LOMA LINDA UNIVERSITY

School of Allied Health Professions

DEPARTMENT OF PHYSICAL THERAPY

PHYSICAL THERAPIST ASSISTANT PROGRAM
CLASS OF 2021

POLICY AND PROCEDURE MANUAL FOR CLINICAL EDUCATION

Students are required to read the enclosed information and sign a form stating that they have read and will abide by the following policies and guidelines to complete their coursework in the Loma Linda University PTA program.

Rev 6/2021

Policies and Procedure Manual for Clinical Education

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University Mission:

The mission of Loma Linda University Health is to continue the healing ministry of Jesus Christ, "to make man whole," in a setting of advancing medical science and to provide a stimulating clinical and research environment for the education of physicians, nurses, and other health professionals

University Vision:

Transforming lives through education, healthcare and research.

SAHP Mission:

Loma Linda University School of Allied Health Professions is committed to creating a globally recognized, world-class learning environment where students are taught in the manner of Christ.

SAHP Vision:

We envision an environment that enables learners to lead, to heal, to serve, to touch the world in a way that transforms lives.

SAHP Purpose:

To prepare our graduates to be employees of choice for premier organizations around the world, by providing them with practical learning experiences through partnerships with those open to sharing our vision.

Department of Physical Therapy Clinical Education Mission Statement

As part of the LLU School of Allied Health Professions, the Physical Therapy and Physical Therapist Assistant Programs strive to prepare students for a commitment to excellence in service for others and their profession, an appreciation for diversity and spiritual balance, and the

pursuit of lifelong learning. Integral to this pursuit is the students' exposure to foundational and contemporary practice, to clinical education models, roles and responsibilities of clinical educators, in addition to supervised practice within clinical environments representative of their scope of practice.

Section 1: GENERAL POLICIES

ACADEMIC CONSIDERATIONS

Each student's record is reviewed quarterly by the faculty. Promotion is contingent on satisfactory academic and professional performance and on factors related to aptitude, proficiency, and responsiveness to the established aims of the school and of the profession. As an indication of satisfactory academic performance, the student is expected to maintain the following minimum grade point average: associate programs - 2.0; doctoral degree programs - 3.0.

Required Clinical Courses

Supervised clinical experience is obtained in a variety of settings, and at different times during each of the programs in the Department of Physical Therapy as follows:

PTA – Three six-week clinical experiences

Each clinical experience should average forty hours per week.

INTERNATIONAL CLINICAL AFFILIATIONS

All clinical affiliations are to be completed within the United States of America. Facilities that are in a USA commonwealth will be considered on a case-by-case basis by the Physical Therapy Department Clinical Education Committee.

PROFESSIONAL BEHAVIOR EXPECTATIONS

Students are guests in the clinical facilities. They will be expected to carry out assignments safely and competently according to procedures demonstrated in class and/or the clinic. If the student feels a procedure is unsafe, contraindicated, or if they are not prepared to perform it safely, they must report this to their

clinical instructor. A patient should not receive treatment until the Physical Therapist or Physical Therapist Student has done an initial evaluation.

Student behavior reflects on the School of Allied Health Professions, Loma Linda University. Students are expected to follow ethical and professional standards. They must follow the Physical Therapy Department dress code unless directed otherwise by their Director of Clinical Education (DCE) (see Dress Code in Appendix One). Tardiness is **NOT** acceptable behavior and will influence the student's evaluation in a negative manner. As an indication of satisfactory professional behavior, students are expected to demonstrate attributes, characteristics and behaviors that are not explicitly part of the professional core of knowledge and technical skills but are nevertheless required for success in the profession. The APTA has identified behaviors that are integral to the administration of physical therapy services. These behaviors are described on the next page.

VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT
HOD P06-18-26-34 [Position]

The values-based behaviors for the physical therapist assistant are altruism, compassion and caring, continuing
competence, duty, integrity, physical therapist-physical therapist assistant collaboration, responsibility, and social
responsibility. The values-based behaviors are defined as follows:

 Altruism
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming responsibility of
placing the needs of patients and clients ahead of the physical therapist assistant's self-interest.

 Compassion and Caring
Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.
Caring is the concern, empathy, and consideration for the needs and values of others.

 Continuing Competence
Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.1

 Duty
Duty is the commitment to meeting one's obligations to provide effective physical therapist services to individual

patients and clients, to serve the profession, and to positively influence the health of society.

 Integrity
Integrity is the steadfast adherence to high ethical principles or standards; truthfulness, fairness, doing what you say
you will do, and “speaking forth” about why you do what you do.

 Physical Therapist-Physical Therapist Assistant Collaboration
The physical therapist-physical therapist assistant team works together, within each partner’s respective role, to
achieve optimal patient and client care and to enhance the overall delivery of physical therapist services.

 Responsibility
Responsibility is the active acceptance of the roles, obligations, and actions of the physical therapist assistant,
including behaviors that positively influence patient and client outcomes, the profession, and the health needs of
society.

 Social Responsibility
Social responsibility is the promotion of a mutual trust between the physical therapist assistant, as a member of the
profession, and the larger public that necessitates responding to societal needs for health and wellness.

REFERENCES:
1 Federation of State Boards of Physical Therapy. Continuing Competence Model. https://www.fsbpt.org/ForCandidatesAndLicensees/ContinuingCompetence/Model/. Accessed July 2, 2010.

Explanation of Reference Numbers:
HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P"
indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the
June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.
P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure
Last updated: 8/30/2018

LEGAL AND ETHICAL PRACTICE

A description of professional behavior would not be complete without the *Standards of Ethical Conduct for the Physical Therapist Assistant* as outlined by the American Physical Therapy Association. Please see Appendix One for the Physical Therapist *Standards of Ethical Conduct for the Physical Therapist Assistant* and the *APTA Guide for Conduct of the Physical Therapist Assistant*.

ESSENTIAL FUNCTIONS

The practice of Physical Therapy is unique and requires the professional to possess skills and physical abilities that would allow effective participation in the didactic as well as clinical components of the education. These Essential Functions are delineated in program specific documents found in Appendix One.

Section 2: CLINICAL EDUCATION POLICIES

ASSIGNMENT OF CLINICAL EXPERIENCES

"The academic coordinator of clinical education or a designee plans and schedules all clinical assignments. Because of the limited number of local facilities available, assignments cannot be made on the basis of the student's family/marital status or personal preference. Although the department makes an effort to accommodate the student's preference, the student agrees to accept the clinical assignments made by the department at any of the affiliated facilities, whether local or out of state. Students should expect that at least one rotation will be beyond commuting distance from Loma Linda University. Many clinical sites will require the student to have a current flu vaccine if the rotation is during the flu season. Therefore, the University requires that all students receive the flu vaccine on a yearly basis." *LLU Online Catalog, Physical Therapy, 2019-2020.*

The Physical Therapy Department uses a lottery system for student selection of pre-arranged clinical slots.
Students also have the option of placing a Special Request for a site which is not a pre- arranged clinical slot. This may be an existing or new contract. **The DCE will make the decision as to whether a contract with a new site is pursued on this student's behalf.**

The *School of Allied Health Professions Policy Handbook* provides guidelines for clinical assignments when a question of fitness for duty or accommodation occurs, such as medical conditions, emotional instability, pregnancy, or incompetent immunological systems (see Appendix One).

Required Settings for Clinical Experiences

Program	**Clinical Experiences**	Length
PTA	One OP ortho One Inpatient One any setting	Three 6-weeks

Each clinical experience should average 40 hours per week. Occasionally, the Clinical Education Committee may approve collaboration with a clinical facility that can only provide 36 hrs. per week. This is the minimum. In this case, the Site Coordinator of Clinical Education (SCCE)/CI and the student must obtain pre-approval (and provide documentation of time spent) from the DCE to substitute other clinical learning formats for the 4 hrs. lost. The PTA student must satisfactorily complete and pass all 3 clinical experiences to qualify for completion of the PTA program

General Goals for clinical education experiences:

- To provide learning experiences for students in a wide variety of patient types and clinical settings representing a broad cross-section of current physical therapy specialties and practice.
- To prepare the student as a generalist in the profession, equipped to add specialization to a broad and solid foundation as entry-level professionals in any practice arena.

General Guidelines:

- PTA clinical experiences will include, one inpatient setting and one outpatient orthopedic setting. One of the three clinical experiences may be in a specialty area such as, Acute, Geriatric, Neuro, Orthopedics, Pediatrics, Sports Medicine, Wound Care, Cardio-Pulmonary, etc.

- Students **may not** do two clinical experiences at the same facility.

- LLUH facilities: Clinical assignments are limited to one clinical experience for PTA students.

- Students are NOT assigned to a clinical experience in a facility where there is any potential for conflict of interest. This may include but not be limited to a facility where a relative, faculty member or significant other is employed as a PT, PTA, or in an administrative position over the physical

therapy department. Potential conflict of interest will be reviewed by the Clinical Education Committee as needed.

- Students are NOT assigned to facilities where they are either currently employed or have been employed in the last 5 years. Students will be held accountable for revealing such information to their DCE prior to the assignments. Failure to reveal this information will lead to disciplinary action by the Physical Therapy Department Clinical Education Committee and may result in removal from the program

- Students are NOT to engage in fraternization with their clinical instructors or other staff at the facility during the time of the clinical experience.

COMMUNICATION WITH CLINICAL FACILITIES

Unauthorized Contact:
Under **no circumstance** is a student, parent, family member or friend of a student **to contact** a Facility Director,
Site Coordinator of Clinical Education (SCCE), Clinical Instructor (CI) or other staff in any facility with which
LLU SAHP holds an affiliation agreement **for any reason without specific permission of the appropriate DCE**. **All communication to request placement for a clinical course with contracted facilities must be done by the DCE**. A student will not be placed in a facility if there is evidence that any person other than the DCE has contacted the facility to request clinical placement.

