



Mid Michigan
Community College

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Student Physical Therapist Assistant (SPTA)

Handbook 2017-2018



NOTE: All policies and procedures as stated in this handbook are subject to change at any time at the discretion of the college with due notice to the student. Supplement to Mid Michigan Community College (MMCC) college catalog.

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I. INTRODUCTION

This SPTA Handbook has been prepared to assist students who are enrolled in the Physical Therapist Assistant (PTA) program at Mid Michigan Community College (MMCC). This PTA program affords the student the opportunity to apply for PTA licensure upon successful completion. The handbook is to assist you, the student, with information necessary in your role as a SPTA and assist you in your learning experiences. Understanding the curriculum, policies, philosophy, goals and outcomes of the program will further assist you in the successful completion of the PTA program. **It is the responsibility of students to know and follow the guidelines in this handbook. Students are also responsible for information pertinent to the PTA program found in the MMCC College Catalog and on the MMCC website at www.midmich.edu.**

We believe PTA education is a dynamic leveled teaching/learning process. All members of the PTA Department, along with program participants are expected to conduct themselves in a manner that does not infringe upon the rights of others and supports the goals of the College and this program. Mid Michigan Community College maintains a zero tolerance for acts of discrimination, harassment, and sexual misconduct. The College does not discriminate on the basis of sex and will not treat any student differently on the basis of sex with respect to any rule concerning a student's actual or potential parental, family, or marital status in our educational programs or activities. (Copies of MMCC's full Non-Discrimination Policy can be found at <https://www.midmich.edu/student-resources/support-for-success/oso/non-discrimination> and MMCC's Campus Sexual Misconduct and Harassment Policy can be visited at www.midmich.edu/titleix.)

II. PTA PROGRAM ORGANIZATIONAL CHART

Administrative Staff and Faculty		
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III. PTA PROGRAM'S MISSION, PHILOSOPHY, GOALS, AND OBJECTIVES

1. Mission

The PTA Program at Mid Michigan Community College will develop the essential student knowledge, skills, values and attitudes necessary to provide compassionate, quality physical therapy care. After demonstrating competence in didactic and lab skills, students will practice in a clinical setting under the direction of a physical therapist (PT) or a PTA with supervision of a PT and strive to be competent members of the health care team. Graduates will continue to seek continuing education and community service opportunities for professional and personal growth.

2. Philosophy

Physical therapy patients present with challenging disabilities or conditions. Finding motivation to overcome or at least minimize those challenges is essential. 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, professional behavior, continuing education, and above all, compassionate care.

The Program utilizes local clinics to reinforce the classroom and lab experiences. The PTA Program is, in essence, fulfilling the College's Vision of connecting and partnering with the community. The Program

aligns with the College's Philosophy by focusing on individual needs and advancing careers in an affordable manner.

3. Goals

1. MMCC's PTA Program will prepare competent, entry-level graduates who will work under the direction of a physical therapist and be employed as physical therapist assistants in the community.
2. MMCC's PTA Program's academic and clinical faculty will provide students with learning experiences which reflect best physical therapy practices.
3. MMCC's PTA Program will provide above average classroom and lab equipment to facilitate knowledge and skills.
4. The PTA Program's graduates will seek continuing education, professional development activities and lifelong learning opportunities to broaden their professional expertise to better serve the health care needs of the community.

These goals align with the PTA Program mission of developing knowledge, skills, and attitudes in students so they achieve/exceed expected competency levels.

The PTA Mission Statement also adds the expectation that students become sensitive to and support community needs. The PTA Program, like MMCC as a whole, has "dedication and commitment to student requirements and related community services." Both MMCC and the PTA Program strive toward "discovering and developing talents of people.....to advance careers and enrich lives of all students."

4. Objectives for Goals 1-4

Objectives for Goal #1

- A. 90% of the PTA graduates will pass the National Physical Therapy Examination (NPTE) overall, averaged over two years.
- B. 85% of the PTA graduates will receive an above average rating from employer surveys.
- C. Of those seeking employment, 90% of graduates will be employed within one year of passing the NPTE, averaged over two years.

Objectives for Goal #2

- A. All clinical education faculty will be rated at above average or higher for providing students with a learning experience that reflects best physical therapy practices 60% of the time.
- B. All academic faculty will be rated at above average or higher for providing students with a learning experience that reflects best physical therapy practices 60% of the time.
- C. Clinical education faculty will rate students above average or higher as academically prepared with practices that best reflect physical therapy practices 60% of the time.
- D. All clinical education faculty will have participated in at least one professional development, continuing education or community activity within the past two years.
- E. All academic faculty will have participated in at least one professional development, continuing education or community activity within the past year.

Objectives for Goal #3

- A. Students will rate the PTA Program's classroom and lab equipment as above average or higher 60% of the time.
- B. Program faculty will rate the classroom and lab equipment as above average or higher 60% of the time.
- C. Clinical education faculty will rate the student's ability and knowledge to use facility equipment as above average or higher 60% of the time.

Objectives for Goal #4

- A. 90% of graduates will plan on lifelong learning, professional development and/or health care community service opportunities.
- B. 50% of graduates will have participated in lifelong learning, professional development and/or health care community service within one year of graduation.

IV. ACCREDITATION

The Physical Therapist Assistant Program at Mid Michigan Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) 1111 North Fairfax Street, Alexandria, VA 22314; phone - (703) 706-3245; e-mail: accreditation@apta.org; <http://www.capteonline.org>.

V. ADMISSION CRITERIA

All students interested in the Physical Therapist Assistant (PTA) Program must have:

1. Prerequisite requirements

The following courses must each be passed with a grade of “B-“ (2.7) or higher and may be repeated only once, including withdrawals: BIO 138 (or BIO 141 and 142), ALH 100, ENG 111, SPE 101 or SPE 257, and PTA 101.

BIO 138 (or BIO 141 and 142) must be taken within five years of beginning the PTA Courses.

Students who have taken BIO 135 prior to Fall 2016 will satisfy the Anatomy & Physiology requirements if taken within five years of application with a minimum grade of B-.

- A. Students must have already completed or be actively enrolled in the prerequisite courses when applying.
- B. The deadline for Admissions Applications is March 1st. Late applications or supporting documents will NOT be accepted.
- C. Students must have viewed the PTA Information Meeting and take the on-line Quiz:
The student is required to view the Information Meeting online at www.midmich.edu/pta and take the quiz at the end.
- D. Other Program Requirements:
All other required courses may be taken prior to or during the PTA course sequence, and each course must be passed with a cumulative GPA of a “B-” (2.7) or higher with a minimum grade of “C” in each course. These courses are listed in the PTA Program Guide.
- E. Final acceptance into the PTA Program is pending until the student presents a clear criminal background check with fingerprinting and drug screen. The cost is incurred by the student.
 - a. Students may be required to complete additional criminal background checks with fingerprinting throughout the program. Students will be responsible for covering the cost of this.
 - b. Random drug screening may be required throughout the program. Students will be responsible for covering the cost of this.
 - c. Students with a felony conviction and certain misdemeanors may not be accepted into the PTA program
 - d. Students may be dismissed during the program if felony or certain misdemeanors are found during the students education.

2. The Selection Process

18 students will be admitted each academic year following the Selective Admissions Process. More information about this process is available on our website at www.midmich.edu/pta. Under Quick Links, click on Application & Selection.

VI. GRADUATION REQUIREMENTS

Graduation requirements for certificate or associate degrees in limited seat programs are based on the regulations and requirements printed in the MMCC catalog in effect **at the time the student is officially accepted** into the program of study and is in effect for two years from that date.

1. Required Course Sequencing

Fall Semester: PTA 105: Modalities I 1 credit PTA 106: Modalities I Lab 2 credits PTA 110: Therapeutic Exercise 1 credit PTA 111: Therapeutic Exercise Lab 2 credits PTA 115: Clinical Kinesiology 1.5 credits PTA 116: Clinical Kinesiology Lab 1 credit Total: 8.5 credits	Winter Semester: PTA 125: Measurement Techniques 1 credit PTA 126: Measurement Techniques Lab 2 credits PTA 130: Advanced Therapeutic Exercise 2 credits PTA 131: Advanced Therapeutic Exercise Lab 2 credits PTA 140: Clinic I 4 credits Total: 11 credits
Fall Semester: PTA 205: Modalities II 2 credits PTA 206: Modalities II Lab 1.5 credits PTA 207: Rehabilitation Techniques 2 credits PTA 208: Rehabilitation Techniques Lab 2 credits Total: 7.5 credits	Winter Semester: PTA 210: Clinical Forum 3 credits PTA 240: Clinic II 12 credits Total: 15 credits

VII. ESSENTIAL FUNCTIONS OF A PTA STUDENT

The student will:

1. Clearly and effectively communicate (verbally and in writing) with multiple stakeholders including patients, families, physical therapists, physicians, and other healthcare professionals, etc.
2. Demonstrate ability to maintain positive interpersonal relationships with classmates, faculty, clinical educators and the staff and healthcare professionals during clinical education.
3. Safely lift/push/pull an excess of fifty (50) pounds.
4. Independently work and set priorities in the following potential situations:
 - a. Multiple tasks simultaneously
 - b. Adapt to schedule changes, patient demands and fluctuating workloads
 - c. Moderate noise
 - d. High concentration and focus
 - e. Stressful interactions
5. Perform interventions and patient care in accordance with the plan of care developed by the physical therapist.
 - a. Ability to wear and tolerate personal protective equipment (PPE) as required and potential contact with bodily fluids.
 - b. Demonstrate dexterity in bilateral upper and lower extremities including handling of patient limbs, writing, reaching, grasping, standing, walking, squatting and kneeling.
 - c. Demonstrate dexterity and tolerance to positional transitions including supine, prone and sidelying from treatment tables and the floor.
 - d. Ability to have close contact with patients which involves physical contact.
6. Demonstrate adequate vision to perceive peripheral field and depth, to read, to use computer and to perform close-up work.
7. Demonstrate adequate hearing and speech to clearly communicate, with individuals and within groups, when in person, using the telephone and through electronic media.
8. Abide by legal and ethical professional standards.
9. Maintain confidentiality and other privacy requirements.
10. Regularly attend class and clinical education.

