Physical Therapist Assistant Program Policy Manual

2024 - 2025

Herkimer™
THE STATE UNIVERSITY OF NEW YORK

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Absolute Failure Policy

Purpose: To delineate situations, behaviors or omissions that will always result in a failure of a lab competency, lab practical examination or clinical affiliation.

Procedures:

Lab Competency and Lab Practical Examination

1. The faculty will include in all lab competency, and lab practical examination rubrics a listing of safety precautions and expected PTA behaviors.
2. Students must maintain all safety precautions.
3. Students must provide the treatment only as prescribed by the PT.
4. Students must communicate effectively.
5. Students must maintain professionalism.
6. Students who do not observe these areas will fail the lab competency or lab practical examination.

Clinical Affiliation

1. Students must be CPI trained and provide certificate of completion.
2. Students must maintain all safety precautions.
3. Students must provide the treatment only as prescribed by the PT.
4. Students must communicate effectively.
5. Students must collect data appropriately.
6. Students must maintain professionalism.
7. Students must use critical thinking skills in the clinical setting.
8. The CI will inform the ACCE if the student is not performing to the expectation standard, via phone, email, CPI, or text.

Students

1. Review the program expectations for safety precautions, providing the treatment only as prescribed by the PT, effective communication, professionalism and using critical thinking skills in the clinical setting.
2. Students must pass all competencies with a B or better by the third trial. Failure to achieve a B by the third trial will result in absolute failure of the program.
3. Familiarize yourselves with the examples of situations, behaviors or omissions that will always result in a failure of a lab competency, lab practical examination or clinical affiliation.

Responsible: All Faculty and Students

Absolute Failure Examples

The following are examples of situations, behaviors or omissions that will always result in a failure of a lab competency, lab practical examination or clinical affiliation.

LABORATORY AND CLINICAL PROGRAM EXPECTATION: STUDENTS MUST MAINTAIN ALL SAFETY PRECAUTIONS.

Failure to perform any of the tasks listed below is an absolute failure of a lab competency, lab practical examination or clinical affiliation.

- Lock the wheelchair or other device.
- Secure the patient in a transfer device (e.g. using a Hoyer Lift).
- Puts shoes on patient prior to transfer.
- Apply a gait belt before transfer activities.
- Maintain weight-bearing status throughout intervention.
- Maintain precautions for the diagnosis (e.g. total hip precautions).
- Check the machinery for broken parts/wires.
- Avoid contamination of patient and self.
- Test for temperature sensation prior to a thermal modality.
- Apply the proper dosage of a modality to a patient.
- Maintain the prescribed ROM (e.g. Stretches patient beyond the end of the ROM causing excessive pain).

PROGRAM EXPECTATION: STUDENTS MUST PROVIDE THE TREATMENT ONLY AS PRESCRIBED BY THE PT.

Failure to provide the treatment prescribed by the PT is an absolute failure of a lab competency, lab practical examination or clinical affiliation.

- Treat the involved body part.
- Plug in and turn on the machinery before treating the patient.
- Providing anything beyond the scope of the prescribed treatment or using an improper technique will result in failure.

PROGRAM EXPECTATION: STUDENTS MUST COMMUNICATE EFFECTIVELY

Failure to communicate effectively is an absolute failure of a lab competency, lab practical examination or clinical affiliation.

- Produce clear, concise, timely commands with adequate voice volume.

PROGRAM EXPECTATION: STUDENTS MUST MAINTAIN PROFESSIONALISM

Failure to maintain professionalism appropriately is an absolute failure of a lab competency, lab practical examination or clinical affiliation.

- Treat the patient with dignity and respect.
- Dress in a professional manner, without underwear showing or excessive cleavage displayed.

IN ADDITION TO ALL ITEMS COVERED IN THE PRECEEDING SECTION – AUTOMATIC FAILURE ITEMS <u>SPECIFIC TO CLINIC</u>

(Cannot be tested on the practical)

FAILURE TO MAINTAIN SAFETY PRECAUTIONS

Failure to:

- Reapply restraints.
- Maintain environmental safety (e.g. Remove obstacles from gait path).
- Identify and respond to a physiological response to treatment.

FAILURE TO PROVIDE THE TREATMENT PRESCRIBED

Failure to:

- Administer treatment as instructed by the physical therapist.
- Progress interventions within the plan of care in response to the patient's age, discomfort, diagnosis, comprehension and cooperativeness.

FAILURE TO MAINTAIN PROFESSIONALISM

Failure to:

- Treat the patient with dignity and respect.
- Recognize a patient's demonstration of emotional distress and interact effectively with the patient for the desired support.
- Maintain confidentiality of information.
- Seek assistance with patient care when unsure of the procedure.
- Initiate and complete assigned tasks without prompting.
- Comply with departmental policies and procedures.
- Adhere to ethical and legal standards of practice.
- Dress appropriately for the practice location.
- Wear name tag.
- Utilize "down time" in an educational manner (e.g. review anatomy, specific patient charts, protocols or research pathology relating to patient not reading a magazine from the waiting room).

FAILURE TO USE CRITICAL THINKING SKILLS

Failure to:

- Individualize treatment for patient needs.
- Report back to the supervising therapist when changes in the patient's condition and response to treatment occur.
- Progress the patient within the plan of care.
- Request that the PT reevaluate, discharge and/or modify the short term goals according to patient needs when appropriate.

Admission Requirements Policy

Purpose: To ensure that students admitted to the PTA program have an adequate grounding in science and mathematics. To ensure students have investigated the field of physical therapy prior to admission. To enable student success in the program and when taking the boards post-graduation.

Current Admissions Requirements

Admissions to the PTA program are competitive. Students possessing minimal requirements are invited to apply but are not guaranteed admission to the program.

Minimal Entrance Requirements for PTA program

1. High school graduates must have:

- Average of 80% or higher
- 80% or higher in Regents Biology
- 75% or higher in their mathematics sequence
- 75% or better in chemistry or physics
- 15-hour clinical observation
- 2 letters of reference
- Completed Essential Functions Form

2. Transfer students have two admission tracks

Admission Track 1:

- The applicant must have a GPA of 3.0
- B or better in college biology or a C or better in Anatomy & Physiology I
- C or better in college mathematics
- C or better in chemistry or physics
- 15-hour clinical observation
- 2 letters of reference
- Completed Essential Functions Form

Admission Track 2:

- The applicant must have a GPA of 3.0
- B or higher in Anatomy & Physiology I (all other science requirements are waived)
- C or better in college mathematics
- 15-hour clinical observation
- 2 letters of reference
- Completed Essential Functions Form

Additional Webpage Items for Applicants: Make sure to review the essential functions "mirror" that is posted on the webpage. Students interested in pursuing a career as a physical therapist assistant are encouraged to "look into a mirror" to see if you have the necessary physical and mental abilities needed to perform the work of a PTA with or without accommodations.

1. Review "What makes a successful Physical Therapist Assistant student?" You must be ready to focus on your academic preparation. Allied Health programs, by the nature of the heavy science and professional emphasis, are among the toughest programs at the College, requiring increased study and dedication over other programs. The demands placed upon Physical Therapist Assistant students in the academic and practical portions of the program, and later in clinical settings, make good physical and mental health essential.
2. Review the Special PTA Program Requirements to remain in the program.

Admissions Procedure:

1. The admissions specialist collects application documents then emails on to PTA faculty, Technical Assistant, and Dean.
2. Full time faculty members review all applications and make acceptance recommendations based on all submitted information and recommendation letters.
3. Faculty responds to Admissions, the Dean, the Technical Assistant with recommendations for acceptance, denial, or further academic recommendations.
4. Faculty prioritize wait listed applicants based on qualifications.
5. The program looks to accept 30 – 32 qualified applicants annually.
6. The Technical Assistant maintains a list of accepted students; coordinates list with admissions; and faculty directs admissions to offer an opening to the most qualified faculty wait listed student in the event of a student withdrawal from the program; thus, maintaining our annual target enrollment number.
7. Students are registered for classes once all application documents are received and student completes the registration process.
8. The program faculty annually review admission requirements as delineated in the description of core faculty.

Review of Appropriateness of Admissions Prerequisites Procedure:

1. The program faculty annually review admission requirements as delineated in the description of core faculty.
2. If the program assessment of the curriculum and program outcomes indicate that a change is required, the core faculty develop a revised set of program prerequisites in conjunction with the PTA program Advisory committee recommendations.
3. The core faculty seek support of those decisions from the Dean in conjunction with the Director of Admissions.

Thresholds:

1. Boards: Less than 85% pass rate on the NPTE averaged over 2 years is an indicator for program review and criteria review following our goal flowchart plan.
2. Graduation rate: less than 80% of the matriculated students complete the PTA program averaged over 2 years is an indicator for program review and criteria review following our goal flowchart plan.

Responsible: all

Advisement for PTA Major Policy

Purpose: To ensure PTA Majors are properly advised for progression through the program.

Procedure:

1. The preferred advisor for the PTA major is one of the PTA program faculty members.
2. Advisor allocation is checked during the Mandatory Orientation to the program.
3. If a student has been incorrectly assigned to a non-PTA faculty advisor the student is sent to the Advisement center to correct the advisor assignment to one of the PTA program faculty members.
4. The PTA major meets with the faculty prior to registering for successive semesters.
5. The faculty advisor reviews the student's curriculum, grades for previously taken courses and plans the next classes for the coming semester.
6. The PTA major registers for the classes when registration opens in the Student Online Services link in the MyHerkimer portal.

Responsible: PTA Faculty, PTA Majors

Advisement for PTA-Prep Student Policy

Purpose: To ensure students prepping for the PTA program are properly advised for admission to the program.

Procedure:

1. The preferred advisor for the PTA-prep student is the Advisement Center.
2. The PTA faculty has requested that the Dean advise the Advisement Center to assign the Advisement Center personnel to all PTA curricula change students.
3. The Advisement Center personnel advises the PTA-prep student until all prerequisites are completed.
4. The PTA-prep student is admitted to the program.
5. The student is assigned a PTA faculty member once all prerequisites have been obtained.
6. The PTA faculty advisor assumes advisement responsibilities.

Responsible: Advisement Center personnel, Dean, PTA faculty

Assessment of the Curriculum Policy

Purpose: To review the strengths and weaknesses of the curriculum and to ensure the content meets the needs of the profession.

Procedure:

1. The Program Director will survey employers of Herkimer College PTA graduates at a minimum of every two years.
2. The Program Director will review the graduates' employer surveys to see that performance expectations are being met.
3. The ACCE reviews the students' performance on the CPI Progression analysis and clinical observations and clinician feedback to see that performance expectations of achieving entry level requirements in the final clinical are being met.
4. The ACCE will collect the aggregate data on our students' final clinical performance on the CPI to ensure that students have met the entry level employment expectations of employers.
5. The core faculty discusses the results in a program meeting.
6. The core faculty members do formative and summative assessments of the classes they individually teach.
7. The core faculty discusses the revisions if any made in the individual courses.
8. The core faculty brings content from continuing education courses, APTA, NYPTA, NYS education law, and articles or books that have been read to the department meetings and discuss additions to the course objectives and the best place to locate these new objectives within the curriculum.
9. The faculty members (core and adjunct) complete the required College assessment by evaluating the students meeting each course outcome as described in the course syllabus. Data is entered and assessment for improvement activities and discussions help determine if changes are required within each course taught.
10. Outcomes assessment is performed by core faculty annually according to protocols set forth by the college administration.
11. The core faculty consults with the Advisory Committee over the content of the courses in the curriculum.
12. The core faculty consults with the Advisory Committee regarding changes in the field of healthcare that needs to be addressed by the program.
13. The core faculty uses a mentor approach and actively shares teaching methodologies, strategies and techniques used in classes as we evaluate our strengths and weaknesses.

Responsible: All

Attendance Policy

Purpose: To ensure students learn and practice all course materials, to prepare safe and competent physical therapist assistants, to produce graduates with the work ethics expected in the healthcare marketplace and to uphold the public trust in thoroughly educating the student in all procedures, interventions and program expectations.

Student Procedure:

1. You are responsible for attending and participating in **all** lectures and labs. Attendance is mandatory.
2. You are expected to be in class, prepared (e.g. dressed in lab clothes, reading assignments complete) and on time unless a legitimate reason prevents you from doing so. Treat this class as you would your job.
3. It is your responsibility to notify the instructor **prior** to missing class.
4. Documentation by a medical provider of an illness or death in the immediate family are examples of legitimate reasons for an absence.
5. Any unexcused absence will have a bearing on your final grade. For each unexcused hourly absence, one point will be deducted from your final grade. This means that if you miss a 3-hour class, 3 points will be subtracted from your grade. Tardy attendance will count as a ½-hour absence. Impact for student with 5 hours absence: final grade 83 (B) for class work, tests, etc. minus 5 for absences would result in a final grade of 78 or C+.
6. You are responsible for seeing the instructor as soon as possible following any absence to make up coursework.
7. Any student who misses 20% of scheduled lectures/labs will receive an automatic failing grade.
8. A faculty member may perform an administrative withdrawal for a student who has missed 20% of the class meetings in a course.

Faculty Procedure:

1. Record attendance or tardy attendance.
2. Collect documentation of excused absence.
3. Meet with the student during office hour to make up coursework.
4. Alternate method of delivery many be used in the even of special circumstances (i.e. Microsoft Teams).

Faculty Responsible: All

CEU Credit Policy

Purpose: to delignate the procedure and steps used by Herkimer College to provide CEU credit as authorized by the New York State Department's State Board for Physical Therapy.

Procedure for CEU Credit when Attending a Clinical Council Meeting:

1. Herkimer is recognized as a provider for CEU credit effective March 18, 2010.
2. When a program is offered the following information will be collected and maintained for 6 years in a pdf document file:
    a. Resume for the presenter delignating expertise in the subject matter.
    b. Sign-in theyet for event.
    c. Assessment used following presentation of material.
    d. Copies of completed assessments.
3. The ACCE will request the Division Technical Assistant to send out a certificate that includes all the following to each attendee who successfully completes the post assessment with a minimal grade of 70%:
    a. College name and address
    b. Name and title of the attendee.
    c. Course title
    d. Date and location of the course.
    e. Educational method used (lecture, lab, self-study)
    f. Number of contact hours awarded.
    g. Statement that Herkimer College is recognized by the New York State Department's State Board for Physical Therapy
4. The Division Technical Assistant will mail the completion certificate within 2 weeks of the program's completion.

CEU's for Clinical Fieldwork

1. Herkimer College can award .5 CEU's for every two weeks of full-time teaching and supervising students on one of their clinical affiliations. Based on this we award the following:
    - PT 206, a 5week clinical receives 1.25 CEU's.
    - PT 255, a 5week clinical receives 1.25 CEU's.
    - PT 280, a 6week clinical receives 1.5 CEU's.

2. The ACCE emails the CEU letters after completion of each clinical affiliation.
3. The letter must include Statement that Herkimer College is recognized by the New York State Department's State Board for Physical Therapy.

Responsible: ACCE

Clinical Affiliation Failure: Student Must Reestablish Competency Policy

Purpose: To ensure an adequate knowledge base, and clinical base to ensure patient safety prior to student repeating a previously failed clinical affiliation.

Procedures:

A. Competency Prior to Repeated Clinical Affiliation Procedure

Depending on the reason for the student's failure, the faculty will determine an appropriate remediation for the student.

1. A student who failed a clinical affiliation will be given additional cognitive assignments (written, reading) and psychomotor assignments prior to being allowed to retest in clinical competencies.

2. A student who failed a clinical affiliation must retest in program competencies in deficient areas by faculty prior to being allowed to repeat a clinical in which they were deemed to have failed.

B. A student who is not competent will not be allowed to participate in a clinical situation and will be counseled in another career option.

Faculty Responsible: Program Director, ACCE

Clinical Affiliation Selection of Sites Policy

Purpose: To ensure each student has met the criteria and had a well-rounded experience of clinical fieldwork.

Procedure:

1. All students are required to present proof of successful completion of prerequisites. Students who have not successfully completed prerequisites for Clinical Fieldwork will not be eligible to go out on their fieldwork assignments. Students that do not have health/accident insurance in force on the due date of the preference they may submit their other completed information. However, it remains their responsibility to provide the ACCE with their coverage no later than 8 weeks prior to their scheduled fieldwork.
2. Placements are made by the ACCE when all requirements are met.
3. Each student's Clinical Fieldwork experiences will include a variety of sites. It is to the students benefit to vary clinical experience to have a well-rounded resume. Every student will be required to have at least one inpatient and one outpatient placement.
4. The students are given a list of sites to choose from based on Facility Commitment forms which each site has filled out and determined how many students they will take and at what time frame.
5. If students want another site that is not on this list, the ACCE needs to speak with the site and develop a contract prior to this being an option for the student. This ensures the sites the students are picking are suitable sites.
6. The ACCE maintains a grid that charts each student's fieldwork experiences in their clinical folders. The student cannot go to the same site twice, but they can go to two similar sites if that is their area of interest, provided one of the three sites is inpatient and one is outpatient.
7. The students meet with the ACCE to discuss each clinical and suggestions may be given as to what type of site they might look to choose for their next fieldwork.
8. The student's first clinical experience is generally determined by a "lottery" type of system. The students choose their top 10 choices with the above criteria in mind and the ACCE compares them. Any person choosing a site for #1 that no one else has chosen for #1 gets the site. If more than one person selects a certain site, then a name is drawn and this continues until each person has a site, moving on to number 2, 3, 4, and down the list.
9. The student's second clinical experience is chosen by the order in which they brought all the necessary information to the ACCE. The first person to have all information provided chooses the second fieldwork site first and so on. Again, the students need to keep the above criteria in mind.
10. The final fieldwork is a lottery similar to the first one, except that anyone needing inpatient is given top priority to choose one of the sites that would fulfill this criterion prior to the other students choosing.