If a student makes unauthorized contact with a clinical facility, disciplinary action(s) will be taken which may include but are not limited to:

- Deferment of the clinical course to a later time;
- Removal from the degree program due to unprofessional and unethical behavior.
  The disciplinary action will be decided upon by the Clinical Education Committee and presented in writing to the student.

Authorized Contact:
If a student is interested in a facility that is **not on the current contract list**, the student may discuss a Special Request for placement with the respective DCE. **Limited authorization may be granted for the student to make an initial inquiry to collect information regarding possible interest at the clinical site in accepting students for clinical education.**

Required Contact:
While students are expected to acquaint themselves with the facility by reviewing the Clinical Site Information Form (CSIF) and Student Evaluation of Clinical Education (SECE) and discussions with the DCE as needed, it is also necessary to contact the SCCE in advance. Unless directed otherwise by the DCE, each **student is required to contact the SCCE/CI for final details at least four weeks prior** to the beginning of any clinical rotation.

CRITICAL COMMUNICATION
(PT Department phone numbers are on page ten)

In an emergency the student must:

- Notify the CI, SCCE or Supervisor at the clinical affiliation facility.
- Notify the DCE or Program Director

If the student is ill or unable to go to the clinic facility as assigned for any reason the student must:

- Call the CI or SCCE prior to the start time that day.
- Call the DCE or Program Office Secretary informing them of the absence on the same day as the absence. Report all serious illnesses to the LLU Risk Management Student Insurance Claims Examiner – James Mendez 909-558-1000 ext. 14010.
- **Arrange for "make-up" time with the SCCE/CI and DCE.**
- **A physician's note is required for absences over five consecutive days and must be given to the SCCE, CI and the DCE.**
- **In the event of injury to a patient or the student, the student must:**
  Report the incident to the CI and SCCE immediately and to the program DCE.
  The DCE will report any incident that involves injury to a patient to the LLU Risk Management Liability/Casualty Manager, 909-558-1000 ext. 14010.

If time is lost from the clinical affiliation or the affiliation was postponed due to a serious medical condition:

- **The student should give both the SCCE/CI and the DCE a physician's note** before he/she can either return to the clinical facility or start the postponed clinical affiliation.

If unexpected clinical problems develop:

- For patient-related problems (e.g., treatment protocols, scheduling issues, incidents involving patients, institutional procedures), the student should

communicate first with the CI to identify the problem and work together to amend the situation.

- If the problem persists, the student will consult with the SCCE and the DCE.
- For interpersonal problems with the CI or other staff, the student may contact the DCE for help in addressing the problem. If the student is not able to solve the problem within the clinic, an intervention from the school is appropriate.

Contact	**PTA**
DCE	**Jenni Rae Rubio** W: 909 558-4632 x47208 800 422-4558, x 47208 Email: jrubio@llu.edu
Program Director	**R. Jeremy Hubbard** W: 909 558-4632 x 47254 800 422-4558, x 47254 Email: rjhubbard@llu.edu
Department Chair	**Larry Chinnock** W: 909 558-4632 x 47251 800 422-4558, x 47251 Email: lchinnock@llu.edu

RESPONSIBILITIES OF THE UNIVERSITY

The student remains under the responsibility of the University during clinical rotations. This includes but is not limited to:

- Any situations involving liability (injuries at the facility to the student or to a patient the student is treating).
- **Absences**
- Time-off requests: Any requests for **time-off** or accommodations in the student's schedule **must be approved by the DCE prior to discussion with the CI or SCCE. In general, federal holiday observance will comply with the facility policy.**
- Provide student's name/identification badge
- **Insurance -**Fulltime registered students are covered by a health insurance and liability insurance plan. Please refer to the letter from Risk management in Appendix One and the health insurance pamphlet given to you by health service for the terms of coverage.

ASSESSMENT OF STUDENT LEARNING IN CLINICAL SETTING

(See Section Four for additional details)

EVALUATION TOOLS:

Clinical Experiences

The PTA student receives a Clinical Education Handbook. This handbook contains the Clinical Experience assessment tools and instructions for students and clinical educators which must be available to the Site Coordinator of Clinical Education (SCCE) and the Clinical Instructor (CI) at all times during the clinical experiences.

Each handbook contains documents and processes applicable to each of the three clinical experiences, including:

- The APTA 2006 *Clinical Performance Instrument* (CPI) Instructions (All students and CIs are expected to complete the APTA online training session prior to completion of student assessment via the CPI)
- In-service/Project report forms.
- Policy and Procedure Manual for Clinical Education.
- PTA/DPT student Evaluation of Clinical Experience and Clinical Instruction forms (completed by student and shared with CI during Midterm and Final evaluation sessions
- Miscellaneous handouts.

The student is encouraged to frequently self-assess using the student self-assessment form and to seek opportunities to practice the behaviors described in the CPI. A formal evaluation of the student's performance comparing the CI assessment and the student's self-assessment should be done at the midway point and at the end of the affiliation. **All required processes and documentation are to be presented to the DCE by the time designated (see schedule of completion for each individual Clinical Experience) section in clinical Education Handbook and as stated in introductory letter to SCCE/CI with student packet).**

CRITERIA FOR SUCCESSFUL COMPLETION OF CLINICAL COURSES

See Appendix Two for the *Standards for Satisfactory Completion of Affiliations* for the PTA program.

The following include resources for grading of the Clinical Experience:

1. Physical Therapist Assistant Clinical Performance Instrument (CPI)
2. Interviews conducted by academic faculty reviewers with the Site Coordinator for Clinical Education (SCCE), Clinical Instructor (CI) and the intern.
3. Student's *Self-Assessment* using *the Clinical Performance Instrument.*
4. Didactic course faculty as appropriate

Each student is expected to receive a satisfactory rating by the end of each clinical rotation. Each rotation is independent of the others and must be satisfactorily completed. Errors in safety and/or judgment and unprofessional behavior may be grounds for the student to be removed from the facility. **A student who chooses to terminate any clinical experience without consultation and approval from the respective DCE will automatically receive an "Unsatisfactory" grade.**

If the clinical faculty (CI and SCCE) finds that the student is not meeting the requirements or expectations for the clinical experience, the CI or SCCE should contact the DCE to develop an agreeable plan of action for successful completion. Periodic review and specific feedback from the clinical faculty should be provided to the student and the DCE. If the problem remains unresolved, the CEC will review the case and provide input up to and including immediate termination of the clinical experience. A clinical facility also has the right to terminate an experience at the discretion of the administration.
The Clinical Instructor does not determine the final grade for clinical experiences. If the student is at risk of receiving an unsatisfactory grade, the Clinical Education Committee (CEC) will review the indicators listed above and will determine the final grade.

The *PTA Clinical Education Committee* consists of: DCE from PTA, Program Directors of PT and PTA, and two PTA faculty members. The DCEs from the DPT program will be part of the PTA CEC as needed. As representation of the PT faculty, the Clinical Education Committees have the right to obtain additional input from other faculty in assessing the overall student performance and assigning the grade

Timely submission of clinical documents to the DCE by the student is critical to facilitate timely review and grade assignment. If the student fails to complete and submit the required documents including CPI, Student Evaluation of Clinical Experience form (SECE), In-service / Project Report and all appropriate signatures and dates, by 12:00 P.M., the TUESDAY after the last scheduled date of the clinical rotation an **"Unsatisfactory" (U) grade would be entered. A "U"**

grade entered under this condition may be remediated by submission of completed documents and re-registration at a fee of $250.00.

Scholastic Disqualification Policy

- Each program has a policy regarding disqualification based on scholastic performance throughout the program. If a student receives a "Failed" or an "Unsatisfactory" grade, he/she will receive
  "Disqualification Points" equal to the academic units of that course.
- A student who receives a cumulative total of 5 (PTA) points disqualifies himself/herself from the program.
- A student who receives a second unsatisfactory grade in a clinical assignment disqualifies himself/herself from the program.
- The unsatisfactory completion of an excess of academic courses or clinical courses or a combination of the two will disqualify a student from the program.
- The disqualification points continue to accumulate even if the student has completed a remediation for the course and the grade was changed from "F" to "C".
- When a student repeats a course in which he/she received an unsatisfactory grade, the points received by the student continue to be in effect.

Section 3: STUDENT RESPONSIBILITIES

This section contains the individual responsibilities for the PTA student in the clinical setting. Compliance with these policies and responsibilities is necessary for satisfactory completion of each clinical experience.

HEALTH POLICIES – All students must have the following on file with the DCE.

TB Skin test – (Tuberculosis Screen) – PPD Mantoux
Documentation of the TB skin test must be current within 1 year prior to starting a clinical experience. Some clinical sites may require a two-step test or a test within a shorter time. If the TB skin test is positive, a copy of the chest x-ray report must be on file.

Hepatitis B Vaccine – Documentation for 3 vaccinations or a report of a positive antibody titer.

MMR - (mumps, measles and rubella vaccine) - Documentation of two immunizations or a report of a positive antibody titer.

TDAP – Tetanus, Diphtheria and Pertussis. Documentation of inoculation within the last ten years.

Varicella (chicken pox) – History of the disease or show proof of either a positive varicella titer or a series of two vaccinations. Some clinical sites require a titer.

FLU Vaccination – Documentation of one seasonal FLU vaccination and must have a current Flu vaccination prior to going on any affiliation.

Site Specific – There may be other additional health records/immunizations that are required by some clinical facilities. Check with the DCE for any specific requirements. Facilities may require titers for Hepatitis B, MMR and Varicella (chicken pox). Pre-clinical or random drug testing may also be required.

CARDIO-PULMONARY RESUSCITATION – CPR

The student must carry a current CPR certification for the Health Care Worker (for adult, child and infant) issued from the **American Heart Association** when in the clinic and a copy should be on file with the DCE.

BACKGROUND CHECK

Background checks are currently part of registration preceding the student's first quarter on campus and an updated check completed just prior to the end of the second year in the program. This is to ensure that background checks are not more than 12 months old when they enter a clinical setting. The background check is completed via the student portal of the University and accessed by an administratively designated individual in the PT department.

