may advise alternative dress. This must always be approved by the ACCE or the PTA Program Director prior to occurrence. If a clinical site requests alternate dress, it is the student’s responsibility to notify the Program Director and ACCE.
Academic Admissions and Advising

The UA Cossatot Division of Medical Education has a full time academic advisor (AA). The AA is responsible for helping students apply for admission to the college and guiding the student through a self-assessment process and exploring his/her academic goals. The AA assists students with establishing a degree plan, schedule planning, and recommendation of appropriate course work for each individual student. This includes assisting students who may need preparatory course work prior to taking pre-requisites in the medical program selected. The AA ensures each student is on schedule with pre-requisite course work, meeting appropriate application deadlines, and make referrals to other college resources available to the student. These include but are not limited to instructor communication, tutoring, library resources, counseling, and medical resources.
PTA Program Advising

Once a student is admitted into the PTA program, the AA, PTA Program Director, and PTA faculty work in collaboration with the student to ensure the student is making academic progress. Students have routine access to grades through Blackboard. Grades are posted regularly and in a timely manner to allow students to monitor academic standing. Additionally, students are assigned to the Program Director, ACCE, or other faculty as their PTA advisor. Students meet with their PTA advisor (at least once a semester-more as needed) to monitor progress in class and progression through the program. It is the student’s responsibility to ensure that difficulties are conveyed to the program staff when they occur. Students who are not progressing as expected will have an action plan established for remediation. This plan discusses the program outcomes, solutions/goals, rationales, and a timeline for the action plan. Students are also referred to Academic and Disability Support Services for referrals as needed. In addition, students meet at least once a semester with the AA to plan and be registered for the next semester’s course work.

While completing Practicum I, Practicum II, Practicum III, and the online PTA Seminar course, students are required to “meet” with the Program Director or PTA faculty at least once at mid semester to ensure progression through the clinical rotations and to provide support as needed. This meeting can be completed via, Skype, face time, blackboard collaborate or other meeting forum and can be completed when necessary by phone and in person.
**Attendance Policy**

*Attendance records are kept.*

1. Students are expected to be diligent in the pursuit of their studies and regular in their class attendance. Students have the responsibility of making arrangements satisfactory to the instructor regarding all absences. Excessive absences will result in failure of the course and removal from the program.

2. Attendance is mandatory at *ALL* student organization activities, seminars, conventions, or required school functions that have been arranged. If absences occur, it will be the student’s responsibility to keep up with all coursework and assignments during these absences. This includes but is not limited to lectures, note-taking, clinical assignments, and other activities scheduled throughout the day.

3. Students are allowed to miss a *TOTAL* of 40 hours during the program. Students will be administratively withdrawn after 40 hours of absence. Absences are strongly discouraged, however, time has been built in to allow for life circumstances. Classes will begin promptly; it is the responsibility of the student to be on time. Most classes and clinical internships begin at 8:00 am. There may be times when the student is expected at differing times. Students will be considered tardy if arriving after the assigned time. If tardy, *one hour* will be deducted from the total number of hours allowed. **NO EXCEPTIONS.** Any time missed following the first hour will be deducted on half hour increments. Students leaving class/clinical early will be deducted on the half hour. Time will be kept by the instructor according to the institution’s/instructor’s time clock.

4. Students who are tardy or leave early shall report to the instructor before/after the class/clinical to complete an absentee slip. Students who are absent for the entire class/clinical day must complete an absentee slip the next class/clinical day. Missing more than two (2) consecutive class days without contacting an instructor will result in a failing grade.
5. Attendance is mandatory for clinical rotations. Students are allowed to miss up
40 hours while in the program but, of that, only 8 hours may be missed at clinical
sites. In the event of an emergency, students are required to contact the instructor,
ACCE and/or Clinical Instructor **prior** to the start of class or clinical shift.
Documentation relating to the emergency will be required to be submitted to the
ACCE within 3 days of the absence. The student will be required to make up any
clinical hours missed prior to the scheduled end of the fieldwork rotation. With an
emergency, the student must immediately re-schedule the clinical with the ACCE.

*Even though clinical hours will be made up, the missed clinical hours will be*
*recorded on and deducted from the total hours on the student’s PTA Program*
*Attendance Log maintained by the ACCE.*

Students who do not report for class/clinical without proper notification are subject
to misconduct discipline due to unprofessional behaviors.

6. Students are required to provide their own transportation to any agency or
institution included in curriculum requirements. This includes but is not limited to
all community service/education, clinical rotations, workshops, and conferences.

7. It is the student’s responsibility to keep up with all required immunizations
deemed necessary by state, college, and clinical facility requirements. Any
immunizations not maintained by the required deadline will result in the student not
being allowed to attend the clinical setting. Hours will be deducted from the total
number of hours allowed until the student’s immunizations are up to date.

8. All hours missed will count towards the total of 40 hours even if clinical time is
made up. Clinical makeup will be scheduled at the instructor’s convenience and may
include evenings or weekends. All clinical hours must be made up before the end of
each semester. Makeup clinical is not credited back to the student’s overall hours
allowed.
9. Attendance related to assignments: Early exams will not be given. If a student arrives late to an exam and the exam is already in progress, the student will not be allowed to enter the classroom. The student must go directly to make arrangements with PTA program faculty a make-up exam. The student will have 10% deducted from their exam grade. If a student is absent for the entire day, the student must take the exam immediately upon returning to class. (See late assignment/exam policies for additional specifics).

10. Holidays, Vacations, and College Closings: Due to the nature of the program, holidays and vacations observed by UA Cossatot may not coincide with the course schedule of the PTA Program. Specifics will be discussed and outlined in detail but may change at the discretion of the program director as necessary to accommodate the course materials.

In the event of a sudden school closing (i.e. inclement weather), students will be notified by the mass text system, local radio/TV, blackboard announcement, and Facebook of a school closure that effects reporting to class. All students are required to register with the program director for a group communication system. As our campus serves a wide geographic area, the student is encouraged to use good judgement when it comes to travel in their particular area and follow the call in policy if safe travel is deemed uncertain.
Call In Policy

1. If the student foresees an absence or tardy, the student must call and make contact with the instructor via phone or voicemail prior to the scheduled start time of class. In the case of an emergency, notification should be made as soon as possible. Documentation of the emergency will be required.

2. In the event of an emergency, when the student is scheduled for clinical rotation or a community service/education event the student must notify the ACCE and the clinical site of the absence/tardy at least one hour before the scheduled time of arrival.

3. Students are to call in for themselves. Family members or friends should not call in for the student, unless the student cannot call in for themselves (i.e., accident, hospitalized, etc.).

4. Failure to phone in lateness or absence to the instructor, ACCE, and clinical site will result in an incident report and will be reflected on your clinical evaluation.

5. In the event of inclement weather or other unexpected college or clinical site closure, students should follow the attendance policy and use good judgment about safe travel. Per the attendance policy, this may result in an unscheduled absence.

6. Any unscheduled absence from class will be deducted from the absence hours allowed in the program.

7. Any unscheduled absence from clinical rotations must be made up and time will be deducted from the absence hours allowed in the program.
Clinical Site Policies and Etiquette

Professional behavior is expected in all settings during the program. This includes any event or setting directly or non-directly related to your enrollment in the PTA program. Students’ behavior, professionalism, and appearance are representative of themselves, UA Cossatot, and the physical therapy profession.

1. The PTA Program at UA Cossatot strives to provide exemplary clinical site learning experiences. Clinicals occur in settings that will expose students to patients and clients across the age span. These represent a variety of conditions and situations that are typical for a physical therapy practitioner to work. Students will be required to attend clinical rotations at sites that are geographically spread out. This fieldwork can, at the student’s request, be scheduled in other parts of the country. Please discuss this option with the ACCE early in the program to enable time to complete scheduling.

2. Students are required to provide their own transportation to any agency or institution included in curriculum requirements. This includes but is not limited to all community service/education projects, clinical rotations, workshops, and conferences. It is the responsibility of the student to secure and pay for any lodging required in order to complete Practicums (Clinical Rotations).

3. Under no circumstances should a cell phone be seen or activated in the presence of a client or family member while on clinical rotations. Cell phones should be left in the student’s vehicle. In the event that cell phone use is requested by the clinical site, the student will need to get prior approval from the ACCE prior to use.

4. Dress code should be followed.

5. Tablets/computers may be required at the direction of the ACCE/CI.
6. Family members (children, spouses, and significant others) are not allowed at any clinical site while the student is “on duty”. Family members should not enter any setting unannounced.

7. Students are encouraged to participate in discussion with the ACCE and clinical instructor, especially for clarification purposes. Discussion should remain professional; arguing and disruptive/nonprofessional behavior will not be tolerated.

8. Sleeping will not be tolerated. If the student is unable to stay awake during clinical rotations, the student will be asked to leave the area for the day and time will be subtracted from the student’s forty (40) hours.

9. Students are not allowed to smoke while at any fieldwork or community service event.

10. Student advising will be available throughout the clinical rotation experience. See the advising policy for additional information.

11. Breaks and lunches will vary due to each institution’s protocol i.e.: hospitals, etc. Lunch may be on your own or scheduled with the facility. Students are expected to follow the directions and or scheduling of the facility for lunch breaks. This may include taking lunch with staff and or clients.
Selection/Scheduling of Practicums for Clinical Rotations

Student clinical rotation assignments are final. There are a multitude of factors that go into placements. Factors include accreditation standard requirements as well as student learning styles and supervisory needs. Additionally, there are a limited number of sites available at any given time. Even after a match is confirmed, sites may cancel due to internal institutional issues. Students are not permitted to contact sites directly to request a placement. Doing so will result in an automatic disqualification for that site.

During the Spring Semester, the ACCE provides students with the list of possible clinical sites. Students are then asked to prioritize up to three sites for each rotation. Everything possible is done to place students in one of their prioritized sites; however, this may not always be possible.
Clinical Rotation Special Needs Consideration

Appeals for special consideration in clinical rotation placement are based on demonstrated need for one of the following reasons: mitigating circumstances or students with disabilities who have identified themselves to the disabilities coordinator. Appeals found to be made on false claims will be overturned and denied, and students may be removed from the program for this highly unethical behavior.

Students with a disability are encouraged to voluntarily disclose their needs for clinical rotation accommodations with the disabilities coordinator well in advance of clinical site placement. They are also encouraged to voluntarily disclose their need for accommodations with the ACCE prior to selection of clinical sites. Then, through collaboration with the ACCE, disabilities coordinator, and the student, an accommodation plan may be developed. As with classroom expectations, clinical outcome expectations will be the same for all students regardless of abilities/disabilities. However, strategies to achieve entry-level competency may differ based on individual needs. Once an eligible student has disclosed the need for accommodation and/or accessibility to the ACCE, and has signed a release of information, the clinical instructor may then be contacted to discuss strategies to be implemented at the clinical site.
**Clinical Site Cancellation**

As noted previously, student clinical site assignments are final. A clinical site, however, may need to cancel a confirmed placement, unexpectedly prior to the beginning of the rotation. This happens for a variety of reasons, including but not limited to, staffing issues, staffing changes leading to inadequate supervision, or a poor learning environment. In addition, occasionally, a facility closes or merges with another organization and the confirmation of placement cannot be honored.

In the event a cancellation should occur, the procedure is as follows:

- ACCE is notified the clinical site placement has been cancelled by the site
- The ACCE will contact and schedule a meeting with involved student to discuss replacement options
- ACCE will work closely with student to reschedule the experience

**Clinical Site Conflict of Interest**

Student will **not** be placed at a clinical site where a family member may be in a supervisory capacity of the student or student’s supervisor. A student will not be assigned to a site where he or she has already accepted a job or is negotiating employment. In addition, students are not permitted to be placed at facilities where they are currently or have been previously employed.
Clinical Site Placement Appeals Process

As noted previously, student clinical site assignments are final. However, extreme circumstances could precipitate the need to review a student’s placement. Mitigating circumstances are those that are beyond the student’s control, such as: 1) serious illness or injury to the student; 2) death or serious illness of an immediate family member; or 3) other special circumstances that could not have been foreseen.

In order for a review of placement to occur, students would need to file a written appeal of clinical site placement and/or request for a change of affiliation scheduling with the ACCE. These will not be considered unless there are mitigating circumstances. Please be advised that any change in placement is not guaranteed and may delay your start date and ultimately your graduation date.

