# TABLE OF CONTENTS

## GENERAL INFORMATION
- Philosophy ................................................................. 2
- Program Outcomes ......................................................... 2
- Accreditation Statement .................................................. 3
- Physical Therapist Assistant Curriculum .......................... 4
- Nondiscrimination and Equal Opportunity Statement .......... 5
- Student Academic Code of Ethics ...................................... 5
- Student Code of Conduct ................................................ 6

## CLINICAL EDUCATION OVERVIEW
- Purpose of Clinical Education ........................................... 8
- Responsibilities of the ACCE ........................................... 9
- Clinical Education Site Placement ..................................... 10
- Clinical Instructor Requirements, Responsibilities, and Privileges ........................................... 10
- Supervision of Student Physical Therapist Assistants .......... 12
- Clinical Education Faculty Orientation and Development ........................................................................................................... 12
- Establishing Clinical Education Sites and Contracts ........................................................................................................... 13
- Communication between the PTA Program and Clinical Sites .......................................................... 13
- Communication between the ACCE and Students ........................................................................................................... 14
- Readiness for Clinical Education ........................................ 14
- Clinical Education Assignments and Grading ..................... 14
- Sequence of Clinical Education Experiences ...................... 16
- Clinical Education Progression Criteria ............................... 19

## POLICIES AND PROCEDURES
- Health Records Policy ..................................................... 22
- Clinical Eligibility Requirements ....................................... 23
- Child Abuse History Clearance and Criminal Record Checks Policy ............................................. 24
- Student Information Shared With Clinical Education Sites ........................................................................................................... 26
- Impaired Student Performance in the Laboratory and/or Clinical Setting Policy ......................... 26
- Procedure for Removal of a Student from the Clinic Site .......................................................... 27
- Clinical Education Attendance ......................................... 28
- Dress Code ........................................................................... 29
- Student Conduct .................................................................. 30
- Professional Boundaries ................................................... 31
- Safety Standards .................................................................. 31
- Patient’s Rights ................................................................... 33
- Social Media and Networking ............................................. 34
- Telephone, Internet and Photocopying ............................... 35
- Communicable Diseases ..................................................... 35
- Student Occupational Exposure Plan ................................. 36
- Accident/injury/illness report ............................................... 39
- Waiver Agreement .............................................................. 40

## APPENDICES
- Appendix A – PTA Clinical Education Handbook Checklist .......................................................... 41
GENERAL INFORMATION
Philosophy

The Physical Therapist Assistant Program provides a quality, comprehensive program of study that prepares ethical, competent entry-level Physical Therapist Assistants (PTAs), who provide evidence-based interventions. This is accomplished through a supportive learning environment that integrates sequential instruction and full-time practical clinical experiences.

Graduates are prepared to take the Physical Therapist Assistant National Physical Therapy Examination for State licensure/certification and to demonstrate values-based behavior while effectively and efficiently assisting Physical Therapists serving the diverse population of Montgomery County and surrounding communities. PTAs work under the direction and supervision of a Physical Therapist and are employed in such settings as hospitals, nursing homes, home health agencies, rehabilitation centers, school systems, sports medicine facilities, and private practices.

FSBPT®
Federation of State Boards of Physical Therapy
124 West Street South, Third Floor
Alexandria, VA 22314
PHONE 703-299-3100
FAX 703-299-3110
https://www.fsbpt.org

Program Outcomes

Upon program completion, the graduate will be able to:

1. Demonstrate proficient entry-level knowledge and skills in safely, effectively and efficiently implementing a Physical Therapist-established comprehensive plan of care.
2. Adhere to the legal, ethical and professional regulations and standards that determine the scope of practice of physical therapy and perform physical therapy duties within the PTA’s scope of practice.
3. Communicate effectively with sensitivity and awareness of individual differences with patients, families, colleague and other healthcare providers.
4. Exhibit observable behaviors that indicate a commitment to PTA values-based behaviors.

The Program Operational Goals are that the PTA Program will:

1. Maintain high quality educational experiences based in contemporary practice.
2. Recruit and retain qualified faculty capable of providing excellent instruction across the curriculum.
3. Maintain teaching facilities of adequate space and with access to equipment needed to provide high-quality learning experiences.
4. Recruit, accept and graduate qualified students who reflect the demographic diversity of the College’s population.
5. Prepare licensed entry-level Physical Therapist Assistants who meet or exceed stated Program level learning outcomes.
Accreditation Statement

Graduation from a Physical Therapist Assistant education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; phone 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

The Physical Therapist Assistant Program at Montgomery County Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org. If needing to contact the program/institution directly, please call 215-619-7361 or email rcullen@mc3.edu.

If a student wishes to file a complaint or discuss a concern about the program with CAPTE, they may do so by following the directions at this link: www.capteonline.org/complaints.

CAPTE is the only recognized organization providing accreditation for Physical Therapist Assistant and Physical Therapist programs in the United States. Program accreditation provides students, graduates and employers with information pertaining to the program’s skill, knowledge, value, and competency. These are the goals the program intends to impart to the student, which are necessary to perform the range of professional responsibilities expected by employers across the nation.

Graduation from an accredited program also provides the capability to apply for licensure in each of the states. By requiring programs to meet specific criteria and standards for accreditation, students have access to the best curriculum available in their field. Upon completion of the boards, they will have the foundational knowledge to continue to develop as professionals within the physical therapy field.

Accreditation of educational programs assures patients that students, who perform procedures, have appropriate supervision during the educational process. It also indicates that graduates will have met the minimum level of competency as defined nationally by the profession. Through the process of programmatic accreditation and program review, educators are assured that their educational programs are remaining current with the profession and with standards developed through national consensus.
Physical Therapist Assistant Curriculum

Sequence of Courses

The program has two distinct phases:
The Pre-Technical Phase gives students the opportunity to complete general education and foundational requirements at their own pace.
The Technical Phase requires successful completion of the Pre-Technical Phase and acceptance into this highly specialized and competitive full-time clinical phase.

PRE-TECHNICAL PHASE

<table>
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<tr>
<th>FIRST SEMESTER (Summer)</th>
<th>CREDITS</th>
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<tbody>
<tr>
<td>BIO 131 Human Anatomy and Physiology I (first 6 weeks)</td>
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<tr>
<td>ESW 151 Fundamentals of Functional Training (first 6 weeks)</td>
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</tr>
<tr>
<td>BIO 132 Human Anatomy and Physiology II (second 6 weeks)</td>
<td>4</td>
</tr>
<tr>
<td>MAT 106 Math Applications (second 6 weeks)</td>
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<tr>
<td>PHY 115 Technical Physics</td>
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<tr>
<td>ENG 101 English Composition I</td>
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</tr>
<tr>
<td>ESW 222 Applied Kinesiology (Fall only)</td>
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</tr>
<tr>
<td>ESW 224 Exercise Physiology (Fall only)</td>
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<tr>
<td>ESW 215 Prevention and Care of Athletic Injuries</td>
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</tr>
<tr>
<td>THA 105 Introduction to Acting I: Improvisation and Fundamentals</td>
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</tr>
<tr>
<td>HCP 224 Medical Terminology</td>
<td>3</td>
</tr>
<tr>
<td>PSY 206 Human Development – A Life-Span Approach</td>
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TECHNICAL PHASE

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<tr>
<td>PTA 100 Fundamentals of Physical Therapist Assisting and Data Collection (first 7 weeks)</td>
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<tr>
<td>PTA 110 Therapeutic Modalities in Physical Therapy (first 7 weeks)</td>
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<tr>
<td>PTA 200 Pathology and Rehabilitation of Orthopedic Conditions Across the Life Span and Continuum of Care (second 7 weeks)</td>
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<tr>
<td>PTA 201 Physical Therapist Assistant Roles, Relationships and Responsibilities – Seminar I (second 7 weeks)</td>
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<td><strong>TOTAL: 13 credits</strong></td>
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<tr>
<td>PTA 221 Clinical Education I (first 7 weeks)</td>
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<tr>
<td>PTA 202 Physical Therapist Assistant Roles, Relationships and Responsibilities – Seminar II (first 7 weeks)</td>
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<tr>
<td>PTA 210 Pathology and Rehabilitation of Neurological Conditions Across the Life Span and Continuum of Care (second 7 weeks)</td>
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<tr>
<td>PTA 220 Pathology and Rehabilitation of Special Populations and Conditions Across the Life Span and Continuum of Care (second 7 weeks)</td>
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<td>PTA 222 Clinical Education II (first 7 weeks)</td>
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<tr>
<td>PTA 203 Physical Therapist Assistant Roles, Relationships and Responsibilities – Seminar III (first 7 weeks)</td>
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<tr>
<td>PTA 223 Clinical Education III (second 7 weeks)</td>
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<tr>
<td>PTA 204 Physical Therapist Assistant Roles, Relationships and Responsibilities – Seminar IV (first 7 weeks)</td>
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<tr>
<td><strong>TOTAL: 6 credits</strong></td>
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</table>

TOTAL SEMESTER CREDIT HOURS ........................................................................... 70
Nondiscrimination and Equal Opportunity Statement

The Physical Therapist Assistant Program subscribes to the College’s policies on equal opportunity for all individuals as well as specific policies regarding individuals with communicable diseases. The Equal Opportunity Statement can be found at https://www.mc3.edu/employment-opportunities/equal-opportunity-statement

Montgomery County Community College is committed to assuring equal opportunity to all persons and does not discriminate on the basis of race, color, sex, religion, ancestry, national origin, age, applicable disability, or sexual orientation in its educational programs, activities, admissions, or employment practices as required by Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other applicable statutes. Inquiries concerning Title IX and or 504 compliance should be referred to the Director of Equity and Diversity Initiatives, 340 DeKalb Pike, Blue Bell, PA 19422, (215) 619-7413 V/TTY. Central Campus students seeking information regarding services for students with disabilities should contact the Director of Services for Students with Disabilities at 340 DeKalb Pike, Blue Bell, PA 19422, (215) 641-6575 V. https://www.mc3.edu/about-mccc/policies-and-procedures/students-with-disabilities

Student Academic Code of Ethics

The Physical Therapist Assistant faculty supports the College’s Student Academic Code of Ethics (http://www.mc3.edu/aboutus/policies/aa-3/ethics.aspx) which states, “In the pursuit of knowledge and scholarship, all members of the academic community at Montgomery County Community College must maintain a constant commitment to academic integrity. The College provides an environment that fosters critical thinking and judgment, and in order to safeguard the integrity of the institution, students are expected to follow the policies of the College and the faculty. To fulfill their part of that commitment, students must adhere to an academic code of ethics by refraining from participation in acts of academic dishonesty.”

The Student Academic Code of Ethics includes definitions and examples of Academic Dishonesty including: Plagiarism, Cheating on Examinations and Assignments, and Aiding Another Student in Committing an Act of Academic Dishonesty. Violations of this code of ethics will result in sanctions, including possible dismissal from the College.

Students are responsible to access and read this document in the Montgomery County Community College Student Handbook Calendar, on the College’s website, and Course syllabi.

It is the belief of the Physical Therapist Assistant faculty that Physical Therapist Assistant students should act in an ethical, as well as legal, manner. Therefore academic dishonesty in any form will result in a grade of zero for the assignment as well as possible disciplinary action as outlined in the Course Catalog under “Academic Discipline.”

Cheating in the clinical area is unsatisfactory. After Physical Therapist Assistant faculty review and discussion the student may receive a clinical failure.

As outlined in the College Student Academic Code of Ethics (http://www.mc3.edu/aboutus/policies/aa-3/ethics.aspx), “Students may follow the College’s appeal process if they dispute an instructor’s accusation of academic dishonesty. The Academic Progress Committee will hear the appeal, and the policies of the Academic Progress Committee are incorporated into this statement by reference.”
Student Code of Conduct

The Physical Therapist Assistant faculty supports the College’s Student Academic Code of Conduct (http://www.mc3.edu/about-us/policies/125) which states that “Students are expected to treat all members of the college community with dignity, respect, fairness, and civility and to behave in a responsible manner at all times both in and outside of the classroom.”

“Montgomery County Community College has established and will maintain a fair, equitable, and timely procedure for addressing student disciplinary matters ensuring that the rights of the students, the College community, and the community-at-large are protected. The College has established a student Code of Conduct to describe behavior that is in violation of acceptable standards and the disciplinary procedures and sanctions for code violations.” Students’ rights in the process of a disciplinary hearing are explained in detail in the College policy.