VIII. PTA STUDENT BEHAVIOR RESPONSIBILITIES

1. Student Responsibilities

Students are bound by all policies of Mid Michigan Community College and should familiarize themselves with these through reading the catalog.

Students are expected to be adequately prepared for each class session. It is reasonable to expect *at least* two hours of outside study for every hour spent in the classroom. Students are expected to prepare for each class session by reading assigned chapters and following through with instructions in the Moodle course shell.

Students are expected to assist in maintaining a classroom environment that is conducive to learning. Therefore, free discussion, inquiry, and expression are encouraged. Behavior that interferes with the instructor's ability to conduct the class or the ability of students to benefit from that instruction is not acceptable.

Students are expected to treat the PTA Skills Lab as if it is a genuine physical therapy setting. Students are to display professional behavior while in the lab, respect equipment by handling each piece with care, and cleaning up after themselves at the end of class sessions. The PTA Program is comprehensive and progressive; thus, students are required to maintain proficiency of all content and competencies throughout the PTA Program.

Students are expected to stay home if ill, especially with a contagious disease process, it is their responsibility to stay home from class to avoid the potential of passing this to other students and the instructor(s).

2. Office Hours

Office hours are provided for students to have interactions with their instructors for questions, concerns, or further instruction. Please refer to each individual syllabi for instructor preferences.

3. Open Lab

Open lab times will be scheduled each semester and will be posted. Students should plan to utilize this time to further develop and practice expected skills and interventions. At least one instructor will be present during open lab times to answer questions and perform competencies as able.

4. Classroom Behavior

Students are expected to follow the following classroom rules:

1. Cell phones only for class content.
2. Courtesy and mutual respect is required. If the instructor or another classmate is talking, please listen to them. Please save your private comments and conversations for outside of class.
3. Devices are permitted in class for class content only. Surfing the web is not permitted unless directed to do so by the instructor.
4. Please refrain from leaving the class unless absolutely necessary – you may miss vital information.
5. Please ask questions. If you are uncomfortable asking aloud, please write it down, and questions will be taken at the end of class.
6. This is a simulated patient environment, so please treat it as such.
7. The College's and the PTA Program's policies for inappropriate student conduct and disciplinary action will apply to the classroom.

5. Safety Procedures in the PTA Skills Lab

1. A PTA Instructor must be present at all times during the lab practice. Students will not be allowed to initiate treatment procedures until the instructor is present.

2. Students will follow protocols for all treatments and procedures.
3. Students and instructors will conduct themselves according to safe, ethical and professional standards.
4. Students will pass all critical safety element(s), and the remaining elements must be passed with an 80% during lab practicals.
5. Instructors and students will check equipment for function before using it.
6. Students will report equipment malfunctions to the instructor and place a tag on the equipment indicating malfunction.
7. Students and instructors will follow the appropriate emergency procedures during drills and authentic emergencies.
8. Students will practice treatment techniques and assessments on fellow students. It is expected that students will cooperatively participate as subjects or patient simulators and exhibit conduct which is safe, ethical and professional.
9. During open lab sessions at MMCC, students are expected to follow all safety procedures in the lab and must have a faculty member/instructor present at all times.

6. Inappropriate Student Conduct and Disciplinary Action

The following is a list of inappropriate student behavior which may result in disciplinary action:

1. Inconsiderate treatment of patients, visitors, family, faculty, students, or clinical education site employees
2. Unexcused absences
3. Lack of preparation for classroom, lab or clinical assignments at starting time
4. Violation of safety rules and regulations
5. Unauthorized arrival or departure from clinical area
6. Threatening, coercing or assaulting other patients, visitors, family, faculty, students, or clinical education site employees
7. Individual acceptance of gratuities
8. Inappropriate dress or appearance based upon College, Program or Clinical Policies
9. Smoking in restricted areas
10. Insubordination and refusal to obey orders, policies or procedures
11. Sleeping during scheduled clinical hours
12. Obtaining, possessing, selling or using illegal substances or alcohol on College or Clinic property or reporting to class/lab/clinic under the influence of these substances
13. Theft, abuse, misuse, or destruction of property or equipment of any patients, visitors, family, faculty, students, or clinical education site employees
14. Disclosing confidential information about patients, visitors, family, faculty, students, or clinical education site employees without proper authorization
15. Immoral, indecent, or unethical conduct on College or clinic premises
16. Possession of weapons (guns, knives, etc.) on College or clinic grounds
17. Removal of patient, student, or official clinic/College record without proper authorization
18. Lack of compliance with the Standards of Ethical Conduct for the Physical Therapist Assistant (see Appendix A)

These offenses are cumulative throughout all semesters in the PTA Program and may result in permanent discharge. MMCC due process procedures will be followed. Refer to the College Catalog for due process information.

7. Dress Code

Students are required to have appropriate lab clothes (shorts, tank tops, etc.) for the content area covered in lab each day. For clinical education experiences, students are also expected to dress appropriately. Below are examples:

1. **TOPS:** Loose fitting professional tops with sleeves and preferably a collar. Sweaters are acceptable.
2. **SLACKS:**
 - a. Professional – No pocket cargo-style slacks
 - b. Colors: Khaki, Navy, Tan, Stone, Grey, Black
3. **LAB JACKET/BLAZER:** Some clinics require
4. **SHOES:** Brown or Black comfortable walking shoes
 - a. Clean and in good repair; some clinics will allow athletic shoes
5. **PICTURE I.D.:** MMCC badge from Registration Desk at the Center for Student Services
6. **PEN/POCKET NOTEBOOK**
7. **GROOMING:**
 - a. Modest makeup and hairstyles – no dread locks
 - b. Fingernails clean and cut short. **No** nail polish and **absolutely no artificial nails** at clinic.
 - c. Clean shaven face preferred, short-trimmed beard may be acceptable at some clinics
 - d. Due to client allergies, perfume and aftershave must be limited. Use light scented deodorant. Absence of body odor is essential.
8. **BODY DECORATIONS:**
 - a. Jewelry: small earrings, wedding bands, and short necklaces are allowed in most clinics
 - b. **Absolutely no facial jewelry, belly or tongue rings.**
 - c. Tattoos must be completely covered

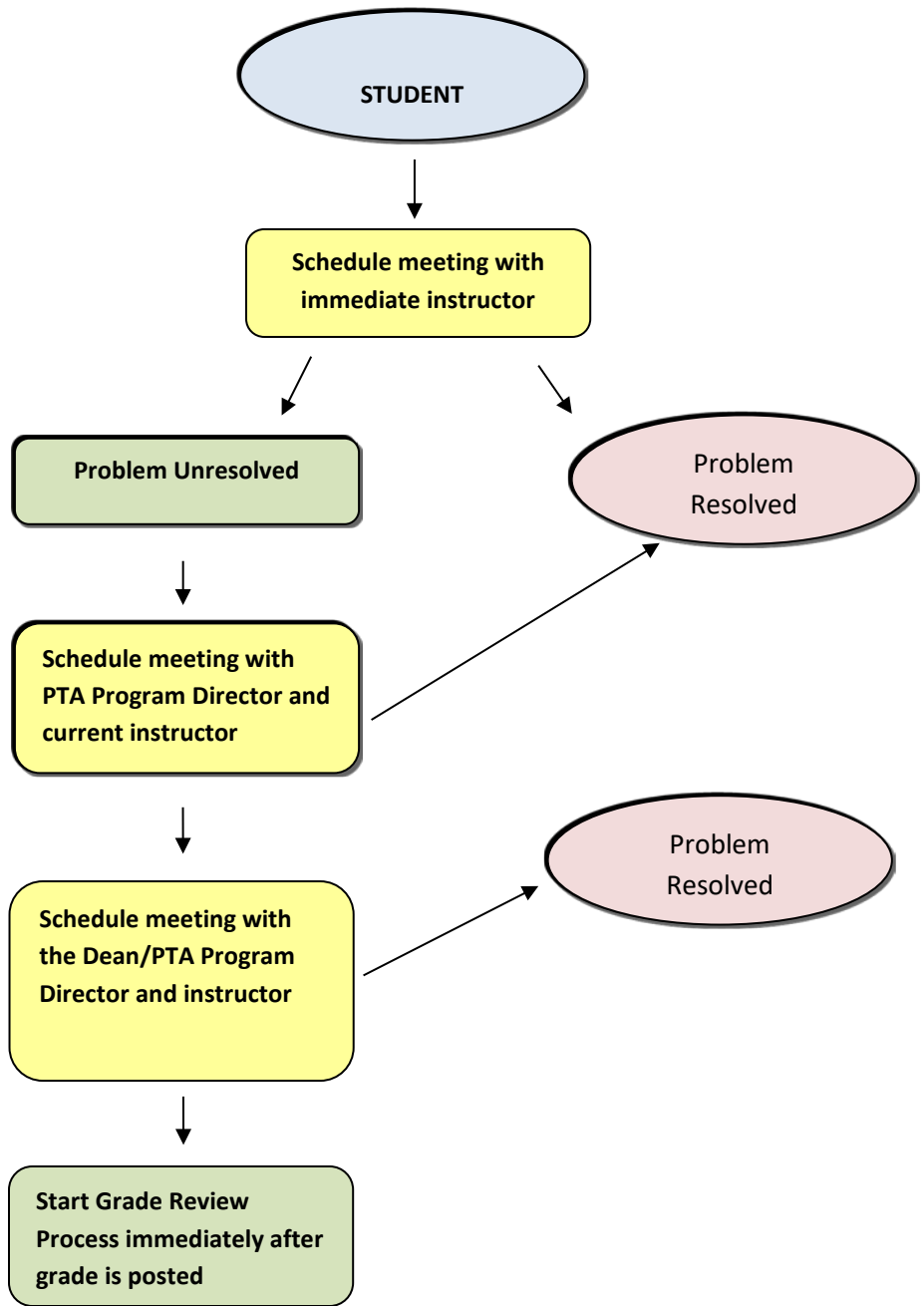
TAKE THE PROFESSIONAL/MODESTY TEST PRIOR TO LEAVING THE HOUSE.