Students have one week from the date of notification of clinical site placement or onset of special circumstance to submit a letter of appeal to the Academic Coordinator of Clinical Education. Appeal decisions are made subject to the availability of clinical sites. All decisions of the faculty will be made final by the Program Director. Student will be provided with an appeal decision within two weeks of submission.

If, after a review of documentation, a change is granted, the following procedure will be implemented:

- The ACCE and student will meet to discuss clinical site placement options
- ACCE assigns student to a new site
- All involved persons are notified of change by ACCE
Discipline

UA Cossatot reserves the right to require a student to withdraw at any time for excessive absenteeism or tardiness, ill health, inefficiency, misconduct, neglect of duty or nonconformity with regulations of the school and affiliating agencies.
Chain of Command and Problem Handling

If a student has a problem with a clinical instructor, it is the responsibility of the student to notify the ACCE and establish a plan. It is preferred that the student attempt to clarify expectations at the clinical rotation and make documented attempts to remedy problems with CI.

If a student has a problem with the instructor (ACCE), then they should follow the chain of command until the problem is resolved. Students should attempt to resolve the problem with the instructor first, and then follow the chain of command listed below:

1. Instructor
2. ACCE
3. PTA Director
4. Division Chair
5. Vice Chancellor
6. Chancellor
Assignments-Blackboard

All courses in the PTA program at UA Cossatot are enhanced with the use the Blackboard Learning Management computer system. Throughout clinical rotations, students may be required to submit documents or assignments via Blackboard learning management system. Criteria for each, including deadlines, will be given. All assignments turned in are to be typed and double-spaced unless otherwise stated. Cheating and plagiarism will not be tolerated; both of which are grounds for immediate dismissal from the program (see the UA Cossatot academic catalog and the plagiarism section of the PTA student handbook). Student assignments that are submitted through Blackboard will need to be saved in a specific file format as indicated by the ACCE.

Students will have access the Blackboard tutorial during the Intro to PTA course as well at the beginning of the PTA program. Additionally, there is a power point presentation available under the assignment tab on Blackboard that will assist with questions on the use of the Blackboard system.

Support for the use of the Blackboard system is provided through course instructors, the director of distance learning/blackboard coordinator, and the IT department at UA Cossatot. Students are directed first to utilize blackboard online help then to contact their course instructor or the Program Faculty staff with any difficulties with the Blackboard system. The distance learning director/blackboard coordinator can be contacted at 870-584-1137. The UA Cossatot IT department is available by contacting 870-584-1165. When the above are unavailable or additional assistance is required, students may access the Blackboard Learn Helpdesk through the University of Arkansas at (479) 575-6804. The helpdesk is available Monday – Thursday 7am – 10 pm, Friday 7am – 5 pm, Saturday 11am – 4 pm, and Sunday 6pm – 11pm and can be reached at bbhelp@uark.edu.

While in the PTA Program, students may need to use a tablet/computer for charting purposes and the submission of notes, assignments and exams. Also during clinical rotations, students will be required to fill out and submit documents and assignments electronically as indicated by your instructor and the clinical site.
**Remediation**

The PTA curriculum is cumulative in nature and clinical skills are dependent upon successful completion of the didactic portion of the Program. It is imperative that demonstrate competency prior to being placed in a clinical setting. This is necessary to ensure the safety of the students, patients, family members, and healthcare workers alike. Students are required to demonstrate competencies that will allow for successful completion of each clinical affiliation. As means to ensure safety, the Program will offer steps to remediate unsuccessful exams, skills, and practicums. Standards must be maintained to ensure that graduates of the Program can successfully complete the licensure examination and demonstrate skills of an entry-level physical therapist assistant. Remediation is necessary to provide students with every opportunity to be successful in the Program.

**Practicums (Clinical Setting)**

1. At midterm, if it is felt that that student is on track to fail the practicum, the ACCE will meet with the student and clinical instructor to discuss and prepare a plan for remediation.

2. At any time that the student feels they are on track to fail the practicum, it is the student’s responsibility to communicate this with the ACCE.

3. It will be the decision of the ACCE to determine the level of remediation needed.

4. Remediation may require skills practice in the lab or other forms of review as indicated by ACCE.

5. Remediation must be completed prior to the final day at that clinical site.

6. If remediation is required, it may result in loss of points in the practicum.

7. Remediation will only be allowed in one (1) practicum for the entire Program.
8. Remediation will only be allowed one time during the course of the practicum.

9. If the CI and/or the ACCE feel that despite remediation efforts, the student continues to lack the skill to safely move on in the clinical component of the Program, the student may be removed from the Program.

10. If a student failure is unforeseen, it is at the discretion of the ACCE and the committee to review circumstances and decide if student may be offered additional clinical hours. The decision may also be based on the availability of student placement.

11. If at any time that the clinical instructor or ACCE feel that the student demonstrates lack of professionalism, ethics, privacy or if the student has engaged in inappropriate sexual contact with a patient, the student will not be eligible for remediation and will be immediately removed from the Program.

12. In rare instances, when the student/CI relationship appears to be counterproductive and the student has documented instances to remedy this, the student remediation plan may include a change in the clinical site location. If this occurs and there is an available clinical site, the student will receive a ten-point deduction from the course average. Please note these are very rare occasions, and will only be granted after thorough review. Also of note, this will be the only remediation provided during the practicums.

13. In the event that a student is placed in a clinical setting where there is a conflict of interest or the student is placed in an unsafe, unethical, or unprofessional environment, the student will be removed from said facility and every effort will be put forth to place the student at a new clinical site. This will NOT be considered remediation and the student will not have any point loss due to the change of sites. (Incident report should be completed)
14. At any time, the ACCE, to their discretion, may request a review by the any or all of
the following: the committee, Program Director, Medical Education Division Chair,
Vice Chancellor of Academic Affairs, and Chancellor. This review may be
performed with student remediation, incidents, or change of clinical sites as deemed
necessary.

15. In the event that a clinical site refuses a student based on prescreening or
professional/ethical behaviors, the Program cannot guarantee placement at another
site and the student may be removed from the Program.

Failure to successfully complete any of courses, including practicums, will prohibit the
student from continuing in the program and the student will be administratively withdrawn.
Should that occur, students will be encouraged to re-apply to the program the following
year, subject to the same application process. Students applying for re-admission must meet
with the Academic Advisor to identify reasons for failure to achieve program completion
and develop a plan of action for student success during the student’s second attempt. The
student will then meet with the Program Director for final approval of application.

Criteria for successful completion of each segment of the educational program and for
graduation is available to students on the UAC website as well as the student handbook.
Information on expectations for individual courses is available on the course syllabi.
**Student Ethics**

Students enrolled into the PTA program are expected to behave in ways that reflect high ethical standards. The PTA program expects students to adhere to the basic guidelines regarding ethical behavior in the classroom as defined in the UA Cossatot academic catalog. Additionally, students will follow the ethical expectation guidelines the PTA program has further clarified below.

Students in the PTA program are expected to:

1. Follow the codes of conduct and policies described in this manual and any additional requirements included in PTA course syllabi.

2. Use their own knowledge and skill to complete examinations without referring to others' answers, class notes or other references unless specifically permitted by the instructor. Students who fail to comply with this standard can expect to receive a zero on the exam and may be subject to further disciplinary actions.

3. Use their own knowledge to write papers analyze activities or compile research information. They shall not plagiarize, quote or copy another persons' work without giving proper recognition as stated in a standard manual on style. Students who fail to comply with this standard can expect to receive a zero on the exam and may be subject to further disciplinary actions.

4. Assume that each assignment completed in class or outside of class is to be done without consultation of another current or former class member unless specifically and clearly permitted by the instructor. If the student is unsure, it is the student’s responsibility to clarify this with the instructor PRIOR to submitting the assignment.
5. Respect instructors and other learners.
   • They may not insult, slur, raise their voice to or degrade instructors, other college
     employees, other health professionals or students. (This expectation does not
     infringe upon a student's right to raise questions and request clarification but does
     define parameters in which the question or clarification is brought forth.)
   • Students will refrain from engaging in side conversations during class.
   • Students may not allow their cell phone to ring during class.
   • Students shall not smoke on the UA Cossatot campus.
   • Students will honor commitments by being on time for classes, field trips, and
     fieldwork duties. When students are not on time are absent, they will follow the
     appropriate procedures. (Refer to attendance and absence notification procedures in
     this manual and in course syllabi).

6. Respect the limited resources of furniture, fixtures, textbooks, computers, instructional
   technology, supplies, library books, and journals. Students shall not mutilate, deface,
   damage or withhold resources for their own use.

7. Conserve limited resources by using only supplies needed for completion of assignments
   and maintain equipment in good working order. They shall not waste supplies or misuse
   equipment. It is the student’s responsibility to report any damaged resources of any type to
   the PTA Program Director.

8. Assist in maintaining class and laboratory rooms in good order. They shall not leave
   these rooms dirty, cluttered, littered or in disarray or disorder upon completion of their
   assignment in each room.

9. Complete all assignments by the scheduled date and time or make satisfactory
   arrangements with the course instructor for an extension. Students should not expect to
   receive equal consideration in grading unless such arrangements are made.
10. Comply with and act upon safety procedures when working with peers, patients and equipment whether in class, lab, clinic or the patient's home. Under no circumstance shall a student endanger the safety and welfare of patients, other students, faculty and staff.

11. Comply with all policies and procedures established by the Physical Therapist Assistant Program and all clinical facilities. This includes expectations outlined in each PTA course syllabus. They shall not exempt themselves without specific permission by a faculty member or clinical instructor.

12. Respect the confidentiality of patient information regardless of source (patient, therapist, records, and charts). They shall not repeat information outside of the classroom, clinic or facility in which any part of the patient's name appears except initials. They will fully adhere to HIPAA Guidelines for clinical internships.

13. Respect the confidentiality of information shared in the classroom. All discussions held in the classroom, lab or clinical rotations are to be considered confidential in nature.

14. Work in cooperation with and respect for peers and other health care team members. They shall contribute their fair share of group projects.

15. Respect the property and property rights of the PTA department and other medical education faculty and staff, all medical education students, clinical facility staff and patients. They shall not remove or borrow property without permission and shall not damage or misuse property while on UA Cossatot property, fieldwork facility, clinic or home.

16. Respect other student's projects. Students shall not handle, steal, alter, deface or otherwise harm another student's project, especially in a manner which might cause the student to earn a lower grade.

17. Monitor and maintain current CPR and immunization status as required by the PTA program.
18. Fully comply with instructions associated with clinical internship placements, including but not limited to, contacting the ACCE, completing student data sheets, site preference forms, etc.

19. Honor commitments made with peers, college faculty, staff, and clinical educators/instructors. This includes timely notification in advance, when unable to keep a commitment.

20. Function within the role of a student. If you are unsure if certain actions are outside the role and scope of a student, ask before acting.

21. Students are expected to check campus mail daily during the semester and weekly during the semester breaks for administrative announcements. Failure to respond appropriately to time-sensitive requests made by faculty will result in disciplinary action. * The term instructor also includes clinical educators and instructors.

*Students are expected to be aware of and comply with these ethics standards. Acting in a manner counter to these standards will result in consequences that reflect the severity of the infraction. Students who fail a class or are withdrawn from the PTA program due to one or more ethics violations will not be allowed to re-apply to the program. Refer to the Disciplinary Action section for more information.*

The ethical standards can be expounded upon by the inclusion of the American Physical Therapy Association “Standards of Ethical Conduct for the Physical Therapist Assistant” as follows:

**Standards of Ethical Conduct for the Physical Therapist Assistant**
HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

**Preamble**
The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall
adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life. No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

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

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

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

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

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

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

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

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

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

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

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

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

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.
Grades Policy/Progression through Courses

UA Cossatot PTA program faculty utilize a gradebook (either electronic through Excel or in a standard paper gradebook) and Blackboard to record student grades. These are updated throughout the week with any test grades completed. Students are able to access their grades through Blackboard 24/7. This keeps all students and program officials up to date with current status. Students are encouraged to contact their instructors at any time during a course that a question arises with regard to grades and are specifically encouraged at midterm to request assistance if needed with obtaining or understanding current standing. Additionally, students are assigned a PTA program faculty member as an advisor. Students are encouraged to meet with the advisor as needed and at least once a semester to discuss all aspects of the program including but not limited to questions, concerns, fieldwork, and progression through courses, progression through program, current grades and GPA.