Students are responsible to access and read this document in the Montgomery County Community College Student Handbook Calendar, on the College’s website, and Course syllabi.
CLINICAL EDUCATION OVERVIEW
Purpose of Clinical Education

Clinical education experiences are integrated within the technical coursework of the Program in three full-time, 6-week assignments. Clinical experiences are structured learning activities with objectives and assessment criteria. Experiences include observation as well as skills performance. Students are assigned to clinical sites based on available facilities and student learning needs. The goal of clinical education is to provide a student with a range of clinical experiences to allow for integration of didactic knowledge, and clinical practice and site assignments are selected to ensure a generalized exposure to a variety of physical therapy settings.

Clinical experiences are an integral part of the PTA program. Students must have experiences within approved and accepting clinical facilities in order to successfully complete their program of study. Students must complete at least one inpatient and one outpatient clinical education experience in order to successfully complete the PTA program. Clinical assignments are non-negotiable and faculty will not allow students to exchange site assignments with their classmates. While the faculty recognizes that students may be assigned to sites that are distant from their jobs or homes, students must be prepared to make adjustments to arrive at their assigned sites on time and for the entire period of the clinical practice. Students are not necessarily held to all of the same standards and rules as site employees and at no time are students considered employees of the facilities. Students are held to the standards and rules as outlined at the discretion of the clinical facilities and per the clinical affiliation agreement between the clinical facility and the Montgomery County Community College PTA Program.

In order for an experience to be considered as “full time,” the student is required to be at the clinic for a total of forty (40) hours per week, for the number of days per week stated in each course syllabus or designated by the clinical site (if different from course syllabus). Hours may be modified based on the clinic’s operations.

Weekly schedules designated by the clinical site may entail workdays greater than and/or less than eight (8) hours; however, student’s weekly clinical schedule is not expected to exceed forty (40) hours total. If the scheduled hours exceed 40 hours per week, the student must discuss this with the ACCE and obtain permission. The clinical faculty may allow schedule adjustments; however, all assigned clinical hours must be completed within the assigned semester.

Students must meet the eligibility requirements of the clinical facility in order to be placed at the site. The Program places students in clinical facilities with the highest clinical standards. These clinical partners are an integral part of the Program and are required to sustain the Program’s high standard clinical education component. Clinical facility eligibility requirements include, at minimum, successful completion of the coursework requirements and completion of required paperwork and health records to be on file with the PTA Program.

The clinical facility retains the right to decline a referred student, add to the list of eligibility requirements and/or bar the student from working with the facility's patients. Students who are asked to leave a clinical site by the facility or to separate from the clinical site for some other reason cannot be guaranteed placement into another site within the same semester. This may result in the student having to delay progress in the program of study for up to one academic year or until a new clinical facility can be assigned.
Each student will be assigned a Clinical Instructor (CI) at the clinical site. Most sites have a Center Coordinator of Clinical Education (CCCE). The PTA Program has an Academic Coordinator of Clinical Education (ACCE). Any student having interpersonal difficulty with a CI, CCCE, supervisor, or other professional may ask for a conference, and the ACCE will be informed. A conference date may then be arranged with the student, ACCE, and/or appropriate clinical personnel.

The student’s part in ensuring the effectiveness of the clinical education courses of the Program is to have a thorough understanding of the educational philosophy of “hands on” clinical training, a thorough understanding and commitment to the rules governing clinical education, and a commitment to quality patient care and patient safety. The student will be accountable for his/her own actions while in the clinical site and attainment of his/her own learning objectives. Students have the status of learners and will not replace clinical staff nor give service to patients apart from its educational value.

**Responsibilities of the ACCE**

One member of the PTA faculty is responsible for coordinating the clinical education portion of the program curriculum. The ACCE works directly with the other program faculty, clinical faculty, and students to provide learning experiences which will help the student develop clinical competence. The ACCE is responsible for the following:

- Development of clinical education sites.
- Coordinate and provide clinical instructor development activities.
- Assessment and determination of student readiness for clinical experience in collaboration with program faculty.
- Meet with students to discuss clinical site selection.
- Set up and schedule clinical assignments for students.
- Ensure that students get a variety of clinical experiences.
- Meet with students to discuss goals related to clinical education.
- Coordination of all clinical education experiences.
- Maintain and update clinical site database.
- Maintain and update clinical site’s affiliation agreement database.
- Update the Clinical Education Handbook.
- Provide updated Clinical Education Handbook to all clinical sites and students.
- Provide all forms and information to clinical site and clinical instructor.
- Schedule site visits.
- Complete site visits for Clinical Education I, II, and III.
- Serve as a resource to the student and the clinical instructor.
- Confer with student and clinical instructor regarding student learning needs and progress towards meeting objectives.
- Keep student and clinical instructor informed on APTA and state specific regulations and rules that guide clinical practice.
- Facilitate conflict resolution and problem-solving strategies.
- Assess student overall clinical education performance based on methods of evaluation.
- Contact and secure new clinical sites and complete all appropriate paperwork.
- Ensure that the affiliation agreements between MCCC and each clinical site is reviewed annually and renewed as needed by academic and clinical faculty.
- Ensure that clinical education sites receive a copy of MCCC’s liability insurance on an annual basis.
- Ensure that clinical instructors meet selection criteria.
Clinical Education Site Placement

If the student has an interest in a particular facility or patient population for a future clinical experience, the sooner in the curriculum that the student discusses this with the ACCE, the better. This will allow faculty to make contact and begin the contractual process, if able. Students are prohibited from contacting clinical sites directly to set up their own clinical affiliations. All student requests must be presented to the ACCE for consideration.

The Program makes every effort to secure clinical facilities within a 90 minute driving radius from the campus. All students are expected to plan for the possibility of attending at least one clinical facility located up to 90 minutes away.

Clinical Site Selection Procedure

1. Students are to review the Clinical Education Site Database and complete the “Clinical Experience Preference Form” (Appendix D) and submit to the ACCE by the following dates.
   a. Clinical Education I (PTA 221): June 1st
   b. Clinical Education II and III (PTA 222 and PTA 223): Oct 15th

2. The ACCE will assign students to sites based on student learning objectives, assessment of student skills, site availability and order of preference, taking into consideration prior clinical experiences. The ACCE will utilize the “Clinical Education Preference Form” to make efforts to ensure students are placed in a variety of clinical settings while taking individual interests and experiences into consideration. Placement in the clinical facilities listed on the “Clinical Experience Preference Form” is not guaranteed.

3. Once student placements have been determined, the ACCE will notify/confirm specific student placement with facility CCCEs.

4. The ACCE has the discretion to revise clinical assignments to ensure the student meets the educational objectives.

5. If the student refuses to attend an assigned site, another clinical site may not be available. This may result in failure of the Clinical Education course, and therefore impact successful completion of the PTA Program.

6. If a facility refuses to accept an assigned student (due to student non-compliance with clinical facility eligibility requirements, conflict of interest issues, or any other reason in which the facility deems the student assignment as inappropriate or detrimental to facility operations), the ACCE will make a second attempt to place the student in a different facility.

7. If a student is employed in any capacity at a health care facility used for clinical internship (i.e., as a PT aide, nursing aide or technician), the student must inform the ACCE and request clinical placement at a different facility. This provides a broader learning experience for the student and prevents role conflict with facility staff.

Clinical Instructor Requirements, Responsibilities, and Privileges

Clinical instructors (CI) for the clinical education courses must have a minimum of one year clinical practice experience and must be a licensed PT or PTA. If the CI is a PTA, a licensed PT must be on premise throughout the time the PTA student is providing physical therapy services. Arrangements must be made to designate an alternate CI in the event the assigned CI is absent. The student’s performance will be measured by the CPI tool (APTA). The CI’s performance will be assessed by the student who completes the Student PTA Evaluation Form. This assessment
is then reviewed by the Academic Coordinator of Clinical Education (ACCE) and the center clinical coordinator of education (CCCE), if available.

The CI’s responsibilities include:

1. Provide orientation to students including the facilities and the rules, policies and procedures of the organization, including instruction on personal protective equipment availability and use, fire and emergency response plans, and organization policies related to the responsibilities of the students.
2. Provide sufficient quantity and variety of patient care activities consistent with the academic education students have received. If a CI teaches a patient care technique/assessment that has not been taught and practiced in the academic setting, the CI is responsible for determining the student’s competency.
3. Provide students with opportunities to interact with patients, patients’ families, and other health care providers.
4. Assure that therapeutic equipment used by students and staff is in safe condition and effective.
5. Provide a variety of additional learning experiences such as participation in in-services, rounds, discharge planning, observation of other disciplines, team meetings, chart review/utilization review, etc.
6. Provide access to emergency medical services for students in the event of accident or illness.
7. Provide constructive and timely feedback to students and ACCE regarding student performance (completion of the CPI by the end of the 3rd week and the end of the 6th week).
8. Contact the ACCE as soon as possible if there is a concern that the student is not sufficiently working toward achieving the course objectives and/or is at risk of failing the course.
9. Contact the ACCE immediately with any student behavior that is unprofessional, unethical, and/or impedes safe patient care or optimal learning.
10. Provide feedback to the Program regarding performance of the ACCE (organizational skills, training of CIs, and preparedness of students) through the ACCE Performance Assessment Survey.
11. Review the site’s clinical education experiences’ strengths and weaknesses, and make revisions as needed.
12. Assist the academic faculty in refinement of the PTA curriculum and in further development of the Program.

Clinical instructors for the PTA Program are afforded the following rights and privileges:

1. To be provided information about an upcoming student clinical experience that will assist them in planning for that experience.
2. To have easy access to communication with the ACCE as needed during the clinical experience.
3. To utilize PTA Program departmental resources available in the PTA Reference library in College Hall. Available materials include books, journals, videos and interactive CD-ROMs.
4. To provide input and make recommendations for the improvement of the PTA Clinical Education Program.
Supervision of Student Physical Therapist Assistants

HOD P06-11-09- 17 [Amended HOD P06-00-19-31; HOD 06-96-20-35; HOD 06-95-20-11] [Position] Last Updated: 08/15/12 Student Physical Therapist Assistants, when participating as part of a physical therapist assistant education curriculum, and when acting in accordance with American Physical Therapy Association policy and applicable state laws and regulations, are qualified to perform selected physical therapy interventions under the direction and supervision of either the Physical Therapist alone or the Physical Therapist and Physical Therapist Assistant working as a team. When the student Physical Therapist Assistant is participating in the delivery of physical therapy services while being supervised by the Physical Therapist alone or the Physical Therapist and Physical Therapist Assistant working as a team, the Physical Therapist or the Physical Therapist Assistant is physically present and immediately available at all times. The Physical Therapist or the Physical Therapist Assistant will have direct contact with the patient/client during each visit as visit is defined in the Guide to Physical Therapist Practice. The Physical Therapist maintains responsibility for patient/client management at all times, including appropriate utilization of the Physical Therapist Assistant as described in Direction and Supervision of the Physical Therapist Assistant, and for interventions performed by the student Physical Therapist Assistant.

Clinical Education Faculty Orientation and Development

The PTA program provides orientation, training and development activities for Clinical Instructors. The ACCE provides new Clinical Instructor orientation prior to student placement. Orientation will cover review of this clinical education handbook.

Orientation also includes information on the content of the program’s lab practical examinations and skill checks, student supervision, formative and summative assessment/feedback. Each clinical instructor is required to complete the online training from the APTA on the web Clinical Performance Instrument.

During each midterm site visit, or any additional visits as needed, the ACCE seeks student input regarding CI effectiveness, supervision and the overall clinical environment. The ACCE documents student comments offered during the visits utilizing Section IV of the Clinical Visit Report (Appendix C). During the visits, the ACCE also offers additional CI development and training as needed to promote effectiveness.

The ACCE is also available to provide guidance for CI’s at any time during a clinical education experience. The PTA Program faculty welcomes feedback on their performance. The Clinical Instructor will be asked to complete the ACCE Performance Assessments Survey electronically for their feedback on the performance of the ACCE. Additionally, the ACCE solicits input from CIs regarding faculty development interests or other recommendations related to the clinical education program.

At the close of each clinical education experience, students are required to complete the Clinical Education Student Survey - Clinical Site and Clinical Instructor Assessment electronically. This tool is used by the Program to assess clinical faculty effectiveness, the clinical environment and the overall clinical experience. The form assists with identifying CI strengths, weaknesses and effectiveness as perceived by the student.
Following the close of each Clinical Education experience, the ACCE reviews the completed survey along with Midterm Clinic Visit Report comments and compiles the data to identify appropriate CI development needs. Scores in any area that fall below a rating of “4/ Agree” are an indication of the need for further CI development or ongoing training. The ACCE will provide development activities to individual CIs, or for the facility as a whole, to address identified needs and improve overall effectiveness.