As per the website "The background package has been designed to meet the clinical placement requirements for all Loma Linda University medical programs and their associated clinical placement facilities." Some clinical facilities may require additional background checks done by the student or fingerprinting through their own vendor.

The student is advised that while the result of background checks may allow entrance to particular clinical sites during the course of the program, there is no guarantee that this would allow satisfactory completion of the application for

licensure. Each background check for application for state licensure is assessed individually by the state's own licensing body.

STUDENT CLINICAL EDUCATION ONLINE RESOURCES AND MATERIALS

Clinical Education Resources and Materials (CERM) is the internal online student resource and material site online on CANVAS for both PTA and DPT Clinical Education. It contains sections for announcements, organization information, facility listings, clinical site information forms (CSIF), electronic archives, online forms, paper documents, secure documents, external links and communication as well as access for APTA instructions in use of the CPI. Instructions for using this website will be given during the clinical orientation classes by the DCE and support staff.

The DPT and PTA programs also have course specific sections on CANVAS. This site includes:
announcements, assignments, surveys and clinical resources specific to individual clinical experiences.

BIOGRAPHICAL FORM

The *biographical form* is a document with the student's biographical information. This information is crucial for both the DCE and the clinical education faculty. It will be sent to each student's practicum and affiliation sites.

- The biographical form is available online in CANVAS under CERM.
- Each student must complete an electronic biographical form and submit it via CERM to the DCE by the date given.
- The student is responsible for updating and keeping current all information on the biographical form.

CONFIDENTIALITY AND PROTECTED INFORMATION

The Department of Physical Therapy recognizes that information which promotes effective student education and client and patient care may be shared with appropriate individuals. Reasonable care is expected in the dissemination and use of this information in arranging for clinical experiences. Students document acknowledgement of this sharing of information with the Program.

Students receive instruction in the basics of Health Information Portability and Accountability Act (HIPAA) early in the program but it is reasonable to expect some clinical sites to include additional training during their orientation.

Policies regarding patient/client rights within the clinical setting are established by that institution and should allow clients the right to refuse to participate in clinical education. Students are expected to adhere to these policies while at the clinical site.

TIME LINE OF STUDENT RESPONSIBILITIES

PRIOR TO THE CLINICAL EXPERIENCE THE STUDENT WILL:

- Be aware of and able to use the electronic information in **CERM on CANVAS**.

- Attend all **Clinical Orientation classes** per program.

- Give the DCE documentation of all **health requirements**.

- Complete a **student biographical form** and submit it to the DCE by the deadline given.

- Turn in all **Special Requests** to the DCE by the deadline given using the appropriate forms on CERM. Special Requests must be reviewed by the DCE prior to the deadline.

- Receive all **pertinent information** needed for practicum/affiliation from the DCE in a timely manner.

- **Call the facility four weeks (or as otherwise directed by the DCE) in advance** to communicate with the SCCE and to find out any additional requirements, such as work schedule, directions to the facility, dress code, etc.

- Complete any **additional requirements** of the clinical facility and University as outlined in the information packets sent to the student by the clinical faculty, staff, or the SCCE. **Failure to complete and/or submit requirements on time is subject to disciplinary action up to and including a fee assignment or deferral of attendance to the current clinical experience.**

DURING THE CLINICAL EXPERIENCE THE STUDENT WILL:

- **Make arrangements for reliable transportation to the clinical facility.** The student is responsible for housing as well as transportation to and from the facility, whether by his/her own transportation, carpooling, or public transportation. Some sites may offer stipends but this is a privilege and not a right to be expected. Any hours lost due to absences and /or tardiness because of car trouble may need to be made up.

- **Arrive on time each day.**
  Each student must clarify the work schedule with the SCCE prior to starting the clinical experience. Clinic hours may vary throughout the clinical experience. Students are required to complete 40 hours per week with a minimum of 36. The student should not request an alternative work schedule with the facility. Exceptions to the assigned work schedule must be negotiated by the DCE.

- **Notify the CI or SCCE if more than 15 minutes late.**

- **Notify the CI/SCCE and DCE if absent any length of time.**
  Both the CI and the DCE must be notified and given the reason for the absence. The DCE will determine if the absence may be excused.
  A <u>maximum of two days</u> for Long Clinical Experiences will be allowed for <u>emergency absences</u> only **per each clinical experience**. Absences beyond two days must be made up at the discretion of the CI in conjunction with the DCE. The absences are for emergencies only. These are not personal days.

  Personal days are considered in writing to the DCE prior to an affiliation only. **A physician's note** is required to return to the clinic in an absence due to illness **lasting over five consecutive days**. **A copy of this note needs to be given to the SCCE, CI and the DCE.**

- **Dress professionally and abide by the dress code of the academic program and the clinical facility.**
  (See Appendix One for Dress Code)
  Clarify any questions he/she may have regarding the dress code with the CI or the SCCE prior to starting the practicum/affiliation. If there are any questions about the appropriateness of the attire, a lab coat should be worn.

- **Wear the name badge provided by the academic program and any additional identification required by the clinical facility.**

- **Introduce self to the patient and clinical or hospital staff as PTA student, using first name. Acknowledge the patients right to refuse treatment**.

- **Prepare adequately for the clinical experience, including case studies, in-services, and any other additional assigned "homework".** The clinical experience is **NOT A VACATION** from school, but an advanced learning experience. Students are expected to complete all assignments and to prepare for in-services in a timely manner.

- **Present a minimum of one in-service during each clinical experience.** The student may be required by the clinical facility to do additional in-services.
  An In-service Report form should be submitted to the DCE with the other evaluation materials at the end of the clinical experience in which it was presented.

- **Bring resource material** to the clinical setting to support and guide his/her clinical decision making, including texts, lecture materials, articles, and in-service materials.

- **Take responsibility for his/her clinical learning experience**. Make good use of "free time" by reading information pertaining to the clinical setting, preparing for his/her in-service, or with the permission of the CI, observe other clinicians and healthcare professionals involved with patient care.

- **Abide by the safety policy of the facility.**
  Safety policies should be covered during the student orientation of each facility. If safety polices are not covered the student is required to seek out this information.

- **Practice in a safe manner and adhere to legal and ethical standards**.
  Under no circumstance is the student to treat a patient without a physical therapist in the building. If the physical therapist has stepped out of the building for any reason, the student is not to start or continue treatment of any patient, even if directed to do so by the physical therapist. If this situation occurs the DCE should be notified immediately.

  The student should be very careful to use safe techniques when treating patients. Good body mechanics are important and should be practiced in all situations.

The student should inform the DCE regarding any serious problems encountered during the clinical experience, such as errors in practice, unethical, or illegal practices. Problems that involve the CI and/or problems with a patient or patient's family member should be reported to the SCCE and the DCE.

- **Review the Clinical Performance Instrument (CPI) with the CI at the beginning, midterm (for and end of the clinical experience. Write/enter self-assessment** on student self-assessment pages of the CPI regarding his/her clinical experience, prior to midterm and final meeting with the **CI.** Periodic comparison of the student's self-assessment with the CI assessment is beneficial to the teaching/learning experience.

- Fill out the **PTA Student Evaluation: Clinical Experience and Clinical Instruction(SECE)** form and review it with the CI at the midterm and final evaluation. Both the student and the CI **must sign** on the appropriate page of the form.

- **Assume responsibility for having the CI complete the CPI and for obtaining all required signatures.**

- **Communicate openly with CI regarding learning opportunities, questions or differences between CI and student, and learning style.** If the CI and student are not able **to resolve a conflict,** the SCCE should be notified for assistance. If unresolved, the DCE should be contacted. The student, the CI and or SCCE may contact the DCE whenever needed.

AFTER THE COMPLETION OF THE CLINICAL PRACTICUM/AFFILIATION THE STUDENT WILL:

- **Create a copy of all evaluation materials for his/her records.**

- **Present all evaluation materials (written as well as electronic) with necessary signatures to the DCE by the deadline given.**

- **Materials submitted after the deadline** may result in an "Unsatisfactory" grade and a delay in the transmission of completion notices.

- **Meet with the DCE or designated Faculty Reviewer after the completion of the last clinical affiliation for an Exit Interview. Onsite Exit Interviews are expected. Phone reviews may be accommodated on a case by case basis as approved by the DCE or Program Director**.

- **Complete the Program completion processes by contacting the following offices: Student Finance, Financial Aid, Student Loan Collections, University Records and DCE, Program Director to assure clearance for degree completion. Schedule interview with the DCE or designee to review the clinical performance documents of the final affiliation, discussion of the clinical education experience and overall feedback for the program.**

- **Send a thank you letter to CI and SCCE after each practicum and affiliation.**

Section 4: CLINICAL SITE RESPONSIBILITIES

THE RESPONSIBILITIES OF THE CLINICAL SITE INCLUDE:

- Ensuring student(s) at their clinical site are adequately supervised as outlined by their respective governing body and, when appropriate and necessary, provide closer supervision than that which is stated within that governing body.
- Have an appropriate contact person identified at their clinical site. This may be a clinical instructor (CI), or the Site Coordinator of Clinical Education (SCCE), or both. This may be identified within the first week of the clinical experience or sooner.
- Ensure that the CI for any student at their facility be a licensed practitioner who is either a PTA (for PTA students only) or PT and has **practiced for at least one year.**
- Creating a learning environment that does its best to continue to challenge the student clinically. This may be expressed in a variety of methods, including (but not limited to):
    - Research of diagnoses, treatments, techniques, for in-service and other student growth reasons.
    - CI pushing student to continue to grow with clinical reasoning and challenges within treatment options.
    - Increasing patient-load or increasing the student's role within treatments.
    - Creating learning opportunities through assigning appropriate home work for student

- Providing a suitable clinical learning experiences as prescribed by the Program curriculum and objectives.
- Designate appropriate personnel to coordinate the student's clinical learning experience in the Program. This designate shall be called the Clinical Education Supervisor/Site Coordinator of Clinical Education (SCCE).
- Provide all equipment and supplies needed for clinical instruction at the facility.
- Provide necessary emergency care or first aid required by an accident occurring at the facility.