Students must have successfully completed all pre-requisites courses and all PTA courses with a grade of 76% (“C”) or better to graduate from the PTA program. Each semester’s courses act as prerequisites to the following semester’s courses. Students must successfully complete all coursework and clinical rotations in order to progress to the next clinical rotation. Failure to successfully complete any of these courses will prohibit the student from continuing in the program and the student will be administratively withdrawn. Should that occur, students will be encouraged to re-apply to the program. Students re-applying are subject to the same application process as other applicants. Students that are re-applying must meet with the Academic Advisor to identify reasons for failure to achieve program completion and develop a plan of action for student success during the student’s second attempt. The student will then meet with the Program Director for final approval and must follow the application process.

Upon successful completion of all coursework and clinical rotations, the student’s status will be submitted to the Federation of State Boards of Physical Therapy Examiners declaring that the student has completed their Associate of Applied Science in Physical Therapy and wishes to sit for the licensing examination.
Grading Scale

The UA Cossatot PTA Program curriculum is designed to meet the requirements of CAPTE and to prepare students to successfully complete the National Physical Therapy Examination for Physical Therapist Assistants in order to obtain licensure to practice as a Physical Therapist Assistant.

The following grade equivalency is established for all coursework and practicums in accordance with the Medical Education Division at UA Cossatot:

- A = 90-100
- B = 80-89
- C = 76-79
- D = 70-75 (failing)
- F = <69 (failing)

Content for exams are based on subject matter from texts, videos, handouts and lecture. Other assignments include but are not limited to: written assignments, oral presentations, team projects, classroom activities, service learning projects, project development, etc.
**Filing a Complaint with CAPTE**

Any person may submit to CAPTE a complaint about an accredited or developing program. CAPTE will investigate and take action on any complaint filed, in accordance with §11.2, against a physical therapy education program that is a candidate for accreditation or is accredited by CAPTE.

CAPTE Contact Information:

APTA Headquarters
Accreditation Department
1111 North Fairfax Street,
Alexandria, Virginia 22314
[accreditation@apta.org](mailto:accreditation@apta.org)
**Student Services**

Student Support Services are available on all three campuses. Academic (learning centers/testing centers), disability support services, and financial aid resources are located within the division of student services. Resources for each are also located on each satellite campus and are available by mail, email, and on the UA Cossatot website.

UA Cossatot Academic Counseling and Disability Support Services are dedicated to the academic and personal success of all students. The counselor will work with any student to recognize opportunities to grow and learn, identify any barriers to academic and/or personal success, and develop action and/or accommodation plans to overcome those barriers. The counselor has an open door policy. All students are welcome and discussion will be confidential. For additional information see the current catalog on Disability Support Services or to print off forms, go to the UA Cossatot website: www.cccua.edu; click on disability support services under admission and registration (http://www.cccua.edu/admission-registration/DSS).

Communication for students is available through campus email, UA Cossatot website, Blackboard, and various other media resources such as Facebook. The UA Cossatot academic catalog, which is given to all UA Cossatot students, and the PTA student handbook outline UA Cossatot and the PTA Program’s policies and procedures including substance abuse policy, grievance processes, student rights and responsibilities, grading, progression, and graduation requirements and appeals processes.

As part of the orientation process to the PTA Program each student is asked to review the PTA student handbook and indicate understanding of student advising, the student grievance procedure, readmission criteria, transfers, attendance policy, call in policy, chain of command, classroom behavior, dress code, courtesy, discipline, graduation policy, and grading policy. These policies are also covered in detail during the PTA Orientation Day. Copies of forms that will be used throughout the program and the PTA student handbook is posted and available on Blackboard.
There are several opportunities for students to be involved in student activities on campus. A list of student organizations is listed in the UA Cossatot academic catalog and on the college website. PTA students participate in the Student Physical Therapy Association (SPTA) to help promote awareness and professionalism among students in the PTA program. During the first semester students will vote on office positions to facilitate suggestions or ideas related to the program, fundraising, and community service projects. Students will also have a voice on the discussion board in Blackboard, the college’s online and enhanced learning platform. This allows students to post anonymous questions and receive answers to questions in a timely fashion. There are four different forums for the students to post including general discussion, clinical discussion, assignment discussion, and fundraising.

The disaster and safety committee have provided framed emergency procedure guides which are located in the classrooms on all three campuses. There is also a $10,000 student accident policy. In the event of an accident on a college-sponsored activity, students will be covered up to $10,000 according to the provisions of the policy. Contact information is available in the UA Cossatot human resources office.
Health Insurance

Student health insurance is not required by the Program but is highly recommended. Health insurance will not be provided by UAC. Students will be responsible for the selection and premiums of their own health insurance policy, if they so choose.

Professional Liability Insurance

Students are provided with professional liability insurance courtesy of the College with $1,000,000 per occurrence and $3,000,000 aggregate.

Informed Consent

Each clinical site should maintain policies on the use of human subjects for educational purposes. Students are educated throughout program of the patients’ right to refuse participation in any component of clinical education. All policies should be reviewed with students at the clinical site by a facility representative. Students are instructed to/and are required to identify themselves as a “Student Physical Therapist Assistant” upon each encounter with patients.
Emergency Services

In an off-campus emergency, the Clinical Instructor will assist the student to emergency services when in a hospital setting or notify 911 for all other facilities. Students will be responsible for any charges incurred for emergency care and treatment. UAC also provides a $10,000 student accident policy. In the event of an accident on a college-sponsored activity, students will be covered up to $10,000 according to the provisions of the policy. Please note this is a secondary policy and any insurance coverage a student has in place will be considered the primary insurance. For further information, please contact the UACs HR office at 870-584-1104

Accident and Illness

If a student has an accident on UAC campus, the student should notify the instructor. If emergency services are necessary, the student will be financially responsible. If the student is unable to attend class, it is the student’s responsibility to notify the instructor and will be held to the absence policy of the course.
Potential Health Risks

In the UAC PTA Program Student Handbook, students are informed of the potential health risks, which they may encounter throughout all aspects of the PTA Program (classroom, laboratory, and clinical education). Lab protocols and low student to faculty ratios are in place to minimize these risks.

Governing Use of Standard Precautions

In the PTA Student Handbook, students are made aware of potential hazards that may be encountered in the laboratory or clinical setting including, but are not limited to; contact with infected bodily fluids, needle sticks, and inhalation of microorganisms. Students are educated about their individual responsibility to maintain safe practices and provide their own health insurance coverage

In case of an exposure, the student will immediately report to the clinical instructor any incident of exposure. The clinical instructor will complete a Notice of Accidental Exposure form and submit it to the PTA Program Director (form available from the Division secretary). Clinical instructor or student will notify the Infection Control Officer of the clinical agency involved. Specific recommendations will be made according to the type of exposure and infectious agent involved.
HIPAA & Right to Refuse

Students must complete HIPAA training prior to the first clinical experience; students must demonstrate an understanding of this law and documentation of course content and assessment will be provided to clinical sites upon request. In addition, students and clinical instructors are notified that patients always have the right to refuse care and/or observation from an affiliating student. Students and their clinical instructors are expected to identify the student appropriately prior to initiating patient care and obtain consent from the patient. Patients will never be penalized for refusing student care.

Privacy of Student Information

It is the responsibility of the CCCE and the CI to ensure that any information that the College provides the clinical site shall be treated according to the following guidelines. The clinical agency must also comply with student privacy and confidentiality in the sharing of information to any individuals not directly involved in the educational learning experience. In compliance with the Family Educational Rights and Privacy Act of 1974 as amended, the College may release public directory information relating to a student. Directory information includes the name, address, telephone number, email major field of study, dates of attendance, and degrees and awards received. A student may request in writing the Registrar not release directory information. A student’s record, other than directory information, shall not be made available without the written consent of the student except in certain cases noted in the Family Educational Rights and Privacy Act procedures of the College. This document may be obtained from the Registrar. A student who feels the College has failed to comply with the requirements of the Family Educational Rights and Privacy Act may file a complaint with the U.S. Department of Education.
Safety

Safety is of utmost importance during the student's education experience. Guidelines are set forth as a tool to allow use of the facilities, equipment, and modalities for optimal learning opportunities. The classroom and laboratories are for instruction and practice. For the safety of students and instructors alike, no horseplay is allowed.

Students and instructors participating in clinical activities or lab experiences are required to observe standard precautions and safety guidelines, outlined by the U.S. Public Health Service, when handling or anticipation of handling body fluids or blood products.

In order to ensure the safety of individuals, students are instructed in safety measurements prior to provision of practice scenarios. Furthermore, students are instructed in indications, precautions, contraindications, and potential risks of said activity. Students are graded on their ability to assess and consider safety criteria during assessment periods. Students are advised to notify instructor of contraindications or documented health conditions, in which the student may need not to participate (i.e. pregnancy, illness). Students have the right to terminate treatment interventions/modalities if negative effects begin.

Students are expected to treat all lab equipment with care and as advised by manufacturer/instructors. Lab equipment is for the use of skill development only and not personal use. It should be used the supervision of instructors or by approval of faculty. All electrical equipment should be used in the presence of faculty at all times. No student should work alone in the lab at any time.

Equipment will be calibrated annually and as indicated to keep them in working order. In order to maintain equipment, cleanliness is imperative. Maintaining a clean classroom and laboratory improves the safety of faculty, staff, and students. Students will be responsible for straightening the lab and classroom and the end of each use. Maintenance will certainly manage the larger cleaning responsibilities, they do not organize and clean specific lab equipment. The students will manage this. Systems, such as log sheets, may be implemented for cleaning as instructors deem necessary.
Informed consent must be provided with patient interactions. This includes, but is not limited to, the identification of self as a Student Physical Therapist Assistant.

Campus safety of all students is coordinated under the direction of the College’s safety and security structure. Fire alarms and detection equipment are inspected regularly and resource offers are available to students during campus hours and available to walk students to and from their cars if needed. The College’s Emergency Response Guide is continually assessed and updated on a regular basis. The guide can be found on the College website at the Emergency Response Guide. The College has an emergency notification system that will text and email all registered students and faculty in the case of an emergency.
Additional Policies

The following policies are maintained on the Certified Background Check/CastleBranch Document Manager student account and require student signature to the beginning of the program. Please refer to each policy on CastleBranch/CBC for specifics.

Medical Education Accident Statement
Medical Education Agreement for Performance of Procedures
Medical Education Confidentiality Statement
Medical Education Immunization Policy
Medical Education Influenza Policy
Medical Education Mental and Physical Abilities Statement
Medical Education Online Social Networking Policy
Medical Education Risk Management Policy
Medical Education Student Code of Ethics
Medical Education Substance Abuse Policy
PTA Student Acknowledgement of Electronic Handbook Receipt

Additional items required/purchased and/or uploaded to CastleBranch prior to beginning program:
Current AHA CPR/First Aide Card
Background Check
Arkansas Child Abuse Registry
Medical Education Division Substance Abuse Policy
## Clinical Practicum I Syllabus

| Course Number:        | PTA 2424  
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<th>Medical Education Division</th>
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<td>Clinical Practicum I</td>
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<tr>
<td>Instructor:</td>
<td>Jennifer Bowman, PT</td>
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<td><a href="mailto:jbowman@ccuccua.edu">jbowman@ccuccua.edu</a></td>
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<td>870-584-1497</td>
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</tbody>
</table>
| Class Meetings and Location: | Assigned Clinical Site  
|                       | Hours per facility        |
| Credit Hours:         | 4 credit hours            |
| Pre-requisites:       | PTA 2404/L, PTA 2403/L, PTA 2413/L |
| Co-requisites:        | None                      |
| Supplemental References: | none                     |
| Materials, and Supplies: | Binder, spiral notebook, pens/pencils, tablet/computer with available internet connection and sign-on access to Blackboard UA Cossatot  
|                       | Additional uniforms and/or supplies may be required by specific facilities. |
| Course Description:   | Four-week clinical internship focusing on patient safety, handling techniques, gait training, vitals, implementation of modalities, therapeutic exercises, goniometry, posture assessment/treatment; muscle strength testing; ethical/legal practice; and documentation/communication. |
| Course Objectives:    | In a variety of settings, excluding pediatrics and neurologic interventions, the student will demonstrate mastery (✓ or +) in the PTA MACS evaluation tool of at least 22 of the skills Section I – Section III. Students will further demonstrate mastery (√ or +) in Section IV: Site Specific of 1 skill each rotation. (Section I: Professional Behaviors 1-11 must be addressed each rotation even if it is scored as NE.) |
|                       | Section I: Professional Behaviors (must be assessed each rotation with NE, ✓, or +)  
|                       | 1. Commitment to Learning  
|                       | 2. Interpersonal Skills  
|                       | 3. Communication Skills: Oral and Written |
4. Effective Use of Time and Resources
5. Use of Constructive Feedback
6. Problem Solving
7. Professionalism
8. Responsibility
9. Critical Thinking
10. Stress Management
11. Safety
12. Healthcare Provider Education