Establishing Clinical Education Sites and Contracts

The PTA program seeks to maintain contracts in sufficient numbers and of adequate variety to provide students with opportunity to meet required skills by the end of Clinical Education III. The ACCE maintains responsibility for obtaining and maintaining clinical contracts with area facilities.

The ACCE will identify potential sites which:
1. Express an interest in serving as a clinical education site.
2. Employ a fulltime licensed PT or PTA with a minimum of 1 year of clinical experience who may serve as a Clinical Instructor. If the potential CI is a PTA, the facility must identify the supervising Physical Therapist on staff as well.
3. Maintains sufficient patient caseload to support the clinical education objectives.

Additionally, potential CIs should consider clinical education a priority, be willing to convey all applicable knowledge to the student, and commit to effective assessment of student clinical performance.

Once a site meets the above requirements, the ACCE will initiate a uniform written agreement in effect with the clinical site. Close cooperation between the College, PTA academic faculty and the clinical faculty is vital to the success of the student and the Program. Copies of executed written agreements are kept on file and are available for review upon request to the Academic Coordinator of Clinical Education (ACCE). PTA students are not placed in a new clinic site until a signed contract is in place.

Communication between the PTA Program and Clinical Sites

The PTA Program has multiple procedures in place to promote ongoing communication with clinical sites. Student placement requests are disseminated annually, each March prior to the clinical education courses. Communication related to student placement requests is completed via email and fax.

During clinical education experiences, the ACCE utilizes various methods of communication including physical visits, phone conferences, email, and fax. The ACCE makes a minimum of one contact, either by visit or phone call, per course, with additional visits/contacts scheduled as needed.

Clinical instructors/facilities are encouraged to contact the ACCE and or PTA Program as needed. Current contact information is as follows:

ACCE: Jaime Bayzick, DPT (215) 641-6554 jbayzick@mc3.edu
Program Director: Robert Cullen, PT (215) 619-7361 rcullen@mc3.edu
Administrative Assistant: Patti Wolfe (215) 641-6339 pwolfe@mc3.edu
Communication between the ACCE and Students

During clinical education experiences, the ACCE will complete a midterm site visit to meet with both the CI and student and complete the midterm clinical visit report (Appendix B). The purpose of the visit is to track the student’s clinical performance in meeting individual course learning objectives, and ensure that student intervention and data collection techniques are provided as directed in the plan of care developed by the supervising PT. The ACCE will also verify continued appropriate supervision and role-modeling and the overall quality of the experience. If the CI is a PTA, the ACCE will verify that the student is demonstrating effective, ongoing communication with the supervising Physical Therapist; if the CI is a PT the ACCE will verify appropriate communication with staff PTAs if applicable. Strengths and weaknesses will be identified and documented. The ACCE will assist the student to develop an action plan (Appendix G) as needed to promote student success.

Students are to complete and submit a weekly planning form, to track ongoing progress. If concerns are raised during the midterm site visit, the ACCE will contact the clinical instructor in the final two weeks of the course to verify students’ progress toward meeting objectives and/or effective follow through with stated action plans. (Appendix G)

The ACCE will ensure that the students’ right to privacy and confidentiality regarding clinical performance is protected at all times. Consultations with the CI and student will be completed separately in a private area away from patient care or office activities. Joint meetings may be held following consultations as needed to address concerns, promote coordination, and establish action plans.

All communication between the ACCE and the student/site will be documented and filed in the student file.

Readiness for Clinical Education

The Program Director and ACCE, in consultation with other PTA program faculty members, will assess each student’s readiness prior to each clinical experience. The student will either be placed or not be placed in the clinic based on this assessment. Considerations will include, but not be limited to the following areas:

1. Skill competency demonstrated on successfully passing all skill checks and practical exams
2. Meeting the program’s “Professional Behaviors” expectations
3. Clinical evaluations and performance from completed experiences
4. Receiving a passing grade for all program coursework

Clinical Education Assignments and Grading

The PTA Program utilizes the APTA’s Web-based CPI for the Physical Therapist Assistant for assessment of student clinical performance during all clinical education courses. The Web-based CPI for the PTA allows for easy access by all users, including the PTA student, CI, CCCE and ACCE. The Web-based CPI for the PTA also enables users to view and compare completed midterm and final reports online, access a PDF version of the PTA CPI, retrieve data, and communicate information through smart email and the design of the system. Training for the student, CI, CCCE and ACCE regarding the appropriate use of the PTA CPI is provided online through the APTA Learning Center.
This course will be graded as either “Pass” or “No Pass”. Successful completion of the course is dependent on:

1. Completion of the Physical Therapist Assistant Clinical Performance Instrument at midterm and final. For a passing grade, upon final, the CPI must have a minimum of:
   - 7/14 criteria rated by the clinical instructor at a minimum of “Advanced Beginner” level and the remaining criteria rated by the clinical instructor at a minimum of “Beginner” level for PTA 221, Clinical Education I.
   - 7/14 criteria rated by clinical instructor at a minimum of “Advanced Intermediate” level of performance and the remaining criteria rated by the clinical instructor at a minimum of “Intermediate” level of performance for PTA 222, Clinical Education II.
   - 14/14 criteria rated by the clinical instructor at a minimum of “Entry level” level of performance for PTA 223, Clinical Education III.

   Should a Clinical Instructor not rate a graduate at “Entry-Level” of performance for PTA 223, the ACCE will contact the clinical instructor to discuss the student's performance; any concerns the clinical instructor may have regarding the student; and the CPI to help the ACCE determine if the student is at "Entry-Level."

2. A passing grade on an in-service on a topic assigned by the clinical instructor. See grading rubric for detail. For a passing grade, the in-service must be completed at a satisfactory level, as deemed by the clinical instructor.

3. A passing grade on weekly planning forms and journal entries, to be sent to emailed to the course coordinator each Friday by midnight. For a passing grade, 5 out of the 6 journal entries and weekly planning forms must be thoroughly completed (see grading rubric).

4. A passing grade on the Values Based Behaviors for the PTA self-assessment, at final. For a passing grading, the student must rate themselves as:
   - A “4” on the Likert scale on at least 50% of the indicators for PTA 221
   - A “4” on the Likert scale on at least 75% of the indicators for PTA 222
   - A “5” on the Likert scale on at least 75% of the indicators for PTA 223

5. A passing grade on the weekly discussion board posts. For a passing grade, the student must participate in discussion boards, at minimum, once per week (see grading rubric).

6. Data collection to be used for project in PTA 202, 203, and 204. For a passing grade, the student must collect the PT examination, progress notes, and any other pertinent information that can be used for the case study presentations in PTA 202, 203, and 204. All collected data MUST have any protected health information blacked out, and the CI must review any documents removed from the facility.

7. Completion of the online survey regarding clinical instruction and facility information.

The ACCE will be responsible for assigning the grade (Pass or No Pass) for each clinical education course, based on feedback from the CI and information from the above listed items. All students are graded on their performance during all clinical education courses by the ACCE using the information provided by the CI on the CPI. The student must also meet the program’s clinical education attendance policy and complete all clinical experience assignments to obtain a passing grade for all clinical education coursework. If the ACCE determines that there is a question about whether a student’s performance is acceptable, the ACCE will consult with the PTA Program Director.

If a student's CPI evaluation falls below criteria deemed satisfactory for each respective Clinical Education Course as designated on each syllabus or the student demonstrates unsafe behaviors, the “Significant Concerns” section of the CPI is checked and the CI will notify both the CCCE at the clinical site and the ACCE. Determination of the appropriate course of action to remediate
identified problem(s) in student performance will be discussed and implemented by the collaboration of the ACCE, CCCE and CI at the midterm. If continued participation in the clinical affiliation is deemed appropriate by the Clinical Faculty, an action plan (Appendix G) will be discussed with the student and implemented.

The final course grade is at the discretion of the ACCE. This decision is a professional judgment based upon the following:

- Whether or not any “Significant Concerns” boxes are checked on the final CPI form. If one or more “Significant Concerns” are checked on the final evaluation it is unlikely the student’s performance would be considered satisfactory for the course.
- Problems or concerns raised by the student and clinical faculty during the clinical experience and whether or not these were effectively resolved, and how the problems affected patient care and safety as well as the student’s chances of performing at entry-level by graduation; and whether the problems fit in a pattern of problems that were evident during the student’s academic coursework.
- ACCE consultation with the student, CI, CCCE, and PTA Program Director.
- The uniqueness or complexity of the clinical education site.
- Whether or not all outcomes on the course syllabus have been met.

NOTE: Regardless of a passing grade, a student may be dismissed from clinic by a Clinical Instructor, facility owner/administration, ACCE, or designee due to:

- Breach of safety.
- Dishonest, illegal, or unethical behavior/practice.
- A pattern of failure to display appropriate professionalism in the clinic setting.

Dismissal due to any of the above reasons will result in failure of the Clinical Education experience and may result in immediate dismissal from the Program. Petitions for readmission to the program in this case will be considered by the PTA Program on a case-by-case basis. Decisions will be dependent on 1) the nature of the incident, 2) the potential or real threat to client safety and well-being and 3) the risk for the clinical affiliate/agency.

Sequence of Clinical Education Experiences

All clinical education experiences are organized and sequenced according to the didactic and laboratory preparation that students receive in the curriculum. All clinical education experiences are of sufficient duration and length to allow students opportunity to meet entry level status on required skills and meet Clinical Education I, II, and III objectives.

PTA 221 Clinical Education I is an introductory level experience scheduled during the first half of the fifth program semester. Didactic preparation to that point in the curriculum includes Foundations for Physical Therapy Assisting and Data Collection, Therapeutic Modalities in Physical Therapy, Pathology & Rehabilitation of Orthopedic Conditions Across the Lifespan and Continuum of Care, and Physical Therapist Assistant Roles, Relationships and Responsibilities: Seminar I. Clinical Education I is a full time 6 week experience totaling 240 contact hours. Examples of expected clinical performance during Clinical Education I include professionalism, PT/PTA relationships, communication, documentation, fundamental PT data collection and intervention skills, and basic responsibility for cost-effective, efficient, quality care. It is anticipated that the Clinical Education I experience will be completed in an outpatient orthopedic setting.
The following skills are taught within the PTA Program in the listed course, prior to Clinical Education I. An asterisk (*) indicates that the student demonstrated competence with the skill via skill check/competency test and/or lab practical. Clinical instructors who teach skills not covered in the Program are responsible to assess the student’s competence with the skill prior to patient treatment.

**Fundamentals of Physical Therapy Assisting and Data Collection: PTA 100**
- *Chart Review, Completing Introduction/Patient Education Skills*
- *Data Collection Skills: Patient Consent, Pain, Sensation, Skin Integrity, Deep Tendon Reflexes*
- *Scope of the PTA*
- *Universal Precautions, Handwashing and Aseptic Techniques*
- *Anthropometric Measures: Height, Weight, and BMI calculation*
- *SOAP note documentation*
- *Vital Signs: Heart Rate, Respiratory Rate, Blood Pressure, SaO2, Bony Landmark and Muscle Palpation*
- *Joint Range of Motion Measurement: goniometric measurements of the UE and LE*
- *Muscle Length Testing*
- *Muscle Performance: Manual Muscle Testing of the UE and LE*
- *Handheld Dynamometry*
- *Bed Mobility (scooting, bridging, sit <-> supine via sidelying and via long sitting, supine <-> prone) with and without AD*
- *Use of Tilt Table*
- *Transfer Training (SPT with/without AD, Squat Pivot, SBT, Sit to stand, car transfers, hoyer lifts, 2 man lifts)*
- *Gait Training: Assistive Devices, Gait Patterns, Gait speed assessment, Gait deviations interventions: basic, Elevations*
- *Wheelchair basic mobility and fitting*
- *Draping and Positioning*

**Therapeutic Modalities in Physical Therapy: PTA 110**
- *Hot pack and Cold Pack Application*
- *Massage Therapy*
- *Ultrasound*
- *Electrical Stimulation: NMES, IFC, TENS (instruction on home unit), Russian Stim, Biofeedback (including pain assessment, skin integrity assessment)*
- *Intermittent Compression Pump & Edema management/assessment (including edema assessment)*
- *Mechanical Traction: Cervical & Lumbar Spine*
- *Contrast baths, ice massage*
- *Paraffin*
- *Phonophoresis*
- *Hydrotherapy (Whirlpool)*
- *Diathermy*
- *Light (Laser) Therapy/Cold Laser/ Infrared*
- *Aquatic Therapy*

**Pathology & Rehabilitation or Orthopedic Conditions Across the Lifespan and Continuum of Care: PTA 200**
Physical Therapist Assistant Roles, Relationships and Responsibilities – Seminar I: PTA 201

- Ethics, Professionalism: Values Based Behavior of PTA
- Billing and Reimbursement

Clinical Education II, PTA 222, is an intermediate level experience that provides students with the first opportunity to integrate newly acquired knowledge and skills into their existing skill set. Examples of expected clinical performance include neuromotor function, amputation and prosthetic management, measures and interventions related to orthotics, and more advanced management skills related to administration and healthcare delivery.