1. **Lift arms straight overhead.** If any skin shows around the trunk, your shirt is too short.
2. **Bend over in front of a mirror and gaze at yourself.** If any part of your chest is showing, your shirt is too low cut.
3. **Squat down to the floor.** Reach around to your back and feel above your waist band, if any underwear or skin is showing, your pants are too low cut.

CLINICS HAVE THE RIGHT TO SEND STUDENTS HOME TO CHANGE CLOTHES FOR IMPROPER ATTIRE, AND YOU WILL HAVE TO MAKE UP THE TIME AT THE CLINIC.

IX. CONFLICT RESOLUTION:

In professional conflict resolution, it is important to follow a specific course of action and begin with the person with whom you have the conflict.



CLASSROOM:

Step 1: Schedule a meeting with instructor

Step 2: Schedule Meeting with PTA Program Director: come prepared with written and signed concerns*

CLINICAL SETTING:

Step 1: Schedule a meeting with Clinic Instructor

Step 2: Schedule meeting with Academic Coordinator of Clinical Education

Step 3: Schedule meeting with Dean/PTA Program Director: come prepared with written and signed concerns*

*Another step may be added to include a meeting with the Dean/PTA Program Director and faculty member.

X. GRADING FOR PTA PROGRAM

1. Grading Policies

- a. Students must take the PTA courses in sequence.
- b. Each PTA course must be passed with a B- (2.7) or above to continue in the PTA Program.
- c. Critical safety elements with an asterisk (*) must be passed individually. If not, the competency/lab practical must be retaken. The other remaining items must be passed with an 80% or the lab practical must be retaken. Students have two opportunities to pass each lab practical. If a student fails a lab practical the **first** attempt but passes the **second** attempt, they will be awarded an 80% for that lab practical grade. The final grade for every lab course must be a B- (2.7) or above to continue in the program.
- d. Competencies will be graded pass/fail based upon each rubric. All competencies must be passed in order to pass the course and advance to the next semester.
- e. Students must pass all PTA courses with a B- or above before attending clinical education. PTA 125/126/130/131 must be passed in the second semester prior to students attending the clinical experience portion of PTA 140 (Clinic I).
- f. If students fail a **third** attempt competency and/or **second** attempt practical, they will receive an F in that course.
- g. If you withdraw or are dismissed from one PTA Program course, you are required to withdraw from the remaining co-requisite courses.

2. Grading Scale

Percent	Grade
95 -100	A
90-94	A-
87-89	B+
84-86	B
80-83	B-
77-79	C+
74-76	C
70-73	C-
67-69	D+
64-66	D
60-63	D-
59 & below	F

NOTE: a B- is required to pass all PTA courses.

XI. PTA PROGRAM POLICIES

1. Professional Behavior, Attendance, and Promptness

There are 25 points for professional behavior, attendance and promptness provided at the beginning of the course. If a student is late or absent, it is their responsibility to call/email the instructor to report the absence or tardiness, and it is the student's responsibility to refer to the syllabi and/or Moodle for assignments/class material(s) and complete their work by the due date. Three (3) points will be deducted for an absence episode without telephone call/email to the instructor; two (2) points will be deducted for an absence episode with telephone call/email, and one (1) point will be deducted for a tardy beyond 10 minutes of class start time. Two (2) points will be deducted for a student leaving early without an approved excuse and one (1) point for a student leaving early with an approved excuse. All students must abide by the Values-Based Behaviors for the Physical Therapist Assistant and the APTA Standards of Ethical Conduct for the Physical Therapist

Assistant. Three (3) points per infraction will be deducted for lack of compliance with these behaviors and a Professional Development Plan (PDP) will be required.

**Lack of compliance with the Values-Based Behaviors for the Physical Therapist Assistant and the APTA Standards of Ethical Conduct for the Physical Therapist Assistant is at the discretion of your instructor.

2. Assignments

All assignments must be turned in on the due date. Instructions for each assignment will be given either verbally from each instructor, via email, or posted in Moodle. Details on how each assignment will be turned in are dependent on the instructor and will be included in the instructions. If assignments are to be turned in at the beginning of each class, they are considered late 10 minutes after the class begins. If assignments are to be uploaded on Moodle, they are considered late 10 minutes after the specified due date and time. If a student is late or absent, it is the student's responsibility to refer to the syllabi and/or Moodle for assignments/class material(s). Late assignments will receive a 10% point reduction of total point value per week beginning 10 minutes after the assignment is due. After two weeks, students will be given a 0 for a late assignment, and it will no longer be accepted for grading.

3. Post-Exam Review Process

Students that wish to challenge an exam question will complete the "Exam Review Form" without input from others. Students will have one week to return the form to the instructor providing rationale and references to support the challenge. The instructor will review the forms, make decisions, and inform the students. If a student requires further assistance, attendance at office hours or time by appointment may be arranged to discuss the material in person to promote lifelong learning.

4. Make-Up Policy

This requires the student to make arrangements with the instructor to take the exam/quiz at a later date. A 10% reduction of total points will be taken off the exam/quiz score when taken late.

5. Competencies

Students have **three** opportunities to pass each competency. If a student fails a second time, a Professional Development Plan (PDP) will be developed with faculty in order to ensure competence in the skill and in clinic. Once the PDP is developed and implemented, the student will have one week to re-take the competency for the third and final time. If at this point the student does not pass, the student will fail the course. All competencies must be passed in order to receive a passing grade for the class and be allowed to advance to the next semester's classes. Competencies are graded pass/fail; see individual rubric for pass/fail requirement of each competency.

Partners will be randomly drawn just prior to performance of the competency.

6. Critical Safety Element(s)

Critical safety element(s) with an asterisk (*) must be passed individually for each competency and lab practical. Failure to perform a critical safety element will result in automatic failure of the competency/lab practical.

7. Lab Practical

Each lab practical must be passed with an 80%. If students do not individually pass the critical safety element(s) and/or pass the lab practical with an 80%, the lab practical must be retaken. Students have two opportunities to pass each lab practical. If you do not pass the **second and final** time, you will fail the course.

All lab practicals will have a time limit to ensure interventions/skills are performed with effective time management skills and to simulate clinical education situations. This will be determined by each instructor and for each lab practical. The time limit and practical grading rubric will be provided to the student at least

one week prior to the lab practical. Two points will be deducted from the student's score for each minute over the time limit.

Partners for lab practicals will be randomly drawn at least one week prior when times are assigned.

8. Final Attempt Competencies/Lab Practical

During the final attempt (competency **third** attempt, lab practical **second** attempt), two instructors will be present and grade for that attempt.

- The instructors will use the provided rubric to determine pass/fail for competencies.
 - On the final attempt, both instructors must grade the student as passing for the competency to pass and continue in the course.
 - If the student fails a competency for the **third** time, the student will not be allowed to continue in that course and will receive an F in that course.
- The instructors will use the provided rubric to determine a grade for the lab practical.
 - Students must have an 80% graded by both instructors on the final lab practical attempt and pass all safety elements to continue in the course.
 - Students will be awarded an 80% for a grade of the lab practical. The rubrics will be scored for all practical attempts to provide adequate documentation and feedback to the student, but an 80% is the maximum grade awarded if a lab practical is taken twice.
 - If the student fails a lab practical for the **second** time, the student will not be allowed to continue in that course and will receive an F in that course.

9. Developing Professional Portfolio (DPP)

This will be a graded assignment for PTA 210 (Clinical Forum) in the fourth semester of the PTA Program. This is the culmination of the two years of lifelong learning, involvement in professional organizations and activities and demonstration of leadership and community service. Further information will be provided regarding this.

XII. CLASS CANCELLATIONS AND INCLEMENT WEATHER POLICY

1. Notifications

A few local radio and television stations are notified when MMCC's classes are delayed or cancelled. However, the most accurate source of information is the college homepage at www.midmich.edu. This site is updated as soon as a decision is made.

The PTA Program highly recommends that students sign up to receive announcements, updates, and emergency notices from MMCC via text messaging, E-mail, or a phone call. The service is free; however, text messaging rates may apply. Go to www.midmich.edu/midalerts to sign up.

2. Delayed Classes

In the event the college has a "delayed" start time due to weather conditions (i.e. melting ice or dense fog), the classes normally held during that time are cancelled. For example, if classes are delayed until 10:00 a.m. and a student has a class from 8:30 to 10:00 a.m., it would be cancelled for that day.