Section II: Data Collection

13. Patient History and Chart Review
14. Tests and Measures
   14.2 Other Anthropometric Measures
   14.3 Arousal/Mentation/Cognition
   14.4 Assistive/Adaptive Devices
   14.5 Gait, Locomotion and Balance
   14.6 Integumentary Integrity
   14.7 Joint Integrity and Mobility
   14.8 Muscle Performance (must include 4 areas of the body)
   14.10 Range of Motion (must include 4 areas of the body)
   14.12 Sensation/Pain Response
   14.13 Ventilation, Respiration and Circulation

Section III: Intervention

15. Plan of Care
   15.1 Implementation of POC
   15.2 Modification within POC
   15.3 Patient Related Instruction
   15.4 Discharge Planning

16. Therapeutic Exercise
   16.1 Aerobic Conditioning (must complete 2 to obtain skill)
   16.2 Balance Activities (must complete 2 to obtain skill)
   16.3 Coordination Activities
   16.4 Breathing Exercises (must complete 2 to obtain skill)
   16.7 Manual Strengthening
   16.8 Mechanical Strengthening (must complete 4 to obtain skill)
   16.10 Posture Awareness
   16.11 Range of Motion (must complete 2 to obtain skill)
   16.12 Stretching (must complete 2 to obtain skill)

17. Functional Testing
   17.1 Adaptive Devices
   17.2 Bed Mobility (must complete min, mod, & max to obtain skill)
   17.3 Body Mechanics
<table>
<thead>
<tr>
<th>Methods of Instruction:</th>
<th>Practicum course is set in assigned physical therapy setting under the supervision of the clinical instructor and supervising physical therapist. Varying methods may include: demonstration, return demonstration, clinical experience, and online instruction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method of Evaluation:</td>
<td>Students will be assessed in the clinical setting by means of the PTA MACS. It is common that new and unknown diagnoses are seen. It is imperative that students review new diagnoses as the opportunities arise.</td>
</tr>
<tr>
<td>Grading Criteria</td>
<td>69 points - Successful completion (✓ or +) of the required number of skills in PTA MACS. (3 points per skill)</td>
</tr>
<tr>
<td></td>
<td>6 points - Successful completion (✓ or +) of the additionally required 1 site specific skill.</td>
</tr>
<tr>
<td></td>
<td>25 points – on-time submission of assignments and paperwork to ACCE. Forms signed (where required) and submitted electronically by due date. Scanned copies of the completed PTA MACS forms for student assessment. 2 point loss per day, per document when not submitted on time.</td>
</tr>
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<td></td>
<td>All of the professional skills must be assessed (U, NI, NE, ✓, or +) each rotation; however, if a U is received, it is an automatic failure if it is not corrected by the end of the practicum.</td>
</tr>
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</table>

***As outlined in the attendance section, students may lose points based on lack of notification to ACCE and CI. Please see “Attendance” below.***
Course total points may vary as needed at the discretion of the PTA program in order to facilitate successful integration of information and scheduling of assignments.

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<tr>
<th>Grading Scale:</th>
<th>Points received/total points possible = current course grade in percent.</th>
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<td>A = 90% to 100%</td>
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<td></td>
<td>B = 80% to 89%</td>
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<td>C = 76% to 79%</td>
</tr>
<tr>
<td></td>
<td>D = 70% to 75% (failing)</td>
</tr>
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<td>F = 69% and below</td>
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<th>Attendance:</th>
<th>Students are expected to attend all classes and be on time. This is consistent with the requirements for clinical practicums. Student hours will be assigned by the clinical instructor at the assigned facility. The PTA program has a specific attendance policy provided within the PTA Student Handbook (see handbook). Students are also required to keep up with reading and other assignments as assigned by the CI or the ACCE. This includes any assigned work during the practicums. Each student is required to be at their assigned clinical site ready to work when the CI indicates. Students may be asked to work additional/extended hours including evenings and/weekends with their CI.</th>
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<td></td>
<td>Absences are strongly discouraged. (see Student Handbook for clinical make-up)</td>
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<td>In the event of an absence, a student must notify ACCE and their CI no later than 30 minutes prior to their scheduled arrival. If the student fails to contact ACCE in advance, as outlined, the student will lose 1 point per hour missed off of the final course grade.</td>
</tr>
<tr>
<td></td>
<td>Each clinical rotation is outlined as 40 hours per week and students must adjust their schedules to accommodate such.</td>
</tr>
</tbody>
</table>

| Electronic Devices: | Electronic devices are prohibited in a clinical practicum, except when instructed otherwise by CI. This instruction must be forwarded, in writing, to the ACCE. |

| Professionalism Expectations: | Following the program’s curriculum design organized around an adult learning model, students are expected to act in a professional manner by meeting deadlines, solving problems, cooperating with classmates, and generally contributing in a positive way to the class. Working in your field of study often means searching for solutions in a group context. Teamwork, cooperation, listening, empathy, enthusiasm, emotional maturity, respect, dependability, and consideration of other people’s concerns are all essential to success. Please bring these qualities and values with you to class. It is as important to “practice” these interpersonal skills as it is to learn new intellectual content and related skills. Professional demeanor in class as well as work habits reflected in written work constitute important aspects of professionalism and will contribute to each person’s professional development and plans. |

| Observables: | Timeliness |
- Communicating respectfully with peers and instructor
- No use of profanity
- Respecting others’ opinions
- Adhering to the dress code as outlined in the UA Cossatot PTA Student Handbook
- Completing all assignments in a professional manner.

Professional skills are assessed in detail in the PTA MACS. The first 11 Professional Behaviors must be assessed at each rotation. This means in the first rotation that the grading could indicate NI, NE, √, or + in order to demonstrate that these skills have been addressed. However, if a U is received, it is an automatic failure if it is not corrected by the end of the practicum.

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<th>Student Academic Integrity:</th>
<th>I. Academic Integrity is defined as:</th>
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<td>*Academic integrity is a commitment to five fundamental values: honesty, trust, fairness, respect, and responsibility.</td>
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<td>*Academic dishonesty includes any act that gives an unfair advantage or is damaging to the reputation or performance of the academic community.</td>
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II. Such acts may include, but are not limited to:

- Theft of or unauthorized access to an exam, answer key or other graded work from previous course offerings.
- Copying answers, data, or other information (or allowing others to do so) during an examination, quiz, laboratory experiment, or any other academic exercise in which the student is not expressly permitted to work jointly with others.

- Using any device, implement, or other form of study aid during an examination, quiz, laboratory experiment, or any other academic exercise without the faculty member's permission.
- Use of an alternate, stand-in or proxy during an examination.
- Copying from the examination or work of another person or source.
- Submission or use of falsified data.
- Using false statements to obtain additional time or other accommodation.
- Unauthorized Collaboration / Collusion
- Misrepresenting facts (e.g., providing false information to postpone an exam, obtain an extended deadline for an assignment, or even gain an unearned financial benefit)
- Begging
- Multiple submissions—submitting essentially the same written assignment for two courses without authorization
- Any other acts (or attempted acts) that violate the basic standard of academic integrity
● Falsifying or inventing any information, citation, or data; involvement in actions unbecoming to students in good standing or potentially damaging to the College reputation or that of the members of its academic community of students and scholars.

III. Plagiarism is defined as the representation of the words or ideas of another as one's own in any academic work.

IV. Avoiding plagiarism:
- Direct quotations must be identified by quotation marks, or by appropriate indentation (block text) and must be cited properly according to the format (MLA Style, APA Style, or Chicago Style) as appropriate for the particular course requirement.
- Material paraphrased or summarized from any source is acknowledged with citations to indicate the exact source of reference.
- Information that is common knowledge, such as names of leaders of prominent nations, basic scientific laws, etc., need not be cited. The sources of all facts or information obtained in reading or research that are not common knowledge among students in the course must be acknowledged.
- Material cited in the text must be noted in a Works Cited page. Materials contributing to understanding of the subject but not quoted or paraphrased in the text of the paper must be cited in the bibliography.
- Additionally, papers that have been previously submitted by the writer to the same or another class are considered self-plagiarism.
- Papers that contain more than a specific amount of quoted material (as defined by individual instructors), even though correctly cited, are considered to violate the definition of plagiarism.

V. Disciplinary Actions:
   a. Warning: Instructors reserve the right on a first offense to give a warning to the student, lower the grade, or assign an F in the course, according to the instructor’s discretion and determination of the severity of the offense. Instructors may also require the student to attend a specified number of meetings with coordinators or their assignees at the Educational Resource Center or the Learning Center to address the problem. Instructors must file the first and/or subsequent offense reports and the disciplinary action with the Office of the Vice Chancellor of Academics.

   b. Probation: Recorded on the student’s transcript, but only during the period of probation. During probation, a student may still enroll and attend classes and participate in college events and programs. However, organization, department, divisional, or national by-laws or policies may prevent students from participation in a leadership or organizational role.
c. **Suspension:** Recorded on the student’s transcript during the period of suspension. During the period of suspension the student is considered not to be in good standing with the university and is not allowed to attend classes or participate in college related events and programs.

d. **Expulsion:** Recorded on the student’s transcript permanently and the student may never enroll again at any UA-Cossatot campus.

- Aggravating and mitigating factors taken into consideration by the Office of the Vice Chancellor for Academics when assigning disciplinary sanctions may include:
  - Severity of academic misconduct
  - Prior acts of academic misconduct
  - Level of maturity in assuming responsibility/accountability for the misconduct
  - Status of student (i.e. transfer versus first year enrollment) and year in school
  - Other circumstances (e.g., academic achievement, familial issues, emotional disturbance, etc.)

*Students may appeal a disciplinary action as currently outlined in the Student Handbook.*

VI. Faculty Guidelines to curb incidents of academic dishonesty:
- Allow adequate time for assignments to be met
- Submit ALL papers to Turnitin to create a repository and prevent multiple submissions across disciplines
- Take appropriate action on suspected plagiarism, cheating or other infractions as outlined in the academic integrity policy

VII. Proctor Guidelines:
- Administer the exam in a location that provides a comfortable testing environment.
- Request to view a copy of the student’s photo ID once the student arrives to attempt the exam.
- Remove all notebooks, hats, purses, books, cell phones, etc. except what is required by the instructor.
- Supervise the student taking the exam by staying in the testing area with the student or in an area where you can completely observe the student and answering only those questions not pertaining to the test.
- Terminate the exam if the student displays improper conduct.