Clinical Education III, PTA 223 is an advanced placement, and represents the final opportunity for students to assimilate the comprehensive skill set required of an entry level PTA. The final two experiences support each other so students have the opportunity to demonstrate preparation for transition into the workplace upon graduation. The number of skills expected does not increase in Clinical Education III, but the expected level of competency, initiative and independence is greater.

In addition to the skills listed above, the following skills are taught within the PTA Program in the listed course, prior to Clinical Education II and III. An asterisk (*) indicates that the student demonstrated competence with the skill via skill check/competency test and/or lab practical. Clinical instructors who teach skills not covered in the program are responsible to assess the student’s competence with the skill prior to patient treatment.

Physical Therapist Assistant Roles, Relationships and Responsibilities – Seminar II: PTA 202

- Evidenced Based Practice
- Patient Education Principles

Pathology & Rehabilitation or Neurologic Conditions Across the Lifespan and Continuum of Care: PTA 210

- *Berg Balance Assessment
• *Proprioceptive Neuromuscular Techniques in the Developmental Postures
• *Tone Management Techniques
• *Spinal Cord Injury Treatments: Bed mobility, Transfers, Pressure Relief, Advanced W/C skills, Emergency Response, Assisted Coughing
• *Balance Activities and Progressions
• Cranial Nerve Exam
• Assessment of tone, reflexes, sensation, coordination
• Functional Assessment Tools
• NDT facilitations for improving posture and mobility
• Assessment and Basic Treatment strategies for Cognition, Arousal, Mentation, and Communication
• *Advanced Gait training and Dorsiflexion Assist Wrapping
• Motor Learning Strategies
• Orthotic Training; Donning/Doffing UE slings
• Sensory Stimulation for comatose patients
• Pediatric interventions
• Architectural Barriers assessment
• Advanced Wheelchair Prescription and Positioning techniques
• Diagnoses include but are not limited to: CVA, SCI, TBI, PD, MS, ALS, CP, Down’s Syndrome

Pathology & Rehabilitation of Special Populations Across the Lifespan and Continuum of Care: PTA 220
• *Cardiac Rehabilitation
• *Pulmonary Physical Therapy: Vibration, Percussion, and Postural Drainage, Diaphragmatic Breathing, Coughing, Thoracoabdominal Movements
• *Residual Limb Wrapping for Transfemoral and Transtibial Amputations
• *Clean Field/Wound dressing application and removal
• Aerobic Conditioning and Assessment
• Prosthetics and the care of the patient s/p amputee
• Vestibular Rehabilitation
• Lymphedema Management
• Women’s Health
• Strategies for geriatric patients including dementia
• Diagnoses/conditions include but are not limited to: CHF, s/p MI, s/p CABG, HTN, CAD, COPD, Emphysema, Bronchitis, Lower Extremity Amputation, Cancer, Lymphedema, PVD, Wounds, Burns, Pelvic Floor Dysfunction, Pregnancy, Diabetes Mellitus, and Alzheimer’s disease.

Clinical Education Progression Criteria

Students must successfully complete Clinical Education I, prior to advancing to Clinical Education II. Students must successfully complete Clinical Education II prior to advancing to Clinical Education III. If a student is unable to successfully pass any Clinical Education course, the student must withdraw from the program and follow the re-entry procedure which is listed in the Student Handbook.

If a student cannot pass any Clinical Education experience (I, II, or III) in two attempts, no further opportunity for repetition will be provided and the student will be ineligible to continue in the
program. Readmission into the program will be required. See the PTA Student Handbook for the readmission policy.

If a student fails a Clinical Education experience, repeats the experience successfully and then fails a subsequent experience, the student will no longer have the opportunity for an additional repeat, at which point the student will be ineligible to continue in the program. Readmission into the program will be required. See the PTA Student Handbook for the readmission policy.
POLICIES AND PROCEDURES
Health Records Policy

I. Purpose

The Health Sciences Division is committed to providing meaningful experiential learning opportunities for all students enrolled in its Health Career Programs as a means to reinforce discipline specific knowledge and assist in developing appropriate professional skills and attributes. To this end the Health Career Programs enter into agreements with various persons and agencies to assist in providing student learning opportunities. A component of these agreements requires maintenance of student records regarding health status.

II. Policy/Procedure

A. Students submit the appropriate Physical Form to Castlebranch. Physical Form A (see Appendix N) is completed and submitted at the beginning of the first year of study as per the Program’s direction and Physical Form B is submitted each subsequent year.

B. The Physical Form requires:
   1. Identifying Information and Health History, which is completed by the student. The Physician/Nurse Practitioner/Physician Assistant completes all other sections of the Physical Form.
   2. Results of Tuberculosis Exposure Screening or chest x-ray, or quantiFERON blood test gold or T-spot.
   3. A statement regarding ability to undertake the specified Health Career Program. A statement of limited cognitive/mental or physical activity must be followed by a detailed description.
   4. Selected immunizations. Student must have begun the Hepatitis B series of injections and provide date of inoculation(s) or a signed Declination Statement waiver.
   5. Urine drug screening with accompanying laboratory report. A negative finding is expected in order to be eligible for participation in the clinical component of the specified Health Career Program. A positive result requires retesting at a College designated site to ensure standardization of test results for all students.

C. Submission of a completed Physical Form with accompanying laboratory reports by the required due date results in health clearance for experiential learning opportunities in the PTA Program.

D. Influenza Vaccination Documentation
   Students enrolled in the program must submit the Influenza Vaccination Documentation form through Castlebranch by November 15th.

E. Students with disabilities may be eligible for reasonable accommodations. Prior to the start of the Program, please contact the Disability Services Center, College Hall 225, (215) 641-6575, for more information.
Clinical Eligibility Requirements

I. Purpose

The Physical Therapist Assistant Program is committed to providing meaningful experiential learning opportunities for all Physical Therapist Assistant students as a means to reinforce discipline specific knowledge and assist in developing appropriate professional skills and attributes. To this end the Physical Therapist Assistant Program enters into agreements with various agencies to assist in providing student learning opportunities. These agreements require maintenance of comprehensive student records to permit eligibility for clinical experience.

II. Policy/Procedure

A. The Physical Therapist Assistant student is required to obtain and submit to Castlebranch the following documents:

1. Certification in Cardio-pulmonary Resuscitation
   a. A copy of both sides of the signed CPR card or e-card is required for the file.
   b. Health Care Provider course offered through the American Heart Association which provides 2 years of certification.

2. Annual evidence of Professional Liability Insurance for the Physical Therapist Assistant Student
   a. A copy of the policy Certificate of Insurance listing the terms of the coverage is required for the file. Liability coverage must be $1 million per occurrence and $3 million aggregate.
   b. The Physical Therapist Assistant Program does not endorse any one insurance company for attainment of this coverage.

3. Annual physical examination using the Health Sciences Division’s Form A. Refer to Divisional Health Records Policy for further detail.

4. Evidence of a The Pennsylvania Criminal Record Check, FBI Criminal History Background Check and Child Abuse History Clearance must be submitted annually as outlined in the Health Sciences Division’s policy.

B. The student is expected to maintain health insurance while enrolled in the Physical Therapist Assistant Program.

C. Original health records and clearance forms must be received through Castle Branch System no later than May 31st OR two weeks before forms expire to allow for updating of student records. It is particularly important for students to monitor their clearances between semesters and semester breaks in order to be in compliance. Updates occurring between semesters must be received through Castle Branch System 3 weeks before the start of the semester. Failure to submit forms in this timely manner will result in clinical ineligibility and may be dismissed from the program. Students who are returning to the Physical Therapist Assistant Program as a second attempt MUST have all clinical eligibility documents up to date and submitted through Castlebranch prior to the scheduled re-registration date or your seat will be forfeited.
D. To be eligible for the clinical education component of the Physical Therapist Assistant Program, the student is expected to be able to meet the Essential Functions and Program Specifications as described in the PTA Student Handbook. Students with disabilities may be eligible for accommodations. Please contact the Director of Services for Students with Disabilities in the Disability Services Center, College Hall 225, (215) 641-6575, for more information. At the West Campus, call 610-718-1853 to contact the Coordinator of Disability Services in the Student Success Center.

Child Abuse History Clearance and Criminal Record Checks Policy

I. Policy
The Health Sciences Division is committed to providing meaningful experiential learning opportunities for all students enrolled in its Health Programs as a means to reinforce discipline specific knowledge and assist in developing appropriate professional skills and attributes. To this end the Health Programs enter into agreements with various persons and agencies to assist in providing student learning opportunities. A component of these agreements requires maintenance of student records regarding Child Abuse History Clearance, Pennsylvania Criminal Record Check, and FBI Criminal History Background Check.

II. Procedure
a. Students submit evidence of a Child Abuse History Clearance, Pennsylvania Criminal Record Check, and FBI Criminal History Background Check through Castlebranch. All current fees prevail.

b. The Child Abuse History Clearance -
   i. The student will complete a Pennsylvania Child Abuse History Clearance application via: https://www.compass.state.pa.us/cwis/public/home
   ii. Use “School employee not governed by the Public School” Code for Purpose of Certification.
   iii. Submit the Child Abuse History Clearance report to Castlebranch. A positive Child Abuse History Clearance report will exclude a student from participation in the clinical component of a Health Program at Montgomery County Community College regardless of when the offense occurred.

c. The Pennsylvania Criminal Record Check -
   i. The student will complete a Pennsylvania State Police Request for Criminal Record Check via: https://epatch.state.pa.us.
   ii. You must use either “Employment” or “Other” for reason for request.
   iii. Submit a copy of the certification from website to Castlebranch. If a record exists, you will receive the background check in the mail. You must submit the original report and all attachments provided by the State Police to Castlebranch.

d. FBI Criminal History Background Check
   i. The students will complete and submit an FBI Criminal History Background Check.
   ii. Students use Cogent Systems to process fingerprint-based FBI Criminal
History Background checks, as is the required by of the Department of Human Services.

iii. The fingerprint-based criminal history background check is a multiple step process. Act 114 - Pennsylvania Federal History Background Check - $22.60 (paid at the Finger Print Site. To start the process go to: https://uenroll.identogo.com/; (844-321-2101). Additional instructions to be provided as needed.

iv. The original Department of Human Services report and any attachments must be submitted to Castlebranch.

e. The Pennsylvania Older Adults Protective Services Act identifies offenses that make a person ineligible for employment as a Health Care Provider. A Criminal Record check and/or a FBI Criminal History Background Check that discloses these offenses, regardless of the date, will prohibit a student from participating in the clinical education component of the Physical Therapist Assistant Program at Montgomery County Community College. There is no statute of limitations. For a description of Act 169 and criminal offenses that make a person ineligible for employment as a Health Care Provider refer to: http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/p_011509.pdf.

f. You will be denied participation in any clinical education course(s) and/or clinical based learning opportunities, thus immediately withdrawing you from the program, if have any of the following:
   i. a history of a prohibitive offense(s) as identified in the Pennsylvania Older Adults Protective Services Act on your Criminal Record Check and/or FBI Criminal History Background Check
   ii. a pending charge of a prohibitive offense without disposition as identified in the Pennsylvania Older Adults Protective Services Act on your Criminal Record Check and/or FBI Criminal History Background Check
   iii. a positive Child Abuse History Clearance report or a pending charge of Child Abuse without disposition
   iv. you are currently on probation

g. The Child Abuse History Clearance, Pennsylvania Criminal Record, FBI Criminal History Background checks documentation must be current while the student is enrolled in the program and are required to be updated annually. The original Child Abuse History Clearance, Pennsylvania Criminal Record Check and FBI Criminal History Background Check reports should be submitted to the Castlebranch.

h. It is the student’s responsibility to immediately notify the Program Director of any events or changes in the Child Abuse History Clearance, Pennsylvania Criminal Record, and FBI Criminal History Background Check which may affect continued eligibility to participate in the clinical education component of the program.

i. A student with a potential concern regarding the Child Abuse History Clearance, Pennsylvania Criminal Record Check, and FBI Criminal History Background Check, is encouraged to contact the discipline specific Health Program Director to discuss the matter in confidence.
Student Information Shared With Clinical Education Sites

I. Purpose
To describe the personal student information required prior to clinical education courses and to describe the process of releasing this personal information to the clinical education sites.