However, if a class does not fit neatly into the college's delayed time announcement, the following policy will be followed:

If there are at least 50 minutes (an instructional hour) of class time remaining, the class would meet beginning at the delayed time. For example, if the college cancels classes until 10:00 a.m., and a student's class runs from 9:00 to 12:00 noon, the class would still meet from 10:00 to 12:00 noon. Only the first hour would be missed. However, the same class would not meet at all if classes were cancelled until 11:30 a.m., since there would be less than 50 minutes (an instructional hour) of class time remaining.

XIII. ADDITIONAL PROGRAM REQUIREMENTS – CASTLE BRANCH

It is the student's responsibility to provide current health records to Castle Branch. Information regarding Castle Branch is provided at admission. The student is expected to maintain a satisfactory level of mental and physical stability to enable a safe and competent level of functioning. It is the student's responsibility to inform the college of any assistance required to meet the outcomes of the PTA program.

1. My CB Account

- a. Students are expected to maintain a My CB account through Castle Branch. Students are responsible to take copies of all documentation to their clinical education experience. **Deadlines are located in the student's My CB Account.**
- b. My CB Account will include:
 - Criminal Background Check (CBC/fingerprinting)
 - Drug Screen
 - PTA Student Physical Examination Form
 - Immunization Record
 - Record of annual TB test
 - Professional Health Care Provider BCLS & First Aid
 - Health Insurance Cards or waiver

2. PTA Student Physical Examination Form

A health physical must be obtained at the student's expense and completed by a health care provider who is a licensed physician, Nurse Practitioner or Physician Assistant. Information and form is provided through Castle Branch. Students being re-admitted to the PTA program must have a health physical completed if their original health physical is greater than two years old and/or they have had medical concerns since the original health physical was completed.

3. Immunizations

Health care students are at risk for increased exposure to certain preventable infectious diseases and other health hazards. It is important for students to be immunized properly for protection against these diseases and for prevention of their spread among clients in the hospitals and clinics. **All PTA students must provide proof of immunity (actual immunization documentation or titers) for those immunizations required.** Students should discuss their immunization status and the advisability of receiving these immunizations with their health care provider.

The Michigan Department of Community Health makes the following vaccine recommendations for health care workers.

A. Measles (Rubeola), Rubella, and Mumps

Laboratory evidence of measles immunity, or documentation of two doses of MMR given at or after 12 months of age and one other dose given at least one month later, may be submitted to fulfill the Rubella, Rubeola and Mumps requirements. However, if vaccination of measles was received between 1963-1967 (an inactivated vaccine), the vaccine was ineffective and will require re-vaccination. If documentation shows only one MMR at or after 12 months old, one additional MMR is required. If MMR occurred prior to 12 months of age, they should have that dose repeat immunization.

B. Varicella

History of chickenpox is not an acceptable documentation for varicella. Acceptable verification of varicella is documentation of an immune titer or two doses of Varivax.

C. Hepatitis B

Students are encouraged to receive the Hepatitis B Vaccination series prior to beginning clinical experiences. If, however, the student elects not to complete this series, a signed waiver of liability form needs to be completed.

D. Tetanus, Diphtheria, and Pertussis

Record of current tetanus diphtheria (Td) vaccine or one dose of Adacel (Tdap) within the past ten years is documented.

F. Seasonal Influenza

The seasonal influenza immunization (flu shot) is done annually during the flu season with proof uploaded to the student's My CB account.

3. **TB Skin Test:** TB screening is done at least annually, and a statement of negative results must be uploaded to the students My CB Account. If TB skin test is known to be positive, complete the TB Symptom Survey annually with physician. Chest X-ray is required if tested positive for TB. New positives are evaluated by their County Health Department. Students are required to have a "two-step" TB test their first year in the PTA Program. **It is the student's responsibility to remain current in their TB skin testing requirements and upload their annual test prior to the expiration date.**

4. Basic Cardiac Life Support (BCLS) (Health Care Provider Course) & First Aid

Students are required to complete a certificate course in BCLS or CPR for the Professional Rescuer/Healthcare Provider and First Aid. **It is the student's responsibility to remain current in this requirement throughout the PTA Program.** Failure to maintain currency will result in inability to participate in the clinical education experience. This must be uploaded into the student's My CB account.

5. Health Insurance

Each student will have a private health insurance policy which includes, at a minimum, coverage for emergency medical services and hospitalizations or sign a health insurance waiver. This must be uploaded in the students My CB account.

Students are expected to assume financial responsibility for any costs incurred as a result of personal illness or injury sustained during clinical internships. Having a health insurance policy in force is important to defray any such costs. Students should be familiar with their policy coverage and disability provisions.

6. Temporary Health Conditions

Temporary Health Conditions which a student may experience during the program courses require that the student inform the faculty whenever such conditions may exist. The student must inform the faculty whenever a temporary condition may impact their attendance or ability to meet course outcomes in a course. A student will require physician/provider clearance to return to the Program courses (refer to Appendix D). Students not receiving medical clearance from their physician/provider will be required to take a withdrawal from the PTA program and follow the Readmission Policy. These will be maintained in the student file by the Program Director.

7. Standard Precautions

MMCC will follow the Standards for Standard Precautions as a guide found in Appendix E. These may be applied throughout the program as a standard in any of the agencies the college uses for clinical experience. Students should be familiar with the specific standards at their assigned clinical sites.

XIV. Non-Discrimination for Medical Conditions

The PTA program requires all students that have any changes in their medical condition, requiring the attention of a physician, to submit medical clearance for academic and clinical participation. MMCC and the PTA program are not liable for injuries or damages if a student does not disclose a change in their medical condition. Refer to Appendix D for the Medical Clearance Form.

The College will not discriminate against any student or exclude any student or from its educational program or activity (including any class or extracurricular activity) on the basis of such individual's actual or potential parental, family, marital status, pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, unless the individual voluntarily requests to participate in a separate portion of the program or activity of the College. The College will not deny such an individual access to or participation in classes, extracurricular programs, athletics, honor societies, opportunities for student leadership, or other activities.

The PTA program will treat pregnancy, childbirth, false pregnancy, termination of pregnancy and recovery therefrom as justification for a leave of absence for so long a period of time as is deemed medically necessary by the person's physician; at the conclusion of which the person shall be reinstated to the status that was held when the leave commenced. Further, the student will be afforded the opportunity to make up any missed work in a manner selected by the student, which is reasonably equivalent to the work missed and within a reasonable timeframe. The PTA program will require a pregnant student or a student who has given birth to obtain a certification from a physician stating that the student is physically and emotionally able to continue participation in the normal education program or activity. (See Non Discrimination For Medical Conditions above) Refer to Appendix D for Medical Clearance Form.

If you have questions or concerns as they relate to Title IX, please contact the following:

Kim Barnes	Martricia M. Farrell	Lori Fassett
Executive Dean	Conduct & Institutional Compliance Coordinator	Executive Director
Student/Academic Support Services	Office of Student Oversight	Personnel Services
Chief Title IX Coordinator	Deputy Title IX Coordinator	Title IX Coordinator
Mid Michigan Community College	Mid Michigan Community College	Mid Michigan Community College
1375 S. Clare Ave., #107	1375 S. Clare Ave., #112	1375 S. Clare Ave., #217
Harrison, MI 48625	Harrison, MI 48625	Harrison, MI 48625
(989) 773-6622, Ext. 236	(989) 386-6622, Ext. 394	(989) 386-6622, Ext. 692
kbarnes@midmich.edu	mf Farrell@midmich.edu	lfassett1@midmich.edu

XV. SUBSTANCE ABUSE POLICY AND PROCEDURE: DISCIPLINARY SANCTIONS

Possession, use, or distribution of drug or alcohol in the clinical area will result in immediate dismissal from the PTA Program. A suspicion of drug or alcohol use may require immediate testing **and release of results to MMCC**. Testing positive for drug or alcohol use or declining to be tested will subject the student to discipline up to and including dismissal from the program (See: College Catalogue, Drug Abuse Policy and Regulations). If suspicion of drug or alcohol use occurs in the clinical education experience, the site will contact MMCC by calling the ACCE or PTA Program Director. If contact is unable to be made via telephone, the site may proceed with immediate testing, with the student being responsible for the cost.

XVI. READMISSION POLICY

Students must follow the approved course sequence once enrolled in the PTA Program. A B- (2.7) or above must be achieved in each PTA course.

If a student does not successfully complete a PTA Program course or withdraws for academic or non-academic reasons, he/she may be allowed to enroll in the same class the next time it is offered once re-entry criteria are met:

1. At least four months prior to the re-entry date, the student is responsible for writing a letter to the Director of the PTA Program including the student's detailed plan of academic preparedness to reenter PTA Program: The plan of academic readiness MUST address, in detail, why the student wasn't successful the previous attempt and how the student plans to be successful if readmitted.
2. The student will also have to demonstrate readiness to enter PTA Program courses.
 - a. At least one month prior to the reentry, the student must successfully complete an exam and lab practical over previously passed coursework. Successful completion means receiving a B- (80%) or above.
3. Permission to retake a class or classes will be granted no later than two (2) years after failing a class or withdrawing.
4. PTA Classes may be repeated only once.
5. After the above two-year limit, students must apply for re-admission into the program.
6. If a student is readmitted, the must complete a new criminal background check with fingerprinting and drug screen.
7. The PTA Program DOES NOT GUARANTEE readmission unless there is a statutory requirement to do so; readmission is subject to space availability.