**Inclement Weather:**
- In the event that the area weather is so severe the College feels that life and property may be in danger, classes may be cancelled until weather and road conditions improve. We strive to get the announcements regarding closures out to students,
faculty, and staff in a timely fashion. Announcements regarding College closing will be made over the following radio stations: in De Queen KDQN 92.1 and KTYC 88.5, and in Nashville KMTB 99.5 and KBPU 88.7, and on the following television stations, KARK Channel 4 from Little Rock and KTBS Channel 3 from Shreveport. In addition, the college will use the college’s mass notification system to notify all regarding campus closures. Please see the PTA Student Handbook for additional information regarding practicums.

| Counseling/Disabilities Support: | If you have special needs and are interested in requesting accommodations please contact the UAC Counselor: Suzanne Ward at 1.800.844.4471(voice), 870.584.4667(TDD) or email sward@cccua.edu. UAC Counseling and Advising Services is dedicated to the academic and personal success of all students. The counselor will work with any student to recognize opportunities to grow and learn, identify any barriers to academic and/or personal success, and develop action plans to overcome those barriers. The counselor has an open door policy. ALL students are welcome and discussions will be confidential. |
| Compliance: | UA Cossatot does not discriminate against qualified individuals with disabilities in the recruitment and admission of students, the recruitment and employment of faculty and staff, and the operation of any of its programs and activities as specified by applicable federal laws and regulations. Compliance officers for the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 can be reached at the contact information below. Voice: 800.844.4471 De Queen Campus TDD: 870.584.4667 Nashville Campus TDD: 870.451.9577 Ashdown Campus TDD: 870.898.2009 Suzanne Ward Compliance Officer for Students and Academics sward@UAC.edu ext. 5261 |
| Title IX Statement: | Title IX provides that “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.” Title IX protects students, employees, and third parties from sexual and gender-based harassment and violence by any school employee, another student or a non-employee third party. Discrimination and Sexual Harassment are STRICTLY PROHIBITED at the University of Arkansas Cossatot. For more information or to report allegations of discrimination, including sexual harassment, contact: |
Title IX Coordinator
Justin White
Department of Student Services
183 College Dr., De Queen, AR 71832
1-800-844-4471 Ext. 1143
JWhite@cccua.edu

Title IX Assistant Coordinator
Kelly Plunk
Office of Human Resources
183 College Dr., De Queen, AR 71832
1-800-844-4471 Ext. 1104
KPlunk@cccua.edu

Title IX Deputies
Toyia Witherspoon
Howard County Campus
Office 103
1-800-844-4471 Ext. 1337
TWitherspoon@cccua.edu

Nikki Evans
Little River Campus
Office 107
1-800-844-4471 Ext. 1470
NEvans@cccua.edu

Erika Buenrostro
Sevier County Campus
Office 128
1-800-844-4471 Ext. 1133
EBuenrostro@cccua.edu
# Clinical Practicum II Syllabus

| Course Number: | PTA 2524  
Medical Education Department |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Course Title:</td>
<td>Clinical Practicum II</td>
</tr>
</tbody>
</table>
| Instructor: | Jennifer Bowman, PT  
jbowman@cccua.edu  
870-584-1497 |
| Office Hours: | By appointment |
| Term Dates: | Summer |
| Class Meetings and Location: | Assigned Clinical Site  
Hours per facility |
| Credit Hours: | 4 credit hours |
| Pre-requisites: | PTA 2424 and PTA 2515/L |
| Co-requisites: | PTA 2502 |
Texas Alliance of Physical Therapist Assistant Educators. (Notebook) |
| Supplemental References: | none |
| Materials, and Supplies: | Binder, spiral notebook, pens/pencils, tablet/computer with available internet connection and sign-on access to Blackboard UA Cossatot  
Additional uniforms and/or supplies may be required by specific facilities. |
| Course Description: | A five-week clinical internship focusing on patient safety, handling techniques, gait training, vitals, implementation of modalities, therapeutic exercises, goniometry, posture assessment/treatment; muscle strength testing; ethical/legal practice; and documentation/communication. Practicums II & III allow for further data collection and intervention skills including neurologic interventions. |
| Course Objectives: | In a variety of settings, including pediatrics (where available) and neurologic interventions, the student will demonstrate mastery (√ or +) in the PTA MACS evaluation tool of at least 30 of the skills Section I – Section III. Students will further demonstrate mastery (√ or +) in Section IV: Site Specific of 1 skill each rotation. (Section I: Professional Behaviors 1-11 must be addressed each rotation; (NE, √ or +).  
Section I: Professional Behaviors (1-11 must be assessed each rotation with NE, √, or +)  
1. Commitment to Learning |
<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>2.</td>
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<td>3.</td>
<td>Communication Skills: Oral and Written</td>
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<td>4.</td>
<td>Effective Use of Time and Resources</td>
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<td>5.</td>
<td>Use of Constructive Feedback</td>
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<td>6.</td>
<td>Problem Solving</td>
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<td>12.</td>
<td>Healthcare Provider Education</td>
</tr>
</tbody>
</table>

Section II: Data Collection

| 13. | Patient History and Chart Review |
| 14. | Tests and Measures |
| 14.2 | Other Anthropometric Measures |
| 14.3 | Arousal/Mentation/Cognition |
| 14.4 | Assistive/Adaptive Devices |
| 14.5 | Gait, Locomotion and Balance |
| 14.6 | Integumentary Integrity |
| 14.7 | Joint Integrity and Mobility |
| 14.8 | Muscle Performance (must include 4 areas of the body) |
| 14.9 | Neuromotor Function |
| 14.10 | Range of Motion (must include 4 areas of the body) |
| 14.11 | Self-care/Home Management |
| 14.12 | Sensation/Pain Response |
| 14.13 | Ventilation, Respiration and Circulation |

Section III: Intervention

| 15. | Plan of Care |
| 15.1 | Implementation of POC |
| 15.2 | Modification within POC |
| 15.3 | Patient Related Instruction |
| 15.4 | Discharge Planning |

| 16. | Therapeutic Exercise |
| 16.1 | Aerobic Conditioning (must complete 2 to obtain skill) |
| 16.2 | Balance Activities (must complete 2 to obtain skill) |
| 16.3 | Coordination Activities |
| 16.4 | Breathing Exercises (must complete 2 to obtain skill) |
| 16.5 | Inhibition/Facilitation |
| 16.6 | Relaxation |
| 16.7 | Manual Strengthening |
| 16.8 | Mechanical Strengthening (must complete 4 to obtain skill) |
| 16.9 | Motor Development Training |
| 16.10 | Posture Awareness |
| 16.11 | Range of Motion (must complete 2 to obtain skill) |
| 16.12 | Stretching (must complete 2 to obtain skill) |
17. Functional Testing
   17.1 Adaptive Devices
   17.2 Bed Mobility (must complete min, mod, & max to obtain skill)
   17.3 Body Mechanics
   17.4 Gait (must complete 3 to obtain skill)
   17.5 Tilt table
   17.6 Transfers (must complete min, mod, & max to obtain skill)
   17.7 Wheelchair mobility

18. Therapeutic Massage
19. Manual Therapy
20. Wound Management
21. Physical Agents
   21.3 Cryotherapy
   21.4 Electrotherapeutic Modalities (must complete 3 to obtain skill)
   21.5 Hydrotherapy
   21.6 Compression Therapies
   21.7 Superficial Thermal
   21.8 Deep Thermal (must complete Ultrasound to obtain skill)
   21.9 Traction

Section IV: Site Specific Skills
   Students are required to select one site specific skill each rotation

<table>
<thead>
<tr>
<th>Methods of Instruction:</th>
<th>Practicum course is set in assigned physical therapy setting under the supervision of the clinical instructor and supervising physical therapist. Varying methods may include: demonstration, return demonstration, clinical experience, and online instruction.</th>
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<td>Method of Evaluation:</td>
<td>Students will be assessed in the clinical setting by means of the PTA MACS. It is common that new and unknown diagnoses are seen. It is imperative that students review new diagnoses as they opportunities arise.</td>
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<td>Grading Criteria</td>
<td>75 points - Successful completion (√ or +) of the required number of skills in PTA MACS. (2.5 points per skill) Includes professional behaviors 1-11 mastery (√ or +).</td>
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<td>25 points – on-time submission of assignments and paperwork to ACCE. Forms signed (where required) and submitted electronically by due date. Scanned copies of the completed PTA MACS forms for student assessment.</td>
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<td></td>
<td>2 point loss per day, per document when not submitted on time.</td>
</tr>
<tr>
<td></td>
<td>All of the professional skills must be assessed (U, NI, NE, √, or +) each rotation; failure to achieve a (√ or +) by the end of the final rotation will result in a failure of the practicum.</td>
</tr>
<tr>
<td></td>
<td>If a U is received on any of the areas assessed, it is an automatic failure if it is not corrected by the end of the practicum. Must be improved, at minimum, to NI. This does not include the successful completion of skills require for mastery.</td>
</tr>
</tbody>
</table>
***As outlined in the attendance section, students may lose points based on lack of notification to ACCE and CI. Please see “Attendance” below.

Course total points may vary as needed at the discretion of the PTA program in order to facilitate successful integration of information and scheduling of assignments.

Grading Scale: Points received/total points possible = current course grade in percent.

- A = 90% to 100%
- B = 80% to 89%
- C = 76% to 79%
- D = 70% to 75% (failing)
- F = 69% and below

Attendance: Students are expected to attend all classes and be on time. This is consistent with the requirements for clinical practicums. Student hours will be assigned by the clinical instructor at the assigned facility. The PTA program has a specific attendance policy provided within the PTA Student Handbook (see handbook). Students are also required to keep up with reading and other assignments as assigned by the CI or the ACCE. This includes any assigned work during the practicums. Each student is required to be at their assigned clinical site ready to work when the CI indicates.

Absences are strongly discouraged. (see Student Handbook for clinical make-up) In the event of an absence, a student must notify ACCE and their CI no later than 30 minutes prior to their scheduled arrival. If the student fails to contact ACCE in advance, as outlined, the student will lose 1 point per hour missed off of the final course grade.

Each clinical rotation is outlined as 40 hours per week and students must adjust their schedules to accommodate such.

Electronic Devices: Electronic devices are prohibited in a clinical practicum, except when instructed otherwise by CI. This instruction must be forwarded, in writing, to the ACCE.

Professionalism Expectations: Following the program’s curriculum design organized around an adult learning model, students are expected to act in a professional manner by meeting deadlines, solving problems, cooperating with classmates, and generally contributing in a positive way to the class. Working in your field of study often means searching for solutions in a group context. Teamwork, cooperation, listening, empathy, enthusiasm, emotional maturity, respect, dependability, and consideration of other
people’s concerns are all essential to success. Please bring these qualities and values with you to class. It is as important to “practice” these interpersonal skills as it is to learn new intellectual content and related skills. Professional demeanor in class as well as work habits reflected in written work constitute important aspects of professionalism and will contribute to each person’s professional development and plans.

Observables:
❖ Timeliness
❖ Communicating respectfully with peers and instructor
❖ No use of profanity
❖ Respecting others’ opinions
❖ Adhering to the dress code as outlined in the UA Cossatot PTA Student Handbook
❖ Completing all assignments in a professional manner.

Professional skills are assessed in detail in the PTA MACS. The first 11 Professional Behaviors must be assessed at each rotation. This means in the first rotation that the grading could indicate NI, NE, √, or + in order to demonstrate that these skills have been addressed. However, if a U is received, it is an automatic failure if it is not corrected by the end of the practicum.

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<td>{* Academic integrity is a commitment to five fundamental values: honesty, trust, fairness, respect, and responsibility. * Academic dishonesty includes any act that gives an unfair advantage or is damaging to the reputation or performance of the academic community.</td>
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<td>❖ Using any device, implement, or other form of study aid during an examination, quiz, laboratory experiment, or any other academic exercise without the faculty member's permission.</td>
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• Misrepresenting facts (e.g., providing false information to postpone an exam, obtain an extended deadline for an assignment, or even gain an unearned financial benefit)
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  • Multiple submissions—submitting essentially the same written assignment for two courses without authorization
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  • Material paraphrased or summarized from any source is acknowledged with citations to indicate the exact source of reference.
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  • Additionally, papers that have been previously submitted by the writer to the same or another class are considered self-plagiarism.
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  e. **Warning**: Instructors reserve the right on a first offense to give a warning to the student, lower the grade, or assign an F in the course, according to the instructor’s discretion and determination of the severity of the offense. Instructors may also require the student to attend a specified number of meetings with coordinators or their assignees at the Educational Resource Center or the Learning Center to address the problem. Instructors must file the first and/or
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Erika Buenrostro
Sevier County Campus
Office 128
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EBuenrostro@cccua.edu
# Clinical Practicum III Syllabus

| **Course Number:** | PTA 2624  
Medical Education Department |
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<tbody>
<tr>
<td><strong>Course Title:</strong></td>
<td>Clinical Practicum III</td>
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</table>
| **Instructor:**    | Heather Orr, PTA  
hnorr@ccua.edu  
870-584-1487 |
| **Office Hours:** | By appointment |
| **Term Dates:**    | Summer |
| **Class Meetings and Location:** | Assigned Clinical Site  
Hours per facility |
| **Credit Hours:** | 4 credit hours |
| **Pre-requisites:** | PTA 2524 |
| **Co-requisites:** | PTA 2502 |
| **Required Textbooks:** | Physical Therapist Assistant Manual for the Assessment of Clinical Skills. 2009.  
Texas Alliance of Physical Therapist Assistant Educators. (Notebook) |
| **Supplemental References:** | none |
| **Materials, and Supplies:** | Binder, spiral notebook, pens/pencils, tablet/computer with available internet connection and sign-on access to Blackboard UA Cossatot  
Additional uniforms and/or supplies may be required by specific facilities. |
| **Course Description:** | A five-week clinical internship focusing on patient safety, handling techniques, gait training, vitals, implementation of modalities, therapeutic exercises, goniometry, posture assessment/treatment; muscle strength testing; ethical/legal practice; and documentation/communication. Practicums II & III allow for further data collection and intervention skills including neurologic interventions. |
| **Course Objectives:** | In a variety of settings, including pediatrics (where available) and neurologic interventions, the student will demonstrate mastery (√ or +) in the PTA MACS evaluation tool of at least 27 of the skills Section I – Section III. Students will further demonstrate mastery (√ or +) in Section IV: Site Specific of 1 skill each rotation. (Section I: Professional Behaviors 1-11 must be addressed each rotation; must demonstrate mastery (√ or +) by final.  
Section I: Professional Behaviors (1-11 must be assessed each rotation with NE, √, or +)  
1. Commitment to Learning |
2. Interpersonal Skills  
3. Communication Skills: Oral and Written  
4. Effective Use of Time and Resources  
5. Use of Constructive Feedback  
6. Problem Solving  
7. Professionalism  
8. Responsibility  
9. Critical Thinking  
10. Stress Management  
11. Safety  
12. Healthcare Provider Education  