II. Policy/Procedure
A. If a clinical education site requests personal information regarding the student, the ACCE will gain written consent from the student regarding the release of the information listed requested.

B. The ACCE will ensure confidential delivery of this information if requested by the CCCE at each clinical education site.

Impaired Student Performance in the Laboratory and/or Clinical Setting Policy

I. Purpose
The Division of Health Sciences is committed to providing safe and meaningful learning experiences for students and so must provide for the safe and effective care of clients by students in the laboratory and/or clinical setting. The presence or use of substances, lawful or otherwise, which interferes with the judgment or motor coordination of HS division student in the laboratory or clinical setting results in unacceptable risk for clients, colleagues, the College and the healthcare agency. Illegal or unauthorized manufacture, sale, possession or use of alcoholic beverages and/or controlled substances by students while engaged in any part of educational experiences poses an unacceptable risk for clients, colleagues, the College and the healthcare agency and is strictly prohibited. Any behavior resulting in the impairment of the student’s judgment or motor coordination resulting from unmanaged medical conditions is also included under the terms of this policy.

II. Policy/Procedure
A. On Campus: Didactic

Students are expected to adhere to the College’s Student Code of Conduct (http://www.mc3.edu/component/content/article/93-about-us/policies/sa-4/125-student-code-of-conduct) the rules and regulations of the Pennsylvania State Board of Physical Therapy and the ethical standards of relevant professional organizations. Violation of the College’s Student Code of Conduct will follow the procedure as stated in the document. In addition, the Division Dean will be notified and at her/his discretion, further action may then be taken.

B. On and Off Campus: Laboratory/Clinical

1. The student will be immediately dismissed from the clinical setting if there is a reasonable suspicion of impaired performance and placed on probationary status. (Reasonable suspicion will include but not be limited to observations based on the items set forth therein: Slurred speech, incoordination; unsteady gait; drowsiness; impaired judgment, attention,
memory or social function; irritability; paranoia; belligerence; euphoria; dilated or constricted pupils.) If necessary, in order to assure safety for the student in his/her immediate egress from the laboratory or clinical setting, the student’s Emergency Contact Person will be notified to come and pick up the student; the student will be required to remain at the site, but away from client contact, until said Emergency Contact Person arrives whether on or off the College campus.

2. The clinical faculty will complete the College’s ACCIDENT/ILLNESS/INJURY form and submit it to the Program Director (copy) and Director of Public Safety (original).

3. The student will not be permitted back into the laboratory/clinical setting until the following have been met:
   i. The student is required to meet with Program Director or designee.
   ii. The student will be referred to appropriate support services by the Program Director or designee.
   iii. The Program Director or designee reserves the right to require assessments as appropriate and/or verification of ongoing treatment of identified substance abuse or medical condition which has caused impaired student performance. Said assessment and/or verification must be obtained from the student’s Primary Care Practitioner and/or appropriate professional expert at the student’s expense.

4. An incident of impaired behavior may result in program dismissal.

C. This policy shall not limit or be in lieu of any other College discipline in accordance with all other College policies governing student behavior and conduct.

Procedure for Removal of a Student from the Clinic Site

I. Purpose

Any PTA student who demonstrates one or more of the following inappropriate behaviors will be removed from the clinical site and may be subject to dismissal from the PTA Program.

II. Policy/Procedures

a. The following behaviors are grounds for removal from the clinical site.
   i. Appearing under the influence of drugs or alcohol
   ii. Displaying unstable mental, physical or emotional behavior(s), which may present danger to self or other’s well-being (anorexia, suicide attempts, etc.)
   iii. Threatening the physical or psychological safety of the client while practicing in the clinical setting under the influence of non-prescribed drugs
   iv. Demonstrating unprofessional behavior that is disruptive to the environment and interfering with the operation of the setting

b. In the event that a student must be removed from the clinic site, the following procedure will occur:
   i. The Clinical Instructor/Coordinator/Supervisor will remove the student from the immediate patient area to an office or other waiting area.
ii. The Clinical Instructor/Coordinator/Supervisor will immediately contact the Program Director / ACCE to inform him/her of the incident and receive direction for managing the student.

iii. If the event involves the student being under the influence of drugs or alcohol, the student’s emergency contact person will be contacted to arrange for safe transportation.

iv. Any related expenses or criminal charges arising from the incident will be the student’s responsibility and may jeopardize the students continued participation in the program and/or future certification or license.

c. Disciplinary action for any student who is removed from the clinic site for the above reasons will be addressed per the Student Code of Conduct. The action taken will be dependent on the nature of the incident and potential or real threat to client safety and well-being or risk for the clinical site.

Clinical Education Attendance

I. Purpose

Attendance and punctuality are behaviors integral to the professional Physical Therapist Assistant role. The Physical Therapist Assistant faculty expects student attendance as a means to promote excellence in Physical Therapist Assistant practice.

II. Policy/Procedure

A. Attendance is required for the entire clinical education course and must be documented on the Attendance Log (Appendix H). All excused absences must be made up with the exception of official closing of the college or clinical site. All effort should be made to avoid missing any clinical time. All make-up time must be made during the clinical education course for time that was missed. If it is not possible to make up the missed time, the student, ACCE, and clinical site will attempt arrangements based on the circumstances. All make-up time must be documented on the student’s attendance log as time made up for a specific date.

i. Below are qualifications for an excused absence/lateness:
   1. Written medical documentation from a certified practitioner
   2. Written documentation from an agency or facility (ex: police report, funeral home, hospice agency)

ii. All unexcused absences must also be made up. Further action for unexcused absences are as follows:
   a. On the 1st unexcused absence, the student will meet with the ACCE.
   b. On the 2nd unexcused absence, the Program Director and ACCE will come to the clinical site for a scheduled meeting with the CI and student to discuss absenteeism concerns and an independent study assignment may be required.
   c. On the 3rd unexcused absence, the student will be dismissed from the program.

NOTE: Two episodes of lateness will count as one absence.
D. Students should sign up for Emergency Text Alerts through the college website. Students should follow all alerts for closings that are weather related. Some clinical sites do not close for the same holidays as the college, nor do they close for heavy snow or other inclement weather. Students should document any time absent due to facility holiday closure or inclement weather. Students should only drive during inclement weather if they believe they could do so safely.

E. Students will receive attendance logs for each clinical education course. Each attendance log is to be labeled with the student's name and the dates for which the log is used. Each student is to write down the total hours spent at the facility each day. Any time the student leaves the clinic, such as for lunch, cannot count for clinical experience time on the log. The attendance log is to be signed weekly by the CI and the student must turn them in to the ACCE weekly.

F. The student must report any absences or episodes of lateness to the CI and the ACCE prior to the time the student is due to arrive. The student can contact the ACCE by either e-mail or by office phone. If a student fails to notify the CI of an absence or lateness, the CI should notify the ACCE and make note of it on the student's attendance log. If there are any concerns regarding the professional behavior of the student (excessive absences or lateness) the CI should contact the ACCE as soon as the problem is evident.

Dress Code

I. Purpose

It is the belief of the Physical Therapist Assistant faculty that a professional dress code is important to promote professionalism and clearly identify Montgomery County Community College Physical Therapist Assistant students. The dress code also promotes student comfort and patient safety. The following regulations on hand hygiene and dress code must be followed unless stated otherwise by the clinical site.

II. Policy/Procedure

A. The polo shirt of the PTA program is purchased through the contracting company. Any student who has an issue with the uniform should contact the book store. Khaki pants should be worn.

B. Picture ID must be worn in clinical settings as required by the clinical site. The student must be clearly identified as being a “Student Physical Therapist Assistant”

C. Clean, professional-looking shoes designed for safety and support are required. Shoes must meet the requirement of the clinical education site.

D. Uniform should allow for freedom of movement necessary to complete all duties of the physical therapist assistant. Appropriate undergarments are expected but should not be exposed.

E. White or gray tee shirts or turtlenecks may be worn under the polo shirt.
F. Nails are to be trimmed short to avoid scratching or injury to the client. Only clear nail polish is permitted. Acrylic nails and tips are not permitted. Make-up should be used with discretion and minimally applied.

G. The only type of ring permitted is a plain band. Small stud earrings may be worn in the earlobe. No ear gauges, piercings other than the ear lobe, or visible tattoos are permitted while in uniform. A watch with a second hand and a stethoscope are required. Watches must be a professional style.

H. Hair must be clean and neatly arranged with no extremes of style or color.

I. Men shall be clean shaven and/or beards and mustaches neatly kept and trimmed.

J. Odors are offensive and can be a health hazard; no perfume, cologne or aftershave is permitted. Noxious odors resulting from poor dental hygiene, body odor and cigarette smoke will not be tolerated.

**Student Conduct**

I. Purpose

While in clinic, students are expected to conduct themselves in a professional manner at all times, not only in interaction with clients, but also with peers, clinical faculty, and staff. Students represent the PTA Program and the physical therapy profession; thus students assume responsibilities toward society.

II. Policy/Procedure

A. Students in the Physical Therapist Assistant Program are expected to adhere to all PTA Program Policies as noted in the PTA Student Handbook, and the Montgomery County Community College Student Code of Conduct. Standards, guidelines and codes apply to both academic and clinical education experiences as well as during all program related activities. Program faculty and students are also expected to follow the APTA Standards of Practice for Physical Therapy, APTA Standards of Ethical Conduct for the PTA, and the Pennsylvania Practice Act & Rules.

B. Students who fail to adhere to these principles will be subject to disciplinary action, resulting sanctions, and possible program dismissal.

C. General Expectations:

i. Be prompt. If you are late, contact the CI and ACCE.

ii. Act professionally. Respect your patients, CI, coworkers, any other healthcare professionals, and patient's caregivers.

iii. Adhere to your clinic’s policies and procedures. Learn the clinic’s emergency procedures.

iv. Adhere to all standards of ethical conduct for the Physical Therapist Assistant

v. Introduce yourself clearly and identify yourself as a SPTA. Wear your identification badge at all times. Obtain consent to treat from all patients.

vi. Maintain confidentiality, dignity, and rights of your patients.
vii. Familiarize yourself with the clinic’s documentation and billing system.
viii. Orient yourself to the clinic’s equipment prior to using it on a patient.

Professional Boundaries

I. Purpose

Professional boundaries define effective and appropriate interaction between students, educators, supervisors and the public they serve. Students should adhere to the Values Based Behaviors of the Physical Therapist Assistant (APTA). Any behavior deemed unprofessional may result in disciplinary actions or sanctions.

II. Policy/Procedure

A. PTA Program students are responsible for conducting themselves in a professional manner, and are to refrain from any activity that tends to compromise the academic integrity of the institution, or subvert the educational process.

B. Specifically, when dealing with: patients/clients entrusted to his/her care, PTA program faculty/staff, and/or clinical instructors/staff, PTA students shall not:
   i. enter into any type of romantic or sexual relationship, whether consensual or nonconsensual
   ii. fraternize and/or engage in social level activities/behaviors outside of the learning environment
   iii. interfere with another person’s work performance
   iv. create an intimidating, hostile, or offensive working environment

C. Such relationships and/or interaction will be looked upon as potentially detrimental to the working and learning environment, considered inappropriate and unacceptable, and grounds for disciplinary action, which may include program dismissal.

D. Under no circumstances are students paid for their services during the clinical practice experiences. Monetary gifts from grateful patients or families cannot be accepted. Students will discuss the situation with their CIs if the need arises.

E. Students are not permitted to work as an employee or contractor in any capacity in the same facility to which he/she has been assigned as a student.

Safety Standards

I. Purpose

From entry into the clinical setting, through completion, the student is expected to practice in a safe and responsible manner regarding him/herself, the patient/client and the environment. The student PTA, participating as a member of the health care team, is responsible for contributing to the continuity of care, and maintenance of client safety and welfare throughout the clinical experience.

II. Policy/Procedure

A. Self: Prior to the clinical education experience, the PTA student will:
   i. Have demonstrated in the classroom and laboratory, the necessary knowledge and skill being required in the current clinical setting.
ii. Have submitted evidence of: negative TB test, current immunizations, CPR certification, negative drug test, negative criminal background check or proof of licensure eligibility & professional liability and medical insurance.

iii. Take precautions to prevent the spread of illness, when he/she has an illness that is or may be harmful or infectious to others.