APPENDIX ONE

Tab. 1 APTA Core Documents:

Code of Ethics for the Physical Therapist
Guide for Professional Conduct
Standards of Ethical Conduct for the Physical Therapist Assistant
Guide for Conduct of the Physical Therapist Assistant

Tab. 2 Dress Code

Tab. 3 Procedure for Evaluating Fitness for Duty - School of Allied Health Professions Policy

Tab. 4 Risk Management Letter/health plan

Tab. 5 Sexual Harassment Policy – Loma Linda University Policy

Tab. 6 Identification and Supervision of Physical Therapy, Physical Therapy Assistant Students

Tab. 7 Essential Functions for PT/PTA students

Tab. 8 Medicare Reimbursement and Student Services – APTA Chart *(rev. 10-15-13)*

Code of Ethics for the Physical Therapist

Code of Ethics for the Physical Therapist HOD S06-19-47-67 [Amended HOD S06-09-07-12; HOD S06-00-12-23; HOD 06-91-05-05; HOD 06-87-11-17; HOD 06-81-06-18; HOD 06-78-06-08; HOD 06-78-06-07; HOD 06-77-18-30; HOD 06-77-17-27; Initial HOD 06-73-13-24] [Standard]

Preamble

The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient and client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients and clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Principles

Principle #1: *Physical therapists shall respect the inherent dignity and rights of all individuals. (Core Values: Compassion, Integrity)*

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

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: *Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients and clients. (Core Values: Altruism, Compassion, Professional Duty*)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients and clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapist services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapist care or participation in clinical research.

2D. Physical therapists shall collaborate with patients and clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient and client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: *Physical therapists shall be accountable for making sound professional judgments. 2 (Core Values: Excellence, Integrity)*

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's or client's best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient and client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: *Physical therapists shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)*

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

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

4C. Physical therapists shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.

4D. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

4E. Physical therapists shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.

4F. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Principle #5: *Physical therapists shall fulfill their legal and professional obligations. (Core Values: Professional Duty, Accountability)*

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

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

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

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

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

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient or client continues to need physical therapist services.

Principle #6: *Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors. (Core Value: Excellence)*

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: *Physical therapists shall promote organizational behaviors and business practices that benefit patients and clients and society. (Core Values: Integrity, Accountability)*

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapist services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients and clients.

Principle #8: *Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Value: Social Responsibility)*

8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or under-utilization of physical therapist services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Effective June 2019
For more information, go to www.apta.org/ethics.

APTA Guide for Professional Conduct

Purpose

The APTA Guide for Professional Conduct (Guide) is intended to serve physical therapists in interpreting the Code of Ethics for the Physical Therapist (Code of Ethics) of the American Physical Therapy Association (APTA) in matters of professional conduct. The APTA House of Delegates in June of 2009 adopted a revised Code of Ethics, which became effective July 1, 2010.

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

Interpreting Ethical Principles

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

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

Preamble to the Code of Ethics

The Preamble states as follows:

> The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:
>
> 1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
> 2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
> 3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities. APTA Guide for Professional Conduct
> 4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
> 5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.
>
> No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.
>
> This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and

social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the physical therapist. Fundamental to the Code of Ethics is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life.

Interpretation: Upon the Code of Ethics for the Physical Therapist being amended effective July 1, 2010, all the lettered principles in the Code of Ethics contain the word "shall" and are mandatory ethical obligations. The language contained in the Code of Ethics is intended to better explain and further clarify existing ethical obligations. These ethical obligations predate the revised Code of Ethics. Although various words have changed, many of the obligations are the same. Consequently, the addition of the word "shall" reinforces and clarifies existing ethical obligations. A significant reason that the Code of Ethics was revised was to provide physical therapists with a document that was clear enough to be read on its own without the need to seek extensive additional interpretation.

The Preamble states that "[n]o Code of Ethics is exhaustive nor can it address every situation." The Preamble also states that physical therapists "are encouraged to seek additional advice or consultation in instances in which the guidance of the Code may not be definitive." Potential sources for advice and counsel include third parties and the myriad resources available on the APTA website. Inherent in a physical therapist's ethical decision-making process is the examination of his or her unique set of facts relative to the Code of Ethics. APTA Guide for Professional Conduct

Topics

Respect

Principle 1A states as follows:

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

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

Altruism

Principle 2A states as follows:

> 2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
>
> Interpretation: Principle 2A reminds physical therapists to adhere to the profession's core values and act in the best interest of patients and clients over the interests of the physical therapist. Often this is done without thought, but, sometimes, especially at the end of the day when the physical therapist is fatigued and ready to go home, it is a conscious decision. For example, the physical therapist may need to make a decision between leaving on time and staying at work longer to see a patient who was 15 minutes late for an appointment.

Patient Autonomy

Principle 2C states as follows:

> 2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.
>
> **Interpretation:** Principle 2C requires the physical therapist to respect patient autonomy. To do so, he or she shall communicate to the patient or client the findings of the physical therapist examination, evaluation, diagnosis, and prognosis. The physical therapist shall use sound professional judgment in informing the patient or client of any substantial risks of the recommended examination and intervention and shall collaborate with the individual to establish the goals of treatment and the plan of care. Ultimately, the physical therapist shall respect the individual's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

Professional Judgment

Principles 3, 3A, and 3B state as follows:

> 3: Physical therapists shall be accountable for making sound professional judgments. (Core Values: Excellence, Integrity)
>
> 3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
>
> 3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

Interpretation: Principles 3, 3A, and 3B state that it is the physical therapist's obligation to exercise sound professional judgment, based upon his or her knowledge, skill, training, and experience. Principle 3B further describes the physical therapist's judgment as being informed by 3 elements of evidence-based practice.

With regard to the patient and client management role, once a physical therapist accepts an individual for physical therapy services he or she shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; reexamination and modification of the plan of care; and the maintenance of adequate records, including progress reports. The physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. Regardless of practice setting, the physical therapist has primary responsibility for the physical therapy care of a patient or client and shall make independent judgments regarding that care consistent with accepted professional standards.

If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise or that indicate the need for care outside the scope of physical therapy, the physical therapist shall so inform the patient or client and shall refer the individual to an appropriate practitioner.

The physical therapist shall determine when a patient or client will no longer benefit from physical therapist services. When the physical therapist's judgment is that a patient will receive negligible benefit from physical therapist services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his or her employer. The physical therapist shall avoid overutilization of physical therapist services. See Principle 8C.

Supervision

Principle 3E states as follows:

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Interpretation: Principle 3E describes an additional circumstance in which sound professional judgment is required; namely, through the appropriate direction of and communication with physical therapist assistants and support personnel. Further information on supervision via applicable local, state, and federal laws and regulations (including state practice acts and administrative codes) is available. Information on supervision via APTA policies and resources is also available on the APTA website. See Principles 5A and 5B.

Integrity in Relationships

Principle 4 states as follows:

> 4. Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public. (Core Value: Integrity)
>
> Interpretation: Principle 4 addresses the need for integrity in relationships. This is not limited to relationships with patients and clients but includes everyone physical therapists come into contact with professionally. For example, demonstrating integrity could encompass working collaboratively with the health care team and taking responsibility for one's role as a member of that team.

Reporting

Principle 4C states as follows:

> 4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
>
> Interpretation: Physical therapists shall seek to discourage misconduct by health care professionals. Discouraging misconduct can be accomplished through a number of mechanisms. The following is not an exhaustive list:
>
> - Do not engage in misconduct; instead, set a good example for health care professionals and others working in their immediate environment.
> - Encourage or recommend to the appropriate individuals that health care and other professionals, such as legal counsel, conduct regular (such as annual) training that addresses federal and state law requirements, such as billing, best practices, harassment, and security and privacy; as such training can educate health care professionals on what to do and not to do.
> - Encourage or recommend to the appropriate individuals other types of training that are not law based, such as bystander training.
> - Assist in creating a culture that is positive and civil to all.
> - If in a management position, think about promotion and hiring decisions and how they can impact the organization.
> - Access professional association resources when considering best practices.
> - Revisit policies and procedures each year to remain current.
>
> Many other mechanisms may exist to discourage misconduct. The physical therapist should be creative, open-minded, fair, and impartial in considering how to best meet this ethical obligation. Doing so can actively foster an environment in which misconduct does not occur. The main focus when thinking about misconduct is creating an action plan on prevention. Consider that reporting may never make the alleged victim whole or undo the misconduct.

If misconduct has not been prevented, then reporting issues must be considered. This ethical obligation states that the physical therapist reports to the "relevant authority, when appropriate." Before examining the meaning of these words it is important to note that reporting intersects with corporate policies and legal obligations. It is beyond the scope of this interpretation to provide legal advice regarding laws and policies; however, an analysis of reporting cannot end with understanding one's ethical obligations. One may need to seek advice of legal counsel who will take into consideration laws and policies and seek to discover the facts and circumstances.

With respect to ethical obligations, the term "when appropriate" is a fact-based decision and will be impacted by requirements of the law. If a law requires the physical therapist to take an action, then, of course, it is appropriate to do so. If there is no legal requirement and no corporate policy, then the physical therapist must consider what is appropriate given the facts and situation. It may not be appropriate if the physical therapist does not know what occurred, or because there is no legal requirement to act and the physical therapist does not want to assume legal responsibility, or because the matter is being resolved internally. There are many different reasons that something may or may not be appropriate.