Section II: Data Collection  
13. Patient History and Chart Review  
14. Tests and Measures  
   14.2 Other Anthropometric Measures  
   14.3 Arousal/Mentation/Cognition  
   14.4 Assistive/Adaptive Devices  
   14.5 Gait, Locomotion and Balance  
   14.6 Integumentary Integrity  
   14.7 Joint Integrity and Mobility  
   14.8 Muscle Performance (must include 4 areas of the body)  
   14.9 Neuromotor Function  
   14.10 Range of Motion (must include 4 areas of the body)  
   14.11 Self-care/Home Management  
   14.12 Sensation/Pain Response  
   14.13 Ventilation, Respiration and Circulation  

Section III: Intervention  
15. Plan of Care  
   15.1 Implementation of POC  
   15.2 Modification within POC  
   15.3 Patient Related Instruction  
   15.4 Discharge Planning  

16. Therapeutic Exercise  
   16.1 Aerobic Conditioning (must complete 2 to obtain skill)  
   16.2 Balance Activities (must complete 2 to obtain skill)  
   16.3 Coordination Activities  
   16.4 Breathing Exercises (must complete 2 to obtain skill)  
   16.5 Inhibition/Facilitation  
   16.6 Relaxation  
   16.7 Manual Strengthening  
   16.8 Mechanical Strengthening (must complete 4 to obtain skill)  
   16.9 Motor Development Training  
   16.10 Posture Awareness
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<tr>
<td>16.11 Range of Motion (must complete 2 to obtain skill)</td>
<td>16.12 Stretching (must complete 2 to obtain skill)</td>
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<td>17. Functional Testing</td>
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<tr>
<td>17.1 Adaptive Devices</td>
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<td>17.2 Bed Mobility (must complete min, mod, &amp; max to obtain skill)</td>
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<tr>
<td>17.3 Body Mechanics</td>
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<td>17.4 Gait (must complete 3 to obtain skill)</td>
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<td>17.5 Tilt table</td>
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<td>17.6 Transfers (must complete min, mod, &amp; max to obtain skill)</td>
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<tr>
<td>17.7 Wheelchair mobility</td>
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<td>18. Therapeutic Massage</td>
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<td>19. Manual Therapy</td>
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<td>20. Wound Management</td>
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<td>21. Physical Agents</td>
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<tr>
<td>21.3 Cryotherapy</td>
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<td>21.4 Electrotherapeutic Modalities (must complete 3 to obtain skill)</td>
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<tr>
<td>21.5 Hydrotherapy</td>
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<td>21.6 Compression Therapies</td>
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<td>21.7 Superficial Thermal</td>
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<td>21.8 Deep Thermal (must complete Ultrasound to obtain skill)</td>
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<td>21.9 Traction</td>
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Section IV: Site Specific Skills

Students are required to select one site specific skill each rotation

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<tr>
<th>Methods of Instruction:</th>
<th>Practicum course is set in assigned physical therapy setting under the supervision of the clinical instructor and supervising physical therapist. Varying methods may include: demonstration, return demonstration, clinical experience, and online instruction.</th>
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<tbody>
<tr>
<td>Method of Evaluation:</td>
<td>Students will be assessed in the clinical setting by means of the PTA MACS. It is common that new and unknown diagnoses are seen. It is imperative that students review new diagnoses as they opportunities arise.</td>
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<tr>
<td>Grading Criteria</td>
<td>67.5 points - Successful completion (√ or +) of the required number of skills in PTA MACS. (2.5 points per skill) Includes professional behaviors 1-11 mastery (√ or +).</td>
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<tr>
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<td>12 points - Successful completion (√ or +) of the additionally required 1 site specific skill.</td>
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<td>20.5 points – on-time submission of assignments and paperwork to ACCE. Forms signed (where required) and submitted electronically by due date. Scanned copies of the completed PTA MACS forms for student assessment.</td>
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<tr>
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<td>2 point loss per day, per document when not submitted on time.</td>
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<td>All of the professional skills must be assessed (U, NI, NE, √, or +) each rotation; failure to achieve a (√ or +) by the end of the final rotation will result in a failure of the practicum.</td>
</tr>
</tbody>
</table>
If a U is received on any of the areas assessed, it is an automatic failure if it is not corrected by the end of the practicum. Must be improved, at minimum, to NI. This does not include the successful completion of skills require for mastery.

***As outlined in the attendance section, students may lose points based on lack of notification to ACCE and CI. Please see “Attendance” below.

*Course total points may vary as needed at the discretion of the PTA program in order to facilitate successful integration of information and scheduling of assignments.*

<table>
<thead>
<tr>
<th>Grading Scale:</th>
<th>Points received/total points possible = current course grade in percent.</th>
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<tbody>
<tr>
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<td>A = 90% to 100%</td>
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<td>B = 80% to 89%</td>
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<td>C = 76% to 79%</td>
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<td>D = 70% to 75% (failing)</td>
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<td>F = 69% and below</td>
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</table>

| Attendance:   | Students are expected to attend all classes and be on time. This is consistent with the requirements for clinical practicums. Student hours will be assigned by the clinical instructor at the assigned facility. The PTA program has a specific attendance policy provided within the PTA Student Handbook (see handbook). Students are also required to keep up with reading and other assignments as assigned by the CI or the ACCE. This includes any assigned work during the practicums. Each student is required to be at their assigned clinical site ready to work when the CI indicates. Students may be asked to work additional/extended hours including evenings and/weekends with their CI. Absences are strongly discouraged. (see Student Handbook for clinical make-up) In the event of an absence, a student must notify ACCE and their CI no later than 30 minutes prior to their scheduled arrival. If the student fails to contact ACCE in advance, as outlined, the student will lose 1 point per hour missed off of the final course grade. Each clinical rotation is outlined as 40 hours per week and students must adjust their schedules to accommodate such. |

| Electronic Devices: | Electronic devices are prohibited in a clinical practicum, except when instructed otherwise by CI. This instruction must be forwarded, in writing, to the ACCE. |
| Professionalism Expectations: | Following the program’s curriculum design organized around an adult learning model, students are expected to act in a professional manner by meeting deadlines, solving problems, cooperating with classmates, and generally contributing in a positive way to the class. Working in your field of study often means searching for solutions in a group context. Teamwork, cooperation, listening, empathy, |
enthusiasm, emotional maturity, respect, dependability, and consideration of other people’s concerns are all essential to success. Please bring these qualities and values with you to class. It is as important to “practice” these interpersonal skills as it is to learn new intellectual content and related skills. Professional demeanor in class as well as work habits reflected in written work constitute important aspects of professionalism and will contribute to each person’s professional development and plans.

Observables:
❖ Timeliness
❖ Communicating respectfully with peers and instructor
❖ No use of profanity
❖ Respecting others’ opinions
❖ Adhering to the dress code as outlined in the UA Cossatot PTA Student Handbook
❖ Completing all assignments in a professional manner.

Professional skills are assessed in detail in the PTA MACS. The first 11 Professional Behaviors must be assessed at each rotation. This means in the first rotation that the grading could indicate NI, NE, √, or + in order to demonstrate that these skills have been addressed. However, if a U is received, it is an automatic failure if it is not corrected by the end of the practicum.

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<td>*Academic integrity is a commitment to five fundamental values: honesty, trust, fairness, respect, and responsibility.</td>
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<td>*Academic dishonesty includes any act that gives an unfair advantage or is damaging to the reputation or performance of the academic community.</td>
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<td>XVI. Such acts may include, but are not limited to:</td>
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<td>● Theft of or unauthorized access to an exam, answer key or other graded work from previous course offerings.</td>
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<td>● Copying answers, data, or other information (or allowing others to do so) during an examination, quiz, laboratory experiment, or any other academic exercise in which the student is not expressly permitted to work jointly with others.</td>
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<td>● Using any device, implement, or other form of study aid during an examination, quiz, laboratory experiment, or any other academic exercise without the faculty member's permission.</td>
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<td>● Submission or use of falsified data.</td>
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<td>● Using false statements to obtain additional time or other accommodation.</td>
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<td>● Unauthorized Collaboration / Collusion</td>
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- Misrepresenting facts (e.g., providing false information to postpone an exam, obtain an extended deadline for an assignment, or even gain an unearned financial benefit)
- Begging
- Multiple submissions—submitting essentially the same written assignment for two courses without authorization
- Any other acts (or attempted acts) that violate the basic standard of academic integrity
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<td><a href="mailto:JWhite@cccua.edu">JWhite@cccua.edu</a></td>
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</tr>
<tr>
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<tr>
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<tr>
<td>1-800-844-4471 Ext. 1470</td>
</tr>
<tr>
<td><a href="mailto:NEvans@cccua.edu">NEvans@cccua.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Erika Buenrostro</th>
</tr>
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<tbody>
<tr>
<td>Sevier County Campus</td>
</tr>
<tr>
<td>Office 128</td>
</tr>
<tr>
<td>1-800-844-4471 Ext. 1133</td>
</tr>
<tr>
<td><a href="mailto:EBuenrostro@cccua.edu">EBuenrostro@cccua.edu</a></td>
</tr>
</tbody>
</table>
Minimum Skills List

In a variety of settings, the student will demonstrate mastery (√ or +) in the PTA MACS evaluation tool of the skills Section I – Section IV outlined below:

Section I: Professional Behaviors (1-12 must be assessed each rotation)

1. Commitment to Learning
2. Interpersonal Skills
3. Communication Skills: Oral and Written
4. Effective Use of Time and Resources
5. Use of Constructive Feedback
6. Problem Solving
7. Professionalism
8. Responsibility
9. Critical Thinking
10. Stress Management
11. Safety
12. Healthcare Provider Education

Section II: Data Collection

13. Patient History and Chart Review
14. Tests and Measures
   14.1 Anthropometric Measurements for Edema
   14.2 Other Anthropometric Measures
   14.3 Arousal/Mentation/Cognition
   14.4 Assistive/Adaptive Devices
   14.5 Gait, Locomotion and Balance
   14.6 Integumentary Integrity
   14.7 Joint Integrity and Mobility
   14.8 Muscle Performance (must include 4 areas of the body)
   14.9 Neuromotor Function
   14.10 Range of Motion (must include 4 areas of the body)
   14.11 Self-care/Home Management
   14.12 Sensation/Pain Response
   14.13 Ventilation, Respiration and Circulation

Section III: Interventions

15. Plan of Care
   15.1 Implementation of POC
   15.2 Modification within POC
   15.3 Patient Related Instruction
15.4 Discharge Planning

16. Therapeutic Exercise
   16.1 Aerobic Conditioning (must complete 2 to obtain skill)
   16.2 Balance Activities (must complete 2 to obtain skill)
   16.3 Coordination Activities
   16.4 Breathing Exercises (must complete 2 to obtain skill)
   16.5 Inhibition/Facilitation
   16.6 Relaxation
   16.7 Manual Strengthening
   16.8 Mechanical Strengthening (must complete 4 to obtain skill)
   16.9 Motor Development Training
   16.10 Posture Awareness
   16.11 Range of Motion (must complete 2 to obtain skill)
   16.12 Stretching (must complete 2 to obtain skill)

17. Functional Testing
   17.1 Adaptive Devices
   17.2 Bed Mobility (must complete min, mod, & max to obtain skill)
   17.3 Body Mechanics
   17.4 Gait (must complete 3 to obtain skill)
   17.5 Tilt table
   17.6 Transfers (must complete min, mod, & max to obtain skill)
   17.7 Wheelchair mobility

18. Therapeutic Massage
19. Manual Therapy
20. Wound Management
21. Physical Agents
   21.3 Cryotherapy
   21.4 Electrotherapeutic Modalities (must complete 3 to obtain skill)
   21.5 Hydrotherapy
   21.6 Compression Therapies
   21.7 Superficial Thermal
   21.8 Deep Thermal (must complete Ultrasound to obtain skill)
   21.9 Traction

Section IV: Site Specific Skills

Students are required to select one site specific skill each rotation
MINIMUM REQUIRED SKILLS OF PHYSICAL THERAPIST ASSISTANT
GRADUATES AT ENTRY-LEVEL BOD G11-08-09-18 [Guideline]

Background
In August 2007, 30 member consultants convened in Alexandria, VA for a consensus conference. The primary purpose of the conference was to achieve agreement on the minimum required skills for every graduate from a physical therapist assistant program to be able to perform on patients/clients that include, but are not limited to, the skill set required by the National Physical Therapy Examination (NPTE) for physical therapist assistants (PTAs).