11. Due to the limited availability of local clinical sites, students enrolled in the PTA Program are informed that they must be prepared to travel to participating facilities regardless of location.
12. The student is responsible for securing transportation, room and board, as well as their related costs, during fieldwork.
13. It is suggested that the student may want to plan their choices so that their final placement (PT 280) can be at a facility that is similar in type to that in which they see themselves employed. Several of our prior graduates have been hired for their first job at the site of their final Clinical Fieldwork.

Responsible: ACCE, Student

Clinical Council Meeting Planning Policy

Purpose: Clinical Council Meetings are typically held yearly during the spring semester. The purpose is to bring information to the clinicians that will help them in their practice.

Procedure:

Clinical Council Meeting topics are determined by:

1. Suggestions from our PTA Advisory Committee.
2. Suggestions from Clinicians.
3. Suggestions from Clinicians who have responded to our "Suggestions for next year's Clinical Council Meeting" sheet, which is given out during each clinical council meeting.
4. Observations of need or impressions of need for topics of Clinical Council Meeting as determined by the ACCE during site visits, student post conferences, review of the CSIF forms. The ACCE may choose to make this a topic for the clinical council meeting if it is a widespread need or to engage in an individual educational session with a clinical site.
5. The ACCE compiles the suggestions and determines the topic for the meeting.
6. The ACCE then makes every attempt to contact the appropriate person to present on the topic. Generally, this is an area of expertise for the person who is presenting.
7. A date and time are set with the presenter. Typically, extra time is allotted for answering questions and networking of area clinicians.
8. A room is reserved for the meeting.
9. Clinicians are invited from the ACCE's contact list of Clinical sites and asked to call or email the ACCE to RSVP the number of clinicians coming from the individual site.

Responsible: ACCE

Clinical Education – Evaluation of Clinical Program Policy

Purpose: To ensure an adequate knowledge base clinically for a student to be capable to handle the expectations of a PTA job once they have completed the PTA program.

Procedures:

The Clinical Education program is evaluated in many ways:

CPI Progression

1) The Clinical Education program is evaluated by examining the progression of each student from first clinical to the final clinical by looking at certain key skills of the CPI.
2) The ACCE looks at each individual student's progress on meeting the CPI indicators and ensuring upward progression throughout the curriculum.
3) It is expected that the student progresses on an upward path, improving in skills as they progress toward the final fieldwork.
4) CPI data collection is done to look carefully at each student to be sure they are at entry level upon completion of their final clinical fieldwork experience.
5) A downward trend on the CPI is correlated by examining the clinical instructor's comments on the CPI to make sure they are comparable.
6) Threshold: A downward trend of greater than 15% of the class as an aggregate look at students' preparedness as evaluated on the identified key skills from the CPI would be a trigger for the ACCE to bring the clinical education program outcomes to the department meetings and trigger a review following our goal flowchart plan.

Feedback from Clinicians

1) The ACCE uses multiple opportunities to discuss the clinical educational program with the clinical educators.
2) Issues raised by clinicians may trigger a review of the program, area to include in the didactic component of the program or in the clinical component of the program.
3) Threshold: depending on the issue raised even one comment could be a trigger.

Fieldwork Postcards

1) Fieldwork Postcards are completed by patients while the student is on clinical fieldwork. These postcards are anonymously filled out by the patient and sent back to the ACCE. Areas assessed by the patients include professionalism, knowledge, patient's ability to follow instructions that are given by the student, communication skills, and pleasant/friendliness.

2) Data is collected and collated by the ACCE based on the Fieldwork Postcards. The ACCE discusses the results with each student at the post fieldwork conference.

3) Issues raised may trigger a review of the program, area to include in the didactic component of the program or in the clinical component of the program.

4) Threshold: A downward trend of a student having 3 out of 5 "No" responses instead of "Yes" responses would be a trigger for the ACCE to bring the clinical education program outcomes to the department meetings and trigger a review following our goal flowchart plan.

Graduate Surveys

1) Once the student has completed the program, the Program Director sends out graduate surveys in February following graduation.

2) Graduates are asked to evaluate their education based on their experiences on the job for 8-9 months post-graduation to make sure we are covering clinically what is needed in the clinical setting.

3) Graduates are asked how they felt about the program and if they felt things were missing.

4) Graduates are asked where they are working and how well prepared they felt.

5) Suggestions may trigger a review of the program, area to include in the didactic component of the program or in the clinical component of the program.

6) Threshold: depending on the issue raised, even one comment, for example topic on board but not in class, could be a trigger for a department meeting and issue to follow or address, 15% stating preparation as "under prepared" would trigger program review following our goal flowchart plan.

Employer Surveys

1) Once the student has completed the program and secured a job, the Program Director sends out employer surveys in March following graduation.

2) The employer is asked how well their new employee is doing in terms of being prepared, having a good knowledge base.

3) The employer is asked to identify any areas of weakness that the graduate exhibits.

4) The employer is asked to recommend anything they feel is required to be included to improve the program.

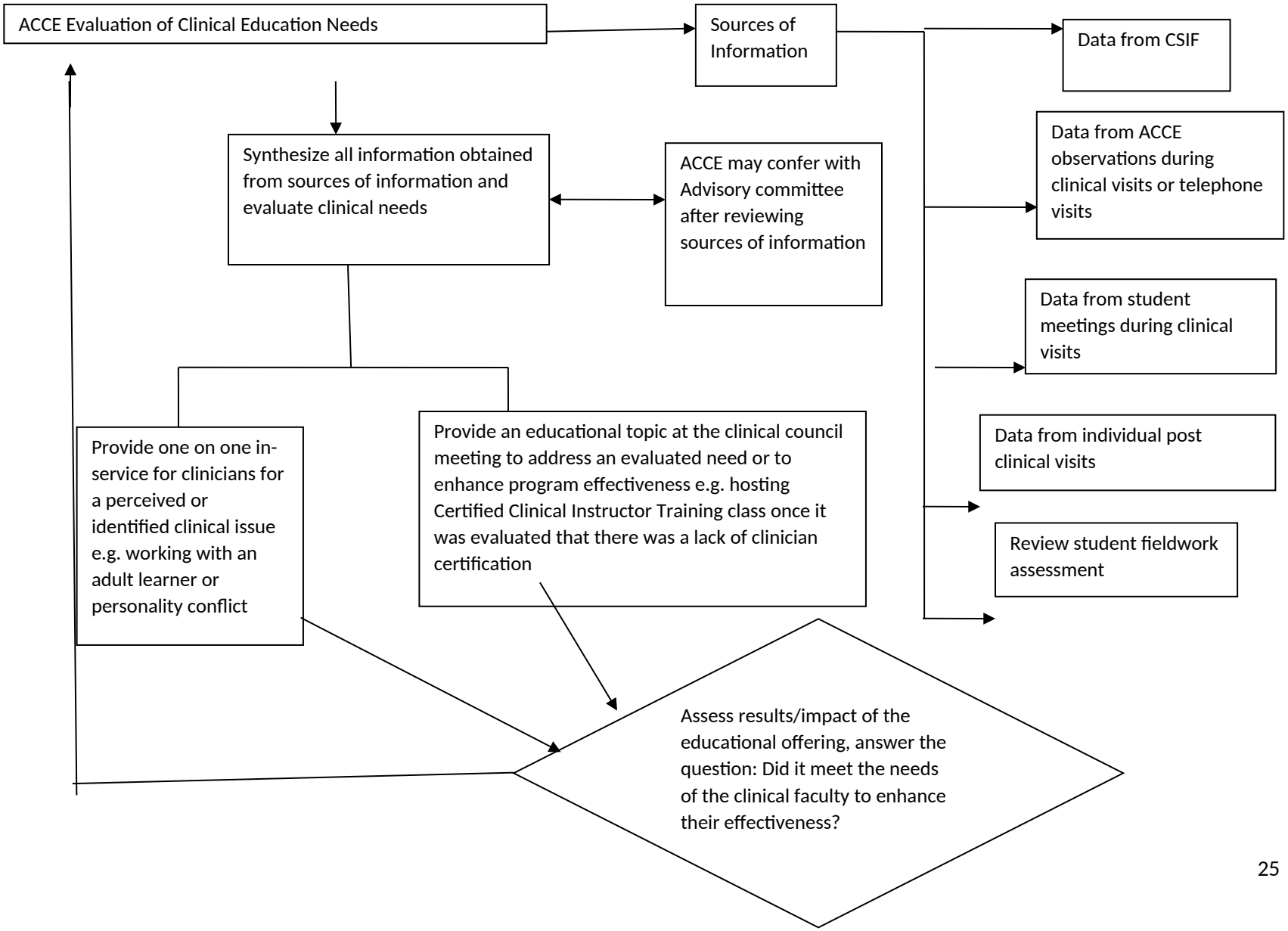
5) The surveys are reviewed at the department meeting.

6) Suggestions may trigger a review of the program, area to include in the didactic component of the program or in the clinical component of the program.

7) Threshold: depending on the issue raised, even one comment, for example on safety, would be a trigger for a department meeting and issue to follow or address, 15% stating preparation as “below average entry level” would trigger program review following our goal flowchart plan.

Responsible: ACCE, Program Director

Clinical Education Evaluation of Clinical Program Flow Chart



Clinical Education: Utilization of the APTA CPI

Purpose: To inform everyone involved in clinical education of how to use the APTA CPI.

Procedure:

1. The ACCE inputs all information about site Clinical Coordinators of Clinical Education (CCCE) and clinical instructors (CI) into APTA CPI.
2. All clinicians must compete the online APTA CPI training available at the APTA Learning Center. Clinicians receive CEU's for completion of the course.
3. The ACCE inputs all pertinent incoming student information into APTA CPI.
4. All students must compete the online APTA CPI training available at the APTA Learning Center.
5. Clinicians and students enter performance reports directing into the APTA CPI.
6. The ACCE reviews the entries in determining a student's grade for the clinical as described in the CLINICAL GRADING POLICY.

Responsible: ACCE

Clinical Faculty

Purpose: To identify Clinical Program Faculty. To ensure adequate experience prior to being assigned a PTA student to mentor clinically.

Procedures:

1. The ACCE maintains contacts with facilities.
2. The facility names a Clinical Coordinator of Clinical Education (CCCE)
3. The ACCE establishes a relationship with the CCCE.
4. The CCCE ensures a potential Clinical Instructor (CI) is:
   a) Registered with the NYS Education Department.
   b) Employed as a PT or PTA by the institution.
   c) Has a minimum of 1-year clinical experience before being asked to work with a Herkimer College PTA student.
5. The CCCE assigns a CI for the Herkimer College student PTA and informs the ACCE.
6. The ACCE supervises the Herkimer College PTA student during the clinical.
7. Assessment: The ACCE makes observations of the CI during site visits and phone visits with the clinical faculty. The ACCE collects student feedback regarding the CI and the clinical facility by using the Fieldwork Experience Assessment form and through discussion with the student during the one-to-one post Fieldwork conferences. The ACCE uses the information from the CPI, personal observations, and student feedback to develop educational offerings or specific trainings for the CI. In the unlikely event that the ACCE assessment determines that a CI is not appropriate to continue clinical teaching of a Herkimer College PTA students then the ACCE will not allow another student to be assigned to that clinician.
8. Herkimer College students are encouraged to be clinical instructors one-year post-graduation.
9. ACCE keeps track via survey of clinical instructors that are Herkimer graduates.

Responsible: ACCE

Clinical Grading Policy

Purpose: To delineate the individual who maintains the responsibility for determining that the objectives of the clinical affiliations have been met or exceeded and to assign the grade of "Pass" or "Fail" and to submit that grade to the Registrar.

Procedure:

1. The ACCE sends all information and materials regarding the student's clinical objectives, Clinical Performance Instrument to the CCCE in the clinical packet.
2. The ACCE instructs the new CCCE or the new CI about the significance of the "significant concerns box" and they are advised to contact the ACCE immediately with concerns.
3. The ACCE makes mid-affiliation phone call, virtual, or on-site visit to each site and speaks with both the CI and the student.
4. The ACCE will attempt to visit at least one of the student's three clinical affiliations dependent on location.
5. The ACCE collects input on the student's performance including verbal and written feedback from the CI including the CI's impression of the student's performance in terms of meeting the affiliation's objectives.
6. The ACCE discusses the clinical affiliation with the student during the clinical affiliation and after the clinical is completed.
7. The ACCE reviews patient satisfaction postcards.
8. The ACCE reviews the Clinical Performance Instrument.
9. The ACCE grades the student's written assignment.
10. The ACCE uses the various input and considers the CI's assessment and comments on the CPI and decides on if the student has or has not met the learning objectives of the clinical.
11. The ACCE may consult the program director if they has concerns and discuss a student's progress.
12. The ACCE is solely responsible for grading the student's clinical affiliation and submitting the grade to the Registrar.

GRADE DETERMINANTS: PT 206

At the completion of this clinical rotation, students must complete the following documents and submit on-line or in person to the ACCE:

1. Sign off on all CPI evaluations by student and CI (midterm and final)
2. Completed fieldwork experience assessment. Make a copy of this as one will go in a folder and the other in the files in TC 412 for other students to view.
3. Assignment for clinical: Typed and double spaced.
4. Journal: include daily hour log on the front page and a daily summary
5. Non-discrimination form
6. Student orientation checklist

7. CI questionnaire: Biannual accreditation report letter
8. Post cards are to be handed out and either mailed back or put in the return to ACCE files.
9. Copy of any in-service/handouts if you are required to give one by the clinical site.
10. Clinical Instructor Effectiveness Survey
11. Daily SOAP notes maintaining patient confidentiality.
12. Skill Checklist
13. Update Clinical Site Information Form (CSIF) online.
14. Attendance record

By the end of this fieldwork experience:

This class is graded on a Pass/Fail. The individual CI of each student will complete necessary paperwork including the Clinical Performance Instrument. The information provided on this document, along with information provided to the ACCE during phone call, virtual, or site visits will allow the ACCE to determine the grade of Pass or Fail for this clinical fieldwork experience.

The following rubric will be used to assess the Student Learning Outcomes for this course:

- The ACCE will determine whether the student has met the criteria on the CPI of being between Beginner and Advanced Beginner Performance as rated by the Clinical Instructor.
- The ACCE will also consider the written information in the CPI provided by the Clinical Instructor.

GRADE DETERMINANTS: PT 255

At the completion of this clinical rotation, students must complete the following documents and submit on-line or in person to the ACCE:

1. Sign off on all CPI evaluations by student and CI (midterm and final)
2. Completed fieldwork experience assessment. Make a copy of this as one will go in a folder and the other in the files in TC 412 for other students to view.
3. Assignment for clinical: Typed and double spaced.
4. Journal: include daily hour log on the front page and a daily summary
5. Non-discrimination form
6. Student orientation checklist
7. CI questionnaire: Biannual accreditation report letter
8. Post cards are to be handed out and either mailed back or put in the return to ACCE files.
9. Copy of any in-service/handouts if you are required to give one by the clinical site.
10. Clinical Instructor Effectiveness Survey

11. Daily SOAP notes maintaining patient confidentiality.
12. Skill Checklist
13. Update Clinical Site Information Form (CSIF) online.
14. Attendance record

By the end of this fieldwork experience:

This class is graded on a Pass/Fail. The individual CI of each student will complete necessary paperwork including the Clinical Performance Instrument. The information provided on this document, along with information provided to the ACCE during phone or site visits will allow the ACCE to determine the grade of Pass or Fail for this clinical fieldwork experience.

The following rubric will be used to assess the Student Learning Outcomes for this course:

- The ACCE will determine whether the student has met the criteria on the CPI of being between Advanced Beginner and Advanced Intermediate Performance as rated by the Clinical Instructor.
- The ACCE will also consider the written information in the CPI provided by the Clinical Instructor.

GRADE DETERMINANTS: PT 280

At the completion of this clinical rotation, students must complete the following documents and submit on-line or in person to the ACCE:

1. Sign off on all CPI evaluations by student and CI (midterm and final)
2. Completed fieldwork experience assessment. Make a copy of this as one will go in a folder and the other in the files in TC 412 for other students to view.
3. Assignment for clinical: Typed and double spaced.
4. Journal: include daily hour log on the front page and a daily summary
5. Non-discrimination form
6. Student orientation checklist
7. CI questionnaire: Biannual accreditation report letter
8. Post cards are to be handed out and either mailed back or put in the return to ACCE files.
9. Copy of any in-service/handouts if you are required to give one by the clinical site.
10. Clinical Instructor Effectiveness Survey
11. Skill Checklist
12. Update Clinical Site Information Form (CSIF) online.
13. Attendance record

By the end of this fieldwork experience:

This class is graded on a Pass/Fail. The individual CI of each student will complete necessary paperwork including the Clinical Performance Instrument. The information provided on this document, along with information provided to the ACCE during phone or site visits will allow the ACCE to determine the grade of Pass or Fail for this clinical fieldwork experience.

The following rubric will be used to assess the Student Learning Outcomes for this course:

- The ACCE will determine whether the student has met all criteria on the CPI of being Entry Level as rated by the Clinical Instructor.
- The ACCE will also consider the written information in the CPI provided by the Clinical Instructor.

Responsible: ACCE

Clinical Information Timeline Policy

Purpose: To maintain properly executed, up-to-date contracts, clinical site information forms, and any clinical related paperwork including, but not limited to liability insurance, health information, and placement letters with the clinical facilities to ensure students are assigned to facilities with a contract in place and proper paperwork distribution.

Procedure: The ACCE and Division Technical Assistant will follow the ACCE timeline established by the department.