XVII. PTA PROGRAM COMPLAINT POLICY

For complaints/concerns/comments from students/faculty (outside due process), clinical education sites and employers regarding the PTA program, contact the PTA Program Director at (989) 317-4609 or the Dean of Health Sciences at (989) 386-6645. Complaints will be documented and dealt with on a program level with reports made to appropriate administrative officials. The PTA Program Advisory Committee is charged with reviewing complaints on an annual basis and making appropriate recommendations. Complaints handled at this level are anonymous.

XVIII. CLINICAL EDUCATION INFORMATION

1. Establishment of a Clinical Site

The PTA Program Director or the Academic Coordinator of Clinical Education (ACCE) will initially contact potential clinical sites to discuss establishing a clinical education (CE) program. If there is interest in pursuing an affiliation agreement, the site will complete the Clinical Site Information Form (CSIF) and Mid Michigan Community College (herein MMCC) will provide the affiliation agreement. This is a standard agreement, but MMCC is open to alternative contracts and revisions as long as these are mutually satisfactory. A signed and dated affiliation agreement is the final and essential step of the process. Copies of this agreement will be available at the clinical site and the Health Sciences Office.

2. Assignment of Students to a Clinical Education Site

Students will be assigned to an inpatient and outpatient setting during their CE experiences.

Clinical sites will be contacted about availability to provide CE to students by March 1st of each calendar year for student assignments in the next academic year. The response date for student placements from the clinics is June 1st of the same year. If the site has openings for students, the site will receive confirmation about the

scheduled student(s) approximately 3 or more months prior to the student's first day. The Center Coordinator of Clinical Education (CCCE) will receive a completed copy of the Statement of Student Clinical Readiness Form, which provides the student's contact information and the completion of the clinical preparation.

In Clinic I, the first year PTA Students will be scheduled for one full time clinical placement lasting four weeks. Likewise, in Clinic II, the second year students will be scheduled for two full-time placements lasting seven weeks each. The student will attend clinic following their clinical instructor's (CI's) schedule. This may include weekends and extended hours. Students **do not** pick their clinical education sites. The ACCE will determine student's placements for clinical education to ensure a diversity of experiences.

3. Instructions to Students Prior to Clinical Education Experience

Clinical sites are encouraged to contact students by mail or email prior to the CE experience with pertinent policy and procedure information that will prepare the student for the first day of the CE experience.

All students and CE faculty will be informed of applicable site policies and procedures which have been provided by the sites. This information is located in the Clinical Site Files. Students will be required to review these files and abide by the site rules and regulations as they apply to professional conduct, Agency policies and procedures, confidentiality of patient and Agency/Site records.

All students will have prior instruction about their duty to protect patient confidentiality and to uphold the federal privacy standards demanded by Health Insurance Portability and Accountability Act (HIPAA) and Informed Consent.

4. Clinical Attendance

Students are expected to report to clinics prior to the first patient/client assignment and/or at the time required by their clinical instructor, and be present during regular working hours of the facility or during their CI's schedule except in special cases. These include significant illness, injury, emergency or other instances agreed upon by the student and CIs /CCCE or ACCE prior to the beginning of the CE Experience and mutually accepted as a reasonable or necessary absence.

Absences or tardiness **must** be reported prior to the beginning of the workday by the student in a phone call to the ACCE **and** CCCE or CI. The reason for the absence or tardiness shall be reported to both the CCCE/CI and the ACCE. The Agency/Site and/or PTA Program may request a physician's report if the student is absent for two or more consecutive days because of illness. All absences and tardiness shall be documented by the CI and identified as either excused or unexcused. Clinic make-up time will be scheduled for all absences as agreed upon by the CI.

In the event the college is closed due to inclement weather, the student is to make an informed decision about their ability to attend clinic. All missed clinic time must be made up, including inclement weather.

5. CI or CCCE Complaints/Issues with Student Performance

Concerns of the CCCE or CI in regards to student performance or behaviors should be communicated immediately to the ACCE via phone, email, or written communications. All information and supporting observations should be submitted in follow-up documentation within five business days. Remediation will begin promptly. The remediation plan will be developed by the CI, CCCE, ACCE and/or PTA Program representative, and the student.

Agency/Clinical Site supervisory personnel may temporarily relieve a student from a specific assignment. Communication procedures mentioned above need to be followed.

If the student is involved in an incident, the ACCE and/or PTA Program representative should be notified immediately. The appropriate incident reporting procedures need to be followed both at the Agency/Clinical Site and at MMCC.

6. Physical Therapist Assistant Clinical Performance Instrument (PTA CPI)

The CIs will complete the web-based PTA CPI final evaluation for PTA 140 and a midterm and final evaluation for both PTA 240 clinical education experiences. The student must complete a self-evaluation using the PTA CPI prior to the final evaluation for PTA 140 and prior to the mid-term and final evaluation of both PTA 240 clinical education experiences. The ACCE will review the PTA CPI completed by the CIs to determine a pass or fail grade. A failing grade in the PTA CPI will result in failure of the course. See the section on grading for more details.

7. Clinical Grading Criteria Using the PTA CPI

Students will achieve the CPI expectations as detailed in each clinical education syllabi unless one or more of the following occurs:

1. The student experienced a complex clinical site.
2. The student experienced unusual circumstances at a clinical site.
3. There is incongruence between the CI's narrative comments and the given rating.

The student **must** pass the First Clinical Education Experience in PTA 240 to proceed to the Second Clinical Education Experience in PTA 240.

8. Unsatisfactory Clinical Performance

- A. The following may result in dismissal from and/or unsatisfactory completion of Clinic I and/or II:
 1. Repeated absences or tardiness with or without notification.
 2. Unethical, illegal, and/or unprofessional conduct.
 3. Conduct resulting in risk or possible harm to a patient.
 4. Failure to meet course requirements and objectives.
- B. As a result of one or more conditions found in A above, the following action may be taken as determined by the Dean of Health Sciences, PTA Program Director, ACCE and other PTA faculty members:
 1. Additional clinic time in the same clinic to improve skills to meet course objectives and requirements.
 2. Develop a remedial program which must be completed to the satisfaction of the academic faculty prior to a further clinical experience.
 3. Require the student to repeat the entire Clinical Education Experience (Clinic I or II).
 4. Receive a failing grade for that clinical education experience and dismissed immediately from the PTA Program.
- C. If remediation is required for the PTA 140, a good faith attempt will be made to remediate and extend or find an additional clinical education experience placement to complete PTA 140. If this is unable to be accomplished, the student will be required to follow the Readmission Policy.
- D. If remediation is required for the First Clinical Education Experience in PTA 240, a good faith attempt will be made to remediate and extend or find an additional clinical education experience placement for the First Clinical Education Experience in PTA 240. Once passing the First Clinical Education Experience in PTA 240, a good faith attempt would be made to re-schedule/push back the Second Clinical Education Experience in PTA 240. If this is unable to be accomplished, the student will be required to follow the Readmission Policy.
- E. If remediation is required for the Second Clinical Education Experience in PTA 240, a good faith attempt will be made to remediate and extend or find an additional clinical education experience to

complete PTA 240. If this is unable to be accomplished, the student will be required to follow the Readmission Policy.

9. Supervision of Students

Students will be directly responsible to, and supervised by, a clinical instructor who is a licensed physical therapist or physical therapist assistant. The CI will be immediately available and physically present at all times when the student is providing physical therapy interventions to patients. The CI will direct the interventions the student is providing. If the CI is a PTA, a PT is required to provide general supervision to the PTA and PTA student as stated in APTA student supervision guidelines. If the CI becomes ill or is absent when the student is present, then another PT or PTA will be appointed to cover. If a CI is not available, the student may participate in observations or other non-patient care activities, but should not do hands-on patient care.

Medicare requires that enrollees/patients be treated one at a time unless they are inpatients and participating in concurrent or group therapy. For outpatient Medicare clients, the CI and the student may treat only one Medicare patient at a time. The student may participate in PT interventions which are directed by the CI. For more specific information, refer to the Clinical Education Handbook.

10. Clinical Experience Restrictions

Recommendations for clinical experience restrictions are found in Appendix G. These apply to temporary conditions that a student may experience during the clinical courses. These recommendations are from the Center for Prevention of Communicable Diseases in Atlanta, Georgia.

11. ACEMAPP Training

Students will be required to complete the required ACEMAPP training annually. Site specific training (clinical agency) will be documented and verified by the Academic Coordinator of Clinical Education and maintained with the student file. Students that are not compliant with completing this training, in its entirety, by the designated announced date prior to the start of the clinical rotation, will not be allowed to go into a clinical setting.

XIX. INFORMED CONSENT POLICY FOR TREATMENT BY SPTA

Patients/clients will be asked for permission to have a physical therapist assistant student participate in their treatment. They will be informed that they have a risk-free right to refuse treatments. The clinical instructor will be responsible for discussing this with the patient/client.

This process is introduced in lecture materials for each class, simulated in lab instruction, and reinforced with lab practice and lab practicals.

XX. EDUCATIONAL RECORDS/REPORTS/COMPLAINTS

The PTA Program will maintain all educational records and reports relating to the PTA Clinical Education Program. The Family Educational Rights and Privacy Act (FERPA) protects students' educational information from disclosure. CCCEs and CIs may not disclose information about the students' educational records or performance either in writing or verbally. The PTA student's evaluation tool, the PTA CPI, should be kept secure to protect the student's privacy, and all discussion of the student's performance should take place in a private location.