Assumptions that framed the boundaries for the discussion during this conference included:

1. A minimum set of required skills will be identified that every graduate from a physical therapist assistant program can competently perform in the clinical environment.

2. Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist assistant licensure examination; put differently, no skills on the physical therapist assistant licensure blueprint will be excluded from the minimum required skills.

3. To achieve consensus on the minimum required skills, 90% or more of the member consultants must be in agreement.

4. The minimum required skill of the physical therapist assistant will not exceed that described for the physical therapist.

5. Those aspects of patient/client management that are not part of the scope of work of the physical therapist assistant are not addressed in this conference, i.e. examination, evaluation, diagnosis, prognosis, development of plan of care, re-examination, development of discharge plan.
Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist assistant to perform on patients/clients in a competent and coordinated manner under the direction and supervision of the physical therapist. Skills considered essential for any physical therapist assistant graduate include those addressing all systems (ie, musculoskeletal, neurological, cardiovascular pulmonary, integumentary) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the Guide to Physical Therapist Practice. An asterisk (*) denotes a skill identified on the Physical Therapist Assistant (NPTE) Test Content Outline.

Given that agreement on this document was achieved by a small group of member consultants, the conference document was then disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document. The consensus-based draft document of Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level was placed on APTA’s website and stakeholder groups, including APTA Board of Directors, all physical therapist assistant academic program directors, PTA Academic Coordinators/Directors of Clinical Education, and PTA faculties, physical therapists and PTAs serving on CAPTE panels, component leaders, the PTA Caucus, Advisory Panel of PTAs, and a sampling of clinical educators were invited to vote. A modified Delphi was used on whether or not to include/exclude specific essential skills that every PTA graduate should be competent in performing on patients/clients under the direction and supervision of the physical therapist. A total of 494 responses were received and the results were tabulated and analyzed. Those skills that the 494 respondents voted to include with an aggregate score of 80% or higher were incorporated into the final draft document.
The final “vote” was provided in a report to the APTA Board of Directors in November 2008 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level as a core document to be made available to stakeholders, including PTA academic programs and their faculties, clinical education sites, students, employers and CAPTE. The final document that follows defines Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level.

<table>
<thead>
<tr>
<th>PTA Skill Category</th>
<th>Description of Minimum Skills for PTA</th>
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</thead>
</table>
| Plan of Care Review | 1. Read all physical therapy documentation, including initial examination and plan of care.  
   • Note indications, contraindications, precautions and safety considerations for the patient.  
   • Note goals and expected outcomes.  
   • Seek clarification from physical therapist, as needed. |
|                     | 2. Review information in the medical record at each visit, including:  
   • Monitor medical record for changes in medical status and/or medical procedures.  
   • Collect data on patient’s current condition, compare results to previously collected data and safety parameters established by the physical therapist, and determine if the safety parameters have been met.  
   • Seek clarification from appropriate health professions’ staff for unfamiliar or ambiguous information. |
|                     | 3. Identify when the directed interventions are either beyond the scope of work or personal scope of work of the PTA. |
|                     | 4. Communicate to the physical therapist when there are significant changes in the patient’s medical status, physician referral, or when the criticality and complexity of the patient is beyond the knowledge, skills, and abilities of the PTA. |
|                     | 5. Explain the rationale for selected interventions to achieve patient goals as identified in the plan of care. |
| Provision of Procedural Interventions | 1. Provide interventions compliant with federal and state licensing requirements, APTA standards documents (eg, Guide for Conduct for the PTA, Code of Ethics), and facility policies and procedures. |
   • Identify the need for and take action when safety of patient or self may be at risk or has been compromised.  
   • Utilize risk management strategies (eg, universal precautions, body mechanics). |
|                     | 3. Assure patient privacy, rights, and dignity.  
   • Follow HIPAA requirements and observe Patient Bill of Rights.  
   • Position/drape to protect patient modesty. |
<p>|                     | 4. Provide competent provision of physical therapy interventions, |</p>
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<thead>
<tr>
<th>PTA Skill Category</th>
<th>Description of Minimum Skills for PTA</th>
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<tbody>
<tr>
<td>adjustment of devices and equipment*</td>
<td>including:</td>
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<tr>
<td>• Airway clearance techniques</td>
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<tr>
<td>• Integumentary repair and protection techniques</td>
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<tr>
<td>• Electrotherapeutic modalities*</td>
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<tr>
<td>• Physical agents and mechanical modalities*</td>
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<tr>
<td>• Assessment of patient response</td>
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<tr>
<td>• Clinical problem solving</td>
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<tr>
<td>• Ability to modify techniques</td>
<td>Therapeutic exercise</td>
</tr>
<tr>
<td></td>
<td>A. Aerobic Capacity/Endurance Conditioning or Reconditioning</td>
</tr>
<tr>
<td></td>
<td>1. Increase workload over time</td>
</tr>
<tr>
<td></td>
<td>2. Movement efficiency and energy conservation training</td>
</tr>
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<td></td>
<td>3. Walking/wheelchair propulsion programs</td>
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<tr>
<td></td>
<td>B. Balance, coordination, and agility training</td>
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<tr>
<td></td>
<td>1. Developmental activities training</td>
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<tr>
<td></td>
<td>2. Neuromuscular education or reeducation</td>
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<tr>
<td></td>
<td>3. Postural awareness training</td>
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<td></td>
<td>4. Standardized, programmatic, complementary exercise approaches (protocols)</td>
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<tr>
<td></td>
<td>5. Task-Specific Performance Training (eg, transfer training, mobility exercises, functional reaching)</td>
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<td></td>
<td>C. Body mechanics and postural stabilization</td>
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<tr>
<td></td>
<td>1. Body mechanics training</td>
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<td></td>
<td>2. Postural stabilization activities</td>
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<td>3. Postural awareness training</td>
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<td>D. Flexibility exercises</td>
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<tr>
<td></td>
<td>1. Range of motion</td>
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<td>2. Stretching (eg, Passive, Active, Mechanical)</td>
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<tr>
<td></td>
<td>E. Gait and locomotion training</td>
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<tr>
<td></td>
<td>1. Developmental activities training</td>
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<tr>
<td></td>
<td>2. Gait training (with and without devices)</td>
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<td></td>
<td>3. Standardized, programmatic, complementary exercise approaches</td>
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<td></td>
<td>4. Wheelchair propulsion and safety</td>
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<td>F. Neuromotor development training</td>
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<td></td>
<td>1. Developmental activities training</td>
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<td>2. Movement pattern training</td>
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<tr>
<td></td>
<td>3. Neuromuscular education or reeducation</td>
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<td></td>
<td>G. Relaxation</td>
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<tr>
<td></td>
<td>1. Breathing strategies (with respect to delivery of an intervention)</td>
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<td></td>
<td>2. Relaxation techniques (with respect to delivery of an intervention)</td>
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<td></td>
<td>H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles</td>
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<td></td>
<td>1. Active assistive, active, and resistive exercises, including concentric, dynamic/isotonic, eccentric, isometric, diaphragmatic breathing, and low-level plyometrics (eg, kicking a ball, throwing a ball)</td>
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<tr>
<td></td>
<td>Functional training in self-care and home management</td>
</tr>
<tr>
<td></td>
<td>A. Activities of daily living (ADL) training</td>
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<tr>
<td></td>
<td>1. Bed mobility and transfer training</td>
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<td></td>
<td>2. Activity specific performance training</td>
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<td></td>
<td>B. Device and equipment use and training</td>
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<tr>
<td></td>
<td>1. Assistive and adaptive device or equipment training during ADL</td>
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<td></td>
<td>C. Injury Prevention or reduction</td>
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<tr>
<td>PTA Skill Category</td>
<td>Description of Minimum Skills for PTA</td>
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<tr>
<td></td>
<td>1. Injury prevention education during self-care and home management</td>
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<td>2. Injury prevention or reduction with use of devices and equipment</td>
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<tr>
<td></td>
<td>3. Safety awareness training during self-care and home management</td>
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<tr>
<td>Manual therapy techniques</td>
<td>A. Therapeutic Massage</td>
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<td></td>
<td>B. Soft Tissue mobilization</td>
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<td></td>
<td>C. Passive range of motion</td>
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<tr>
<td>Application and adjustment of devices and equipment</td>
<td>A. Adaptive devices</td>
</tr>
<tr>
<td></td>
<td>1. Hospital Beds</td>
</tr>
<tr>
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<td>2. Raised Toilet Seats</td>
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<tr>
<td></td>
<td>B. Assistive devices</td>
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<tr>
<td></td>
<td>1. Canes</td>
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<td>2. Crutches</td>
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<td>3. Long-handled reachers</td>
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<td>4. Walkers</td>
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<td>5. Wheelchairs</td>
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<td>C. Orthotic and prosthetic devices</td>
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<tr>
<td></td>
<td>1. Braces</td>
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<td>D. Protective devices</td>
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<tr>
<td></td>
<td>1. Braces</td>
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<td>E. Supportive devices, such as:</td>
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<tr>
<td></td>
<td>1. Compression garments</td>
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<td></td>
<td>2. Elastic wraps</td>
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<td>3. Soft neck collars</td>
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<td></td>
<td>4. Slings</td>
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<tr>
<td></td>
<td>5. Supplemental oxygen</td>
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<tr>
<td>Breathing strategies/oxygenation</td>
<td>1. Identify patient in respiratory distress</td>
</tr>
<tr>
<td></td>
<td>2. Reposition patient to improve respiratory function</td>
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<tr>
<td></td>
<td>3. Instruct patient in a variety of breathing techniques (pursed lip breathing, paced breathing, etc.)</td>
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<td>4. Administration of prescribed oxygen during interventions.</td>
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<tr>
<td>Integumentary protection</td>
<td>1. Recognize interruptions in integumentary integrity</td>
</tr>
<tr>
<td></td>
<td>2. Repositioning</td>
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<tr>
<td></td>
<td>3. Patient education</td>
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<td>4. Edema management</td>
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<tr>
<td>Electrotherapeutic modalities, such as:</td>
<td>1. Electrotherapeutic delivery of medications</td>
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<td></td>
<td>2. Electrical muscle stimulation</td>
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<td>3. Electrical stimulation for tissue repair</td>
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<td>4. Functional electrical stimulation</td>
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<td>5. High-voltage pulsed current</td>
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<tr>
<td>PTA Skill Category</td>
<td>Description of Minimum Skills for PTA</td>
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<tr>
<td>6. Neuromuscular electrical stimulation</td>
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<td>7. Transcutaneous electrical nerve stimulation</td>
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<tr>
<td>Physical agents</td>
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<tr>
<td>1. Cryotherapy (eg, cold pack, ice massage, vapocoolant spray, hydrotherapy)</td>
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<td>2. Ultrasound</td>
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<tr>
<td>3. Thermotherapy (eg, dry heat, hot packs, paraffin baths, hydrotherapy)</td>
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<tr>
<td>Mechanical modalities</td>
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<tr>
<td>1. Compression therapies</td>
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<td>2. Mechanical motion devices</td>
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<td>3. Traction devices</td>
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<tr>
<td>5. Determine patient’s response to the intervention:</td>
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<tr>
<td>A. Interview patient and accurately interpret verbal and nonverbal responses</td>
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<tr>
<td>B. Identify secondary effects or complications caused by the intervention</td>
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<td>C. Determine outcome of intervention (positive or negative), including data collection and functional measures</td>
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<tr>
<td>6. Use clinical problem solving skills in patient care.</td>
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</tr>
<tr>
<td>A. Determine if patient is safe and comfortable with the intervention, and, if not, determine appropriate modifications</td>
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<tr>
<td>B. Compare results of intervention to previously collected data and determine if there is progress toward the expectations established by the PT or if the expectations have been met</td>
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<td>C. Determine if modifications to the interventions are needed to improve patient response</td>
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<tr>
<td>7. Modify interventions to improve patient response.</td>
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<tr>
<td>A. Determine modifications that can be made to the intervention within the plan of care</td>
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<tr>
<td>B. Communicate with physical therapist when modifications are outside scope of work or personal scope of work of PTA</td>
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<tr>
<td>C. Select and implement modification</td>
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<td>D. Determine patient outcomes from the modification</td>
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</table>