ACCE Timeline for Academic Year

September

- Division Technical Assistant reviews status of all contracts and sends out new contracts to sites that have expired contracts.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- Division Technical Assistant tracks and manages follow-up letter for status of all contract requests not returned.
- ACCE Freshman Introduction Lecture at PTA orientation.
- ACCE collects all paperwork from freshmen and seniors required for clinical fieldwork.
- ACCE provides freshmen and seniors with list of clinical fieldwork sites available to choose from.
- ACCE collects site choices and makes tentative placement choices for freshmen and senior sites.
- ACCE collects and enters all student data into CPI.
- ACCE tracks students' CPI training completion.

October

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- ACCE sends confirmation of tentative placement to sites chosen.
- ACCE plans CCM for upcoming year with Advisory Committee.
- ACCE sends list of all sites and addresses for Liability Insurance Coverage for PT 255, PT 280, and PT 206 to Administrative Assistant to the Senior Vice President for Administration and Finance.
- Review and compile paperwork for Fieldwork Packets to be sent electronically.
- ACCE reviews CSIF for academic year and ensures students update on clinical rotations.

- ACCE sends confirmation to clinical sites for student placements for PT 206, PT 255, and PT 280.

November

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- ACCE checks status of contracts for upcoming clinical placements.
- ACCE provides students written instructions on calling their CI to discuss hours of operation, where to park, types of patients to review prior to going.
- Students make call to site and instructed to get CI email.
- ACCE enters all CI emails into CPI so that they can access CPI.
- ACCE sends clinical packets to sites for PT 255.

December

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.

January

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- ACCE: PT 255 site visits, collect evaluations, assignments.
- ACCE submits grades for PT 255.
- Students send letter of appreciation.

February

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- All information from PT 280 students due to ACCE.
- ACCE sends clinical packets to sites for PT 280.
- ACCE provides students written instructions on calling their CI to discuss hours of operation, where to park, types of patients to review prior to going. Students are also instructed to get CI email.
- Students make call to site and instructed to get CI email.

- ACCE enters CI email and information into CPI for clinician to access CPI.

March

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- Mail out Commitment Requests for following year.
- Invite CIs to Clinical Council meeting.
- All information from PT 206 students due to ACCE.

April

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- ACCE holds Clinical Council meeting some time during the Spring semester.
- ACCE sends clinical packets to sites for PT 206.
- ACCE provides students written instructions on calling their CI to discuss hours of operation, where to park, types of patients to review prior to going.
- Students make call to site and instructed to get CI email.
- Meet with students from PT 206 to review expectations.
- ACCE enters CI email and information into CPI web for clinician to access CPI.
- ACCE: PT 280 site visits, collect evaluations, assignments.
- ACCE: Submit grades for PT 280 and have students send letter of appreciation.

May

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- Follow up on Site Commitment for following year.
- ACCE enters commitment forms in data base.
- ACCE Review and update Fieldwork Section of Program and Clinical Handbook for Students and Clinicians, send to PR department to post on website, print for Program Director, ACCE, and Dean.
- Graduation.

June

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- PT 206 site visits, collect evaluations, assignments.
- Submit grades for PT 206, students send letter of appreciation.

July

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contract requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.
- ACCE follow up on Site Commitment for following year.

August

- Division Technical Assistant: Review status of all contracts. Follow up letter for status of all contracts requests not returned.
- Division Technical Assistant makes PDF of contracts and updates them in ACCE contacts.

***Establishment of new contracts and contact with clinicians is ongoing throughout this process on an as needed basis.

Faculty Responsible: ACCE

Clinical Instructor Education and Development Policy

Purpose: To ensure that the clinical instructors who work with our students have adequate knowledge/skills, that they demonstrate both the professional and ethical behaviors expected of the profession and seek lifelong learning opportunities as part of their professional growth to be effective role models as they work with our students.

Procedures:

1. The ACCE instructs the clinical sites to complete the Clinical Site Information Forms developed by the APTA, located through the CPI. This form contains information as to the background of each of the PT employees at a facility and their credentials.
2. The ACCE reviews the completed CSIF.
3. All Clinical Instructors are expected to have at least one year of clinical experience prior to taking a student.
4. The ACCE discusses the CI clinical experience requirement with the CCCE at each clinical site prior to the student working with a clinician.
5. The ACCE makes observations of the clinical faculty during on-site visits, virtual and phone visits with the clinical faculty.
6. The ACCE collects student feedback regarding the clinical instructor and the clinical facility by using the Fieldwork Experience Assessment form and through discussion with the student during the one-to-one post-fieldwork conferences.
7. The ACCE uses the information from the CPI, personal observations, and student feedback to develop educational offerings for the clinical faculty.
8. The ACCE will make a site visit for onsite training if this is the most appropriate action for a single site or local issue.
9. The ACCE has a Training Program Manual for Clinical Instructors which they will use to discuss issues that may arise with students or help to prepare a new clinician for taking students.
10. The ACCE will research a question for a clinician and provide a response or information quickly as possible and address any concerns they might have.
11. If, for any reason, the ACCE determines the CI is not meeting the needs of students, the ACCE will discuss any concerns with the CI and provide the CI with any clinical training educational material necessary to help the CI.
12. If concerns regarding a CI continue following the discussion and training by the ACCE, the ACCE can determine that the CI will not be eligible to work with students in the future unless all issues are resolved.
13. The ACCE holds yearly Clinical Council meetings.
14. The ACCE will select a topic and speaker for the Clinical Council Meeting based on assessment of the clinical education program, suggestions from our Advisory Committee, from questions or issues raised by several clinicians to the ACCE or ideas suggested by the clinicians who attended previous meetings.

15. The general Clinical Council meeting format will consist of a speaker coming in to discuss current issues and hot topics in the PT world.
16. The ACCE determines the area of interest based on this feedback and searches to find speakers to best portray the information that is needed. Often, speakers may be other clinicians who are “experts” in a certain area that they are interested in speaking on.
17. The ACCE reports on clinical faculty education, needs and development at the department meetings.
18. Clinicians have been given the opportunity to access the online library database for research purposes.

Responsible: ACCE

Clinical Observation Policy

Purpose: The student is required in some PTA classes to arrange for off-campus observations as part of the learning activities in that class. These off-campus activities are used to facilitate learning and comprehension of techniques taught during the curriculum.

Procedure:

1. Each student is to schedule their observation during the appropriate time frame.
2. It is the responsibility of the student to arrange for transportation to the observation.
3. Each student must maintain the code of ethics while on the observation. This includes using professional behaviors, dress, body and verbal language, decorum, wearing a name tag which identifies each student as a student, refraining from the use of all illegal substances, etc.
4. Each student must attend the observation and have it documented by the clinical facilitator.
5. Each student must submit their own report on the observation.

Responsible: All

Clinical Preparedness Prior to Clinical Affiliation Policy

Purpose: to ensure students are adequately and safely prepared to participate in clinical education.

Program Statement: No student will go to a clinical assignment who has not completed all coursework and passed all competencies and lab practical exams with a “B” or better.

1. All program courses that have a lab component have competency and lab practical exam rubrics that delineate what constitutes a “pass” and refers the student to the Absolute Failure Policy.
2. No student can pass a lab course with exams, quizzes or assignments without passing all of the competencies and lab practical exams in the course with a minimal grade of “B”.
3. The initial score less than a “B” remains as the competency or practical grade and subsequent attempts are graded as pass/fail. The student must achieve a “B” or better to receive the pass grade.
4. Progression within each course is documented in the students Competency and Practical Record.
5. Further details on passing competency and practical examinations are found in the Competency and practical examination policy.

For PT 206 – Clinical Fieldwork I

1. The student must have taken and completed with a minimal grade of “C+”: PT 121, PT 131, PT 132, PT 141, PT 142, and PT 143
2. All of the competencies and lab practical exams in these courses must have been successfully completed with a minimal grade of “B.”
3. The student must have taken and completed with a minimal grade of “C”: SC 253 and SC 254

For PT 255 – Clinical Fieldwork II

1. The student must have taken and completed with a minimal grade of “C+”: PT 251 and PT 252 and successfully passed PT 206
2. All of the competencies and lab practical exams in these courses must have been successfully completed with a minimal grade of “B.”

For PT 280 – Clinical Fieldwork III

1. The student must have taken and completed with a minimal grade of “C+”: PT 260 and PT 275 and successfully passed PT 255
2. All of the competencies and lab practical exams in these courses must have been successfully completed with a minimal grade of “B.”

To Graduate:

1. The student must successfully have completed the final clinical using the criteria determined by the ACCE that establishes the student has achieved entry level.
2. The ACCE's determination is based on the student's CPI performance, clinical observation and interviews with the CI and student during the site visit and any other communications with the CI as determined by the ACCE.

Responsible: ACCE, core faculty

Clinical Site Development in Relation to Number of Students Admitted Policy

Purpose: To ensure our PTA program has an adequate number of sites and reservations for each clinical fieldwork in relation to the number of students admitted in any given year.

CAPTE Requirement: 125%

Our Requirement: We use the number of site reservations annually, number of qualified CI's, variety of sites, number of overall active clinical contracts as well as input from the advisory committee to recommend any change to the size of the incoming class to administration.

Our Current Goal Based on Assessment of Assets: 30 -32 qualified students admitted in the fall semester.

Procedure to Arrange for Site Reservations:

1. The ACCE sends out the fieldwork reservation forms for the following year.
2. The ACCE keeps a list on the computer of sites taking students for each clinical rotation.
3. If the ACCE sees that there are more students needing sites than sites available for a particular rotation, the ACCE calls sites to see if they might be able to take a student for that time slot.
4. If there are not enough sites to meet the 125% criteria, the ACCE would then call additional sites to set up a new contract. This may be a site closer to a student's home, or one developed by the ACCE networking amongst other Physical Therapists.

Responsible: ACCE, Program Director

Clinical Site: Student Who Needs to Be Removed Policy

Purpose: To ensure an adequate knowledge base and clinical base to ensure patient safety while a student is participating in a clinical affiliation.

Procedures:

Whether it is due to student incompetence, a safety concern of patients and staff, or safety concern of the student, a CI can choose to speak with the ACCE at any time during the clinical fieldwork to have the student removed from the clinical site. It is our expectation that the CI would give the ACCE full detail of the reason for removal so that it can be discussed with the student. If the student is lacking skills that need to be addressed, please refer to Clinical Affiliation Failure/Student Must Reestablish Competency Policy. If a safety issue is addressed, the student needs to prove competence in that area prior to being sent on any further clinical fieldwork. This will be done as a clinical competency examination in which both the Program Director and the ACCE will establish a scenario to resemble that of the areas the student is weak in, and the student must pass this competency with an 8 or better on a 0-10 scale.

Responsible: Program Director, ACCE, Clinical Faculty

Clinical Time off Policy

Purpose: If a clinical site is closed for any reason during a student's clinical fieldwork, the day/ hours will need to be made up. This includes holidays and other miscellaneous reasons for closing. Some sites have holidays they observe, while others may be open. This policy makes it fair and just across the board. Each student must complete a minimum of 200 hours for PT 206 and PT 255 and a minimum of 240 hours for PT 280. This also applies to any hours a student misses for any reason on their own accord during clinical fieldwork. The minimum hour requirement is needed to complete and pass the clinical fieldwork.

Procedure: Any time missed during clinical must be made up. If a student is aware in advance of a holiday, with clinician's understanding and agreement, the student may begin clinical early or finish clinical late to make up hours. Additionally, if there are later hours available or weekend hours, the student may make up hours during those times with the agreement of the clinical instructor. The clinical will not be considered complete until the hours have been completed. The student must keep a journal during clinical. They must have the first page of the journal for the clinical listing days worked and hours with a total number of hours added up at the end of the page. The hours must have a minimum of 200 for PT 206 and PT 255, and a minimum of 240 hours for PT 280.

Responsible: The student will be responsible for keeping track of hours in their journal. The clinical instructor will be responsible by verifying all time requirements were met by completion of the final Clinical Performance Instrument. The ACCE will verify that the student has met all clinical hours by looking at the journal hours listed and the fact that the CI has completed the final Clinical Performance Instrument.

Communication Policy

Purpose: To facilitate, maintain and coordinate communication among all program faculty, clinical sites and clinical faculty and other departments directly involved with the PTA program.

Procedures:

1. The Program Director follows the established chain of command for communication and reports to the Dean. Frequency: as needed.
2. Dean reports to the Provost. Frequency: as needed.
3. The Program Director assigns students reading of all program policies for incoming students in the PTA Program Handbook. Students must then sign off that they have read and understood all policies in the PTA Program Handbook. PTA Freshman Seminar also has quizzes on information located in the PTA Program Handbook. Frequency: annually, Fall semester.
4. The Program Director discusses PTA student progress with all faculty members involved in the PTA program. Specifically, they check on individual PTA student's progress by contacting the science faculty during the first two semesters in the PTA program. Frequency: These specific contacts are made prior to the last day to withdraw and at the end of the semester at a minimum.
5. The Program Director will contact faculty in other curriculum if by survey or program development analysis subjects are found that requires increased coverage or emphasis in other parts of the curriculum. Frequency: as needed.
6. The Program Director maintains close contact with the ACCE through department meetings and unofficial office meetings. Frequency: minimum biweekly and as needed.
7. The Program Director contacts adjunct faculty on a regular basis when adjunct faculty members are involved in the program. Frequency: as needed.
8. The program faculty mentors and discusses program expectations with adjunct faculty on a regular basis when adjunct faculty members are involved in the program. Frequency: bimonthly or as needed.
9. The Program Director advises the Dean of the students who are not successful in the program. Frequency: end of each semester.
10. The Program Director notifies, by letter, the students who have not met the requirements to continue in the program that they must do a curriculum change and new schedule or submit a letter for a second chance. See Second Chance Policy. Frequency: end of each semester.
11. The ACCE contacts the clinical faculty. The ACCE contacts each site via mail at the beginning of March for the sites to determine which time slots they will take students for the following year. Frequency: annually.
12. The clinical faculty returns the site reservation form by email, mail, or fax. Frequency: annually.

13. The ACCE sends packets of student information to each site that has a student coming to it. Each information packet includes information specific to the level of the clinical that the student is on, type of skills the student has already obtained, the skills they are working on and level of supervision expectation. Frequency: prior to each clinical.
14. If a student is unable to go for any reason, the ACCE contacts the site via phone call conversation and in the form of an email to notify the site. Frequency: as needed.
15. The student is instructed by the ACCE to write a greeting letter to the site prior to them going on fieldwork which is included in the clinical packet, and they are also instructed to call the site one week prior to beginning the clinical fieldwork to discuss items such as who to report to, hours of operation, and parking. Frequency: prior to each clinical.
16. The ACCE calls the site or works through the student to schedule a site visit or a phone visit approximately one week into the student's clinical fieldwork. Frequency: prior to each clinical.
17. The ACCE then either visits or calls the site for a visit at approximately midpoint in the fieldwork. Frequency: during each clinical.
18. The ACCE addresses them promptly if there are any problems. Frequency: as needed.
19. The ACCE returns calls and answers questions that are posed to her by the clinician or the student. Frequency: as needed.
20. The clinical faculty completes all student evaluations. Frequency: at the end of each clinical.
21. The student sends a thank you letter to the site at the end of the affiliation. Frequency: at the end of each clinical.

Responsible: Program Director, ACCE, Dean, Students

Competency and Practical Examination Policy

Purpose: The intent of a practical examination is to help the student by simulating "real" patient encounters while performing a task. Practical examinations are designed to be additional learning experiences. Suggestions for improvement of performance are made after the demonstration to:

- enhance the individual's performance competence.
- ensure patient safety.
- improve student technique.
- inspire confidence in their capabilities when they encounter a real patient.

It must be stressed that the utilization of more realistic practical exams is one of the strongest messages that our Advisory Committee has sent to this program. In their opinion, student future success in the field is aided using these practical examinations.

1. All Physical Therapist Assistant courses that have a lab skill component must document successful completion of the skills that were learned.
2. Successful completion on all practical examinations, competencies, checklists, or final exams defined as:
    a. meeting all safety standards
    b. having a minimum grade of "B"
3. The instructor documents each successfully mastered skill on the individual student record card.
4. Each student may have three chances to successfully pass each practical examination. If a student is unable to pass the practical examination on the third trial, the second chance policy will take effect.
5. The Clinical Instructor (CI) knows the topics, the assessment/data collection, and procedural interventions that have been covered in the curriculum. They can access the Program and Clinical Education handbook for Students and Clinicians on the program website.
6. The CI and the student will complete the CPI and update the CSIF during each clinical affiliation.

Procedure: Faculty initial and date the Competency and Practical Record when the student completes a competency or practical examination.

Responsible: All

PTA Program Competency and Practical Examination Record

Student Name _____H # _____

Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 121	Standard and Transmission Based Precautions and Bloodborne Pathogens			

Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 131	Hand Washing Competency			
	Vitals Competency			
	Transfer Competency			
	Ambulation Training Competency			
	Comprehensive Lab Final			

Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 132	Superficial Heat/Cryotherapy			
	US/positioning/draping Competency			
	ES/Biofeedback Competency			
	Traction Competency			
	Compression Competency			
	Comprehensive Lab Final			

Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 141	Posture			
	Body Mechanics /Final			
Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 142	Anthropometric			
	UE Goniometry/MMT			
	LE Goniometry/MMT			
	Neck and Trunk Goniometry/MMT			
	Sensation, Reflex, Balance, Coordination Testing			
	Comprehensive Lab Final			
Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 143	Massage Competency			
	Integumentary Documentation/Treatment Competency			
	Therapeutic Exercise Competency			

Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
	Comprehensive Lab Final			

Successful completion – Student is eligible for Clinical Fieldwork I (PT 206) **PT 206 Grade** _____

Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 251	Practical I – Management of spine, SI joint, and TMJ conditions			
	Practical II – Management shoulder, elbow, forearm, wrist and hand conditions			
	Comprehensive Lab Final – includes all of previously tested materials plus management hip, knee, ankle, and foot			

Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 252	Practical I – Pediatric Reflexes, developmental sequence, cranial nerves			
	Practical II – Management of Neurological Conditions: CP, Down Syndrome, MD, Spina Bifida, Osteogenesis Imperfecta, SMA			
	Comprehensive Lab Final – includes all of previously tested materials plus management of CVA, SCI, TBI, Post-Polio Syndrome, PD, GBS, MS & ALS.			