B. Self: While in the clinical setting the PTA student will:
   i. Utilize the Professional Standards of Practice set forth by the American Physical Therapy Association in performing all academic and clinical work in the PTA Program
   ii. Demonstrate honesty in all behaviors and communications in the clinical setting
   iii. Arrive at the clinical site on time, sign in and report to the person responsible for the student’s supervision, and sign out on time when leaving the clinical site
   iv. Demonstrate responsibility for all personal actions, and rights of the patient and agency, by reporting mistakes or problems
   v. Demonstrate safety as a priority by taking appropriate steps to insure injury does not occur to self (the student) during the course of clinical practice
   vi. Demonstrate correct, accurate and timely written documentation and verbal communication
   vii. Provide safe, therapeutic care to patients, following the plan of care established by the supervising Physical Therapist

C. Care of Patients: While in the clinical area, the student will:
   i. Demonstrate correct use of all therapeutic processes, insuring physical, mental and emotional safety of the patient and their property as he/she provides care
   ii. Demonstrate a nonjudgmental attitude toward patients with regard to race, color, national origin, religion, socioeconomic status, age, disease process or sexual preference
   iii. Provide only care which the student has been deemed competent to perform, utilizing the level of supervision appropriate to the circumstance outlined in the clinical guidelines
   iv. Demonstrate a team approach to client care by communicating in a timely fashion, verbally and/or in writing all clinical information

D. Care of Environment: While in the clinical area, the student will:
   i. Demonstrate respect for the agency through proper use and care of all equipment and property
   ii. Demonstrate understanding of safety by using appropriate devices, a team approach to insure safe patient care, appropriate patient hand off between team members as outlined by the facility’s regulations, and keeping all potential injury producing objects out of the patient’s access
   iii. Demonstrate understanding of disease transmission by using standard precautions, proper hand washing, linen care, etc.

E. Failure to Meet the Standard:
   The failure of the PTA student to meet any part of the above Safety Standards will be subject to disciplinary action, resulting sanctions, and possible program dismissal. A Critical Incident Report must be completed and submitted to the ACCE. (Appendix I)
   It is the policy of the PTA program that any Critical Incident Report results in a call to the ACCE and/or PTA Program Director.
Patient’s Rights

I. Purpose

In order to maintain patient’s rights during all clinical education courses, the PTA Program will enforce the following procedures during all patient interactions.

II. Policy/Procedure

A. Confidentiality:
   i. The PTA Program recognizes and adheres to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA regulations, concepts and definitions are introduced, discussed and reinforced throughout the Program. Students are required to abide by HIPAA guidelines for progression in the clinical education component of the Program. The Program refers to the U.S. Department of Health and Human Services document for instruction and discussion: http://www.hhs.gov/ocr/privacy/index.html.
   ii. Except in the structured, teaching-learning situation, all aspects of the patient/client’s medically-related information and/or data shall not be discussed with any other person or persons under any circumstances.
   iii. Under no circumstances is the student to photo copy and/or tape record any part of the client’s chart/record.
   iv. Students should not use names or initials when referring to patients in written assignments.
   v. Under no circumstances should student photograph patients.

B. Informed Consent:
   i. The PTA Program recognizes that patients have the right to know the identity of those providing their care and that patients have the right to refuse care by a student.
   ii. During clinical education experiences, patients are to be made aware that a student is participating in an external educational experience and may be involved in portions of their treatment.
   iii. The following measures are to be employed in order to ensure informed consent:
      1. Clinical Instructors (CI’s) are to obtain verbal consent from patients and/or family members prior to student treatment.
      2. Students must routinely introduce themselves as student Physical Therapist Assistants.
      3. Students are to wear their MCCC picture ID at all times and/or facility issued picture ID when necessary.
      4. CI’s are to inform patients that they have the right to refuse treatment by a student at any time and that refusal will not impact the quality of their treatment by the facility employee.

C. Due process:
   i. Patients have the right to register complaints about care provided by a student. Patients may complain informally directly to the Clinical Instructor
(CI) who in turn contacts the ACCE via a telephone call. The ACCE will make a clinic visit to address the issue, consult with the CI and student, and formally document the situation.

ii. Patients who wish to file a formal complaint may do so by utilizing the MCCC PTA Program Patient Complaint Form (Appendix C) and submitting it to the Clinical Instructor. The CI will forward the complaint form to the ACCE. The complaint is addressed at the clinic site via a conference with the student, CI and ACCE, at which time they will review the formal complaint, discuss areas of concern and identify a resolution or plan of action. The ACCE will notify the Program Director regarding the formal compliant and subsequent action. All documentation is filed in the student’s individual file.

D. Failure to honor these basic ethical rights of the patient/client may result in the immediate dismissal of the student from the program.

Social Media and Networking

I. Purpose

All students are expected to comply with the Social Media Procedures and Related College Polices described in the College’s Social Media Handbook located on the College website at https://mymccc.mc3.edu/allcampusresources/marketing/social-hb/Pages/policies.aspx. Health Sciences students enrolled in a health careers program are reminded of their obligation to demonstrate professional behavior, uphold ethical and professional standards, and ensure compliance with applicable federal requirements such as HIPAA on any/all social networking sites. Sharing of any confidential information, however innocent, related to the educational experience is unacceptable and will result in action up to and including dismissal from the Program.

II. Policy/Procedure

A. The use of social media/networking by students during clinical experiences should be done with EXTREME consideration.

B. In order to avoid any potential biases, students are STRONGLY discouraged from initiating or accepting friend requests from ANYONE associated with a clinical experience. This includes but is not limited to: clinical staff, fellow students, CIs, patients, and/or patient family members. This practice allows students to be evaluated solely on clinical performance during the clinical experience, and not on personal information from social networking sites.

C. The failure of the PTA student to meet any part of the above Social Media Regulations will be subject to disciplinary action, resulting sanctions, and possible program dismissal.
Telephone, Internet and Photocopying

I. Purpose

All students are expected to comply with the following regulations regarding use of telephone, internet, and photocopying services.

II. Policy/Procedure

A. Electronic communication devices (cell phones, lab tops, pagers, etc.) are not allowed in the clinical setting without expressed consent of the CI.

B. Personal telephone calls or text messages are not allowed during clinical education hours, with the exception of emergencies. Cellular telephones or personal communication devices should be turned off or set to vibrate or privacy setting while the student is participating in clinical education. CIs and patients will consider answering personal telephone calls or responding to personal text messages as unprofessional behavior.

C. Unprofessional behavior in the clinical setting may result in program dismissal. In the event of an emergency call or message, the student will notify his/her CI, will ensure that the patient is safe, and will seek a private location in which to respond. Any other actions will be considered unprofessional behavior.

D. Photocopying materials for personal use is not permitted. Photocopying proprietary documents may be considered a copyright violation for which the student may be held responsible.

E. Students are not permitted to access the facility’s Internet or intranet for personal uses or any non-clinical data gathering. Accessing patient information or Protected Health Information (PHI) of patients not on the PTA student’s caseload is a violation of confidentiality and will be dealt with as such.

F. The failure of the PTA student to meet any part of the above policy will be subject to disciplinary action, resulting sanctions, and possible program dismissal.

Communicable Diseases

I. Purpose

MCCC and the PTA program recognize contagious diseases are a serious threat to public health and are committed to encouraging an informed and educated response to issues and questions concerning these diseases. Communicable diseases include, but are not limited to: measles, influenza, viral hepatitis-A (infectious hepatitis), viral hepatitis-B (serum hepatitis), human immunodeficiency virus (HIV infection), AIDS-Related Complex (ARC), meningitis, meningococcal infections, and tuberculosis.

II. Policy/Procedure

A. Any decision of MCCC concerning a person who has a communicable disease shall be based on current and well-informed medical judgment, which includes the nature of the disease, risk of transmission to others, symptoms and special
circumstances of the person, and balancing identifiable virus and available alternatives to respond to a student with a communicable disease. No individual with such diseases will be discriminated against in employment, admission to academic programs, health benefits, or access to facilities. Likewise, students may attend any MCCC function or event as long as they are physically and mentally able to participate, perform assigned work, and pose no health risks to others.

B. The decision that a person poses a threat will be based solely on knowledge about:
   • Duration of risk
   • Nature and severity of the potential harm
   • The likelihood that potential harm will occur
   • The imminence of the potential harm

C. A safe environment must be maintained for all students and patients. The student with a communicable disease must report the condition to his/her instructor (classroom or clinical) immediately.

D. The PTA program will:
   • Make information on the prevention of communicable diseases available to students.
   • All reasonable precautions will be taken to protect confidentiality. However, communicable diseases will be reported as applicable to appropriate authorities, i.e. tuberculosis
   • Students must be able to meet acceptable performance standards and objectives.
   • A student with a communicable disease may attend classes or perform duties at the clinical site if his/her presence does not pose a threat or danger to the individual, others in the College, or to the clients they will be in contact with during the clinical experience.
   • Students are expected to follow clinical site’s guidelines governing caring for patients with communicable diseases. See Student Occupational Exposure Plan.

   **Student Occupational Exposure Plan**

I. Purpose

Montgomery County Community College recognizes its responsibility to provide a safe workplace/learning/healthcare environment for students/employees/patients. Current standards of medical/dental practice require a specific plan with written protocols addressing student/employee/patient exposure to blood-borne pathogens. Needle stick injuries and other exposure to blood and bodily fluids have a potential of transmitting various pathogens including but not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

II. Policy/Procedure

A. When a student, employee or patient notifies the College that there has been a blood-borne exposure incident, the individual will be informed of the recommended action(s)
to be taken, listed under Procedures below, which are in accordance with the latest recommendations from the Centers for Disease Control and Prevention.

A blood-borne exposure incident, as defined by the Centers for Disease Control and Prevention (CDC), is a percutaneous injury (e.g. needle-stick or cut/puncture with a sharp’s type of object) or contact of mucous membrane or non-intact skin (e.g. exposed skin that is chapped, abraded, or afflicted with dermatitis) with blood, tissue, or other bodily fluids (e.g. semen, vaginal secretions) that are potentially infectious.

This policy allows for future review and updates to specific procedures and/or related documentation forms with the approval of the President, Vice President of Finance and Administration, and Executive Director of Human Resources.

III. Procedure

I. When a suspected blood-borne exposure occurs first aid measures should be implemented immediately.
   a. Thoroughly wash wound(s) with soap and water
   b. When the exposure is to the
      i. Nose or mouth – flush with water splashes.
      ii. Eye(s) – irrigate with clean water/sterile eyewash or saline irrigating solution.
   c. Notify CI and ACCE immediately.
      i. The ACCE informs the Program Director of the incident. The Program Director then notifies Public Safety at 215-641-6604. The student must provide initial information about incident (formal report to follow within 24 – 48 hours).

II. Students should seek medical evaluation within two – three hours of blood-borne exposure to obtain baseline testing for blood-borne pathogens (i.e. HBV, HCV, HIV, etc.), determination of level of risk exposure and treatment, if indicated.
   i. If the clinical site is:
      a) a hospital – go to the Emergency Department within two – three hours of blood-borne exposure for medical evaluation, baseline testing for blood-borne pathogens (i.e. HBV, HCV, HIV, etc.), determination of level of risk exposure and treatment, if indicated. Hospital Incident Report Form should be completed.
      b) not a hospital, or student prefers not to go to a local Emergency Department – student should go to personal healthcare provider or other medical facility such as an urgent care center.
   ii. Students are responsible for all medical costs related to evaluation, testing, treatment, and follow-up care involving a blood-borne exposure incident.

III. Within 24 – 48 hours, a completed College Accident/Injury/Illness Report (Attachment A) must be sent to Public Safety (College Hall 126) and the Director of Health & Wellness Initiatives (College Hall 115). Accident/Injury/Illness Report is available on website at: https://mymccc.mc3.edu/facultystaffresources/emergency/Pages/default.aspx
   i. Send original copy of Accident/Injury/Illness Report to specific Health Careers program Director/Coordinator.
ii. Follow-up Investigation - pertinent information regarding contributing factors, equipment malfunctioning, training requirements, recommendations to avoid future occurrence, etc. should be attached to the Accident/Injury/Illness Report. Complete follow-up investigation of the incident as soon as possible following the incident. If additional investigation is required, send initial Accident/Injury/Illness Report with notation that follow-up report will occur.