Any complaints by the Agency/Clinical Site against a student will be processed in accordance with standards and procedures for student conduct or academic discipline according to the standards set by MMCC. Any complaint will be processed immediately upon written notice from the clinical facility to the ACCE.

XXI. INCIDENT REPORTING POLICY

All administrators, faculty, staff, and students who are engaged in a clinical setting for Mid Michigan Community College as part of a Health Sciences program will ensure that the procedures outlined below are followed when an incident occurs at a clinical site. A few examples are: a fall, needle stick, medication error, burn, etc.

1. A clinical site incident report form needs to be completed by the person involved (student, faculty, etc.), and the process that is established at the clinical site needs to be followed.
2. An MMCC incident report form needs to be completed detailing the events of the incident that occurred at the clinical site. MMCC incident report instructions and the form are attached to this policy, or most recent versions can be found on the MMCC Intranet site, Business Office, Incident Reports.
3. The MMCC incident report form should be reviewed and submitted by the PTA Program Director and forwarded to Lillian Frick, Vice President for Finance and Administration.
4. If the incident warrants involvement by the Dean, the PTA Program Director will communicate the event prior to the submission of the incident report form to Ms. Frick.

The MMCC Incident Report can be found at: <http://www.midmich.edu/files/89/Incident%20Report.pdf>

Instructions for completion can be found at:

<http://www.midmich.edu/files/89/Incident%20Report%20Instructions.pdf>

XXII. PHOTO/VIDEO/AUDIO/IMAGING RELEASE FORM FOR THE PTA PROGRAM



Mid Michigan Community College

Student Name _____

Student MMCC ID Number _____

I hereby grant Mid Michigan Community College permission to videotape, audiotape, photograph, or image me for instructional, educational and/or marketing purposes. I grant permission to Mid Michigan Community College to interview me and/or to use my likeness in photograph(s)/video/audio/image in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Mid Michigan Community College, in perpetuity, and for other use by the College. I will make no monetary or other claim against MMCC for the use of the interview and/or the photograph(s)/video/audio/image recordings.

Student Signature & Date _____

Address (Street Address) _____

City, State, Zip Code _____

Telephone _____

E-mail Address _____

XXIII. INFORMED CONSENT AND RELEASE OF LIABILITY AND INFORMATION

The undersigned student, a participant in the Mid Michigan Community College Physical Therapist Assistant (PTA) Program hereby acknowledges that there are certain dangers or risks associated with the classroom, clinical and laboratory portion of the curriculum. Students are expected to assume the role of patient-simulators in class and lab activities. The undersigned student agrees to follow all safety policies and procedures, carry out evacuation plans as posted in the facility, adhere to HIPAA Guidelines and conduct oneself in an ethical, legal, and professional manner.

The undersigned student further acknowledges that these risks include physical injury, chemical exposure and/or blood borne pathogens and other risks including, but not limited to, those associated with travel, transportation or vehicular traffic, climate, weather, or other natural phenomena and accident, the students' own actions or actions others.

The undersigned understands that these risks may result in serious illness, injury or death and the undersigned student hereby accepts and assumes responsibility for all such risks.

As a consideration of being allowed to participate in these activities which the undersigned does freely and voluntarily accepts and for his/her own personal benefit, the undersigned does for the duration of his/her involvement in the PTA Program bind himself/herself, his/her executors, administrators, heir, next of kin, successors and assigns to:

1. Follow all safety procedures in classroom, lab and open lab sessions.
2. Waive, Release and Discharge from any and all liability Mid Michigan Community College, its elected and appointed officials, employees, students, agents and volunteers for any death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to the undersigned including those that may occur to traveling to, from and during Mid Michigan Community College sponsored trips or clinics. To indemnify and hold harmless Mid Michigan Community College its elected and appointed officials, employees, students, agents and volunteers from any and all liabilities or claims made by other individuals or entities as a result of or relating to participation in this activity. An MMCC Instructor or Designee will be present at a ratio of 1 to 12 for all field trips.
3. The undersigned further understands they are responsible for any and all costs that may accrue to the undersigned resulting from participation in this activity and Mid Michigan Community College recommends the student has his/her own health and accident insurance, and Mid Michigan Community College is not and will not be responsible for any medical costs or other costs that may accrue to the student.
4. The undersigned agrees to release classroom, lab and clinical performance information for educational or employment purposes.
5. The undersigned declares they are competent and of the age of majority and this release is freely, voluntarily, intelligently and knowingly given and the undersigned has carefully reviewed the above prior to signing.
6. I will carry my own health insurance policy or sign a health insurance waiver.

Dated this _____ **day of** _____, **20**_____.

STUDENT _____ **WITNESS:** _____

XXIV. SIGNED STUDENT AGREEMENT FOR THE PTA PROGRAM



Mid Michigan Community College

I have read the SPTA Handbook and agree to adhere to the PTA Program rules and procedures.

I agree to demonstrate the PTA Student Behavior Responsibilities.

I agree to conduct myself in an ethical and legal manner by demonstrating the following:

1. I will demonstrate honesty and integrity in my academic career.
2. I will submit assignments and exams that are my own original work.
3. I will accurately cite my sources and references in all work.
4. I will not provide others with quiz, exam or any assignment answers.
5. I will not share my lab practical experiences and case scenario details.
6. I will not redirect, cue, or assist another student during competencies and lab practicals.
7. I will not coerce others into providing assignment or exam answers.

Printed Student Name

Date

Student Signature

APPENDIX A: 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.

APPENDIX B: APTA Guide for Conduct of the Physical Therapist Assistant

Purpose

This Guide for Conduct of the Physical Therapist Assistant (Guide) is intended to serve physical therapist assistants in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant (Standards) of the American Physical Therapy Association (APTA). The APTA House of Delegates in June of 2009 adopted the revised Standards, which became effective on July 1, 2010.

The Guide provides a framework by which physical therapist assistants may determine the propriety of their conduct. It is also intended to guide the development of physical therapist assistant students. The Standards and the Guide apply to all physical therapist assistants. These guidelines are subject to change as the dynamics of the profession change and as new patterns of health care delivery are developed and accepted by the professional community and the public.

Interpreting Ethical Standards

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee (EJC). The interpretations are set forth according to topic. These interpretations are intended to assist a physical therapist assistant in applying general ethical standards to specific situations. They address some but not all topics addressed in the Standards and should not be considered inclusive of all situations that could evolve.

This Guide is subject to change, and the Ethics and Judicial Committee will monitor and timely revise the Guide to address additional topics and Standards when necessary and as needed.

Preamble to the Standards

The Preamble states as follows:

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

Interpretation: Upon the Standards of Ethical Conduct for the Physical Therapist Assistant being amended effective July 1, 2010, all the lettered standards contain the word “shall” and are mandatory ethical obligations. The language contained in the Standards is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Standards. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word “shall” serves to reinforce and clarify existing ethical obligations. A significant reason that the Standards were revised was to provide physical therapist assistants with a document that was clear enough such that they can read it standing alone without the need to seek extensive additional interpretation.

The Preamble states that “[n]o document that delineates ethical standards can address every situation.” The Preamble also states that physical therapist assistants “are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.” Potential sources for advice or counsel include third parties and the myriad resources available on the APTA Web site. Inherent in a physical therapist assistant’s ethical decision-making process is the examination of his or her unique set of facts relative to the Standards.

Standards

Respect

Standard 1A states as follows:

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

Interpretation: Standard 1A addresses the display of respect toward others. Unfortunately, there is no universal consensus about what respect looks like in every situation. For example, direct eye contact is viewed as respectful and courteous in some cultures and inappropriate in others. It is up to the individual to assess the appropriateness of behavior in various situations.

Altruism

Standard 2A states as follows:

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

Interpretation: Standard 2A addresses acting in the best interest of patients/clients over the interests of the physical therapist assistant. Often this is done without thought, but sometimes, especially at the end of the day when the clinician is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist assistant may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Sound Decisions

Standard 3C states as follows:

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

Interpretation: To fulfill 3C, the physical therapist assistant must be knowledgeable about his or her legal scope of work as well as level of competence. As a physical therapist assistant gains experience and additional knowledge, there may be areas of physical therapy interventions in which he or she displays advanced skills. At the same time, other previously gained knowledge and skill may be lost due to lack of use. To make sound decisions, the physical therapist assistant must be able to self-reflect on his or her current level of competence.

Supervision

Standard 3E states as follows:

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Interpretation: Standard 3E goes beyond simply stating that the physical therapist assistant operates under the supervision of the physical therapist. Although a physical therapist retains responsibility for the patient/client throughout the episode of care, this standard requires the physical therapist assistant to take action by communicating with the supervising physical therapist when changes in the patient/client status indicate that modifications to the plan of care may be needed. Further information on supervision via APTA policies and resources is available on the [APTA Web site](#).

Integrity in Relationships

Standard 4 states as follows:

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

Interpretation: Standard 4 addresses the need for integrity in relationships. This is not limited to relationships with patients/clients, but includes everyone physical therapist assistants come into contact with in the normal provision of physical therapy services. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one’s role as a member of that team.

Reporting

Standard 4C states as follows:

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

Interpretation: When considering the application of “when appropriate” under Standard 4C, keep in mind that not all allegedly illegal or unethical acts should be reported immediately to an agency/authority. The determination of when to do so depends upon each situation’s unique set of facts, applicable laws, regulations, and policies.