**Patient Instruction**
- Application of principles of learning
- Use of variety of teaching strategies
- Methods to enhance compliance

<table>
<thead>
<tr>
<th>Description of Minimum Skills for PTA</th>
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<tbody>
<tr>
<td>1. Apply principles of learning using a variety of teaching strategies during patient instruction.</td>
</tr>
<tr>
<td>2. Provide clear instructions (eg, verbal, visual).</td>
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<tr>
<td>3. Apply methods to enhance compliance (eg, handouts, reporting forms).</td>
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<tr>
<td>PTA Skill Category</td>
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<tr>
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<tr>
<td>• Clarity in instructions</td>
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<tr>
<td>• Assessment of patient response</td>
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**Patient Progression**
- Competent patient progression
- Communication of pertinent information
- Relationship of psychosocial factors to progress
- Clinical problem solving

1. Implement competent patient progression.
   A. Identify the need to progress via data collection.
   B. Determine what progression can be made within the plan of care.
   C. Identify possible progressions that will continue to advance patient response.
   D. Select and implement the progression of the intervention.
   E. Determine outcomes of the intervention.

2. Communicate pertinent information.
   A. Identify changes in patient response due to intervention.
   B. Describe adjustments to intervention within plan of care.
   C. Describe response to change in intervention.

3. Recognize when other variables (psychological, social, cultural, etc.) appear to be affecting the patient’s progression with the intervention.

4. Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.

**Data Collection**
- Competent data collection
- Interview skills
- Accurate and timely
- Clinical problem solving
- Ability to modify techniques
- Documentation and communication

1. Provide accurate, reproducible, safe, valid, and timely collection and documentation of data to measure the patient’s medical status and/or progress within the intervention as indicated in the following categories:

   **Anthropometric characteristics**
   1. Measure body dimensions (eg, height, weight, girth, limb length).

   **Arousal, attention, and cognition**
   1. Determine level of orientation to situation, time, place, and person.
   2. Determine patient’s ability to process commands.
   3. Determine level of arousal (lethargic, alert, agitated).
   4. Test patient’s recall ability (eg, short term and long term memory).

   **Assistive and adaptive devices**
   1. Measure for assistive or adaptive devices and equipment.
   2. Determine components, alignments and fit of device and equipment.
   3. Determine patient’s safety while using the device.
   4. Monitor patient’s response to the use of the
<table>
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<tbody>
<tr>
<td></td>
<td>device.</td>
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<td>5. Check patient or caregiver’s ability to care for device and equipment (maintenance, adjustment, cleaning).</td>
</tr>
</tbody>
</table>

**Body mechanics**
1. Determine patient’s ability to use proper body mechanics during functional activity.

**Environmental barriers, self-care, and home management**
1. Identify potential safety barriers.
2. Identify potential environmental barriers.
3. Identify potential physical barriers.
4. Determine ability to perform bed mobility and transfers safely in the context of self-care home management.

**Gait, locomotion, and balance**
1. Determine patient’s safety while engaged in gait, locomotion, balance, and mobility.
2. Measure patient’s progress with gait, locomotion, balance, and mobility, including use of standard tests.
3. Describes gait deviations and their effect on gait and locomotion.

**Integumentary integrity**
1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin.
2. Identify devices and equipment that may produce or relieve trauma to the skin.
3. Observe and describe skin characteristics (eg, blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor).
4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc.
5. Test for skin sensation and describe absent or altered sensation.

**Muscle function**
1. Perform manual muscle testing.
2. Observe the presence or absence of muscle mass.
3. Describe changes in muscle tone.

**Neuromotor function**
1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone.
2. Identify performance of gross and fine motor skills.
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<tr>
<th>PTA Skill Category</th>
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</table>
| **Orthotic and prosthetic devices and equipment** | 1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.  
2. Determine effectiveness of components (Is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional activities.  
3. Determine patient/caregiver’s ability to don/doff orthotic, device, brace, and/or splint.  
4. Determine patient/caregiver’s ability to care for orthotic device, brace, or splint (e.g., maintenance, adjustments, and cleaning).  |
| **Pain**                | 1. Define location and intensity of pain.                                                                                                                                                                                              |
| **Posture**             | 1. Determine postural alignment and position (static and dynamic, symmetry, deviation from midline).                                                                                                                                     |
| **Range of motion**     | 1. Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure).  
2. Describe functional range of motion.                                                                                                                                 |
| **Sensory response**    | 1. Perform tests of superficial sensation (coarse touch, light touch, cold, heat, pain, pressure, and/or vibration).  
2. Check peripheral nerve integrity (sensation, strength).                                                                                                                                 |
| **Vital Signs**         | 1. Monitor and determine cardiovascular function. (e.g., peripheral pulses, blood pressure, heart rate)  
2. Monitor and determine physiological responses to position change (e.g., orthostatic hypotension, skin color, blood pressure, and heart rate).  
3. Monitor and determine respiratory status (e.g., pulse oximetry, rate, and rhythm, pattern).  
2. Provide timely communication to the physical therapist regarding findings of data collection techniques.  
3. Recognize when intervention should not be provided or should be modified due to change in patient status. |
<p>| <strong>Documentation</strong>       | 1. Document in writing/electronically patient care using language that is accurate, complete, legible, timely, and consistent with |</p>
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<thead>
<tr>
<th>PTA Skill Category</th>
<th>Description of Minimum Skills for PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accuracy</td>
<td>institutional, legal, and billing requirements.</td>
</tr>
<tr>
<td>• Ability to adapt</td>
<td>2. Use appropriate grammar, syntax, and punctuation in communication.</td>
</tr>
<tr>
<td></td>
<td>3. Use appropriate terminology and institutionally approved abbreviations.</td>
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<tr>
<td></td>
<td>4. Use an organized and logical framework to document care.</td>
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<td></td>
<td>5. Identify and communicate with the physical therapist when further documentation is required.</td>
</tr>
<tr>
<td>Safety, CPR, and Emergency Procedures</td>
<td>1. Ensure safety of self and others in the provision of care in all situations.</td>
</tr>
<tr>
<td>• Safety</td>
<td>2. Initiate and/or participate in emergency life support procedures (simulated or actual).</td>
</tr>
<tr>
<td>• Initiate emergency response system</td>
<td>3. Initiate and/or participate in emergency response system (simulated or actual).</td>
</tr>
<tr>
<td>• CPR</td>
<td>4. Maintain competency in CPR.</td>
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<tr>
<td></td>
<td>5. Prepare and maintain a safe working environment for performing interventions (e.g. clear walkways, equipment checks, etc.).</td>
</tr>
<tr>
<td>Healthcare Literature</td>
<td>1. Reads and understands the healthcare literature.</td>
</tr>
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</tbody>
</table>
| **Education**      | 1. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience.  
2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA. |
| **Resource Management** | 1. Follow legal and ethical requirements for direction and supervision of other support personnel.  
2. Select appropriate non-patient care activities to be directed to support personnel.  
3. Identify and eliminate obstacles to completing patient related duties.  
4. Demonstrate efficient time management.  
5. Provide accurate and timely information for billing and reimbursement purposes.  
6. Adhere to legal/ethical requirements, including billing.  
7. Maintain and use physical therapy equipment effectively. |
| **Behavioral Expectations:** | **Accountability**  
1. Adhere to federal and state legal practice standards and institutional regulations related to patient care and fiscal management.  
2. Act in a manner consistent with the *Standards of Ethical Conduct for the Physical Therapist Assistant* and *Guide for Conduct of the Physical Therapist Assistant*.  
3. Change behavior in response to understanding the consequences (positive and negative) of the physical therapist assistant’s actions.  
**Altruism**  
1. Place the patient’s/client’s needs above the physical therapist assistant’s self-interests.  
**Compassion and caring**  
1. Exhibit compassion, caring, and empathy in providing services to patients; promote active involvement of the patient in his or her care.  
**Cultural competence**  
1. Identify, respect, and act with consideration for the patient’s a. Accountability  
   b. Altruism  
   c. Compassion and Caring  
   d. Cultural Competence  
   e. Duty  
   f. Integrity  
   g. Social Responsibility |
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<tr>
<td><strong>Duty</strong></td>
<td>describe and respect the physical therapists’ and other team members’ expertise, background, knowledge, and values.</td>
</tr>
<tr>
<td></td>
<td>demonstrate reliability in meeting normal job responsibilities (e.g., attendance, punctuality, following direction).</td>
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<tr>
<td></td>
<td>preserve the safety, security, privacy, and confidentiality of individuals.</td>
</tr>
<tr>
<td></td>
<td>recognize and report when signs of abuse/neglect are present.</td>
</tr>
<tr>
<td></td>
<td>actively promote physical therapy.</td>
</tr>
<tr>
<td><strong>Integrity</strong></td>
<td>demonstrate integrity in all interactions.</td>
</tr>
<tr>
<td></td>
<td>maintain professional relationships with all persons.</td>
</tr>
<tr>
<td><strong>Social Responsibility</strong></td>
<td>analyze work performance and behaviors and seek assistance for improvement as needed.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>develop rapport with patients/clients and others to promote confidence.</td>
</tr>
<tr>
<td></td>
<td>actively listen and display sensitivity to the needs of others.</td>
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<td></td>
<td>ask questions in a manner that elicits needed responses.</td>
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<tr>
<td></td>
<td>modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others.</td>
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<tr>
<td></td>
<td>demonstrate congruence between verbal and non-verbal messages.</td>
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<tr>
<td></td>
<td>recognize when communication with the physical therapist is indicated.</td>
</tr>
<tr>
<td></td>
<td>initiate and complete verbal and written communication with the physical therapist in a timely manner.</td>
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<tr>
<td></td>
<td>ensure ongoing communication with the physical therapist for optimal patient care.</td>
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<tr>
<td></td>
<td>recognize role and participate appropriately in communicating patient status and progress within the health care team.</td>
</tr>
<tr>
<td><strong>Conflict Management/Negotiation</strong></td>
<td></td>
</tr>
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<td>------------------------------------------</td>
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</tr>
<tr>
<td>1. Recognize potential for conflict.</td>
<td>2. Implement strategies to prevent and/or resolve conflict.</td>
</tr>
<tr>
<td>3. Seek resources to resolve conflict when necessary.</td>
<td></td>
</tr>
<tr>
<td><strong>Promotion of Health, Wellness, and Prevention</strong></td>
<td>1. Demonstrate health promoting behaviors.</td>
</tr>
<tr>
<td>2. Recognize opportunities to educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physical therapist.</td>
<td></td>
</tr>
<tr>
<td>3. Educate the public or patients about issues of health, wellness, and prevention (eg, benefits of exercise, prevention of falls, etc.).</td>
<td></td>
</tr>
<tr>
<td>4. Recognize patient indicators of willingness to change health behaviors and communicate to the physical therapist.</td>
<td></td>
</tr>
<tr>
<td><strong>Career Development</strong></td>
<td>1. Engage in self-assessment.</td>
</tr>
<tr>
<td>2. Identify individual learning needs to enhance role in the profession.</td>
<td></td>
</tr>
<tr>
<td>3. Identify and obtain resources to increase knowledge and skill.</td>
<td></td>
</tr>
<tr>
<td>4. Engage in learning activities (eg, clinical experience, mentoring, skill development).</td>
<td></td>
</tr>
<tr>
<td>5. Incorporate new knowledge and skill into clinical performance.</td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Vision 2020:

(Academic/Clinical Education Affairs Department, ext 3203)

[Document updated: 12/14/2009]

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.