If the physical therapist has determined that it is appropriate to report, the ethical obligation requires him or her to consider what entity or person is the "relevant authority." Relevant authority can be a supervisor, human resources, an attorney, the Equal Employment Opportunities Commission, the licensing board, the Better Business Bureau, Office of the Insurance Commissioner, the Medicare hotline, the Office of the Inspector General hotline, the US Department of Health & Human Services, an institution using their internal grievance procedures, the Office of Civil Rights, or another federal agency, state agency, city or local agency, or a state or federal court, among others.

Once the physical therapist has decided to report, he or she must be mindful that reporting does not end his or her involvement, which can include office, regulatory, and/or legal proceedings. In this context, the physical therapist may be asked to be a witness, to testify, or to provide written information.

Sexual Harassment

Principe 4F states as follows:

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

Interpretation: As noted in the House of Delegates policy titled Sexual Harassment, "[m]embers of the association have an obligation to comply with applicable legal prohibitions against sexual harassment…." This statement is in line with Principle 4F that prohibits physical therapists from harassing anyone verbally, physically, emotionally, or

sexually. While the principle is clear, it is important for APTA to restate this point, namely that physical therapists shall not harass anyone, period. The association has zero tolerance for any form of harassment, specifically including sexual harassment.

Exploitation

Principle 4E states as follows:

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

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

Physical therapists shall not exploit persons over whom they have supervisory, evaluative, or other authority (eg, patients and clients, students, supervisees, research participants, or employees).

Consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients or Former Patients:

> A physical therapist stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist has natural feelings of attraction toward a patient, he or she must sublimate those feelings in order to avoid sexual exploitation of the patient.
>
> One's ethical decision making process should focus on whether the patient or client, supervisee, or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient or client relationship ends. To this question, the EJC has opined as follows:
>
> The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.
>
> The Committee imagines that in some cases a romantic/sexual relationship would not offend…if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Principle 5D and 5E state as follows:

> 5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
>
> 5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report the information to the appropriate authority.
>
> Interpretation: The central tenet of Principles 5D and 5E is that inaction is not an option for a physical therapist when faced with the circumstances described. Principle 5D states that a physical therapist shall encourage colleagues to seek assistance or counsel while Principle 5E addresses reporting information to the appropriate authority.
>
> 5D and 5E both require a factual determination. This may be challenging in the sense that the physical therapist might not know or easily be able to determine whether someone in fact has a physical, psychological, or substance-related impairment. In addition, it might be difficult to determine whether such impairment may be adversely affecting his or her professional responsibilities.
>
> Moreover, once the physical therapist does make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance, while the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform; whereas, 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect their professional responsibilities. So, 5D discusses something that may be affecting performance, while 5E addresses a situation in which someone clearly is unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom the physical therapist reports; it provides discretion to determine the appropriate authority.
>
> The EJC Opinion titled: Topic: Preserving Confidences; Physical Therapist's Reporting Obligation With Respect to Unethical, Incompetent, or Illegal Acts provides further information on the complexities of reporting.

Professional Competence

Principle 6A states as follows:

> 6A. Physical therapists shall achieve and maintain professional competence.
>
> Interpretation: 6A requires the physical therapist to maintain professional competence within his or her scope of practice throughout their career. Maintaining competence is an

ongoing process of self-assessment, identification of strengths and weaknesses, acquisition of knowledge and skills based on that assessment, and reflection on and reassessment of performance, knowledge, and skills. Numerous factors including practice setting, types of patients and clients, personal interests, and the addition of new evidence to practice will influence the depth and breadth of professional competence in a given area of practice. Additional resources on continuing competence are available on the APTA website.

Professional Growth

Principle 6D states as follows:

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Interpretation: 6D elaborates on the physical therapist's obligations to foster an environment conducive to professional growth, even when not supported by the organization. The essential idea is that this is the physical therapist's responsibility, whether or not the employer provides support.

Charges and Coding

Principle 7E states as follows:

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

Interpretation: Principle 7E provides that the physical therapist must make sure that the process of documentation and coding accurately captures the charges for services performed. Additional resources on Documentation and Coding and Billing are available on the APTA website.

Pro Bono Services

Principle 8A states as follows:

8A. Physical therapists shall provide pro bono physical therapist services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

Interpretation: The key word in Principle 8A is "or." If a physical therapist is unable to provide pro bono services, then he or she can fulfill ethical obligations by supporting organizations that meet the health needs of people who are economically disadvantaged, uninsured, or underinsured. In addition, physical therapists may review the House of Delegates guidelines titled Guidelines: Pro Bono Physical Therapist Services and

Organizational Support. Additional resources on pro bono physical therapist services are available on the APTA website.

8A also addresses supporting organizations to meet health needs. The principle does not specify the type of support that is required. Physical therapists may express support through volunteerism, financial contributions, advocacy, education, or simply promoting their work in conversations with colleagues.

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended March 2019

Standards of Ethical Conduct for the Physical Therapist Assistant HOD

S06-19-47-68 [Amended HOD S06-09-20-18; HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble

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

Standards

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

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapist services.

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

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

2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide.
2D. Physical therapist assistants shall protect confidential patient and client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

3A. Physical therapist assistants shall make objective decisions in the patient's or client's best interest in all practice settings.
3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions.
3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values.
3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
3E. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

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

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g, patients and clients, students, supervisees, research participants, or employees).
4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

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

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient and client safety.
5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

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

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

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

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.
7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients and clients

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

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapist services.
8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

APTA Guide for Conduct of the Physical Therapist Assistant

Purpose

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

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

Interpreting the Standards of Ethical Conduct

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

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

Preamble to the Standards of Ethical Conduct

The Preamble states as follows:

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

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

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

Topics

Respect

Standard 1A states as follows:

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

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

Altruism

Standard 2A states as follows:

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

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

Sound Decisions

Standard 3C states as follows:

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

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

Supervision

Standard 3E states as follows:

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

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

Integrity in Relationships

Standard 4 states as follows:

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

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

Reporting

Standard 4C states as follows:

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

Interpretation: Physical therapist assistants shall seek to discourage misconduct by health care professionals. Discouraging misconduct can be accomplished through a number of mechanisms. The following is not an exhaustive list:

- Do not engage in misconduct; instead, set a good example for health care professionals and others working in their immediate environment.
- Encourage or recommend to the appropriate individuals that health care and other professionals, such as legal counsel, conduct regular (such as annual) training that addresses federal and state law requirements, such as billing, best practices, harassment, and security and privacy; as such training can educate health care professionals on what to do and not to do.
- Encourage or recommend to the appropriate individuals other types of training that are not law based, such as bystander training.
- Assist in creating a culture that is positive and civil to all.
- If in a management position, consider how promotion and hiring decisions can impact the organization.
- Access professional association resources when considering best practices.
- Revisit policies and procedures each year to remain current.

Many other mechanisms may exist to discourage misconduct. The physical therapist assistant should be creative, open-minded, fair, and impartial in considering how to best meet this ethical obligation. Doing so can actively foster an environment in which misconduct does not occur. The main focus when thinking about misconduct is creating an action plan on prevention. Consider that reporting may never make the alleged victim whole or undo the misconduct.

If misconduct has not been prevented, then reporting issues must be considered. This ethical obligation states that the physical therapist assistant reports to the "relevant authority, when appropriate." Before examining the meaning of these words it is important to note that reporting intersects with corporate policies and legal obligations. It is beyond the scope of this interpretation to provide legal advice regarding laws and policies; however, an analysis of reporting cannot end with understanding one's ethical obligations. One may need to seek advice of legal counsel who will take into consideration laws and policies and seek to discover the facts and circumstances.

With respect to ethical obligations, the term "when appropriate" is a fact-based decision and will be impacted by requirements of the law. If a law requires the physical therapist assistant to take an action, then, of course, it is appropriate to do so. If there is no legal requirement and no corporate policy, then the physical therapist assistant must consider what is appropriate given the facts and situation. It may not be appropriate if the physical therapist does not know what occurred, or because there is no legal requirement to act and the physical therapist assistant does not want to assume legal responsibility, or because the matter is being resolved internally. There are many different reasons that something may or may not be appropriate.

If the physical therapist assistant has determined that it is appropriate to report, the ethical obligation requires him or her to consider what entity or person is the "relevant authority." Relevant authority can be a supervisor, human resources, an attorney, the Equal Employment Opportunities Commission, the licensing board, the Better Business Bureau, Office of the Insurance Commissioner, the Medicare hotline, the Office of the Inspector General hotline, the US Department of Health and Human Services, an institution using their internal grievance procedures, the Office of Civil Rights, or another federal, state, city, or local agency, or a state or federal court, among others.

Once the physical therapist assistant has decided to report, he or she must be mindful that reporting does not end his or her involvement, which can include office, regulatory, and/or legal proceedings. In this context, the physical therapist assistant may be asked to be a witness, to testify, or to provide written information.

Sexual Harassment

Standard 4F states as follows:

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

Interpretation: As noted in the House of Delegates policy titled "Sexual Harassment," "[m]embers of the association have an obligation to comply with applicable legal prohibitions against sexual harassment…." This statement is in line with Standard 4F that prohibits physical therapist assistants from harassing anyone verbally, physically, emotionally, or sexually. While the standard is clear, it is important for APTA to restate this point, namely that physical therapist assistants shall not harass anyone, period. The association has zero tolerance for any form of harassment, specifically including sexual harassment.

Exploitation

Standard 4E states as follows:

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

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

> 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative, or other authority (eg, patients and clients, students, supervisees, research participants, or employees).
>
> Consider this excerpt from the EJC Opinion titled Topic: Sexual Relationships With Patients or Former Patients (modified for physical therapist assistants):

> A physical therapist [assistant] stands in a relationship of trust to each patient and has an ethical obligation to act in the patient's best interest and to avoid any exploitation or abuse of the patient. Thus, if a physical therapist [assistant] has natural feelings of attraction toward a patient, he or she must sublimate those feelings in order to avoid sexual exploitation of the patient.
>
> One's ethical decision making process should focus on whether the patient or client, supervisee, or student is being exploited. In this context, questions have been asked about whether one can have a sexual relationship once the patient or client relationship ends. To this question, the EJC has opined as follows:
>
> The Committee does not believe it feasible to establish any bright-line rule for when, if ever, initiation of a romantic/sexual relationship with a former patient would be ethically permissible.
> …..
>
> The Committee imagines that in some cases a romantic/sexual relationship would not offend ... if initiated with a former patient soon after the termination of treatment, while in others such a relationship might never be appropriate.