Successful completion – student is eligible for Clinical Fieldwork II (PT 255) **PT 255 Grade _____**

Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 260	Practical I – Management of Pulmonary Conditions			
	Practical II: Management of Cardiac Conditions			
	Practical III – Management of Amputations and Special Conditions			
	Comprehensive Lab Final			

Class	*Competency/Practical Items*	*Grade*	*Date*	*Instructor Initials*
PT 275	Comprehensive Lab Final			

Successful completion – Student is eligible for Clinical Fieldwork III (PT 280) **PT 280 Grade _____**

Successful completion – Student is eligible for Graduation

(Revised 7/2024)

Competency Prior To Clinical Affiliation Policy

Purpose: To ensure an adequate knowledge base, and clinical base to ensure patient safety prior to student clinical affiliations.

A. Competency Prior to Clinical Affiliation Procedure:

1. Students will be evaluated in each clinical laboratory classes (PT 131, PT 132, PT 141, PT 142, PT 143, PT 251, PT 252, PT 260, PT 275) using competency and practical examination rubrics developed by the faculty.
2. Students must pass all practical exams and competencies in order to pass a course in the curriculum.

    a) Students always practice skills in a supervised lab prior to testing out in competencies in lab.
    b) Students have the ability to continue to practice skills in the open lab when the faculty member is available to assist in skill acquisition or with the PTA mentor during scheduled hours.
    c) All competencies and lab practical exams must be successfully completed with a grade of B to pass a clinical course (maximum of three attempts).
    d) No student may participate in a clinical experience that has not completed the prerequisite clinical classes prior to the affiliation.

B. Competency Prior to Clinical Affiliation Procedure for the Unsuccessful Student

    a) The student is required to repeat classes as delineated in the document "Implementation of Retention/Second Chance Policy".
    b) The student may only participate in a clinical affiliation if they successfully repeat the required courses.

C. When a student is taught something outside of the lab setting, e.g. during a clinical affiliation, it is the responsibility of the clinical instructor to ensure the student is competent in the skill before it is performed on a patient.

Responsible: All faculty

Complaint Policy

Purpose: The PTA program collects information regarding complaints against the program, faculty and ACCE, and the Program Director. Possible complainants may include: current students, graduates, clinical educators, employers, and the general public, e.g. patients or individuals wanting to be admitted to the program who do not meet admissions criteria. Complaints will be addressed confidentially, in a nonjudgmental manner and without fear of retaliation.

Procedure:

1. **Provision of Access to Lodge a Complaint about the PTA Program:** A link has been placed on the PTA program's web page to allow comments/complaints regarding the program. Clinical faculty will be provided the web address for comments/complaint about the program. Current students will receive information in their PTA Student Handbook.

2. **Process:** All complaints that are received about the program should be directed to the Program Director. Exception: if the complaint regards the Program Director, then it is appropriate to send such complaints to the Dean.
    a) Complaints received about the program regarding curricular content or lack of graduate competency will be placed on the agenda of the next departmental meeting. The process used includes: discussion of the complaint and possible implementation of PTA Program Evaluation Tracking Form if deemed appropriate to develop a plan of action. The faculty implement an appropriate correction plan where indicated. Feedback to the complainant would be by phone, letter or email.
    b) Complaints regarding clinical education, preparedness, competence, safety, etc. will be forwarded by the Program Director to the Academic Coordinator of Clinical Education (ACCE) to investigate. If indicated, the ACCE employs the PTA Program Evaluation Tracking Form. The ACCE will make a formal report back to the Program Director at the department meeting. Changes are implemented as deemed appropriate. Feedback to the complainant would be by phone, letter or email.
    c) Complaints regarding sexual harassment or discrimination will be referred to the campus official responsible for overseeing these complaints (Compliance Officer) by the Program Director. The complaint would be addressed by institutional protocol with records maintained by the Compliance Officer.
    d) The Dean will address complaints regarding the Program Director.
    e) Complaints received by the program will be brought to the Advisory Committee when appropriate. Committee recommendations are incorporated into the plan.

3. **Resolution:** The complainant's issue may be addressed by phone, email, letter, or in person depending on the nature of the complaint.

4. A record is maintained of the disposition of those complaints in the Program Director's office. Exception: complaints regarding the Program Director will be maintained in the Dean's office.

5. The complaint tracking form is used to keep track of complaints and program response to those complaints.

6. **Complaints Not Covered by this Procedure:** Students are advised of the campus complaint procedure in the College's Student Handbook regarding discrimination. This procedure is not intended for complaints of this nature and students should follow the College guidelines.

Responsible: Program Director, Other Individuals Involved: ACCE, Dean, Advisory Committee

Complaint Policy Web Statement

"If you wish to make a comment or complaint regarding the physical therapist assistant program or the program graduates, please feel free to send a message to the Program Director, Dr. Elizabeth Pogonowski at pogonowem@herkimer.edu and they will respond to your comments or complaints or any other issues in a timely, nonjudgmental manner. If the complaint is regarding the program director, please address your concerns to Dean William McDonald at mcdonalwh@herkimer.edu and he will address your concerns."

Complaint Tracking Form PTA Program

DATE	
SOURCE	
CONCERN	
PLAN	
PERSON/GROUP RESPONSIBLE	
COMPLETION DATE	
RESULT/ RESPONSE (Recommendation)	

Correct Completion of CPI Evaluation Forms Policy

Purpose: To ensure the CPI is completed correctly.

Procedure:

1. The ACCE knows the CCCE and clinical faculty at each site.

2. The ACCE checks with the CCCE at new sites to ensure that they have used the CPI with other educational programs.

3. If the new CCCE is unfamiliar with the CPI, the ACCE reviews how it is completed.

4. The CPI instructions are always sent with the CPI packets.

5. If clinicians have questions, they contact the ACCE.

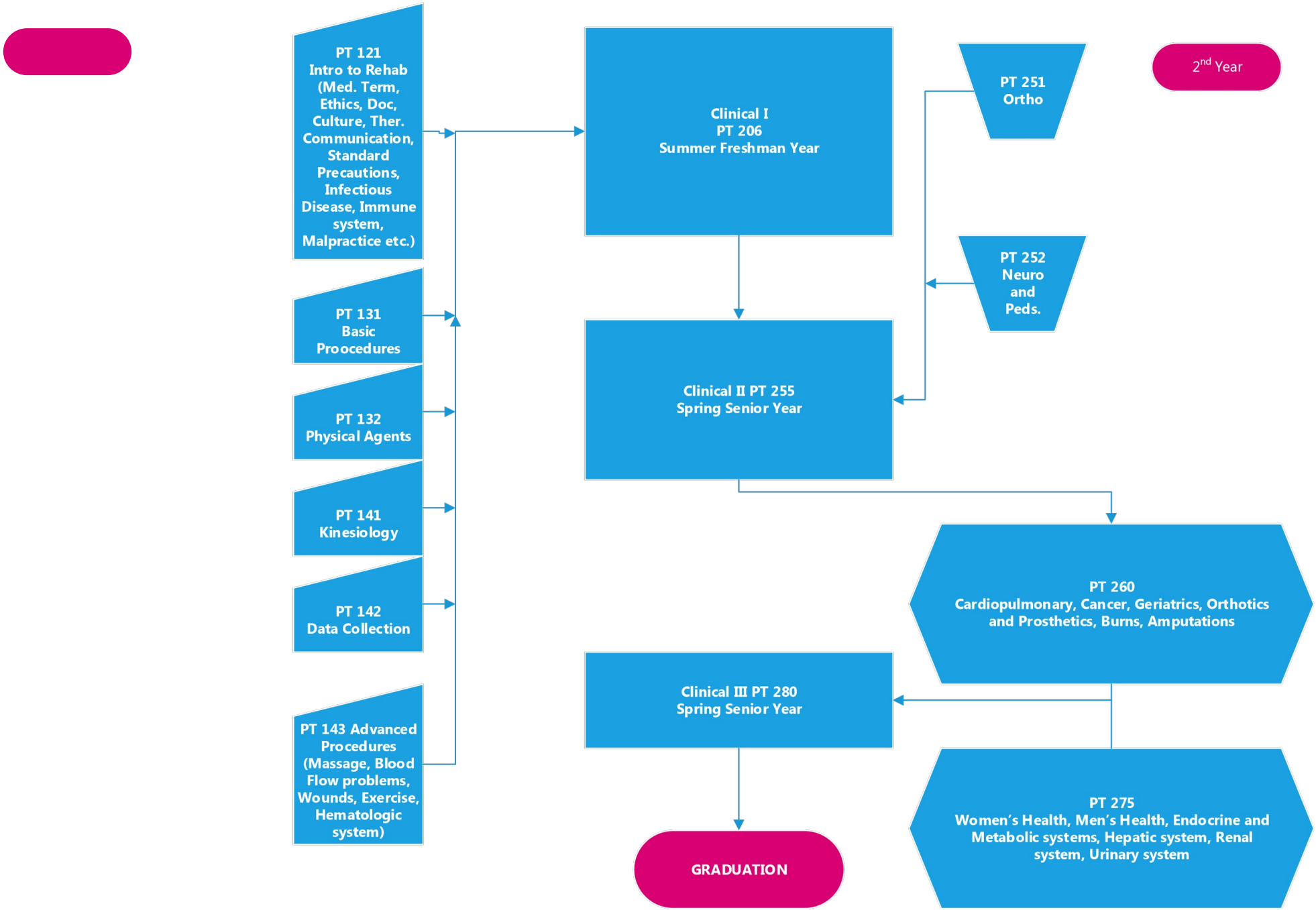
6. The ACCE will further help them with the instructions.

7. The ACCE speaks with each CCCE or CI at the midpoint of each student affiliation.

8. The clinicians are given space to write comments below each item. If the comments do not coincide with the line on the top of the page, the ACCE will question it and place a call to the CI to clarify their intent.

Responsible: ACCE

Coursework Prior to Clinical Diagram


PT 121
Intro to Rehab (Med. Term, Ethics, Doc, Culture, Ther. Communication, Standard Precautions, Infectious Disease, Immune system, Malpractice etc.)
PT 131
Basic Proocedures
PT 132
Physical Agents
PT 141
Kinesiology
PT 142
Data Collection
PT 143 Advanced Procedures (Massage, Blood Flow problems, Wounds, Exercise, Hematologic system)
Clinical I
PT 206
Summer Freshman Year
Clinical II PT 255
Spring Senior Year
Clinical III PT 280
Spring Senior Year
GRADUATION
PT 251
Ortho
PT 252
Neuro and Peds.
2nd Year
PT 260
Cardiopulmonary, Cancer, Geriatrics, Orthotics and Prosthetics, Burns, Amputations
PT 275
Women's Health, Men's Health, Endocrine and Metabolic systems, Hepatic system, Renal system, Urinary system

CPI Data Collection Policy

Purpose: To collect data from the final clinical experience CPI to assess entry level competence in the Desired Program Outcomes areas as defined by the program faculty. To assess other competency areas throughout the clinical component of the program.

Procedure:

1. The Program Director or ACCE will access the aggregate data on the final clinical from CPI web.
2. The Program Director or ACCE will access the aggregate data on the first and second clinical rotations from CPI web.
3. The Program Director will use the information in aggregate as they evaluate program outcomes.
4. Results will be brought to department meeting for review and assessment in curriculum evaluation process.

Responsible: Program Director, ACCE

CPR Certification Policy

Purpose: To ensure that students are CPR certified for the duration of each clinical experience.

Procedure:

1. The student must provide evidence of his or her CPR certification to the ACCE prior to commencing each clinical affiliation.
2. The ACCE sets a due date prior to the clinical experience and determines when to receive a copy of the cards.
3. The ACCE schedules a CPR class with local providers for new and renewal certifications.
4. The ACCE posts the dates of the available classes.
5. The ACCE distributes the students' cards after copies have been placed in the students' clinical file.
6. The ACCE notifies the students of the due date.
7. The ACCE may refuse to place a student who doesn't comply with the due dates.

Faculty Responsible: ACCE

Curriculum Evaluation and Development Policy

Policy: The PTA Program faculty actively participates in Curriculum Development and evaluation.

Purpose: To determine if the curriculum is grounded by strong education guidelines; to determine that curricular objectives address the cognitive, psychomotor and affective domains and that the curriculum is revised to reflect contemporary practice of physical therapy, standards of practice, and current literature related to the profession.

Process (Follow the Curriculum Evaluation flow chart):

Faculty Responsibilities

I. <u>Faculty as a Group</u>

1. The PTA Program faculty has regularly scheduled department meetings to review the curriculum plan as a group.
2. Annual review of Program Philosophy, Mission Statement, Goals and Objectives, Curriculum Plan, and Expected Student (Educational and Performance) Outcomes.
3. Compare and link program and College missions.
4. Review clinical input from ACCE visits prior year.
5. Meet with PTA Program Advisory Committee and review Program Philosophy, Mission Statement, Goals and Objectives, Curriculum Plan, and Expected Student (Educational and Performance) Outcomes.
6. Utilize the PTA Program Evaluation Tracking Form to track deficits brought to our attention, corrective plan and results of interventions utilized.
7. Review new accreditation criteria.
8. Contrast current PTA course objectives with normative model and new accreditation criteria.
9. Solicit graduate feedback to enhance program effectiveness.
10. Include PTA Program Advisory Committee, Graduate and Clinical Instructor input in writing course objectives.
11. Revise PTA course objectives to meet and exceed new standards.
12. Review and discuss teaching methodologies at departmental meetings.

II. <u>Faculty as Individuals</u>

1. The PTA Program faculty employ a variety of instructional activities to effectively target all areas of Bloom's taxonomy of Educational objectives.
2. The PTA Program faculty has developed measurable outcomes that are utilized for each individual PTA course. These outcomes utilize a variety of assessment methods, e.g. tests, written assignments, practical exams, projects, presentations, observations, reflective journals.
3. The PTA Program faculty determines student competence, safety and readiness to progress through the curriculum based on demonstrated competencies and practical exam performance.

4. The PTA Program faculty use formative and summative assessment of each course that is taught on a semester basis.
5. Each faculty member reviews and adjusts individual course outlines immediately after the completion of that course.
6. Ideas from the field are brought to the PTA program faculty meetings by the ACCE. This allows the faculty to incorporate Clinical Faculty input in their course revisions.
7. Faculty utilizes continuing education workshops and professional journal reading to enhance course objectives.

Collection

1. Information is collected. Sources for Curriculum Plan Input includes:

    - Faculty
    - Clinical Instructors
    - PTA Program Advisory Committee
    - Program Graduates
    - Employers
    - Conferences
    - Clinical Practice
    - Accreditation criteria
    - Others, e.g. Other PTA Programs, APTA, NYPTA

Collation

1. The PTA Program faculty has regularly scheduled department meetings to review the curriculum plan as a group.
2. Annually or more often review clinical input from ACCE visits prior year.
3. Solicit graduate feedback to enhance program effectiveness.
4. Solicit Advisory Committee feedback to enhance curriculum development.
5. Biennially or more often as appropriate perform comprehensive curriculum review.

Review

1. The faculty identifies program strengths and weaknesses during the review of the information.
2. Any identified issue (new skill, technique) is placed on the agenda of the next weekly departmental meeting.
3. Annual review of Program Philosophy, Mission Statement, Goals and Objectives, Curriculum Plan, Expected Student (Educational and Performance) Outcomes.
4. Annually compare and link program and college missions.

5. Meet with PTA Program Advisory Committee and review Program Philosophy, Mission Statement, Goals and Objectives, Curriculum Plan, Expected Student (Educational and Performance) Outcomes.
6. Review new accreditation criteria.
7. Contrast current PTA course objectives with normative model and new accreditation criteria.
8. Include PTA Program Advisory Committee, Graduate and Clinical Instructor input in writing course objectives.
9. Revise PTA course objectives to meet and exceed new standards.
10. Review and discuss teaching methodologies at departmental meetings.
11. The faculty determines if the curriculum is allowing graduates to meet the expected outcomes.
12. Review the graduate performance indicators to track deficits brought to our attention, corrective plan and results of interventions utilized.

Identify Area of Needed Change

1. If area of change is identified, then the faculty follows the flow chart to sequence review. The PTA Program Tracking Form is used by the faculty to:
    a) Identify the problem
    b) Develop a plan of action
    c) Identify person(s) responsible
    d) Identify the anticipated completion date
    e) Record the results of the process
2. Any identified issue and its action plan is brought to the Advisory Committee for clinical feedback.
3. Advisory Committee recommendations are incorporated into the plan.
4. Individual course objectives are examined, revised or rewritten as needed.
5. Curriculum sequencing is reviewed.
6. Clinical Education program is reviewed.
7. Review program requirements.
8. Review program retention.
9. Student outcomes, program goals and objectives are reviewed for currency and are reviewed annually.
10. Review graduate outcomes (refer to policy for assessment).
11. Any identified issue is followed up on future surveys, faculty meetings, Advisory Committee meetings and Clinical Council meetings.
12. The action plan is reassessed, changes added as deemed appropriate.
13. Identified issues will be monitored for two years once the indicators of clinical performance show improvement.
14. Follow up with Provost and Dean as needed.