IV. **Patients**, who sustain a blood-borne exposure from a student or employee on campus, will be rendered first aid care as previously described and advised to seek medical evaluation from personal healthcare provider or other medical facility such as local Emergency Department or urgent care center **within two – three hours of blood-borne exposure** to obtain baseline testing for blood-borne pathogens (i.e. HBV, HCV, HIV, etc.), determination of level of risk exposure and recommended treatment, if indicated.

   a. If incident occurs on campus, Public Safety is notified and will provide assistance with first aid care, if needed, as well as reporting of incident.
   b. If incident occurs off campus, the patient will be informed to seek medical evaluation from personal healthcare provider or other medical facility such as local Emergency Department or urgent care center within two – three hours of exposure to obtain baseline testing for blood-borne pathogens (i.e. HBV, HCV, HIV, etc.), determination of level of risk exposure and recommended treatment, if indicated.
   c. If incident occurs off campus, an Accident/Injury/Illness Report form is completed within 24 – 48 hours and original copy sent to Health Career Program Director/Coordinator. Send copy to Public Safety (College Hall 126) and Director of Health & Wellness Initiatives (College Hall 115).
   d. Follow-Up Investigation should include pertinent information regarding contributing factors, equipment malfunctioning, training requirements, recommendations to avoid future occurrence, etc. If additional investigation is required, send initial report with notation that follow-up report will occur.
## Accident/injury/illness report

**NAME:** _________________________________________________________

Status: ___ Employee: FAC - SS - ADMIN  ___ Student  ___ Other - specify: __________________________

**Area of Employment:**

**College ID #:** ________________________________

**Date of Birth:** _________________________________________

**Address:** ___________________________________________________________________________________________________

**Cell Phone #:** ________________________________  **Home Phone #:** ________________________________  **Work #:** ________________________________

**Date of Accident/Injury/Illness:** ________  **Time of Accident/Injury/Illness:** _________ AM - PM  **Date Reported:** __________

1. **Describe the Accident/Injury/Illness:** What were you doing? What equipment or tools were involved? Describe in detail, what conditions, actions, events, or objects contributed to the accident/injury/illness. (Use other side if needed.)

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

2. **Give specific location** where the Accident/Injury/Illness occurred: ______________________________________________

3. **Describe weather** conditions (if applicable): ______________________________________________________________

4. **Supervisor or Faculty** aware of accident/injury/illness? ___ No  ___ Yes - name: ______________________________

5. **Describe injury or illness** (indicate right/left side, what hurts, swelling, bruising, cut, difficulty breathing, etc.):

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

6. **What first aid care** did you receive? **Describe:**

   ______________________________________________________
   ______________________________________________________

   **Check all that apply:**
   ___ None Required  ___ Assisted by Public Safety Officer  ___ Declined Assistance  ___ Other - name: ______________________________
   ___ Went to **Concentra Medical Center** 610-275-3884 (850 Germantown Pike, Plymouth Meeting, PA 19462)
   ___ Went to **Pottstown Occupational Health** 610-326-2300 (CarePlex - 81 Robinson Street, Pottstown, PA 19464)
   ___ Required ambulance transport by ______________________________
   ___ Went to **Physician or other Medical Facility**: Name: ______________________________
   ___ Address: _______________________________________________________________________________

7. **Name & Phone # of anyone who witnessed** Accident/Injury/Illness: ___ No one present  ___ Others present – names unknown

   A. ________________________________  B. ________________________________

**Signature of Individual** (or completed by - if individual unable to complete)  **Date**

**Received by Public Safety - signature**  **Date**

**Send original copy to Public Safety (within 48 hours of Accident/Injury/Illness)**

Revised: 9/00; 5/04; 9-7-2011
Waiver Agreement
Release of Responsibility
Related to A Bloodborne Exposure Incident

I, (print name) ______________________________________, may have been significantly exposed to the blood and/or body fluid of an HBV, HCV, and/or HIV blood-borne pathogen positive patient.

It has been explained to me that current CDC testing protocols, relating to a bloodborne exposure incident, recommend testing within 2–3 hours following a significant bloodborne pathogen exposure.

I decline to have baseline testing performed and/or to receive additional counseling afforded to me by the College.

I hereby release Montgomery County Community College of all liability related to this potential exposure as well as any and all future health issues it may pose to me.

_________________________________
Signature     Date

Witness: _________________________________
(Print name and title)

_________________________________
Signature    Date
APPENDICES
Appendix A – PTA Clinical Education Handbook Checklist

I have read the PTA Clinical Education Handbook and I acknowledge I will be held responsible for all the information included. My signature indicates that I have had the opportunity to request clarification when necessary and that I understand and agree to abide by the responsibilities and expectations assigned to me as a student of the PTA Program in the clinical education courses.

Initials/Information
- Purpose of the PTA Handbook/Purpose of Clinical Education
- Responsibilities of the ACCE
- Clinical Education Site Placement
- Clinical Instructor Requirements, Responsibilities, and Privileges
- Supervision of Student Physical Therapist Assistants
- Clinical Education Faculty Orientation and Development
- Establishing Clinical Education Sites and Contracts
- Communication between the PTA Program and Clinical Sites
- Communication between the ACCE and Students
- Readiness for Clinical Education
- Clinical Education Assignments and Grading
- Sequence of Clinical Education Experiences
- Clinical Education Progression Criteria
- Health Records Policy
- Clinical Eligibility Requirements
- Child Abuse History Clearance and Criminal Record Checks Policy
- Student Information Shared With Clinical Education Sites
- Impaired Student Performance in the Laboratory and/or Clinical Setting Policy
- Procedure for Removal of a Student from the Clinic Site
- Clinical Education Attendance
- Dress Code
- Student Conduct
- Professional Boundaries
- Safety standards
- Patient’s Rights
- Social Media and Networking
- Telephone, Internet and Photocopying
- Communicable Diseases
- Student Occupational Exposure Plan
- Accident/injury/illness report
- Waiver Agreement

I must turn in this signed page to the ACCE by August 16th, 2019.

Name: _______________________________________
Signature: _____________________________________
Date: _________________________________________
### Appendix B – Midterm Clinical Visit Report

**Montgomery County Community College**  
**Physical Therapist Assistant Program**

Student Name ________________________      Course Number ________________________

Clinical Instructor Name_________________      Facility Name___________________________

Date of Evaluation _____________________

## I. Discussions with Student

<table>
<thead>
<tr>
<th>Academic Preparation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor □ Below Average □ Average □ Above Average □ Exceptional □ COMMENTS:</td>
<td></td>
</tr>
</tbody>
</table>

Can you give an example of something that you learned in previous coursework that you applied in this clinical education course?

<table>
<thead>
<tr>
<th>Safety:</th>
<th>Level of Supervision:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety: Do you establish a safe working environment for each patient and yourself during every encounter? Yes □ No □ COMMENTS:</td>
<td></td>
</tr>
<tr>
<td>Level of Supervision: Too little □ Sufficient □</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CI Effectiveness:</th>
<th>Relationship with CI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the feedback given by your CI:</td>
<td></td>
</tr>
<tr>
<td>Clear □ Concise □ Timely □ Verbal □ Written □ Need More □ Adequate □ COMMENTS:</td>
<td></td>
</tr>
<tr>
<td>Poor □ Below Average □ Average □ Above Average □ Exceptional □ COMMENTS:</td>
<td></td>
</tr>
</tbody>
</table>

### Personal Strengths/ Areas of Improvement:

<table>
<thead>
<tr>
<th>Strengths:</th>
<th>Areas for Improvement:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Course Expectations:</th>
<th>Feedback for the ACCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you reviewed/planned your midterm CPI with your CI? Yes □ No □ COMMENTS:</td>
<td>How can the ACCE better meet your needs? COMMENTS:</td>
</tr>
</tbody>
</table>
II. **Discussions with CI**

<table>
<thead>
<tr>
<th>Academic Preparation:</th>
<th>STRENGTHS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor □ Below Average □ Average □ Above Average □ Exceptional □</td>
<td>COMMENTS:</td>
</tr>
</tbody>
</table>

| Do you have any suggestions for improvement in the curriculum? | |

<table>
<thead>
<tr>
<th>Safety:</th>
<th>Feedback for the ACCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the student establish a safe working environment for each patient and themselves during every encounter? Yes □ No □</td>
<td>How can the ACCE better meet your needs?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Performance:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Impression of the Student: Poor □ Below Average □ Average □ Above Average □ Exceptional □</td>
<td>Do you anticipate the student will meet the CPI expectations and learning objectives for this course? Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Behaviors:</th>
<th>Patient Management Skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates well with others: Yes □ No □</td>
<td>Preparation for treatment encounters:</td>
</tr>
<tr>
<td>Accurate self-assessment: Yes □ No □</td>
<td>Intervention and data collection techniques:</td>
</tr>
<tr>
<td>Accepts and carries over constructive feedback: Yes □ No □</td>
<td>Patient Education:</td>
</tr>
<tr>
<td>Takes responsibility for learning: Yes □ No □</td>
<td>Documentation:</td>
</tr>
<tr>
<td>Overall professionalism (attire, attitude, timeliness, etc) Needs improvement □ Average □ Exceptional □</td>
<td>Would you like to schedule a follow up call or visit? Yes □ No □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Would you like to schedule a follow up call or visit? Yes □ No □</td>
<td></td>
</tr>
</tbody>
</table>
### III. Summary by Academic Faculty

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes □</th>
<th>No □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm CPI completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance Reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-service/Project topic reviewed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the student progressing towards achieving the course objectives?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the student’s intervention and data collection techniques provided in accordance with the plan of care developed by the supervising PT?</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Is an action plan indicated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACCE’s overall impression:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommendations to Student:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recommendations to CI:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the site have any specific training needs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Provided:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow up required:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### IV. Form Completed by:

______________________________
Signature/Date
Appendix C – Patient Complaint Form

Name of Complainant: _________________________________________________________
Date: _____________________________________________________________________
Facility: ___________________________________________________________________
Student Name: ______________________________________________________________

In the space below, provide information regarding your complaint. Please provide specific details
including date, time, description of the complaint/ problem, persons involved, etc.

Written complaint received by: _________________________________________________
Date received: ______________________________________________________________
Program Director notified on: _________________________________________________
Action taken:
Appendix D – Clinical Experience Preference Form

Montgomery County Community College
Physical Therapy Assistant Program
Clinical Experience Preference Form

Student Name: _________________________________________________________

Clinical Education Course Number: _________________________________________

Student’s Address during Clinical Education Course: _________________________
______________________________________________________________________

First Choice (Name of Facility/Location): _____________________________________

Second Choice (Name of Facility/Location): ___________________________________

Third Choice (Name of Facility/Location):_____________________________________

Note: Students cannot select a facility where they are currently employed at.

Student’s comments regarding requests for this clinical education experience: ________
______________________________________________________________________
______________________________________________________________________

Date Received by ACCE:___________________________ACCE’s initials: __________
Appendix E – Forms Required Checklist

Montgomery County Community College
Physical Therapy Assistant Program
Clinical Education Forms Required Checklist

Student Name: ____________________________________

<table>
<thead>
<tr>
<th>Required Form</th>
<th>Reviewed by ACCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Form A (including TB testing, urine drug screen, immunizations)</td>
<td></td>
</tr>
<tr>
<td>Influenza Vaccination Documentation (Due by November 15th)</td>
<td></td>
</tr>
<tr>
<td>Evidence of Certification in Cardio-pulmonary Resuscitation</td>
<td></td>
</tr>
<tr>
<td>Evidence of Professional Liability Insurance</td>
<td></td>
</tr>
<tr>
<td>Evidence of the Pennsylvania Criminal Record Check</td>
<td></td>
</tr>
<tr>
<td>Evidence of the FBI Criminal History Background Check</td>
<td></td>
</tr>
<tr>
<td>Evidence of a Child Abuse History Clearance</td>
<td></td>
</tr>
<tr>
<td>Evidence of Health Insurance</td>
<td></td>
</tr>
</tbody>
</table>

Note: All information above needs to be submitted to Castlebranch by May 31st, unless noted otherwise

ACCE Signature: ________________________________
Appendix F – Health Form “A”
Montgomery County Community College
PHYSICAL EXAMINATION FORM
340 DeKalb Pike, Blue Bell, PA 19422
www.mc3.edu

CONFIDENTIAL

Patient's Name: ___________________________ Date of Birth: __________________

MAJOR: □ Dental Hygiene □ Medical Assisting □ Medical Laboratory Technician □ Nursing
(check one) □ Phlebotomy □ Radiography □ Surgical Technology □ Physical Therapist Assistant

To be completed by Health Care Provider: Please review the patient's history, complete this form and comment as indicated.