Colleague Impairment

Standard 5D and 5E state as follows:

> 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
>
> 5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

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

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

Moreover, once the physical therapist assistant does make these determinations, the obligation under 5D centers not on reporting, but on encouraging the colleague to seek assistance, while the obligation under 5E does focus on reporting. But note that 5E discusses reporting when a colleague is unable to perform; whereas, 5D discusses encouraging colleagues to seek assistance when the impairment may adversely affect their professional responsibilities. So, 5D discusses something that may be affecting performance, whereas 5E addresses a situation in which

someone clearly is unable to perform. The 2 situations are distinct. In addition, it is important to note that 5E does not mandate to whom the physical therapist assistant reports; it provides discretion to determine the appropriate authority.

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

Clinical Competence

Standard 6A states as follows:

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

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

Lifelong Learning

Standard 6C states as follows:

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

Interpretation: 6C points out the physical therapist assistant's obligation to support an environment conducive to career development and learning. The essential idea here is that the physical therapist assistant encourages and contributes to his or her career development and lifelong learning, whether or not the employer provides support.

Organizational and Business Practices

Standard 7 states as follows:

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

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

Documenting Interventions

Standard 7D states as follows:

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

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

Support - Health Needs

Standard 8A states as follows:

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

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

Issued by the Ethics and Judicial Committee
American Physical Therapy Association
October 1981
Last Amended March 20

LOMA LINDA UNIVERSITY SCHOOL OF ALLIED HEALTH PROFESSIONS
Department of Physical Therapy PTA & DPT Programs
Professional Appearance Standards

Students in the program are expected to present an appearance consistent with the highest professional standards in healthcare and with the mission and philosophy of Loma Linda University. These standards apply during scheduled school hours in classrooms, laboratories, chapel, and in all facilities used for physical therapy education purposes, including clinics and off-campus assignments. Clinical sites affiliating with Loma Linda University may prescribe additional codes of dress for students in training. Alternate dress codes during laboratory sessions will be outlined by the course instructors.

In essence, a professional appearance is defined as modest, neat, clean, and conservative in style.

- Men
  - o Dress slacks or long pants such as chinos or khakis
  - o Shirts: neatly pressed and with collars
  - o Scrub sets may be worn as an alternative (see below)
- Women
  - o Dresses/skirts must approximate or fall below the knees
  - o Dress slacks or long pants such as chinos or khakis
  - o Blouses/tops: modesty required; no exposed mid-riffs, low-cut necklines and skin-tight clothing
  - o Scrub sets may be worn as an alternative (see below)
- Scrub sets for men or women
  - o Scrubs must be neat, clean and in a solid color
  - o Scrub top and pants must be the same color
  - o A black polo shirt with departmental logo may be paired with scrub pants
  - o A plain T-shirt (long or short-sleeved) with a crew or V-neck may be worn under the scrub top and must be tucked in at the waist.
- Shoes: clean, good condition; no flip-flops

- The following items are considered inappropriate for professional attire:
  - o T-shirts worn as outer garments
  - o Visible undergarments
  - o Denim clothing of any color
  - o Shorts
  - o Halter tops, tank tops, midriffs, or "spaghetti" straps
  - o Sweat pants, leggings (aka: yoga pants)
  - o Hats, caps, beanies, or hoods of sweatshirts worn indoors

- Extreme hairstyles are not acceptable for men or women:
  - o Men: Hair must be clean, neat, and not fall below the collar. Mustaches and beards must be closely trimmed. Women: Hair must be clean, neat; long hair may need to be tied back.

- Jewelry, if worn, must be conservative. Rings, if worn, should be low-profile and limited to one finger per hand. Ear ornaments, if worn by women, are limited to simple studs in the earlobe, one per ear, and should not drop below the bottom of the earlobe. Men may not wear ear ornaments. Rings or ornaments in other anatomical sites are not acceptable.

- Nails must be closely trimmed. Nail polish, if worn, should be a subdued tone.

- Excessive makeup and strong fragrances are not appropriate.

- Any display of words, pictures, and symbols must be consistent with Christian principles and be sensitive to others' views. If found offensive, tattoos must remain covered while in program, at the discretion of faculty.

I have read the Professional Appearance Standards and I agree to observe them.
Student Signature _____Date _____ ***Revised 2018-12-12***

Procedure for Evaluating An Individual's Fitness For Duty And Accommodating An Individual's Clinical Assignment.

Evaluation of an individual's fitness for duty will be performed by the clinical coordinator in the following areas:

A. Competence
    1. Medical condition resulting in incompetence
    2. Emotional instability to perform assigned tasks
B. Ability to perform routine duties
    1. Inability to perform regular duties, assuming "reasonable accommodations" have been offered for the disability
    2. Susceptible to varicella zoster virus, rubella or measles
C. Compliance with established guidelines and procedures
    1. Refusal to follow guidelines
    2. Unable to comprehend guidelines

The clinical coordinator makes accommodations for a student from a clinical experience perspective on a case-by-case basis. Decisions for exemption for more than one clinical session will be made in consultation with the student's physician and appropriate University faculty/administrators, including the chairperson of the University Communicable Disease and AIDS Committee. The following conditions require consideration when assigning a student to clients with communicable disease.

A. Confirmed pregnancy
    1. The risk of transmission of HIV infection to pregnant health care workers is not known to be greater than the risk to those not pregnant.
    2. The risk of transmission of other pathogens such as cytomegalovirus from clients with AIDS to pregnant health care workers is unknown but is thought to be low to nonexistent.
    3. If, however, due to personal concerns related to protection of the fetus, pregnant students, in consultation with the clinical coordinator, may be excluded by caring for clients infected with known communicable diseases or blood borne pathogens.
B. Incompetent Immunological Systems

    Students with diagnosed immunological deficiencies are at an increased risk for developing opportunistic infections. In consultation with the clinical coordinator, these students may request exclusion from caring for clients with known communicable diseases or blood-borne pathogens.

C. Infections

    Any student with a communicable infectious process could further compromise an already incompetent immunological system, such as a client who is neutrophic from chemotherapy, an AIDS client, or other immune-compromised client; thus, a student may, in consultation with the clinical coordinator, request a change in assignment.

From the School of Allied Health Professions Policy Handbook, p. 5 and 6.

LOMA LINDA UNIVERSITY

Department of Risk Management

Loma Linda, California 92350
(909) 558-4386
FAX: (909) 558-4775

To Whom It May Concern:

RE: Student Health Plan & Risk Management Programs

The purpose of this letter is to outline and clarify the protection afforded to students and/or employees under the various insurance and risk management programs in effect at Loma Linda University. All coverage descriptions are subject to the limits of liability, exclusions, conditions, and other terms of the actual insurance or self-insurance program in effect.

Professional Liability – The primary professional liability exposures at Loma Linda University are funded through a self-insurance trust program established at Bank of America, Chicago, Illinois. Excess coverage is provided through University Insurance Company of Vermont, policy number XS-1014. Professional liability coverage applies to both employees and students. Employees are only covered while functioning within the course and scope of their duties as employees of Loma Linda University. Students are covered while enrolled in a formal training program offered by Loma Linda University, but only for such student's legal liability resulting from the performance of or failure to perform duties relating to the training program.

Student Health Plan – All full time students at Loma Linda University enrolled in any regular educational program are covered by the Student Health Plan. This program provides accident and sickness benefits while enrolled. Coverage under the Student Health Plan also applies to any student while participating in clinical rotations sponsored by Loma Linda University.

Workers' Compensation – In accordance with the California State Labor Code, Loma Linda University is self-insured for the Workers' Compensation exposures of its *employees*. Loma Linda has been granted a Certificate of Consent to Self-Insure, #1095, by the Department of Industrial Relations of the State of California, and provides statutory workers' compensation benefits to all *employees* who sustain job-related injuries or illnesses. Benefits under this program include all necessary medical care, temporary disability benefits, and long-term benefits in accordance with the State Labor Code. Students are generally not considered employees for purposes of workers' compensation coverage.

Sincerely,

Raul E. Castillo
Risk Manager

(updated 06/06/05)

Loma Linda University
Department of Physical Therapy
Physical Therapist Program

Identification and Supervision of Physical Therapist Students

The faculty of the DPT Program at Loma Linda University have formalized the policy regarding requirements of supervision and documentation for our students which reflects both legal and ethical mandates. A description of what constitutes legal supervision is excerpted below from the "California Code of Regulations".

16 CCR § 1398.37

§ 1398.37. Identification and Supervision of Physical Therapist Students Defined.

(a) When rendering physical therapy services as part of academic training, a physical therapy student shall only be identified as a "physical therapist student." When rendering physical therapy services, the required identification shall be clearly visible and include his or her name and working title in at least 18-point type.

(b) The "clinical instructor" or the "supervisor" shall be the physical therapist supervising the physical therapist student while practicing physical therapy.

(c) The supervising physical therapist shall provide on-site supervision of the assigned patient care rendered by the physical therapist student.

(d) The physical therapist student shall document each treatment in the patient record, along with his or her signature. The clinical instructor or supervising physical therapist shall countersign with his or her first initial and last name all entries in the patient's record on the same day as patient related tasks were provided by the physical therapist student.

Note: Authority cited: Section 2615, Business and Professions Code. Reference: Section 2633.7, Business and Professions Code.