Methods to Communicate Expected Graduate Outcomes

Targets: Students, Advisory Committee, Clinical Instructors, Prospective Employers

Students

1. Catalog posted on the Herkimer webpage
2. PTA Program and Clinical Education Handbook for Students and Clinicians posted on the program web page
3. Individual PTA Course Objectives

Advisory Committee

1. Agenda
2. Meetings
3. Minutes
4. Other contacts, i.e. phone, email

Clinical Instructors

1. PTA Program and Clinical Education Handbook for Students and Clinicians posted on the program webpage
2. Skills Checklist for each clinical
3. CPI and associated reference materials
4. ACCE – site and telephone visits

Prospective Employers

1. Email contact:
    a) Respond to question
    b) Direct to program webpage if appropriate for student outcomes
    c) Refer to PTA Program and Clinical Education Handbook for Students and Clinicians posted on the program webpage
2. Phone contact: verbal description of expected outcomes
3. Upon request mail or email the following:
    a) copy of practical and checklist form
    b) copy of overall program philosophy, mission statement, goals and objectives (student outcomes)

Performance Indicators

1. Performance on clinical fieldwork using CPI tool
2. Clinical Instructor Effectiveness survey
3. Patient postcard study
4. Retention/meeting retention standards to continue in program
5. Employer satisfaction
6. Performance on FSBPT licensing exam

Assessment Techniques

1. Data collection: student success in clinical situations, boards pass rate, employment rate, employers satisfaction
2. Discussion: department meeting, Advisory Committee, etc.

Thresholds:

1. Employer Survey Threshold: depending on the issue raised even one comment for example on safety would be a trigger for a department meeting and issue to follow or address, 15% stating preparation as "below average entry level" would trigger program review following our goal flowchart plan.
2. Clinician or Advisory Committee Member Feedback Threshold: depending on the issue raised even one comment could be a trigger for program review following our goal flowchart plan.
3. Progression Through the Program Using CPI data Threshold: A downward trend of greater than 15% of the class as an aggregate look at students' preparedness as evaluated on the identified key skills from the CPI would be a trigger for the ACCE to bring the clinical education program outcomes to the department meetings and trigger a review following our goal flowchart plan.
4. Graduate Survey Threshold: depending on the issue raised even one comment for example topic on board but not in class could be a trigger for a department meeting and issue to follow or address, 15% stating preparation as "under prepared" would trigger program review following our goal flowchart plan.
5. Clinical Postcards Threshold: A downward trend of a student having 3 out of 5 "No" responses instead of "Yes" responses would be a trigger for the ACCE to bring the clinical education program outcomes to the department meetings and trigger a review following our goal flowchart plan.
6. Annually post outcomes (pass rate on the NPTE, graduation rate, employment rate) as required by CAPTE on the PTA Program webpage.

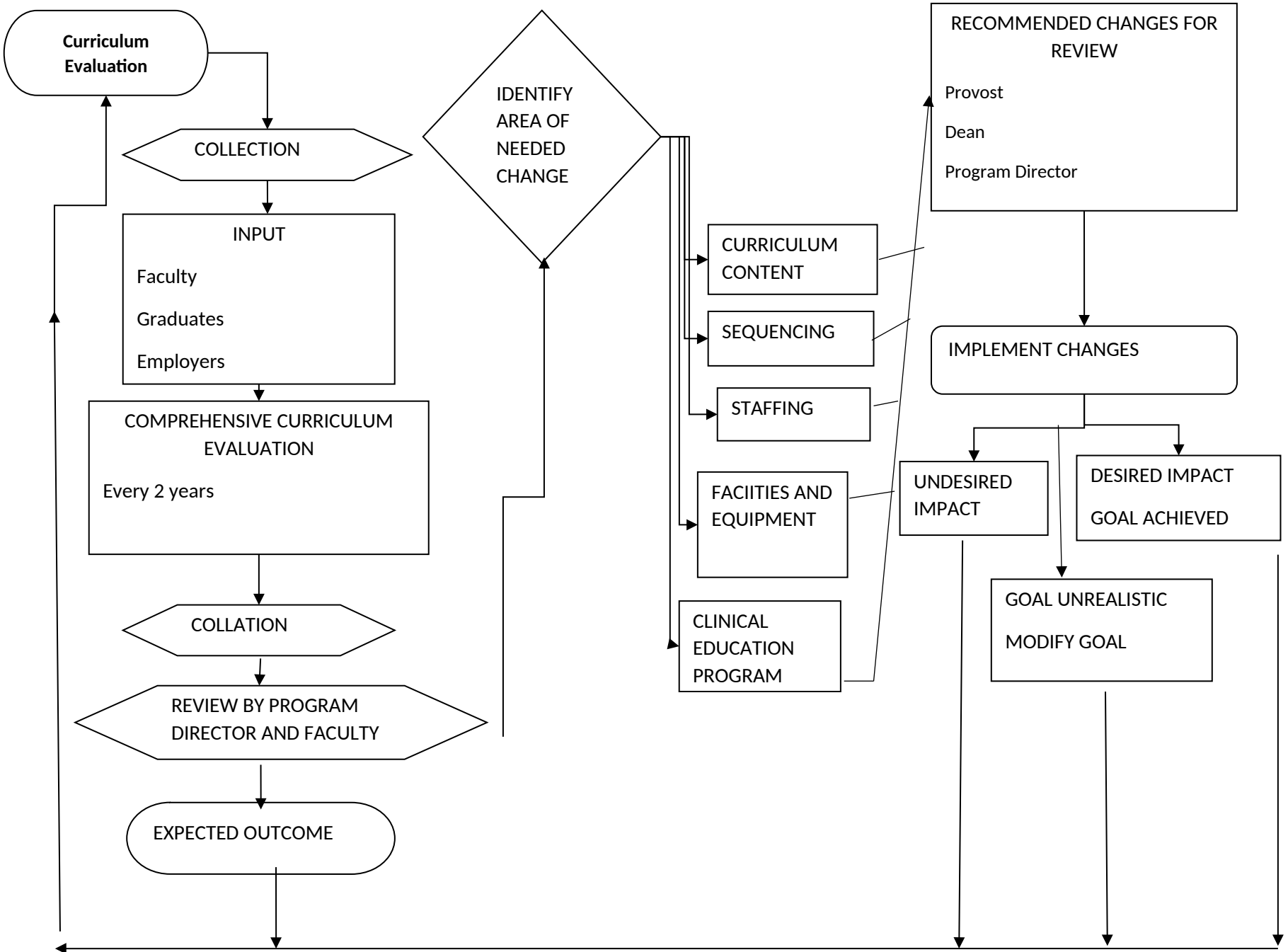
Responsible: All

Curriculum Review Sources of Information

1. Clinical Colleagues/ CCCE/ Clinical Instructor
2. Employers
3. Employment Rates
4. Graduates
5. Students
6. Faculty
7. Advisory Committee
8. Other PT Professionals
9. Continuing education classes
10. Budget
11. FSBPT Data
12. Retention Data
13. NYS PT Practice Act
14. CAPTE Criteria
15. Bureau of Labor Statistics
16. PTA Program Student Handbook
17. PTA Program Fieldwork Handbook
18. PTA Program Policy Manual
19. Institution Policy and Procedures
20. Faculty Staff handbook
21. College Student Handbook
22. Faculty Meetings
23. PTA Department Meetings
24. Division Meetings
25. College Committee Meetings
26. All Campus Meetings
27. Enrollment Data
28. Curriculum Development Flow sheet
29. Admissions Office
30. The Guide to Physical Therapy Practice
31. Provost
32. Dean, Business, Health, Science and Technology Division
33. Dean of Academic Affairs, Assessment and Institutional Effectiveness
34. Assistant Dean of Academic Affairs, for Adjuncts
35. College Comptroller
36. President

Data Collection Methods

1. Employer, Alumni, Graduate Surveys
2. Student, Administrator, Self-evaluation
3. Faculty, Program Director Review
4. Advisory Committee Input
5. Budget Review
6. Clinical Colleague/Affiliation Input
7. Licensing Exam Pass Rates
8. Retention Data
9. Meeting Minutes
10. Enrollment Data
11. Clinical Instructor Self Evaluation Form
12. CPI
13. CSIF
14. Student Evaluation of Clinical Affiliation
15. ACCE Observations
16. CPI Cumulative Progression of Class
17. CPI Cumulative Final Affiliation
18. Grade Point Average Data (GPA) for graduate
19. NYS Department of Education license verification web site
20. ACCE Tabulation of Clinical Assignments


Curriculum Evaluation
COLLECTION
INPUT
Faculty
Graduates
Employers
COMPREHENSIVE CURRICULUM EVALUATION
Every 2 years
COLLATION
REVIEW BY PROGRAM DIRECTOR AND FACULTY
EXPECTED OUTCOME
IDENTIFY AREA OF NEEDED CHANGE
CURRICULUM CONTENT
SEQUENCING
STAFFING
FACIITIES AND EQUIPMENT
CLINICAL EDUCATION PROGRAM
RECOMMENDED CHANGES FOR REVIEW
Provost
Dean
Program Director
IMPLEMENT CHANGES
UNDESIRED IMPACT
DESIRED IMPACT
GOAL ACHIEVED
GOAL UNREALISTIC
MODIFY GOAL

Curriculum Plan

Overview: Herkimer College's PTA Program's Curriculum Plan is an integrated series of sequential courses that is designed to develop the students in the span of 2 calendar years, over 5 semesters to graduate as an entry level PTA with an Associate of Applied Science (AAS) degree. The curriculum is grounded by strong educational guidelines and standards. The curricular objectives address cognitive, psychomotor and affective domains. The curriculum reflects contemporary practice of physical therapy, standards of practice, and current literature related to the profession. The plan is designed to facilitate the program to meet its mission and that of the college.

Educational Principles: the program utilizes the principles of andragogy in its design. These principles are the foundation of adult education. The following assumptions are made in this program:

1. Adults need to know why they need to learn something. It has to be applicable and of immediate value. Clinical affiliations and jobs are the immediate value.
2. Adults learn experientially. The lab setting allows experiential learning to happen.
3. Adults approach learning as problem solving. Case studies, small group activities and lab scenarios reinforce this approach.

Prerequisites for the Program: we have 2 tracks depending if the applicant is entering straight from high school or as a transfer student from another college. We use competitive admissions in all categories. Students possessing minimal requirements are invited to apply but are not guaranteed admission to the program.

Minimal Entrance requirements for PTA program:

1. To be considered for admission into the PTA program, <u>high school graduates</u> must have:

- Cumulative average of 80 or better AND:
- 80 or better in Biology /Living Environment (cumulative course grade or Regents exam)
- 75 or better in Chemistry and/or Physics and/or other relevant science course (cumulative course grade or Regents exam)
- 75 or better average in the High School Math sequence

- <u>Out of state students or home school students who have no regents</u>, the following SAT or ACT scores will be used for eligibility: Cumulative Average of 80 or better AND:

- SAT score of 1080 or above (minimum of 500 or more required on math portion)

- ACT composite score of 21 or higher.

2. To be considered for admission into the PTA program, transfer students must have:

- Cumulative GPA of 3.0 or better AND:
- C or better in any college level math
- B or better in A&P I (OR C or better in A&P I, AND B or better in High School or College Biology AND C or better in high school or College Chemistry and/or Physics)

Additional Information:

• A&P I and II may be used to satisfy admission requirements. It can also fulfill requirements for graduation if it is taken within 5 years of matriculation.

• All students entering the Physical Therapist Assistant program are required to have completed a 15-hour clinical observation upon acceptance prior to the start of the first semester.

• Please note: To be eligible to sit for the National Board Examination for licensure as a Physical Therapist Assistant, you must be a US citizen.

• In order to transfer Anatomy and Physiology I or Anatomy and Physiology II to Herkimer the topics cover must match the topics covered in Herkimer's course verbatim. If the topics are not verbatim the course cannot be transferred. It is recommended that if you take A&P at another institution you take both I&II to ensure complete topic coverage.

**Disclaimer: Should you not meet specific requirements above, applicants

The Plan: We have an integrated 2-year program which extends over 5 semesters (fall, spring, summer, fall, spring) for a total of 68 academic weeks.

Curriculum Style: The style of the program is hybrid: we are predominately a systems based curriculum but we include case studies, and life span issues. The program has 3 components including general education, the technical didactic program and the clinical education program.

General Education:

Herkimer College has a specific list of local requirements that a program must comply with for the awarding of an AAS degree. Additionally there is a state requirement that

one third of the courses be in Liberal Arts and Science. The SUNY mandate requires 64 credit cap on programs.

Herkimer Requirement:

Total credit hours = 60 credits minimum

A minimum of 21 credits in Liberal Arts and Sciences

Distribution as follows:

Credit Hours	Course or subject matter area
3	EN 111
3	EN 112
3-4	Math
3-4	Science
3	Social Science
6	Liberal Arts Electives
2	Physical Education
1	First Year Seminar
39	Program major requirements

PTA Program General Education Courses

Fall Semester 1st Year

1. SC 253: Anatomy and Physiology I – 4 credits
2. MA 127: Mathematical Statistics I or MA 141: Pre-calculus Mathematics – 3 credits
3. EN 111: English I – 3 credits

Spring Semester 1st Year

1. 254: Anatomy and Physiology II – 4 credits
2. SS 151: Introduction to Psychology – 3 credits
3. Physical Education Activity – 1 credit

Fall Semester 2nd Year

1. SS 155: Abnormal Psychology – 3 credits
2. EN 112 English II – Intro to Literature – 3 credits
3. Physical Education Activity – 1 credit

Special Program Notes Regarding General Education:

We meet the required matrix of local Herkimer and NY State general education requirements. We have a program specific First Year Seminar which is included in the technical section rather than in general education although it is a local requirement.

Because anatomy and physiology is a crucial element to the success of the student preparing to be a PTA we have specific minimal grade standards that must be achieved for a student to progress within the curriculum. The minimal acceptable grade to progress is a C.

Both anatomy and physiology classes must be successfully completed prior to the summer semester first clinical.

All general education requirements must be completed before the final technical semester starts.

Technical Didactic Program:

All courses have a syllabus that is in the required college format as directed by the Assessment Committee that delineates the student learning outcomes. All PTA didactic courses also have a list of specific objectives to further delineate program expectations. The faculty utilized many sources to develop and update the courses on the program – FSBPT new rubric, CAPTE's newest standards, CDC publications, APTA Learning Center content, current textbooks, reading of contemporary research applicable to course content, applicable information from CSM courses, exam prep textbooks, and information from the advisory committee or clinicians.

Fall Semester 1st Year
In the first semester students are enrolled in 3 PT specific courses plus First Year Seminar for the PTA.

- FS 135 First Year Seminar for the PTA
- PT 121 Introduction to Rehabilitation
- PT 131 Clinical Procedures I – Basic Procedures
- PT 132 Clinical Procedures I – Physical Agents

Spring Semester 1st Year
In the second semester students are enrolled in 3 PT specific courses.

- PT 141 Clinical Kinesiology for PTA
- PT 142 Clinical Procedures II – Data Collection
- PT 143 Clinical Procedures II – Advanced Procedures

Summer Semester 1st Year
First clinical experience for first year didactic work.

- PT 206

Fall Semester 2nd Year

In the third on campus semester students are enrolled in 2 PT specific courses.

- PT 251 Clinical Procedures III – Orthopedic
- PT 252 Clinical Procedures III – Neurological

Spring Semester 2nd Year

In the fourth on campus semester students are enrolled in 2 PT specific courses and 2 clinical education courses. We have a mini session on campus before the terminal clinical.

- PT 255 Clinical Fieldwork II
- PT 260 Clinical Procedures IV - Complex Interventions
- PT 275 Clinical Procedures IV - Other Systems Interventions
- PT 280 Clinical Fieldwork III

Special Notes for Progression:

1. In order to progress from semester to semester the student must achieve a minimum grade of C+ in all PT Program courses and a minimum grade of a B in all lab competencies and practical examinations within each course.
2. No student can pass a course without passing all lab competencies and practical examinations. A maximum of three attempts is allowed to pass a competency or practical exam. A third failure results in failure of the course and inability to progress within the curriculum. Pathways to continue depend on the semester/year for the failure as described in #5 – 7.
3. All courses must be sequentially completed in order to progress.
4. Failure to achieve the minimal grades in anatomy and physiology requires the student to repeat the entire first year of the program.
5. Failure to achieve the minimal grades in all first-year courses requires the student to repeat the entire first year of the program.
6. Failure to achieve the minimal grades in the third semester requires the student to repeat all classes in the semester and summer immediately preceding the failed semester of the program.
7. Failure to achieve the minimal grades in the fourth semester requires the student to repeat all classes in the semester immediately preceding the failed semester of the program.

Clinical Education Program:

All courses have a syllabus that is in the required college format as directed by the Assessment Committee that delineates the student learning outcomes. All PTA clinical courses also have a list of objectives to further delineate program expectations.

- Each student has 3 clinical experiences.

    - One is required to be inpatient, one is required to be outpatient, and the other is their choice.
    - No student is placed in a facility they have not yet had the didactic preparation for.
    - Both anatomy and physiology classes must be successfully completed prior to the summer semester first clinical.
    - The ACCE has a Clinical Grading Policy that specifies levels to pass a clinical.

- Clinical education is comprised of:
    - 2 full time integrated 5 week clinical education experiences that occur after completion of the first year didactic component of the program and after completion of the third on campus semester
        - In the summer semester the first full time clinical education course is scheduled following the completion of the first-year classes, PT 206 Clinical Fieldwork I.
        - In the final spring semester PT 255 Clinical Fieldwork II
    - 1 full time terminal 6 week clinical education experience that occurs after completion of the entire didactic component of the program.
        - PT 280 Clinical Fieldwork III
    - Total of 640 hours clinical experience
- Students return to campus for an exam review and an academic version of a board examination at the completion of the final clinical experience.