Depending upon those facts, it might be appropriate to communicate with the individuals involved. Consider whether the action has been corrected, and in that case, not reporting may be the most appropriate action. Note, however, that when an agency/authority does examine a potential ethical issue, fact finding will be its first step. The determination of ethicality requires an understanding of all of the relevant facts, but may still be subject to interpretation.

The EJC Opinion titled: [Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

Exploitation

Standard 4E states as follows:

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

Interpretation: The statement is fairly clear – sexual relationships with their patients/clients, supervisees or students are prohibited. This component of Standard 4 is consistent with Standard 4B, which states:

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

Next, consider this excerpt from the EJC Opinion titled [Topic: Sexual Relationships With Patients/Former Patients](#) (modified for physical therapist assistants):

A physical therapist [assistant] stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist [assistant] has natural feelings of attraction toward a patient, he/she must sublimate those feelings in order to avoid sexual exploitation of the patient.

One’s ethical decision making process should focus on whether the patient/client, supervisee or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient/client relationship ends. To this question, the EJC has opined as follows:

The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.

.....
The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Standard 5D and 5E state as follows:

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

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

Interpretation: The central tenet of Standard 5D and 5E is that inaction is not an option for a physical therapist assistant when faced with the circumstances described. Standard 5D states that a physical therapist assistant shall encourage colleagues to seek assistance or counsel while Standard 5E addresses reporting information to the appropriate authority.

5D and 5E both require a factual determination on the physical therapist assistant's part. This may be challenging in the sense that you might not know or it might be difficult for you to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting someone's work responsibilities.

Moreover, once you do make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance. However, the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform, whereas 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect his or her professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which someone is clearly unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom you report; it gives you discretion to determine the appropriate authority.

The EJC Opinion titled [Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts](#) provides further information on the complexities of reporting.

Clinical Competence

Standard 6A states as follows:

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

Interpretation: 6A should cause physical therapist assistants to reflect on their current level of clinical competence, to identify and address gaps in clinical competence, and to commit to the maintenance of clinical competence throughout their career. The supervising physical therapist can be a valuable partner in identifying areas of knowledge and skill that the physical therapist assistant needs for clinical competence and to meet the needs of the individual physical therapist, which may vary according to areas of interest and expertise. Further, the physical therapist assistant may request that the physical therapist serve as a mentor to assist him or her in acquiring the needed knowledge and skills. Additional resources on Continuing Competence are available on the [APTA Web site](#).

Lifelong Learning

Standard 6C states as follows:

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

Interpretation: 6C points out the physical therapist assistant's obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourage and contribute to the career development and lifelong learning of himself or herself and others, whether or not the employer provides support.

Organizational and Business Practices

Standard 7 states as follows:

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

Interpretation: Standard 7 reflects a shift in the Standards. One criticism of the former version was that it addressed primarily face-to-face clinical practice settings. Accordingly, Standard 7 addresses ethical obligations in organizational and business practices on a patient/client and societal level.

Documenting Interventions

Standard 7D states as follows:

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

Interpretation: 7D addresses the need for physical therapist assistants to make sure that they thoroughly and accurately document the interventions they provide to patients/clients and document related data collected from the patient/client. The focus of this Standard is on ensuring documentation of the services rendered, including the nature and extent of such services.

Support - Health Needs

Standard 8A states as follows:

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

Interpretation: 8A addresses the issue of support for those least likely to be able to afford physical therapy services. The Standard does not specify the type of support that is required. Physical therapist assistants may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues. When providing such services, including pro bono services, physical therapist assistants must comply with applicable laws, and as such work under the direction and supervision of a physical therapist. Additional resources on pro bono physical therapy services are available on the [APTA Web site](#).

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APPENDIX C: Values-Based Behaviors for the Physical Therapist Assistant



SELF-ASSESSMENT TOOL

The Values-Based Behaviors is a concise document that describes those values that most significantly influence PTAs providing patient/client care as a member of the physical therapy team. The Values-Based Behaviors were developed in 2010 by the Advisory Panel of PTAs, reviewed and adapted by numerous stakeholder groups, and approved by APTA's Board of Directors in January 2011. A complete history on the development and approval of this document is included in the introduction section of the Values-Based Behaviors document.

This self-assessment tool accompanies the Values-Based Behaviors and is intended to increase the physical therapist assistant's (PTA's) *awareness* of the Values-Based Behaviors for the PTA and to *self-assess* the frequency with which he or she demonstrates the eight values listed and defined in the first column. The second column provides sample indicators or examples of actions that a PTA who has adopted the Values-Based Behaviors would choose to take in a variety of situations. And the third column is for scoring the frequency with which one chooses to demonstrate the described behavior or action.

Complete the Self-Assessment

Review each sample indicator and rate the frequency with which you display that behavior on a daily basis. It is not expected that one will rate himself or herself as 5 (always) or 1 (never) on every item. Be candid in your response as this is a self-assessment process with an opportunity for identification of areas of strength and opportunities for growth.

Analyze the Completed Self-Assessment

Once you have completed the Self-Assessment, you may want to reflect as an individual or group on the following questions:

- On what sample indicators did you or the group consistently score yourself/themselves on the scale at the 4 (frequent) or 5 (always) levels?
- Why did you or the group rate yourself/themselves higher in frequency for demonstrating these sample behaviors?
- On what sample indicators did you or the group score yourself/themselves on the scale at level 3 or below?
- Why did you or the group rate yourself/themselves lower in frequency for demonstrating these sample behaviors?
- Identify, develop, and implement approaches to strengthening the integration of the values-based behaviors within your clinical environment. Seek out mentoring in this area from your supervising physical therapist or other experienced clinicians.
- Establish personal goals for increasing the frequency with which you demonstrate specific sample behaviors with specific values-based behaviors.
- Conduct periodic re-assessment of your values-based behaviors to determine the degree to which your performance has changed in your growth personally and as a PTA.

Questions about the self assessment tool or the Values-Based Behaviors should be directed to APTA's PTA Services Department at pta@apta.org.

VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT (PTA)

For each values-based behavior listed, a definition is provided and a set of sample indicators that describe what one would see if the PTA were demonstrating that behavior in his/her daily work. For each of the sample indicators listed, check the box that best represents the frequency with which you demonstrate the behavior where:

1 = Never; 2 = Rarely; 3 = Occasionally; 4 = Frequently; and 5 = Always.

Values-Based Behavior with Definition	Sample Indicators	Self-Assessment Rating				
		1 Never	2 Rarely	3 Occasional	4 Frequent	5 Always
<p>Altruism</p> <p>Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the PTA's self interest.</p>	1. Providing patient/client-centered interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2. Readily offering to assist the physical therapist in providing patient/client interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Generously providing the necessary time and effort to meet patient/client needs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Placing the patient/client's needs ahead of one's own, as evidenced by willingness to alter one's schedule, delay other projects or tasks, etc.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5. Contributing, as able, to the provision of physical therapy services to underserved and underrepresented populations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p>Caring and Compassion</p> <p>Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.</p> <p>Caring is the concern, empathy, and consideration for the needs and values of others.</p>	1. Actively listening to the patient/client and considering the patient/client's needs and preferences.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2. Exhibiting compassion, caring, and empathy in providing services to patients/clients.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Demonstrating respect for others and considering others as unique and of value.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Considering social, emotional, cultural, psychological, environmental, and economic influences of the patient/client (e.g., learning styles, language abilities, cognitive abilities and adapting approach accordingly).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5. Recognizing and refraining from acting on one's social, cultural, gender, and sexual biases; i.e., demonstrate a nonjudgmental attitude.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Continuing Competence	1. Identifying strengths and limitations in knowledge, skills, and behaviors through self-assessment and feedback from physical therapists and others, and developing and implementing strategies to address the limitations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.	2. Maintaining continuing competence using a variety of lifelong learning strategies (eg, continuing education, reflective journals, journal clubs, and working with a mentor).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Seeking further education in the use and delivery of interventions based on new evidence as it becomes available.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Developing and implementing a career advancement plan based on interests, opportunities, and career aspirations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Duty	1. Demonstrating behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the PTA.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Duty is the commitment to meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.	2. Facilitating each patient/client's achievement of goals for function, health, and wellness, as directed in the plan of care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Preserving the safety, security, and confidentiality of individuals in all patient/client contexts.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Participating in quality assurance/quality improvement activities in physical therapy care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5. Promoting the profession of physical therapy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	6. Providing student instruction and mentoring other PTAs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Integrity	1. Adhering to applicable laws regarding scope of work, payment policies and guidelines, institutional policies and procedures, and APTA policies, positions, and guidelines to ensure optimal patient/client care and fiscal management.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2. Adhering to the highest standards of the profession for the PTA, including the Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Conduct of the Physical Therapist Assistant, state practice acts, and payment requirements.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Integrity (cont.)	3. Demonstrating the ideals of the values-based behaviors of the PTA.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Demonstrating honesty and trustworthiness in all interactions and relationships.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	5. Choosing employment situations that are congruent with ethical principles and work standards.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	6. Identifying ethical and legal concerns and initiating actions to address the concern, when appropriate.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
PT/PTA Collaboration						
The PT/PTA team works together, within each partner's respective role, to achieve optimal patient/client care and to enhance the overall delivery of physical therapy services.	1. Educating the PT as needed about the roles, responsibilities, and appropriate utilization of the PTA in the PT/PTA team using available resources (eg, state licensure/practice rules and regulations, PTA clinical problem-solving algorithm, PTA direction and supervision algorithms, Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2. Promoting a positive working relationship within the PT/PTA team.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Demonstrating respect for the roles and contributions of both the PT and PTA in achieving optimal patient/client care, including the PT's responsibility for the PTA's performance in patient/client interventions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Seeking out opportunities to collaborate with the PT to improve outcomes in patient/client care.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5. Working with the PT in educating consumers and other health care providers about physical therapy.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Responsibility						
Responsibility is the active acceptance of the roles, obligations, and actions of the PTA, including behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.	1. Identifying strengths and limitations in knowledge and skill, and working within limitations of personal ability.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2. Completing patient/client care and other tasks in a timely and efficient manner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Identifying, acknowledging, and accepting responsibility for actions and, when errors occur, following error reporting processes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	4. Communicating in a timely manner with others (eg, PTs, patients/clients, and others).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Social Responsibility						
Social responsibility is the promotion of a mutual trust between the PTA, as a member of the profession, and the larger public that	1. Advocating for patient/client needs in the clinical setting.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	2. Demonstrating behaviors that positively represent the profession to the public.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	3. Promoting a healthy lifestyle, wellness, and injury prevention strategies in the community.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

necessitates responding to societal needs for health and wellness.	4. Serving the profession and the community, including activities occurring in conjunction with work or outside of work (eg, community health fairs, National Physical Therapy Month events, APTA service).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	5. Advocating for changes in laws, regulations, standards, and guidelines that positively affect physical therapy and patient/client services.					