HISTORY

1. New section filed 4-16-79; effective thirtieth day thereafter (Register 79, No. 16).

2. Amendment filed 6-29-83; effective thirtieth day thereafter (Register 83, No. 27).

3. Amendment of section heading, section and Note filed 12-23-2002; operative 1-22-2003 (Register 2002, No. 52).

4. Change without regulatory effect amending section heading, section and Note filed 9-21-2015 pursuant to section 100, title 1, California Code of Regulations (Register 2015, No. 39).

5. Change without regulatory effect amending Note filed 7-6-2017 pursuant to section 100, title 1, California Code of Regulations (Register 2017, No. 27).

Loma Linda University
Department of Physical Therapy
Physical Therapist Assistant Program

Identification and Supervision of Physical Therapist Assistant Students

The faculty of the Physical Therapist Assistant Program at Loma Linda University have formalized the policy regarding requirements of supervision and documentation for our students which reflects both legal and ethical mandates. A description of what constitutes legal supervision is excerpted below form "California Code of Regulations".

16 CCR § 1398.52

§ 1398.52. Identification and Supervision of Physical Therapist Assistant Students Defined.

(a) A physical therapist assistant student is an unlicensed person rendering physical therapy services as part of academic training pursuant to section 2650.1 of the Code and shall only be identified as a "physical therapist assistant student." When rendering physical therapy services, the required identification shall be clearly visible and include his or her name and working title in at least 18-point type.

(b) The physical therapist assistant student shall be supervised by a physical therapist supervisor. A physical therapist assistant under the supervision of a physical therapist supervisor may perform as a clinical instructor of the physical therapist assistant student when rendering physical therapy services.

(c) A physical therapist supervisor shall provide on-site supervision of the assigned patient care rendered by the physical therapist assistant student.

(d) The physical therapist assistant student shall document each treatment in the patient record, along with his or her signature. The clinical instructor shall countersign with his or her first initial and last name in the patient's record on the same day as patient related tasks were provided by the physical therapist assistant student. The supervising physical therapist shall conduct a weekly case conference and document it in the patient record.

Note: Authority cited: Section 2615, Business and Professions Code. Reference: Section 2633.7, Business and Professions Code.

HISTORY

1. New section filed 12-23-2002; operative 1-22-2003 (Register 2002, No. 52).

2. Change without regulatory effect amending section heading, section and Note filed 9-21-2015 pursuant to section 100, title 1, California Code of Regulations (Register 2015, No. 39).

3. Change without regulatory effect amending Note filed 7-6-2017 pursuant to section 100, title 1, California Code of Regulations (Register 2017, No. 27).

This database is current through 5/24/19 Register 2019, No. 21

16 CCR § 1398.52, 16 CA ADC § 1398.52

Policy for Complaints

1. Information for students regarding alleged, perceived, or real incidents of student mistreatment or other complaints may be found in
    A. The *PTA Program Student Handbook* (2009), p. 30;
    B. The *University Student Handbook* (2002), pp. 67-70, 75-78;
    C. The online *University Student Handbook* http://www.llu.edu/assets/central/handbook/documents/student-handbook.pdf

2. Students with complaints are advised to follow the steps below, in consecutive order, to resolve any program-related complaints. If the complaint remains unresolved at any level, the student may proceed to the next level.
    A. Discuss the issue with the instructor/coordinator of the course;
    B. Discuss the issue with the program director –Jeannine Mendes (x 47254);
    C. Discuss the issue with the department chairman – Larry Chinnock (x 47251);
    D. Discuss the issue with the Dean of the School of Allied Health Professions – Craig Jackson (x 44545).

3. Complaints presented to the PTA program director are recorded (handwritten on a specified complaint form or typed in similar format) and are stored in a dedicated threering binder kept in an enclosed area within the program director's office. The director records the date and nature of the complaint, what was planned and/or accomplished in response to the complaint, and the final resolution and date of the resolution. Records of complaints are maintained in this manner for at least five years following resolution of the complaint.

4. PTA students sign acknowledgement forms on the first day of school, during PTA program orientation, that they have each received the current *PTA Program Student Handbook* and instructions on how to access additional online information in the *University Student Handbook* at http://www.llu.edu/assets/central/handbook/documents/student-handbook.pdf

5. Clinical education sites, employers of graduates and the general public may file complaints with the program director and/or the School or University. Information regarding complaint policies and grievance procedures is located at the following places:
    A. For all stakeholders: *University Catalog 2008-2009* hard copy, pp. 18, 64
    B. For all stakeholders: *University Catalog* website URL http://www.llu.edu/pages/documents/2008-09universitycatalog.pdf
    C. For clinical education faculty and staff: the *Physical Therapist Assistant Clinical Education Manual* which is carried to each clinical education facility by the physical therapist assistant student at the time of assigned clinical rotations

6. Information may be found in the *LLU Faculty Handbook* (1998) for faculty regarding the University grievance procedures (p. 85), legal recourse (p.92), and sex discrimination (p. 94) in addition to the online *University Catalog*.

7. Public Complaints – The process for responding to complaints is dependent on the type of complaint (i.e. if it is a legal matter, a safety issue, etc.). However, they come in, they are forwarded to the appropriate department, usually to the administrative lead.

8. Records of all complaints will be kept in a secure location by the program for a minimum of five years.

Last Updated: 3/17/10
Contact: advocacy@apta.org

Practice Setting	PT Student		PTA Student	
	Part A	Part B	Part A	Part B
Physical Therapist in Private Practice	N/A	X[1]	N/A	X[1]
Certified Rehabilitation Agency	N/A	X[1]	N/A	X[1]
Comprehensive Outpatient Rehabilitation Facility	N/A	X[1]	N/A	X[1]
Skilled Nursing Facility	Y[1]	X[1]	Y[2]	X[1]
Hospital	Y[3]	X[1]	Y[3]	X[1]
Home Health Agency	NAR	X[1]	NAR	X[1]
Inpatient Rehabilitation Facility	Y[4]	N/A	Y[4]	N/A

Key

Y: Reimbursable
X: Not Reimbursable
N/A: Not Applicable
NAR: Not Addressed in Regulation. Please defer to state law.

Y[1]: Reimbursable: The minutes of student services count on the Minimum Data Set. However, Medicare requires that the professional therapist (the PT) provide line-of-sight supervision of PT student services. *Federal Register* (Volume 64, Number 213)

Documentation: APTA recommends that the physical therapist co-sign the note of the physical therapist student and state that the PT was providing line-of-sight supervision of the student and was involved in the patient's care.

Y[2]: Reimbursable: The minutes of student services count on the Minimum Data Set. However, Medicare requires that the professional therapist (the PT) provide line-of-sight supervision of physical therapist assistant (PTA) student services. *Federal Register* (Volume 64, Number 213)

Documentation: APTA recommends that the physical therapist should co-sign the note of physical therapist assistant student and state that the PT was providing line of sight supervision of the student and was involved in the patient's care.

Y[3]: Although not specifically addressed in the regulations, the Part A hospital diagnosis related group (DRG) payment system is similar to that of a skilled nursing facility (SNF). Because this is not addressed in Medicare regulations, please defer to state law and standards of professional practice. Please refer to **Y[1]** for additional guidance.

Documentation: Please refer to documentation guidance provided under **Y[1]**

Y[4]: Although not specifically addressed in the regulations, the inpatient rehabilitation hospital prospective payment system is similar to that of a SNF. Because this is not addressed in Medicare regulations, please defer to state law and standards of professional practice. Please refer to **Y[1]** for additional guidance.

X [1]: ***B. Therapy Students***

1. General

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable.

EXAMPLES:

Therapists may bill and be paid for the provision of services in the following scenarios:

- *The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.*

- *The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.*

•*The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).*

2. Therapy Assistants as Clinical Instructors

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

Documentation: Physical therapist or physical therapist assistant should complete documentation

APPENDIX TWO

Tab. 9 Course Descriptions, Curriculum Outlines

Tab.10 Year at a Glance

Tab.11 Standards for Satisfactory Completion of Clinical Experience

PTA PROGRAM LOMA LINDA UNIVERSITY
Course Descriptions
2020 - 2021

PTAS 201. Anatomy (4 Units)
Anatomy of the human body, with emphasis on the neuromuscular and skeletal systems, including anatomical landmarks. Basic neuroanatomy of the central nervous system.

PTAS 203. Applied Kinesiology (3 Units)
Introduces functional anatomy of the musculoskeletal system. Applies biomechanics of normal and abnormal movement in the human body. Lecture and laboratory.

PTAS 204. Applied Gait (1 Unit)
Introduces normal phases of gait. Identifies common gait abnormalities. Clinical application towards therapeutic exercises and gait training. Lecture and laboratory.

PTAS 205. Introduction to Physical Therapy (1 Unit)
Physical therapy practice and the role of the physical therapist assistant in providing patient care. Quality assurance. Interpersonal skills. Introduces the multidisciplinary approach. Familiarizes the student with health care facilities and government agencies.

PTAS 206. Documentation Skills (1 Unit)
Introduces basic abbreviations, medical terminology, chart reading, and note writing.

PTAS 212. Physical Therapy Procedures (3 Units)
Principles of basic skills in the physical therapy setting. Goniometry. Sensory- and gross-muscle testing. Mobility skills in bed and wheelchair and transfer training. Gait training and activities of daily living. Body mechanics, positioning, and vital signs. Identifies architectural barriers. Teaching techniques for other health care providers, patients, and families. Wheelchair measurement and maintenance. Lecture and laboratory.

PTAS 224. General Medicine I (3 Units)
Introduction to general medical conditions, including pathology and management of medical problems. Introduction to diseases of the body systems—including urinary, digestive, cardiopulmonary, nervous, endocrine, musculoskeletal systems, integumentary, and congenital; as well as childhood diseases. Theoretical principles and practice application of respiratory techniques, exercises, and postural drainage. CPR certification required before the end of the term.

PTAS 225. Neurology (3 Units)
Introduces neurological conditions, including pathology and management of medical problems of stroke, head injury, Parkinson's disease, spinal cord and nerve injuries, and other conditions.