Clinical experiences are graded as Pass/Fail as per the ACCEs grading rubric for each clinical level.

The program has the expectation that a student is at entry level at the time of graduation. The Entry Level Expectations Policy delignates what this looks like for the student and program expectation to complete an additional terminal clinical experience.

Instructional Methods:

There are 2 non lab classes – PT 121 Introduction to Rehabilitation and FS 135 First Year seminar for the PTA. PT 121 uses lecture, small group assignments, independent learning assignments, topic research assignments, fieldtrips, and reading assignments. FS 135 uses online delivery for lectures, small groups, fieldtrips, independent and online assignments.

All courses in the program titled Clinical Procedures are a combination lecture and lab. We utilize multiple learning formats including lecture, small group activities, lab exercises, reading assignments, pre-lab assignments, homework assignments,

independent learning assignments, fieldtrips, group projects, article or topic research assignments and presentations, and case studies.

During clinical education students are exposed to the PT/PTA team, interprofessional contacts and clinical assignments from both the ACCE and CI.

Student Assessment: We have used the concepts in Bloom's taxonomy and the revised version of Blooms taxonomy by Anderson and Krathwohl to develop testing tools for every course faculty to determine whether students have achieved the learning objectives in the domains of learning – cognitive, psychomotor and affective.

Each core faculty member has developed testing rubrics for the lab competencies to assess the ability to perform the skills (psychomotor domain) as well as the attitudes needed to interact in a culturally diverse society (affective domain). Lab rubric expectations increase as students' progress though the program and competency is expected in previously assessed areas. Failure to pass safety is an automatic fail on the competency. Students have 3 attempts to pass each competency or practical exam. All competency and lab practical exams must be passed with a minimum grade of a B to pass the course. In the event that a student requires a third attempt to pass a competency or practical exam both core faculty are in attendance to observe the performance. The student must successfully complete all competencies and practical exams in every technical class that precedes a clinical experience. The final practical exam is cumulative in each course and content is determined by the faculty. Adjunct faculty are given the testing rubrics, cases, instructions for students for each competency and practical exam and advised on the administration of the testing to maintain program consistency.

Each member has developed course assessments to test knowledge and comprehension and assignments have required analysis of information (cognitive domain). The core faculty mentors the adjunct instructors teaching a section of their courses so that all testing is consistent across the curriculum.

Students who don't make a grade of B on tests, quizzes or lab competencies are referred to the mentor for additional work as per the Mandatory Study Group Policy. To progress within the curriculum a final minimal course grade of C+ is required.

Assessment of the Curriculum Plan: Assessment is guided by two program policies – the Assessment of the Curriculum Policy and the Curriculum Evaluation and Development Policy. The purpose of the Assessment of the Curriculum Policy is to review the strengths and weaknesses of the curriculum and to ensure the content meets the needs of the profession. The purpose of the Curriculum Evaluation and Development Policy is to determine if the curriculum is grounded by strong education guidelines; to determine that curricular objectives address the cognitive, psychomotor and affective domains and

that the curriculum is revised to reflect contemporary practice of physical therapy, standards of practice, and current literature related to the profession.

Curriculum Outline

1st Year, 1st Semester		**1st Year, 2nd Semester**	
EN 111 English Writing	3	PT 141 Clinical Kinesiology for PTA	4
FS 135 First Year Student Seminar for the Physical Therapist Assistant	1	PT 142 Clinical Procedures II – Data Collection	3
MA 127 Mathematical Statistics or MA 141 Pre-Calculus Mathematics	3	PT 143 Clinical Procedures II – Advanced Procedures	2
PT 121 Introduction to Rehabilitation	3	SC 254 Anatomy and Physiology II	4
PT 131 Clinical Procedures I – Basic Procedures	1	SS 151 Intro Psychology	3
PT 132 Clinical Procedures I – Physical Agents	3	Physical Education Activity	1
SC 253 Anatomy and Physiology I	4		
Subtotal	**18**	**Subtotal**	**17**
Summer Term			
PT 206 Clinical Fieldwork I	3		
Subtotal	**3**		
2nd Year, 1st Semester		**2nd Year, 2nd Semester**	
EN 112 English II – Intro to Literature	3	PT 255 Clinical Fieldwork II	4
PT 251 Clinical Procedures III – Orthopedic	3	PT 260 Clinical Procedures IV - Complex Interventions	2
PT 252 Clinical Procedures III – Neurological	4	PT 275 Clinical Procedures IV - Other Systems Interventions	1
SS 155 Abnormal Psychology	3	PT 280 Clinical Fieldwork III	5
Physical Education Activity	1		
Subtotal	**14**	**Subtotal**	**12**
		Total Program Credits	**64**

Desired Program Outcome Assessments

1. **Graduation**: At least 60% of students entering the program will graduate from the PTA program within 2-3 years.

2. **Experience**: 100% of program graduates will have had a variety of clinical experiences. One clinical experience will be inpatient, one will be outpatient and one will be in an area of preferred practice. The other clinical experiences may include, but will not be limited to, out-patient orthopedics, pediatric, geriatric and developmental disabilities.

3. **Performance on the FSBPT Licensing Examination**: At least 85% pass rate of graduates averaged over any 2 year period.

4. **Employment Rate**: 90% of graduates seeking employment will be employed within 1 year of graduation averaged over any 2 year period.

5. **Graduate Clinical Competence is demonstrated by:**
   a) **Entry Level Cinician at Graduation**: 100% of graduates demonstrate entry level clinical skills at graduation.
   b) **Competent clinicians**: at least 85% of employers will report they are "highly satisfied" or "satisfied" with program graduates and that they would rehire them if given the opportunity.
   c) **Physical Therapy Technical Competence**: At least 85% of employers will rate graduates as average to above average in PT intervention delivery and data collection.
   d) **Critical Thinking, Problem Solving, and Integration of Skills and Procedures Learned in all Coursework**: At least 85% of employers will rate graduates as average to above average in critical thinking, problem solving and integration of skills and procedures learned from classroom to clinical site.
   e) **Safety**: 100% of employers will rate graduates as average to above average in meeting safety competency.
   f) **Communication Skills**: At least 85% of employers will rate graduates as average to above average in all aspects of communication.
   g) **Documentation Skills**: At least 85% of employers will rate graduates as average to above average in documentation skills.
   h) **Technology Competence:** At least 85% of employers will rate graduates as competent in computer and other current technology as it relates to the Physical Therapy environment.

6. **Graduate professionalism is demonstrated by:**
   a) **Professional Behavior**: At least 85% of employers will rate graduates as average or above average in professional behavior

b) **Ethical Behavior**: At least 85% of employers will rate graduates as average or above average in ethical behavior
c) **Interpersonal Skills**: At least 85% of employers will rate graduates as average or above average in ethical behavior.
d) **Time Management Skills**: At least 85% of employers will rate graduates as average or above average in time management skills.
e) **Cultural Competence**: At least 85% of employers will rate graduates as average to above average in cultural competency.
f) **Life Long Learning**: At least 85% of graduates will participate in professional continuing education.

7. **Faculty Contemporary Expertise**: 100% of program faculty demonstrate contemporary expertise in the areas they teach as defined by the program.

Dress Code Policy

It is the policy of the PTA Program that students observe a dress code for competency exams and during clinical rotations. When attending special programs or clinical affiliations, the student should be neatly and professionally dressed. For all lab classes, the student should be in lab attire **prior** to the start of the class.

This policy is a subset of the Professional Appearance Standards Policy.

Classroom Dress Code	
What is *appropriate* dress for lecture class or special programs?	What is *inappropriate* dress for lecture class or special programs?
Appropriate dress includes: neat, clean, properly fitted clothing.	Inappropriate dress includes: bare mid-riffs, exposed underwear or underwear lines, holes or tears in clothing, hats, etc.
Perfumes or after shave, light scents only, used sparingly.	Cigarette odor on clothing, breath, hands, face
General Hygiene – you must be neat and clean, including oral hygiene.	Gum chewing.
Beards and mustaches should be clean and neatly trimmed, or clean shaven.	

Laboratory Dress Code	
What is *appropriate* dress for lab?	What is *inappropriate* dress for lab?
Must wear : shorts, tank top or halter-top, sports bra or camisole with back cut out. Short white lab jacket (optional for use in competencies and practical examinations, some jackets are available in the classroom for use by students).	Inappropriate clothing includes: Capri pants, long pants, sweatpants, exposed underwear or underwear lines, hats, etc. Hospital gowns will be provided when dress is inappropriate.
Sneakers (or slip-on boat shoes).	Students may be asked to remove shoes for a particular lab activity.
Long hair is to be tied back.	Unrestrained hair.
Fingernails should be short and clean. No artificial substances on nails other than un-chipped, neutral colored, fresh nail polish. No extreme colors.	Artificially long nails, chipped nail polish, extreme colors.
Perfumes or after shave, light scents only, used sparingly.	Cigarette odor on clothing, breath, hands, face.
Beards and mustaches should be clean and neatly trimmed, or clean shaven.	
General Hygiene – you must be neat and clean, including oral hygiene.	Gum chewing.

Clinical Affiliation Dress Code	
What is **appropriate** dress for the clinical affiliation?	What is **inappropriate** dress for the clinical affiliation?
You should wear professional dress; remember you are representing both your school and yourself.	Any shirt with printed messages, logos or pictures/transfers that detract from a professional appearance, denim shirts.
Nice shirts with collars, khakis, sneakers, if approved, scrubs, if applicable. Lab coats, if site requests you wear them. Always wear your name tag.	Jeans, sweat pants, tight fitting or revealing slacks or pants, shorts, Capri pants, pants should fit around waist, not lower; no bright-colored or print-patterned pants. Miniskirts or short skirts, denim skirts. Exposed underwear or underwear lines. Hats.
	Footwear: open toe shoes, or heels, wooden clogs or platform sneakers.
Hair must be neat and clean, long hair should be restrained and away from the face in patient care areas. No extreme hair color.	Unrestrained hair.
Beards and mustaches should be clean and neatly trimmed, or clean shaven.	
Fingernails should be clean and short in length. No artificial substances on nails other than unchipped clear, fresh nail polish. No extreme colors.	
Jewelry: two pairs of small stud earrings, wedding ring set is ok	• Multiple rings • Obvious body piercing other than earrings Long or dangling earrings • Bracelets
Perfumes/after shave should be light scents and used sparingly.	Cigarette odor on clothing, breath, hands, face.
General Hygiene – you must be professionally neat and clean, including oral hygiene.	Gum chewing.

Drug Testing and Background Check Policy

Purpose: Students must be prepared to be drug tested and/or have a background check performed prior to attending selected clinical affiliations.

Procedure:

Prior to a Clinical Affiliation that Requires Either Drug or Background Checks:

1. The ACCE will inform the student of the clinical sites requirements for drug and/or background check and the manner the testing will be completed.

2. The student will arrange for, pay for and obtain the necessary clearance by the time the ACCE sets.

3. The student will submit the testing results to the clinical setting.

4. The student may be refused by the clinical setting depending on the results of the testing.

5. The student will be referred for drug and alcohol counseling if drugs or alcohol are identified.

6. A clean drug and alcohol screen and release from counseling are required before any clinical will be rescheduled.

7. The ACCE will reschedule the clinical, if possible. The ACCE will attempt to reschedule the clinical two times maximum, if they are unsuccessful in securing a clinical placement the student must withdraw from the program as they will be unable to complete the curriculum.

8. If a student is unable to participate in a clinical due to positive drug testing will cause the student to be dismissed from the program.

Faculty Responsible: ACCE

Emergency Procedures

On-Campus (Days, Evening, Weekends)

EMERGENCY - CONTACT CAMPUS SAFETY, 911

NON EMERGENCY - CONTACT CAMPUS SAFETY, EXTENSION 8616

Fire Alarm

Proceed To Nearest Exit

Emergency Siren/Public Address

Shelter in Place until "All Clear"

NY Alert System

Sign up to receive emergency notifications via text, email, telephone

Entry Level Expectations Policy

Purpose: to define the term “entry level” so the student is aware of program and professional expectations.

Program Statement: The student has successfully completed all PT technical didactic classes with a grade of “C+” or better, passed all competencies and practical exams with a grade of “B” or better and passed all clinical fieldwork experiences as delineated in the Clinical Grading Policy. Upon completion of the final clinical the soon to be program graduate demonstrates a series of skills in a predictable fashion:

- The entry level graduate is able to work safely, independently, skillfully and deliver quality care to the patients they are assigned.
- The entry level graduate is efficient and exhibits good time management skills.
- The entry level graduate is able to perform complex tasks in patient related activities.
- The entry level graduate is able to perform all aspects of an intervention as directed by their clinical instructor.
- The entry level graduate seeks guidance and supervision from their instructor appropriate to the individual case.

Entry Level Performance Dimensions: (definitions excerpted from the APTA document Physical Therapist Assistant Clinical Performance Instrument, Appendix A, page 48)

Supervision/guidance* Level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation* and may vary with the complexity of the patient or environment.

Quality* Degree of knowledge and skill proficiency demonstrated. As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.

Complexity* Number of elements that must be considered relative to the task, patient, and/or environment.

As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI..

Consistency* Frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Efficiency* Ability to perform in a cost-effective and timely manner. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

Process: Student is Entry Level

1. The student demonstrates successful completion on all of the PTA CPI criteria as rated by their Clinical Instructor.
    - The student must have a performance rating of “Entry Level” on all CPI criteria.
    - The ACCE also takes into account the written information in the CPI provided by the Clinical Instructor to make the determination that the student has achieved entry level.
2. Once the ACCE determines the student has achieved entry level they submit the final clinical grades.
3. The registrar verifies the student is eligible for graduation.

Process: Student is not Entry Level

1. Failure to achieve a performance rating on all CPI criteria as Entry Level as rated by the Clinical Instructor and reviewed by the ACCE results in failure of the final clinical.
2. The ACCE determines if remediation is required in consultation with the Program Director.
3. The ACCE designs and supervises the remediation requirements.
4. After remediation has been completed the student is rescheduled for the final clinical experience at a different location. This is a one-time opportunity to repeat and pass the final clinical.
    - Once the ACCE determines the student has achieved entry level they submit the final clinical grades.
    - The registrar verifies the student is eligible for graduation.
5. If the student is unable to demonstrate entry level performance on the second final clinical, the ACCE informs the Program Director and the Dean that the student has failed and may not graduate as a PTA.
    - The unsuccessful student is informed of their failure and inability to continue by the ACCE and Program Director.
    - The unsuccessful student is counseled during this meeting to change their curriculum and is sent to the counseling office to pursue other career options.

Responsible: ACCE, Program Director, Dean, Registrar

Enrollment Policy

Purpose: To monitor conditions both internally and externally to the College and recommend change(s) to the program enrollment in response to those factors.

Procedures:

Internal Factors:

1. Data is provided by a number of sources at the College (Institutional Research, Controller, etc.) that is reviewed by the faculty and the Dean.

2. Recommendations for change are moved from that group to the Provost and the President for final approval.

External Factors:

1. Data collected from a variety of sources (graduate employment, bureau of labor statistics, center for health workforce studies, etc.) is reviewed by the faculty.

2. The Program Director brings concerns or recommendations to the Dean.

3. Recommendations for change are moved from that group to the Provost and the President for final approval.

Responsible: Faculty, Dean

Essential Functions Policy

Purpose: The field of Physical Therapy is demanding. Physical Therapist Assistant students are required to fulfill all program requirements. The PTA Program has identified the following listed skills as essential to functioning as a PTA student and graduate PTA. Essential Functions are defined as those skills (with or without accommodation) that the student brings into the program in order to be successful as a PTA student and after graduation employable as a PTA.

1. Herkimer College PTA program expects students to self-evaluate the skills they bring into the program.
2. If the student needs accommodation in order to achieve a certain essential function, it is up to the student to identify the necessary accommodations.
3. Program expectations are not changed but reasonable accommodations will be provided when identified by the student.

Faculty Procedure: Essential Functions

1. Essential Functions are listed on the web page as a PDF file for potential students to use as "a mirror" to help them assess their abilities with the field's demands.
2. The admissions advisor has the Essential Functions mirror to provide to potential students prior to enrolling in the PTA program.
3. Essential Functions are listed in the PTA Program Student Handbook.
4. The students complete the self-assessment as part of the application process.
5. The self-assessments and requests for accommodation will be kept by the Program Director.
6. Reasonable accommodations will be provided within the program.
7. The ACCE will inform clinical faculty of the Essential Functions policy and the reasonable accommodations that have been requested.

Clinical Faculty Procedure: Essential Functions

1. The ACCE will collect permission to reveal requested reasonable accommodations to the student's clinical assignments.
2. The ACCE will include information on specific student applicable reasonable accommodations with the clinical mailings prior to each clinical.

Student Procedure: Essential Functions

1. Read the description and definitions of each essential function.
2. Complete an initial self-assessment with application submission.
3. Develop a list of specific accommodations for each area that will allow the individual to meet each essential function.
4. Disclose the nature of a documented disability and provide documentation to the appropriate Herkimer College designee (depending on the type of disability).
5. Give permission to the ACCE to disclose the requested reasonable accommodations to each clinical site.

Potential Student Procedure: Essential Functions

1. Read the description and definitions of each essential function either on the web page or in the materials that the admissions office sends in each admissions packet.
2. Complete an initial self-assessment with application submission.
3. Answer the question “am I able to do this skill, and if not what accommodation do I need to accomplish this task”.