<table>
<thead>
<tr>
<th>BP:</th>
<th>Height:</th>
<th>Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature:</td>
<td>Pulse:</td>
<td>Respirations:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision Screening</th>
<th>WNL</th>
<th>Remarks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Screening</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Nose</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Throat</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Neck</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Lungs</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Heart</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Abdomen</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Lymph Glands</td>
<td>Remarks:</td>
<td></td>
</tr>
<tr>
<td>G.U.</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Skin</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Neuro</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>WNL</td>
<td>Remarks:</td>
</tr>
</tbody>
</table>

Current medical problems: ___________________________________________________________

Summary of significant findings in history and physical exam: __________________________________________

Current medications: __________________________________________________________________________

Allergies _______________________________________________________________________________________

URINE DRUG SCREEN (If your program is using CastleBranch, you must order your drug screen through CastleBranch and go to their assigned laboratory for testing.) Attach copy of laboratory report for ALL of the following substances:

Is the applicant free from any cognitive/mental and/or physical restrictions that would limit ability to undertake the specific Health Program?
Yes ________ No ________ If NO, please describe in detail:
________________________________________________________________________
________________________________________________________________________

Is this patient medically qualified to participate in the specific health program?  Yes ________ No ________
This student has a history of: Addiction ____ Depression ____ Anxiety ____ Eating disorder ____ ADHD ____ None of these ____

Is this student under care for a chronic condition or serious illness? Yes ____ No ____  If YES, please explain:
________________________

Clinician's Signature: _________________________________ Date Exam Was Completed:
________________________________________________________________________
Clinician's Printed Name: _____________________________  Clinician's Address:
________________________________________________________________________
Clinician's Phone #: ___________________________________ Clinician’s Fax #:
________________________________________________________________________
Montgomery County Community College  
IMMUNIZATION RECORD  
340 DeKalb Pike, Blue Bell, PA 19422  
www.mc3.edu  

CONFIDENTIAL

Name: ________________________________________________________________________________

Last      First     Middle

Date of Birth: ________________________  □First Year Student  □Subsequent Year(s) Student

*Subsequent Year(s) Students need to ONLY complete the PPD/Tuberculin section of this form

To be completed by the Health Care Provider

<table>
<thead>
<tr>
<th>*PPD/Tuberculin Skin Test</th>
<th>Date Placed</th>
<th>Date Read</th>
<th>Result (1)</th>
<th>Result (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in the 1st year of their Program need the 2-step PPD, 2nd year students require only one PPD test.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td>1) Signature________</td>
<td>____ mm induration</td>
<td>Positive ____</td>
<td>Negative ____</td>
</tr>
<tr>
<td>2)</td>
<td>2) Signature________</td>
<td>____ mm induration</td>
<td>Positive ____</td>
<td>Negative ____</td>
</tr>
</tbody>
</table>

Second Step PPD to be completed within 1-3 weeks of First Step. If positive, describe follow-up below and attach copy of chest x-ray report. Is the student a member of a high risk group? Please see targeted testing guidelines at www.cdc.gov/tb/publications/ltbi/targetedtesting.htm

OR

Quantiferon Gold

Attach Results

Date

OR

TSpot

Attach Results

Date

Hepatitis B  
3 doses of vaccine or a blood test showing immunity.

Dose 1 Date  Dose 2 Date  Dose 3 Date  Titer

Attach Results

OR

Signed Declination Waiver Date __________________________________________________________________

Measles, Mumps, Rubella  
2 doses of vaccine, (copy of immunization record) or a blood test showing immunity.

Dose 1 Date  Dose 2 Date  OR

Titer Date  Titer

Attach Results

Tdap Date

Tetanus-Diphtheria and Pertussis (Tdap) – must be within 10 years  
Incoming students must have proof of Tdap (tetanus toxoid, reduced diphtheria toxoid and cellular Pertussis vaccine) immunization. **T(d(diphtheria) does not satisfy this requirement**

Varicella (Chicken Pox)  
2 doses of vaccine or a blood test showing Immunity.

Dose 1 Date  Dose 2 Date  OR

Titer

Attach Results

Clinician Printed Name: _____________________ Signature: ______________________________

Date: ____________________________________
Montgomery County Community College
HEALTH HISTORY/EMERGENCY CONTACT SHEET
340 DeKalb Pike, Blue Bell, PA 19422
www.mc3.edu

To be completed by the STUDENT

MAJOR: (check one)
☐ Dental Hygiene  ☐ Medical Assisting  ☐ Medical Laboratory Technician  ☐ Nursing
☐ Phlebotomy  ☐ Radiography  ☐ Surgical Technology  ☐ Physical Therapist Assistant

Name: _____________________________________________________________________________________________
Last First Middle

Home Address: __________________________________________________________________________________________

Date of Birth: ___________________________ Gender: ___________________________

Student's Cell Phone #: __________________________  MCCC Student ID# _______________________________

Student’s MCCC Email: _______________________________________________________________________________

Student’s Personal Email: _______________________________________________________________________________

Please list up to 2 people whom we can contact in case of emergency: (In order of preference)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you allergic to any medications/foods or have you had any bad reactions?

<table>
<thead>
<tr>
<th>Medication/Food</th>
<th>Type of reaction (e.g., anaphylaxis, lip/tongue swelling, hives, rash, shortness of breath)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List any medication you are currently taking, with dosages:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Please list any major surgeries or hospitalizations you have had:

<table>
<thead>
<tr>
<th>Surgery/Condition/Hospitalization</th>
<th>Date</th>
<th>Surgery/Condition/Hospitalization</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you use alcohol? Yes ______ No _____ How often? ________________ How much?________________________

Have you ever used injection drugs?________________________________________________________

If you are a former smoker, when did you quit? ______ How long did you smoke? ______ How many packs a day? ______

Have you had traumatic events in your life, either physical or emotional?________________________
Have you ever been diagnosed with the following? (Please check all that apply)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Module</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy to latex</td>
<td>Hi h Blood Pressure</td>
<td>Cancer (specify)</td>
</tr>
<tr>
<td>Anemia</td>
<td>Hi h Cholesterol</td>
<td>-</td>
</tr>
<tr>
<td>Anorexia Nervosa</td>
<td>HIV Infection</td>
<td>-</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>Inflammatory bowel disease</td>
<td>Food allergy, serious (specify)</td>
</tr>
<tr>
<td>Arthritis</td>
<td>- Colitis</td>
<td>-</td>
</tr>
<tr>
<td>Asthma</td>
<td>- Crohn's disease</td>
<td>-</td>
</tr>
<tr>
<td>Attention deficit disorder</td>
<td>Learning disability</td>
<td>-</td>
</tr>
<tr>
<td>Bleeding disorder</td>
<td>Loss of consciousness</td>
<td>- Aneryms</td>
</tr>
<tr>
<td>Blood clots, deep vein</td>
<td>Malaria</td>
<td>- Angina</td>
</tr>
<tr>
<td>Bulimia</td>
<td>Menstrual problems</td>
<td>- Congestive heart failure</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>Migraine</td>
<td>- Heart Attack</td>
</tr>
<tr>
<td>Chronic fatigue syndrome</td>
<td>Mononucleosis</td>
<td>- Stroke</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Overweight/obesity</td>
<td>Kidney disease</td>
</tr>
<tr>
<td>Concussion</td>
<td>Parasitic disease</td>
<td>STD specify</td>
</tr>
<tr>
<td>Depression</td>
<td>Pelvic inflammatory disease</td>
<td>Skin problems, current (specify)</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>Prostatitis</td>
<td>-</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>Repetitive stress injury</td>
<td>-</td>
</tr>
<tr>
<td>Endometriosis</td>
<td>Seizure</td>
<td>Sleep disorder/insomnia</td>
</tr>
<tr>
<td>Hay fever/allergy rhinitis</td>
<td>Sickle Cell Disease</td>
<td>Thyroid disorder</td>
</tr>
<tr>
<td>Head injury, serious</td>
<td>Smoker</td>
<td>Tuberculosis exposure</td>
</tr>
<tr>
<td>Headaches, severe, non-migraine</td>
<td>Tuberculosis</td>
<td>- treatment:</td>
</tr>
<tr>
<td>Heart murmur</td>
<td>Broken bones, (specify)</td>
<td>Weight gain or loss, recent</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Heart problems, serious (specify)</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Eye problems, serious (specify)</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Do You Have A History?  YES  NO

- Prosthetic Replacement
  - Joint, Heart Valve
  - Infective Endocarditis
  - Congenital Heart Condition (specify)
  - Organ Transplant

Have you ever been premedicated with antibiotics for any dental procedures?

Use this space to provide more details about anything you have checked off above or other health concerns not listed above:

________________________________________________________________

I have reviewed the Essential Functions and Program Specifications or Technical Standards document specific for my Program major and am capable of meeting the designated criteria. Yes No Comment: _______________________

Students with disabilities may be eligible for reasonable accommodations. Prior to the start of the Program, please contact the Director of Services for Students with Disabilities in the Disability Services Center in College Hall 225 at (215) 641-6575 for more information. At the West Campus, contact the Coordinator of Disability Services in the Student Success Center at (610) 718-1853.

The statements and answers as recorded above are complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my education.

________________________________________________________________

Student's Signature  Date

Originated: 6.2018
Appendix G – Clinical Education Action Plan

Student Name: ___________________________________________________

Course Number and Title: __________________________________________

Clinical Instructor Name: __________________________________________

The following areas have been identified by the clinical instructor as requiring an action plan in order to improve to a satisfactory level:

A. _____________________________________________________________________
B. _____________________________________________________________________
C. _____________________________________________________________________

It is recommended that the student complete the following activities in order to demonstrate improvement in the areas listed above:

A. _____________________________________________________________________
B. _____________________________________________________________________
C. _____________________________________________________________________

Improvement in these areas will be measured by:

A. _____________________________________________________________________
B. _____________________________________________________________________
C. _____________________________________________________________________

I understand that the consequences of not improving in these areas may result in a failure of this course.

Student’s Signature _______________________________ Date _______________________

Clinical Instructor’s Signature ________________________Date________________________

ACCE’s Signature ________________________________Date_________________________
## Appendix H – Attendance Log

### Week 1:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Was the student late? If so, how late? If so, how many days? TOTAL HOURS FOR WEEK 1: __________

Student Signature: __________________________________ Date: ___________________

Clinical Instructor Signature: ___________________________ Date: ___________________

### Week 2:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Was the student late? If so, how late? If so, how many days? TOTAL HOURS FOR WEEK 1: __________

Student Signature: __________________________________ Date: ___________________

Clinical Instructor Signature: ___________________________ Date: ___________________

### Week 3:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Was the student late? If so, how late? If so, how many days? TOTAL HOURS FOR WEEK 1: __________

Student Signature: __________________________________ Date: ___________________

Clinical Instructor Signature: ___________________________ Date: ___________________
## Week 4:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
</table>

Was the student late? If so, how late? If so, how many days? TOTAL HOURS FOR WEEK 1: ________

Student Signature: __________________________ Date: ________________________

Clinical Instructor Signature: __________________________ Date: ________________________

## Week 5:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
</table>

Was the student late? If so, how late? If so, how many days? TOTAL HOURS FOR WEEK 1: ________

Student Signature: __________________________ Date: ________________________

Clinical Instructor Signature: __________________________ Date: ________________________

## Week 6:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
</table>

Was the student late? If so, how late? If so, how many days? TOTAL HOURS FOR WEEK 6: ________

Student Signature: __________________________ Date: ________________________

Clinical Instructor Signature: __________________________ Date: ________________________

Clinical Instructor Signature: __________________________ Date: ________________________
Appendix I – Critical Incident Report
Montgomery County Community College
Physical Therapist Assistant Program
CRITICAL INCIDENT REPORT

Directions: The Critical Incident Report form may be useful when a critical event (such as a patient safety issue) is observed. The purpose and design of the form is to limit reporting to the observed incident/behavior, without interpretation by the observer/evaluator, in order to record the entry without bias. Antecedents refer to events or environmental factors that preceded the behavior. Behaviors are to be described objectively. Consequences identify any determined ramifications imposed. It is the policy of the PTA program that any Critical Incident Report results in a call to the ACCE and/or PTA Program Director.

Student: _____________________________________
Evaluator/Observer: __________________________

CRITICAL INCIDENT

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

Student Signature: ___________________________________________________
Evaluator Signature: __________________________________________________