PTAS 226. Orthopaedics I (3 Units)
Introduces common orthopaedic conditions, pathologies, and surgical procedures involving the peripheral joints. Introduces joint mobilization. Procedures and progression of therapeutic exercises for each specific joint covered as these exercises relate to tissue repair and healing response. Practical laboratory includes integration of treatment plans and progressions.

PTAS 227. Therapeutic Exercise (2 Units)
Introduces therapeutic exercise theories and practical applications. Tissue response to range of motion, stretch, and resistive exercise. Laboratory covers practical applications of various types of exercise techniques and machines used in the clinics, and a systematic approach to therapeutic exercise progression.

PTAS 231. Physical Therapy Modalities (3 Units)
Basic physical therapy modalities--including heat and cold application, hydrotherapy and massage, pool therapy, physiology and control of edema, stump wrapping, standard precautions, and chronic pain management. Lecture and laboratory.

PTAS 234. General Medicine II (1 Unit)
Introduces students to and familiarizes them with equipment, lines, tubes, life-sustaining equipment, and procedures for the treatment of patients in the acute/inpatient setting. Considers various factors and reactions to medical procedures that may affect the treatment of patients in the acute care setting. Mobilization, functional mobility, exercise, and transfers within the acute care setting. Case scenarios with different situations that the physical therapist assistant may encounter in such acute care facilities as ICU, SNF, hospitals, and CCU. Identifies the roles of multidisciplinary team members managing critical care patients.

PTAS 236. Applied Electrotherapy (3 Units)
Principles and techniques of electrotherapy procedures, including basic physiological effects. Indications and contraindications for specific electrotherapy modalities. Practical application and demonstration of modalities in a laboratory setting.

PTAS 238. Wound Care (1 Unit)
Normal structure and function of the skin. Pathology of the skin, including problem conditions, burns, and wounds. Lecture and laboratory to include wound identification, measuring, dressing, treatments, and debridement. Model wounds used for hands-on training.

PTAS 241. Applied Pediatrics (2 Units)
Normal and abnormal development, from conception to adolescence. Emphasizes developmental sequence, testing, and treatment of neurological and orthopaedic disorders. Practical laboratory.

PTAS 243. Applied Geriatrics (3 Units)
Introduces various aspects of geriatric care. Wellness care and adaptation to exercise modalities. Procedures pertaining to the geriatric patient. Diagnosis and aging changes that affect function in geriatric rehabilitation.

PTAS 251. Orthopaedics II (3 Units)
Introduces common orthopaedic conditions, pathologies, and surgical procedures of the spine. Treatments, procedures, and progression of therapeutic exercises of the spine as related to tissue repair and healing response. Practical laboratory includes integration of treatment plans and progressions.

PTAS 252. Applied Neurology (3 Units)
Introduces techniques to facilitate neurodevelopmental treatment, proprioceptive neuromuscular facilitation, Brunnstrom, and principles of therapeutic exercise of the cardiac patient. Practical laboratory.

PTAS 261. Physical Therapy Practice (1 Unit)
Student observes evaluations, treatments, and various diagnoses; completes a resume and a state licensing application; and prepares and presents a case study and in-service. Billing procedures and third-party payers.

PTAS 264. Applied Orthotics and Prosthetics (2 Units)
Introduces basic principles in the use of selected prosthetic and orthotic devices. Exposes student to various types of devices; discusses patient adjustment to devices. Examines indications and contraindications for orthotic and prosthetic use with patients seen in physical therapy.
Prerequisite: PTAS 203.

PTAS 265. Professional Seminar (1 Unit)
Contemporary theories and practices of physical therapy. Topics covered by faculty and guest lecturers include: sports taping, ortho taping, soft tissue, geriatric experience through affective learning, and vestibular rehabilitation. Lecture and laboratory.

PTAS 275. Psychosocial Aspects of Health (2 Units)
Psychological and sociological reactions to illness or disability. Includes trauma, surgery, and congenital and terminal illness. Individual and family considerations.

PTAS 293. Physical Therapist Assistant Clinical Experience I (6 Units)
One six-week assignment to be completed during the Spring Quarter. Students exposed to a variety of clinical settings. Forty clock hours per week of supervised clinical experience. Combined total of eighteen weeks—including PTAS 293, 294, 295—of clinical experience prepares the student for entry-level performance.

PTAS 294. Physical Therapist Assistant Clinical Experience II (6 Units)
One six-week assignment to be completed during the Summer Quarter. Students exposed to a variety of clinical settings. Forty clock hours per week of supervised clinical experience. Combined total of eighteen weeks—including PTAS 293, 294, 295—of clinical experience prepares the student for entry-level performance.

PTAS 295. Physical Therapist Assistant Clinical Experience III (6 Units)
The terminal, six-week assignment completed during the final quarter of the program. Exposes students to a variety of clinical settings. Forty clock hours per week of supervised clinical experience. The combined total of eighteen weeks—including PTAS 293, 294, 295—of clinical experience prepares the student for entry-level performance.

LOMA LINDA UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM
Year at a Glance
2020-2021

SUMMER	**12 weeks**	**Monday, June 15 – Sept 03, 2020**	**Units**	**Instructor**
PTAS 201	Anatomy		4	Ron Rea
PTAS 205	Intro to Physical Therapy		1	Sue Huffaker
PTAS 206	Documentation Skills		1	Sue Huffaker
PTAS 212	P.T. Procedures		3	Henry Garcia
PTAS 231	P.T. Modalities		3	Pablo Mleziva
PTAS 275	Psychosocial Aspects of Health		2	Diane Newton
PTAS 265	Professional Seminar		0	Jeannine Mendes
RELE 257	Health Care Ethics		2	Religion Faculty
		SUMMER QUARTER TOTAL	**16**	

AUTUMN	**12 weeks**	**Sept 21 - Dec 11, 2020**		
PTAS 203	Applied Kinesiology		3	Ron Rea
PTAS 204	Applied Gait		1	Sue Huffaker
PTAS 227	Therapeutic Exercise		2	Ron Rea
PTAS 224	General Medicine I		3	Pablo Mleziva
PTAS 225	Neurology		3	Sue Huffaker
PTAS 236	Applied Electrotherapy		3	Ron Rea
PTAS 265	Professional Seminar		0	Jeannine Mendes
AHCJ 305	Infectious Disease & the Health Provider		1	SAHP Faculty
		AUTUMN QUARTER TOTAL	**16**	

WINTER	**11 weeks**	**Jan 04 - March 19, 2021**		
PTAS 226	Orthopedics I		3	Ron Rea
PTAS 234	General Medicine II		1	Pablo Mleziva
PTAS 238	Wound Care		1	Melanie Grove
PTAS 243	Applied Geriatrics		3	Bruce Bradley
PTAS 252	Applied Neurology		3	Sue Huffaker
PTAS 265	Professional Seminar		0	Jeannine Mendes
PTAS 264	Applied Orthotics & Prosthetics		2	Michael Davidson
RELR 275	Intro to Art & Science of Whole Person Care		2	Religion Faculty
		WINTER QUARTER TOTAL	**15**	

SPRING	**11 weeks**	**Mar 29 - June 11, 2021 (On-campus courses resume May 10)**		
PTAS 293	PTA Clinical Experience I (6 weeks: Mar 29 – May 7)		3, 3, 6	Jeremy Hubbard/Jenni Rae Rubio
PTAS 241	Applied Pediatrics		2	Summer San Lucas
PTAS 251	Orthopedics II		3	Ron Rea
PTAS 265	Professional Seminar		1	Jeannine Mendes
PTAS 261	P.T. Practice		1	Sue Huffaker
		SPRING QUARTER TOTAL	**10, 10, 13**	

Monday, June 14, 2021: Department of Physical Therapy Graduation Ceremonies

SUMMER	**12 weeks**	**July 05 - Sept 24, 2021 (5th quarter)**		
PTAS 294	PTA Clinical Experience II (6 weeks: Jul 05 - Aug 13)		3, 3, 6	Jenni Rae Rubio
PTAS 295	PTA Clinical Experience III (6 weeks: Aug 16 - Sep 24)		3, 3, 6	Jenni Rae Rubio
		SUMMER QUARTER TOTAL	**6, 6, 12**	

TOTAL UNITS: 63 tuition units, 72 academic credit units

Loma Linda University
School of Allied Health Professions
Physical Therapist Assistant Program

Standards for Satisfactory Completion of Affiliations

The following standards are used by the Academic Coordinator of Clinical Education of the PTA Program, the PTA Program Faculty and the Clinical Education Committee of the Department of Physical Therapy to determine that the student has satisfactorily completed his/her clinical education experience:

1. Clinical Performance Instrument (CPI) - Scale ratings and written documentation

2. Interviews by academic faculty with the CI and the Student.

3. Student's self-assessment on the Clinical Performance Instrument (CPI).

Evaluation Tool - The Clinical Performance Instrument

Minimal standards rankings on the CPI for each designated affiliation:

PTA Affiliation I

Criteria 1 through 14: "Advanced Beginner" or Higher

PTA Affiliation II

Criteria 1 through 14: "Intermediate" or Higher

PTA Affiliation III

Criteria 1 through 14: "Advanced Intermediate" or Higher

It is desirable that the student be close to entry level by the end of each individual affiliation. It is expected that the student be at or near entry-level competency by the end of the final affiliation.

These standards are subject to change following review by the Department of Physical Therapy, Clinical Coordinators Committee.

Student Signature Page

By signing below, I acknowledge receipt of the Loma Linda University Department of Physical Therapy Policy and Procedure Clinical Education Handbook. I agree to follow the expectations and guidelines as outlined. I understand that the policies and procedures presented in the handbook are subject to change. I further understand that this handbook does not replace or nullify the contents of the School of Allied Health Professions Catalog or the Student Handbook.

Print Name_____

Signature_____ Date_____