Responsible: All Faculty, PTA students, Applicants

Essential Functions Descriptions

The field of Physical Therapy is demanding. Physical Therapist Assistant students are required to fulfill all program requirements. Herkimer College Physical Therapist Assistant Program has identified the following listed skills as essential to functioning as a PTA student and graduate PTA. Essential Functions are defined as skills that you need to bring into the program in order to be successful as a PTA student and after graduation employable as a PTA. These skills are different from those that you acquire through your learning objectives during your course of studies at Herkimer College. An inability to perform any of the functions listed below (with or without accommodation) indicates that you do not have the prerequisite skills to be successful in this profession and that Physical Therapist Assistant should not be your field of choice.

You will be asked to examine yourself in five significant areas. This list is not all-inclusive and may not reflect all that is required to work as a graduate PTA. A brief summary of each area follows:

Sensory/Observation Skills: You need to have the ability to see, hear and touch in order to perform program expectations.

Communication Skills: You need to have the ability to communicate in English both orally and in writing in order to perform program expectations. You must have sufficient communication skills (nonverbal, speech, reading and writing) to interact with individuals and communicate their needs promptly and effectively.

Motor Skills: You must have motor control to allow you to lift, carry, adjust and use equipment, obtain and maintain CPR certification, motor control to provide for patients' safety, and the physical endurance to work a 40-hour work week.

Intellectual Conceptual Skills: You must have the ability to pass courses in a rigorous program, be able to attain a grade of C+ (76%) or better in all of your PTA classes, attain a grade of C (70%) all required science classes and to be able to manage your time, attend to classes and functions, the ability to concentrate with distractions, demonstrate critical thinking skills and problem solving skills, prioritize, collect, analyze and assess data, perform complex tasks or follow complex instructions.

Behavioral Social Skills: You must interact appropriately with all individuals regardless of age, sex, race, socioeconomic, religious, cultural backgrounds or body odors and you must demonstrate good judgment, maturity, maintain confidentiality and possess the emotional health and stability and recognize and project appropriate body language.

Now take a look in "your mirror" and honestly answer the following questions. Please check the appropriate box for your ability to perform the following functions. If you indicate that you can do an activity with accommodation, please specify the accommodation that you require to perform each task.

Essential Functions Required for Incoming HCCC Physical Therapist Assistant Students

Sensory /Observation Skills	Yes	No	I can do this if I have this accommodation
Visual acuity: Student must possess the visual ability to observe a patient's response to treatment, read or set parameters on equipment, observe and assess the environment, gather information from medical records or professional literature			
Hearing acuity: Student must possess the auditory ability to hear normal conversation, hear telephone conversation, hear sounds with stethoscope, and hear equipment timers or alarms.			
Tactile ability: Student must be comfortable with tactile contact, discriminate objects/textures by touch, palpate surface anatomy, palpate pulses, and detect skin temperature			
Student must be comfortable with tactile contact			
Examples of Use in program: • Equipment: student must be able to use equipment to take a blood pressure, pulse rate and breathe sounds; must be able to adjust equipment, read goniometer. • Touch: Student must touch and be touched e.g. palpation, massage by other students, patients, therapists			
Function: Communication	Yes	No	I can do this if I have this accommodation
Student must speak English			
Student must read English			
Student must write in English (good knowledge of grammar, spelling)			
Student must be able to observe and recognize body language			
Examples of Use in program: • Students must complete extensive reading assignments, write reports, document treatments, interact with peers, faculty, clinical faculty • Students must react to body language and demonstrate awareness of their own body language			
Function: Motor Skills	Yes	No	I can do this if I have this accommodation
student must stand (with good balance)			
student must walk (with good balance)			

Sensory /Observation Skills	Yes	No	I can do this if I have this accommodation
student must sit (with good balance)			
student must carry 25+ lbs			
student must push/pull 100+ lbs			
student must bend (with good balance)			
student must crouch(with good balance)			
student must kneel(with good balance)			
student must crawl(with good balance)			
student must be able to floor sit(with good balance)			
student must be able to grasp: firm/strong and lightly			
student must possess finger dexterity to adjust equipment knobs, adjust wheel chairs			
student must be able to reach forward			
student must be able to reach overhead			
Student must have coordination of hand, wrist and fingers; eye-hand coordination; eye-foot coordination.			
Examples of Use in program: • Student must have the motor control necessary to safely transfer a 150 lb. Patient from bed to chair with maximum assist • Student must have the motor control to safely walk with patients and provide gait training; protect patient at all times • Student must be able to obtain and maintain CPR and first aid certification • Student must be able to use good body mechanics for all Physical Therapy Skills • Student needs the physical endurance to work a 40-hour week on clinical affiliations. • Student must be able to apply manual resistance to manually muscle test strength			
Function: Intellectual Conceptual Skills	Yes	No	I can do this if I have this accommodation
Reasoning – Student must deal with abstract and concrete variables, define problems, collect data, establish facts, draw valid conclusions			
Student must interpret instructions provided orally, written or schedule format			
Student must use problem solving skills to solve/deal with unexpected situations			
Student must carry out written or oral one to two step instructions and carry out tasks over time			
Student must be able to generalize instructions from one situation to another			
Student must be able to perform simple mathematic techniques: add, subtract, multiply and divided whole numbers and fractions, calculate time, make simple measurements			
Student must comprehend manuals, instructions for equipment maintenance, safety rules and procedures, medical and educational charts, technical literature and			

Sensory /Observation Skills	Yes	No	I can do this if I have this accommodation
articles, and textbook reading assignments			
Student must be able to proof read words and numbers and make observations of differences in copy			
Student must prepare reports using prescribed format and make entry in medical and educational charts			
Student must conform to all rules of punctuation, spelling and grammar			
Student must demonstrate the ability to maintain a work pace appropriate to a given workload			
Examples of Use in program: • Must attain 75% or a "C+" or better in all PTA core classes • Must attain 70% or a "C" or better in all science classes • Must maintain a 3.0 average in the program to go out on your final clinical rotation • Prioritize tasks, integrate information, make decisions • Collect, interpret , assesses data about patients			
Function: Behavioral Social Skills	Yes	No	I can do this if I have this accommodation
Student must demonstrate social skills: ability to engage in face to face conversation, making eye contact and using appropriate body language			
Student must demonstrate dependability, manage time effectively, follow through with commitments and responsibilities			
Student must have a professional presentation (dress, body language, verbal style) that is accepted by peers, faculty, clients, and employers			
Student must demonstrate initiative: be a self starter with projects and tasks, communication and in searching out resources			
Student must demonstrate empathy i.e. being sensitive and responding to the feelings and behaviors of others			
Student must demonstrate cooperation and be able to work effectively with others			
Student must demonstrate organization skills: prioritize needs, tasks, responsibilities and working space			
Student must accept supervision and have the ability to give and receive constructive feedback and modify behavior accordingly			
Examples of Use in program: • Working effectively in groups, group projects, assignments, activities • Working with others in a culturally diverse society • Complete all assignments in a timely fashion • Recognize and respond to potentially dangerous situations • Maintain patient confidentiality • Possess and demonstrate emotional health and stability to fully use intellectual capabilities, use good judgment			

Sensory /Observation Skills	Yes	No	I can do this if I have this accommodation
• Adhere to the HCCC program expectations in class and clinical settings as described in the orientation handbook and fieldwork manual			

Ethics Policy

Purpose: To produce ethical, honest practitioners who are prepared to hold the public trust. You will be expected in practice to maintain high standards of conduct such as accurately documenting or billing your patient interactions, dealing with other practitioners in an honorable manner, maintaining confidentiality and to promoting the ethical standards of the profession.

Procedure:

1. Each student will receive the PTA Student Code of Ethics in the PTA Program Handbook each year.
2. Each student will annually acknowledge their acceptance of all policies and the ethical obligations and responsibilities of being in the PTA program and the profession.

PTA Student Code of Ethics

The student in the PTA program is expected to abide by all of the College's policies as outlined in the College Student Handbook. In addition, the PTA student is held to these standards of professional conduct:

1. As a student in the Herkimer College PTA program, it is expected that you will follow the "Standards of Ethical Conduct for the Physical Therapist Assistant" and it's interpretive standards, the "Guide for Conduct of the Affiliate Member".
2. You will not plagiarize or aid another in plagiarism. You must submit your own original work and properly cite your sources. Assisting another individual to plagiarize will result in all individuals having committed the same act, and plagiarism penalties will be applied to all involved.
3. You will not obtain or use unauthorized assistance. This includes the use of AI. Unless a test is designated as "open book", obtaining advance copies of tests or quizzes, including taking illegal screen shots of tests, textbooks etc., disclosing test or quiz content to other individuals in the program, using books or resources if quizzes are online, copying in any manner tests or quizzes.

4. You are entering a profession that values honesty and professional ethics. As a student in the PTA Program it is your responsibility to inform faculty if you are aware of cheating by anyone enrolled in the PTA Program. This is not “tattling”, this is maintaining the integrity of the profession. This is your professional obligation.
5. You will maintain confidential information learned in either the classroom or clinical setting as privileged information.
6. The PTA student must respect the Health Insurance Portability and Accountability Act (HIPAA). You will maintain individually identifiable health information, in any form it is received, that is likely to identify an individual in either the classroom or clinical setting as privileged and confidential information.
7. You will not use or abuse drugs and alcohol. You will not come to class or clinical affiliations or observations in an impaired manner.
8. You will not harass, make unwelcome sexual advances or any implied or implicit sexual remark or gesture.
9. You will not use the belongings of other students without permission, e.g. using or taking someone else’s lab coat for a practical exam.
10. You will not commit deceit in any manner, e.g. lying to the faculty member that you attended an off-site observation if you didn’t attend it.
11. You will appropriately represent the program by wearing professional dress during any off-site observation or clinical affiliation and during any specially designated days on campus.

Failure to abide by Herkimer College’s Academic Honesty Policy and Procedure will result with one of the penalties listed in the Student Handbook.

Responsible: All

Evaluative Criteria Policy

Purpose: To ensure that the program is in compliance with CAPTE evaluative criteria.

Procedure:

1. The faculty meets and discusses the curriculum keeping in mind that all evaluative criteria are included in the curriculum.
2. The Program Director is responsible for maintaining records of discussions and actions taken during the discipline meetings.
3. The Program Director is responsible for submitting the accreditation fees bill to the Dean for payment.
4. The Program Director is responsible for completing all Annual Accreditation Reports.
5. The Program Director is responsible for completing all required Progress or Compliance Reports.
6. The Program Director is responsible for collecting graduate outcomes and bringing the information to the discipline meetings and posting relevant information on the program webpage.
7. The Program Director is responsible for completing all reports on graduation rates and performance on state licensing exams and employment rates.
8. The Program Director is responsible for notifying CAPTE of any substantive changes occurring within the program and institution.
9. The Program Director is responsible for bringing the program into compliance with CAPTE's Evaluative Criteria within two years after the determination that the program is out of compliance.
10. The Program Director advises the Dean on materials related to CAPTE and accreditation requirements.
11. The Program Director is responsible for contacting a vendor to schedule the annual safety inspection of all program equipment.
12. The Program Director is responsible for maintaining a record of all equipment safety services.
13. The Program Director is responsible for notifying NYPTA of the names of the student liaisons for the freshman and senior classes each fall semester.
14. The Program Director is responsible to complete other program-related duties as assigned. Refer to the Program Director's job description for a complete list of duties.

Responsible: Program Director

Examination Policy

Purpose: To inform all students in the PTA program of how examinations, unit tests and quizzes will be handled by the PTA Program faculty.

Procedure:

1. Final, midterm and unit tests will be announced in advance in each class syllabus. Quizzes may or may not be announced.
2. All testing is to be done on the day and time scheduled. Make up tests will only be allowed if the student, having a legitimate reason, contacts the instructor prior to the scheduled test. Failure to do so forfeits the student's opportunity to take a makeup test.
3. Unless a quiz, test or final exam has been announced as "open book", whether in class or online, no outside assistance is permitted
4. No materials that can assist a student to cheat (violation of the Herkimer College Academic Honesty Policy page 18 in the Student Handbook) are allowed in the testing environment. These materials include AI, notes on any clothing or body part, cell phones or watches, or any other tool that could potentially assist a student. Any of these materials found on or near a student during such testing will result in an automatic failure of the quiz, test or exam with a grade of 0, no questions asked. It is suggested that you bring your cell phone to the instructor's desk prior to beginning.

Responsible: All

Exception Policy

Purpose: This is used when students have not met program requirements e.g. not passing senior level fall classes with the required C+ or better. Students who have been granted an exception to the normal progression within the program receive a learning contract to facilitate success.

Note: This policy is no longer used if the students has not passed Anatomy and Physiology. That student must repeat the entire first year of the program, no exceptions allowed.

Process:

1. A learning contract will be developed between the PTA student and the PTA program faculty.
2. The PTA student granted the exception will be required to consult with one of the PTA program faculty members weekly during their office hours.
3. Failure to demonstrate discernible progresses will result in administrative withdrawal from the PTA courses by week 10.
4. The student will sign the contract.

Procedure:

1. The student's classes will be listed.
2. The student signs the contract.
3. The program faculty both sign the contract.
4. The Dean signs the contract.
5. The faculty will monitor the student weekly or biweekly.
6. Discernible progress must be made or administrative withdrawal from the PTA courses will be made by week 10.

Responsible: All

Exception - Sample Learning Contract

This learning contract is between the HCCC PTA program faculty members, the Dean of Business, Health, Science and Technology and PTA student_____. As per your PTA Program Student Handbook Second Chance Policy you must earn a grade of C+ or better to continue in this program.

> "Students failing to obtain the required grade during either the third or fourth semester who wish to return to the program must send a letter to the Program Director requesting readmission. The program faculty will review the academic record of the student. Readmission will be based on seat availability and prior academic performance. The applicant will have a special learning contract designed to facilitate success."

You earned a C in PT 252 – Clinical Procedures III – Neuro. The Implementation of the Retention/Second Chance Policy lists your Responsibilities. As a program we have waived your responsibility to write a letter requesting readmission. However as the policy states there is no time allowed between failing a course in the third semester and returning to recomplete your preceding semester. This is a one-time opportunity. You will have a learning contract to facilitate your success in order to proceed.

You are to register for PT 141 Clinical Kinesiology, PT 142 Clinical Procedures II – Data Collection and PT 143 Clinical Procedures II – Advanced Procedures.

1. You are to demonstrate good time management skills i.e. attend all classes, be on time for all classes, attend mentor sessions if your grade in any quiz or test is less than a B and submit all assignments when due.
2. You are to complete all assignments with original work (this means it is new this semester), actively participate in group discussions or projects and contribute to class discussions.
3. You must observe all ethical standards.
4. You are assigned one of the PTA faculty members as a mentor. You are to check your grades biweekly during office hours to discuss your progress in any of the PTA related classes and to present documentation of your visits to the mentor. Your primary faculty contact will be _____.

I _____ (print your name) accept the above terms and conditions.

Student signature _____ _____

Date

Faculty signatures _____ _____

Dr._____ Dr. _____

Dean Signature _____

Dean Printed_____

Expected PTA Program Student Goals per CAPTE

Excepted from the "Standards and Required Elements for Accreditation of Physical Therapist Assistant Education Programs" effective October 2023.

Patient and Client Management

7D1 Demonstrate appropriate clinical decisions and actions throughout the implementation of the plan of care established by the physical therapist:

a. Obtain and review current information from physical therapy documentation, health records, patients and clients, caregivers, and family members related to general health status, consults, prior and current level of function before carrying out the physical therapy plan of care.
b. Recognize situations that require further clarification, supervision, or action by the supervising physical therapist.
c. Determine when an intervention is inappropriate based on the review of current information and patient presentation.
d. Select interventions as determined by the supervising physical therapist, that are based on clinical data, to achieve goals and intended outcomes.
e. Modify, adjust, and discontinue interventions based on the patient response and clinical data in collaboration with the supervising physical therapist.
f. Contribute to the discontinuation of the episode of care and follow-up planning as directed by the supervising physical therapist.
g. Describe a patient's or client's impairments to body functions and structures, activity limitations, and participation restrictions according to the International Classification of Functioning, Disability and Health (ICF).

Test and Measures

7D2 Select and perform components of data collection using appropriate tests and measures to measure and monitor patient responses before, during, and following physical therapy interventions in the following:

a. Cardiovascular system.
b. Pulmonary system.
c. Neurological system.
d. Musculoskeletal system.
e. Integumentary and lymphatic systems.
f. Growth and human development.
g. Pain and pain experiences.
h. Psychosocial aspects.
i. Mental health aspects.

Interventions

7D3 Select and perform physical therapy interventions for each of the following as identified in the plan of care established by the physical therapist to achieve patient and client goals and outcomes:

a. Cardiovascular conditions (these should be a-h).
b. Pulmonary conditions.

c. Neurological conditions.
d. Musculoskeletal conditions.
e. Integumentary and lymphatic conditions.
f. Metabolic conditions.
g. Growth and human development
h. Pain and pain experiences.

Delivery of Physical Therapy Services

7D4 Complete documentation that follows guidelines and documentation formats required by the legal framework of one's jurisdiction, the practice setting, and other regulatory agencies.

7D5 Respond effectively to environmental emergencies that may occur in the clinical setting.

7D6 Educate others, using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students. Incorporate cultural humility* and social determinants of health* when providing patient and/or caregiver education.

Health Care Activities

7D7 Participate in efforts to ensure patient and health care provider safety.

7D8 Participate in patient-centered interprofessional collaborative care.

7D9 Participate in performance improvement/quality assurance activities.

Community Health

7D10 Provide services and/or educational resources informed by cultural humility that address primary,* secondary,* and tertiary* prevention, health promotion, and wellness to individuals, groups, and communities.