Date Completed:

Comments:

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APPENDIX D: Medical Clearance Form



**Mid Michigan
Community College**

Great careers start here.

Medical Clearance Form

_____ is currently a PTA student in the Mid Michigan Community College PTA Program.

PTA students are frequently exposed to a variety of conditions which include, but are not limited to, standing for a length of time, lifting, blood and body fluids, and infectious processes.

Due to their medical condition, physician clearance is required for attendance and participation in the PTA program.

The student may attend and participate fully in the PTA program which includes:

- Class
- PTA skills lab
- Clinical education

Please check above the areas that the student may attend and participate in. If not checked above, please describe the restrictions and anticipated length of restrictions that are recommended.

By signing, I acknowledge that I have cleared the student for attendance in the MMCC PTA program.

Physician signature: _____ Date: _____

APPENDIX E: Infection Prevention Policy

MID MICHIGAN COMMUNITY COLLEGE HEALTH EDUCATION PROGRAMS INFECTION PREVENTION POLICY ON CAMPUS AND IN CLINICAL AGENCIES

POLICY:

A standard precautions system emphasizes direct and indirect contact transmission of infectious agents in moist body substances via the hands of personnel. Standard Precautions includes a combination of handwashing, the appropriate use of protective barriers and the careful and proper disposal of sharps without unnecessary manipulations.

Formerly, Blood/Body Fluid Precautions were applied to clients identified as belonging to a "high risk group." Identifying individuals who have unrecognized infections or who engage in "high risk" activities is impossible. "*Standard Blood/Body Fluid Precautions*" are used in the care of all clients, especially those in emergency care settings in which the risk of blood exposure is increased, and the infectious status of the client is usually unknown.

PROCEDURE:

GENERAL PRECAUTIONS FOR CAMPUS AND CLINICAL EXPERIENCES:

Barrier Precautions:

- Gloves are worn in the following circumstances:
 - Touching human blood and other moist body fluids, mucous membrane, or non-intact skin of all persons.
 - Handling items or surfaces soiled with blood or body fluids.
 - Performing venipuncture and other vascular access procedures.
 - Gloves are changed and hands washed after each human contact.
- Masks and protective eyewear or faceshields are worn:
 - During procedures likely to generate droplets of blood or other body fluids to protect mucous membrane of the eyes, nose and mouth from the risk of exposure.
- Gowns or aprons are worn:
 - During procedures that are likely to generate splashes of blood or other body fluids.

Barrier precautions do not take the place of handwashing, therefore, handwashing is carried out according to prescribed policy and in addition:

- Immediately and thoroughly if contaminated with blood or other body fluids.
- Immediately after gloves are removed.

Disposal of sharps (needles, scalpels, vials, etc.) according to policy to prevent injury:

- Needles are not:
 - recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise

contaminated by hand.

- After use, disposable needles, syringes, scalpel blades and other sharp items are placed in a puncture resistant container for disposal.
- Sharps disposal units are located in laboratory classrooms and as close as possible to the work unit in the clinical facility.

Oral Secretions: (has not been associated with HIV transmission):

- Routine suctioning does not require the use of a mask or eye coverings. However, if aerosolization is likely to occur: masks, goggles, or faceshields will be used.
- CPR - To date no HIV transmission has been reported:
 - Disposable resuscitation masks are located in all client care areas and are suggested to prevent transmission of TB, meningitis, herpes and Hepatitis B. (If blood exposure occurs when a mask was not used, the student should consider this a mucous membrane exposure and seek follow-up according to policy).
 - CPR mannequins should be cleaned with 70% alcohol or bleach (1:10 dilution).

Dermatitis - weeping dermatitis or exudative lesions:

- Students should refrain from all direct client care or handling client care equipment until the condition resolves. (See Handbook)
- Exceptions may be made if gloves can be worn comfortably.

Pregnancy:

- Pregnant students are at no greater risk of HIV infection than other students.
- Because of potential risk to the infant, pregnant students should be especially familiar with and strictly adhere to precautions.

Isolation:

- Students are required to follow Standard Precautions and agencies protocol and policies for specific situations.

CLINICAL AREA SPECIFICS:

Maternal and Child Health:

- General precautions as mentioned earlier and specific precautions noted under "Precautions for Invasive Procedures."
- Precautions are observed for both mother and infant pre and post-delivery, including cord care, newborns' first bath and management of blood dressings and pads.
- Separation of mother and newborn is not necessary. Rooming in is acceptable.
- Diapers may be changed without using gloves, unless there is a gross soiling, if there are not openings in the skin on hands of health care workers. Handwashing is practiced after each diaper change.

APPENDIX F: Bloodborne Pathogen Policy

MID MICHIGAN COMMUNITY COLLEGE

BLOODBORNE PATHOGEN

POST-EXPOSURE EVALUATION, CARE, AND FOLLOW-UP

If a Mid Michigan Community College student or employee is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that we immediately focus our efforts on:

- ◆ Making sure that this person receives medical consultation and treatment (if required) as expeditiously as possible
- ◆ Investigating the circumstances surrounding the exposure incident

EXPOSURE INCIDENT:

Accidents in which blood, blood-contaminated body fluid or tissue to which universal precautions apply are introduced into the eye, mouth, other mucous membrane, or into non-intact skin via a needlestick, skin cut or direct splash which result in the laboratory setting.

Exposure incidents can result in serious nosocomial disease, including Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV) infection. It is essential that standards are defined which assure prompt identification of the person prompt intervention with appropriate prophylaxis, education, and treatment. Any individual who sustains an exposure incident will proceed as indicated in the following guidelines:

- STEP 1:** Wash the exposed area immediately
- STEP 2:** Inform his/her instructor/supervisor of the incident
- STEP 3:** Report to the healthcare provider of choice
- STEP 4:** Exposed person is responsible for cost of care
- STEP 5:** The Safety Officer or designee will investigate every exposure incident that occurs in our facilities. This investigation is initiated within 24 hours after the incident occurs and includes the following information:
- ◆ When the incident occurred
 - Date and time
 - ◆ Where the incident occurred
 - Location within the facility
 - ◆ What potentially infectious materials were involved in the incident
 - Type of material (blood, urine, etc.)
 - ◆ Source of material
 - ◆ Under what circumstances the incident occurred
 - ◆ How the incident was caused

- Accident
- Unusual circumstances (e.g., equipment malfunction).
- ◆ Personal protective equipment being used at the time of the incident
- ◆ Actions taken as a result of the incident
 - Care of injury
 - Cleanup
 - Notifications made

STEP 6: Follow up procedures

- ◆ The exposed individual will provide the College with written documentation from the selected health care provider
 - Healthcare provider name
 - Date of visit
 - If HIV/HBV education was provided if needed (Michigan Department of Public Health guidelines attached)

Much of the information involved in this process must remain confidential, and we will do everything possible to protect the privacy of the people involved.

APPENDIX G: Requirements for Clinical Education Restriction

Disease/Problem	Relieve from Direct Patient Contact	Partial Work Restriction	Duration
Conjunctivitis	Yes		Until discharges cease <u>or</u> until 24 hrs. after antibiotic initiated.
Vomiting or Diarrhea, acute (with fever, cramps, or bloody stools, or lasting more than 24 hrs.)	Yes		Symptoms resolve
Herpes Simplex Genitalia Orofacial	No Yes	Do not take care of high-risk patients	Until Lesions heals
Herpes Zoster (Varicella) (Shingles)	Yes	Do not take care of high-risked patients	Until lesions are dry and crust
Pediculosis	Yes		Until 24 hrs. after treatment
Scabies	Yes		Until 24 hrs. after treatment
Staphylococcus Aureaus (Skin lesions)	Yes		Until lesions have resolved
URI with temperature elevation above 100 (O)	Yes	Do not take care of high-risked patients	Until acute symptoms resolved
Skin/Soft Tissue Infection	No	Possibly gloves	Until healing is complete
Pregnancy	Special Conditions my apply	Do not care for patients with Herpes Zoster, Chemotherapy Drugs (First Trimester) *Actual administration of Chemotherapy Drugs (First Trimester), No x-ray, No radiation therapy	Physician's release form specifying no limitations will be required to return to clinical when there is an absence of delivery.

*Taken from Communicable Disease Center Publication, Atlanta, Georgia