7D11 Provide physical therapy services that address: ● JEDI, belonging,* and anti-racism.* ● Health care disparities* and social determinants of health.*

Practice Management

7D12 Participate in organizational planning and operation of the physical therapy service as appropriate.

7D13 Participate in the financial management of the practice setting, including accurate billing and payment for services rendered

Faculty – Adjunct (Associated) Faculty

Purpose:

1. The program must have a qualified physical therapist or physical therapist assistant to teach as an associated faculty in the program in order to assist by instructing a lab for a core faculty member. To identify and recommend potentially qualified associated adjunct faculty to teach those sections. To delineate associated adjunct selection and responsibilities.
2. The program has a mentor program where qualified physical therapist assistants mentor currently enrolled students to study and prepare for class and to assist program graduates who have not passed the boards to study.
3. Guest speakers are occasionally scheduled in class and should be qualified for the lecture topics that they present.

Procedures:

Adjunct (Associated) Faculty for Lab Instructor

1. Core program faculty will attempt to identify qualified PT and PTA practitioners who have the knowledge and experience to teach a course in the PTA Program as an adjunct. The program faculty have knowledge of the depth and breadth of the subject matter and are in the best position to know if the clinical practitioner has sufficient knowledge and experience to teach the course.
2. Adjunct (Associated) faculty must have a minimum of 3 years clinical experience.
3. Adjunct (Associated) **f**aculty must have a current registration with the NYS Education Department Office of the Professions.
4. The Dean approves the individuals proposed to teach as adjunct (associated) faculty.
5. The Dean is responsible for supervising and scheduling adjunct (associated) faculty.
6. New adjunct faculty are evaluated by the Dean during the first term of teaching. Class observations are scheduled and completed. Written observations are provided to the faculty member and are inserted into personnel files. Face to face follow up sessions occur within three days to review the observation and to note strengths and/or areas in need of improvement. Follow up sessions may be scheduled based on the outcome of the first session on an as needed basis. Subsequent evaluations are completed by the Dean on a rotating basis according to college procedures or as needed if there are issues that have arisen.
7. The core faculty create the syllabus, instructional materials, lab activities, assessments (competency rubrics, practical examination rubrics, quizzes, unit tests and final examinations) and share these materials with the adjunct faculty. The core faculty members will mentor the adjunct (associated) faculty in their expectations of the labs

that are to be covered and in the grading of lab competencies and practical examinations).

8. The adjunct (associated) faculty member is responsible for giving the core faculty member grades for all lab competencies and practical examinations.
9. The adjunct (associated) faculty are encouraged to assist in the development of testing materials.
10. The adjunct (associated) faculty are encouraged to help develop and share relevant scenarios and cases from the clinical setting to enhance the relevance of the program materials.
11. The adjunct faculty are responsible for course assessment and they are asked to discuss the assessment results with the full time core faculty member whose course they are filling.
12. The core faculty will discuss the course assessments and complete the closing the loop activities including the adjunct faculty input with their own course assessments.

Adjunct (Associated) Faculty for PTA Mentors

1. Core program faculty will identify qualified PTA graduates who:
   - Were good to excellent students in the program
   - Demonstrated excellent study skills
   - Have graduated from an accredited PTA program
   - Have passed the NPTE
   - Are certified in New York State
   - Have worked as a PTA in a clinical setting
2. The mentor reports to the core PTA Program Faculty.
3. Core faculty provide educational and testing materials to the mentor for use in the mentor sessions.
4. The mentor supervises PTA students in study sessions or open lab.
5. The basic function of the mentor is to provide both direct and indirect assistance to all PTA students in both first and second years of the PTA technical component of the curriculum and assist program graduates who have not yet passed the National Physical Therapy Examination (NPTE) to prepare for the exam.
6. The program director establishes a job description for the mentor.
7. The program director completes the appointment form and submits it to the Dean.
8. The Dean submits the appointment form to the Human Resource department.

Adjunct (Associated) Faculty for Guest Lecturers

1. It is the responsibility of the core faculty member who arranges for a guest lecturer to verify that the individual has the qualifications to teach the topic.
2. It is the responsibility of the core faculty member who arranges for a guest lecturer to request a current professional resume.

3. It is the responsibility of the core faculty member who arranges for a guest lecturer to give the resume to the program director.

Threshold for Action: 100% immediate action with planned need for adjunct (associated) for labs, as mentors, as speakers.

Responsible: All, Dean

Timeframe: at least annually review areas

Faculty – Adjunct Faculty

Purpose: The program must have a qualified physical therapist or physical therapist assistant to teach as an adjunct in the program in order to fill course sections that core faculty are unable to fill. To identify and recommend potentially qualified adjunct faculty to teach those sections. To delineate adjunct selection and responsibilities.

Procedures:

1. Core program faculty will attempt to identify qualified PT and PTA practitioners who have the knowledge and experience to teach a course in the PTA Program as an adjunct. The program faculty have knowledge of the depth and breadth of the subject matter and are in the best position to know if the clinical practitioner has sufficient knowledge and experience to teach the course.
2. Adjunct faculty must have a minimum of 3 years clinical experience.
3. Adjunct faculty must have a current registration with the NYS Education Department Office of the Professions.
4. The Dean approves the individuals proposed to teach as adjunct faculty.
5. The Dean is responsible for supervising and scheduling adjunct faculty.
6. New adjunct faculty are evaluated by the Dean during the first term of teaching. Class observations are scheduled and completed. Written observations are provided to the faculty member and are inserted into personnel files. Face to face follow up sessions occur within three days to review the observation and to note strengths and/or areas in need of improvement. Follow up sessions may be scheduled based on the outcome of the first session on an as needed basis. Subsequent evaluations are completed by the Dean on a rotating basis according to college procedures or as needed if there are issues that have arisen.
7. The core faculty members will mentor the adjunct faculty in their specialty areas. The core faculty create the syllabus, instructional materials, lab activities, assessments (competency rubrics, practical examination rubrics, quizzes, unit tests and final examinations) and share these materials with the adjunct faculty.
8. The adjunct faculty are encouraged to assist in the development of testing materials.
9. The adjunct faculty are encouraged to help develop and share relevant scenarios and cases from the clinical setting to enhance the relevance of the program materials.
10. The adjunct faculty are responsible for course assessment and they are asked to discuss the assessment results with the full time core faculty member whose course they are filling.
11. The core faculty will discuss the course assessments and complete the closing the loop activities including the adjunct faculty input with their own course assessments.

Responsible: All, Dean

Threshold for Action: 100% immediate action with planned need for adjunct sections

Faculty – Core Faculty

Purpose: To identify Core Program Faculty and the minimal requirements for an individual to be part of the Core Program Faculty. To identify the specific requirements to fill either the role of Program Director or the role of ACCE.

The program must have a minimum of two full time program faculty that are qualified physical therapists or physical therapist assistants to fill the roles of Program Director and Academic Coordinator of Clinical Education (ACCE). At least one of the core faculty must be a physical therapist.

Requirements: Core faculty must have a minimum of three years clinical experience. They must have contemporary expertise in physical therapy in the areas they are assigned to teach. Core faculty must be licensed or certified and have a current registration with the NYS Education Department Office of the Professions. They must demonstrate effective teaching and student evaluation skills.

Core faculty are full time with 10 month appointments and are either tenured or in tenure track positions.

Responsibilities:

1. The core faculty have the responsibility and ability to establish academic procedures and policies and seek support of those decisions from the Dean and the Provost.
2. The core faculty have the responsibility and ability to design, implement, and evaluate the curriculum.
3. The core faculty have the responsibility and ability to review and revise admissions standards and seek support of those decisions from the Dean in conjunction with the Director of Admissions.
4. The core faculty have the responsibility to submit the annual budget request for the program to the Dean.
5. The core faculty have regularly scheduled department meetings to review program assessments.
6. The core faculty review the job descriptions of the Program Director and Academic Coordinator of Clinical Education annually.
7. The core faculty meet 2-3 times per year with the PTA Advisory Committee to ensure that the program policies and procedures that are in place meet the needs of the marketplace.
8. The core faculty serve on college committees.
9. A core faculty member will give a one year notice of intent to retire, change jobs etc. in order for the program to plan for change.
10. The core faculty have input in the selection of a replacement for a core faculty member.
11. The core faculty must demonstrate contemporary expertise in the areas they teach.

12. The core faculty use multiple methods to develop annual development plans in order to remain current in teaching areas. Methods used could include a combination of reviewing: student evaluations, administrator observations, suggestions or ideas from students or graduates, discussions with other faculty and advisory committee members and personal self-assessments to develop the annual development plan.

Faculty – Program Director Specific Qualifications

1. The program director must be licensed to practice as a physical therapist or certified as a physical therapist assistant in New York State.
2. If the Program Director is a PTA, the ACCE must be a PT.
3. The program director must have a minimum qualification of a Master's degree.
4. The program director must have a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience.
5. The program director must have didactic and/or clinical teaching experience.
6. The program director must have experience in administration/management.
7. The program director must have professional development or education in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the 60 contact hours.

Responsibilities: are delineated in the Program Director's job description

Faculty – Academic Coordinator of Clinical Education (ACCE) Qualifications

1. The ACCE must be licensed to practice as a physical therapist or certified as a physical therapist assistant in New York State.
2. If the ACCE is a PTA, the Program Director must be a PT.
3. The ACCE must have minimum of 3 years of full time clinical experience post licensure in New York State.
4. The ACCE must include experience as either:

    - A minimum of 2 years' experience as a CCCE or CI.

    or

    - A minimum of 2 years' experience teaching, curriculum development and administration in a PTA or PT education program.

Responsibilities: are delineated in the ACCE's job description

Responsible: All, Dean

Timeframe: at least annually review areas

Threshold for Action: 100% immediate action with planned faculty vacancy

Faculty Development and Goals Policy

Policy: Program faculty must remain current in their content areas. Development activities are tied to assessments: self, academic and student. Development activities are linked to development goals and are assessed frequently.

Procedure:

1. The program assesses content and decides on topics to expand or include within the curriculum.

2. Academic administrators make classroom observations by as per College policy: associate and full professors, one class every fifth semester; assistant professors, one class every fourth semester; and instructors and non-tenured faculty, one class each semester for the first year and every other semester thereafter. Revise development goals after classroom observation if anything of substance is raised.

3. Student assessments as per College policy: tenured faculty, one class each semester; and non-tenured faculty, two classes each semester. Revise development goals after student assessment if anything of substance is raised.

4. Each faculty member self-assesses development needs based on feedback from 1-3 and clinical interests.

5. Each faculty member establishes their goals and reviews them annually for relevance and sets a timeline to accomplish them in. Adjuncts are encouraged to do this as well but it is not mandated by the college.

6. Each faculty member reviews their plan with the Dean.

7. Goals are annually reviewed in a department meeting.

Timeframe: At least annually addressed in department meeting

Responsible: all

Faculty Objectives to Enhance Program Effectiveness

Curriculum Development

1. The program faculty will evaluate the didactic component of the program on an ongoing basis, at least annually to ensure material is appropriate, up to date and progresses from very basic to more complex levels of application.
2. The program faculty will evaluate the clinical component of the program on an ongoing basis, at least annually to ensure clinical goals and objectives are appropriate and up to date.
3. The program faculty will communicate regularly with general education, science, and clinical faculty to ensure the integration of general education, science and PTA skills at all levels of the curriculum.
4. The program faculty will conduct graduate performance assessments and adjust the didactic portion or clinical portion of the program appropriately.
5. The program faculty will review and revise the program philosophy, mission statement, goals, objectives and student outcomes on an ongoing basis, at least annually.

Role Modeling

1. The program faculty will model and instruct appropriate professional behaviors, attitudes and skills in a variety of lecture, laboratory and clinical learning experiences.
2. The program faculty will expose students to career development opportunities through continuing education and leadership opportunities to instill a love of learning and lifelong commitment to the pursuit of knowledge.
3. The program faculty members model professional behavior through APTA membership, attendance at professional meetings and encouraging student participation in both meetings and continuing education opportunities. The PTA students are encouraged to become APTA members in their freshman year.

Student Skill Development and Competency

1. The program faculty will determine student competency in the skills and practical examinations taught in the program.
2. The program faculty will supervise or hold open labs, structured study groups, individual and/or group review classes and individual office hour appointments to ensure students have a supportive environment in which to learn.
3. The ACCE will schedule student clinical affiliations in a variety of settings to ensure students have an opportunity for supervised practice of all competencies and skills instructed in the program.
4. The program faculty takes a “holistic” approach to instruct students in therapeutic patient interventions.
5. The program faculty will use a variety of methodologies to foster cultural competence.

6. The program faculty will offer remedial suggestions to students not completing didactic or clinical coursework with adequate competency.

Other Roles

1. The program faculty will advise and counsel qualified students pursuing a PTA degree.
2. The program faculty will advise and counsel program graduates seeking employment as a PTA.
3. The program faculty will forward employment opportunities to program graduates as well as post them on social media.
4. The program faculty will advise and counsel unqualified students to consult the counseling office to pursue an alternate career.

Responsible: All

FERPA Policy

Purpose: to make students and clinicians aware of College policy and how it applies on clinical fieldwork.

Law: FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (BUCKLEY PELL AMENDMENT)

Pursuant to this law, the following directive regarding FERPA should be strictly construed.
Once a student reaches the age of eighteen, or is attending an institution of post-secondary education (regardless of age), all of the rights previously accorded to the parents are transferred to the student. No personally identifiable student information may be released to third parties without the student's written request. Exceptions are:

- Federal or State educational program audit
- Court order or subpoena
- Other college officials and faculty who have legitimate educational interests
- Certain Federal and State officials
- Organizations conducting studies for educational agencies
- Accrediting agencies
- In connection with student's applications for or receipt of financial aid
- Officials of other schools to which the student is transferring

Parents may obtain personally identifiable information only if the student is proven to be an IRS dependent, or if the student provides a written release for the same. Parental requests must be made in writing and must specify what information is requested and why. The following is an exception to this rule:

- Students have the right to request in writing that personally identifiable information not be released to specific parties or to classes of parties, including the parents.

Colleges are obligated to maintain a list of parties who have requested or gained access to the records, what records were released, and the interest the parties may have in examining them.
The Act permits the College to release the following directory information without the student's written permission:

Name
Home/Campus Address
Telephone numbers
Date of Birth
Place of Birth
Physical Factors
(height, weight)
Major
Dates of Attendance
Degrees Conferred
Previous Institutions
Past and present participation in sports and activities

Administrators, faculty and staff should not release any personally identifiable student information to third parties (parents included) including information regarding student grades and/or attendance. Release of this information without the student's written approval constitutes a violation of the law.

All requests for personally identifiable student information by third parties should be directed to the Dean of Students' office.

Procedure:

1. On clinical, if a student's family member or friend asks questions about a student, the clinical instructor (CI) may not reveal any information.
2. The CI should contact the ACCE if further questions arise.
3. The ACCE will contact the Dean of Students and explain the situation.
4. The Dean of Students is the only person who may reveal information to family members about a student.
5. Friends are never at liberty to have any information about a student's clinical performance.

Responsible: CI, ACCE, Dean of Students

Financial Policy

Purpose: To ensure the program has operating funds to purchase sufficient supplies and equipment for the PTA Program labs, cover accreditation fees, annual fees for CPI web and CSIF.

Procedure:

1. Annually the core faculty review needed lab materials.
2. When the budget is being prepared the core faculty meet with the Dean to request any additional budget requests to be added to the PTA Program budget.
3. The Program Director provides the anticipated annual accreditation fee for the preceding year.
4. The ACCE provides the cost of the CPI web and CSIF for the preceding year.
5. The Dean prepares and submits the proposed division budget to the budget process.
6. The Dean notifies the Program Director of the approved budget.
7. The Program Director handles ordering supplies, payment of accreditation fees, CPI and CSIF by submitting to the Dean.
8. The Dean approves the requisitions.
9. The Herkimer College Purchasing Agent orders the supplies.
10. The core faculty reviews durable equipment needs for the program and utilizes input from the PTA Program Advisory Committee to recommend larger items for the classroom and labs.
11. Recommendations for durable equipment items, plus justifications of need and demonstrations of classroom use are submitted to the Perkins Committee for consideration.
12. A separate Perkins budget with approved items is sent to the Program Director.
13. The Program Director handles ordering the durable equipment as described above.
14. The Herkimer College Purchasing Agent orders the durable equipment.

Thresholds:

1. A decrease in resources of greater than 25% as a threshold to notify CAPTE of a substantive change. We believe that such a drastic cut would impair our ability to properly offer our program.
2. Cuts that are less than 25% trigger the faculty to delay purchase of more durable objects while ensuring an adequate resource of disposable classroom supplies.
3. The majority of our operating budget (approximately 75%) is to sustain the labs and facilitate student competency, maintain equipment safety and to pay for our accreditation dues.

Responsible: Program Director, ACCE, core faculty

Grade Determination Policy

Purpose: To inform students enrolled in the program of the grading mechanism used to determine final course grades in the technical component of the PTA program.

Procedure: Final grading in all technical courses will be based on the following percentages:

A+ = 98 – 100

A = 94 – 97

A- = 90 – 93

B+ = 88 – 89

B = 84 – 87

B- = 80 – 83

C+ = 78 – 79

C = 74 - 77

C- = 70 – 73

D+ = 68 – 69

D = 64 - 67

D- = 60 – 63

F = below 60

Responsible: All

Graduate Outcomes Policy and Response Plan

Policy: The PTA Program faculty actively participates in assessing Graduate Outcomes.

Purpose: To determine if graduates are successfully meeting program outcomes in the areas of graduation rate, licensure examination pass rate, employment rate and ability to adequately and ethically perform as a physical therapist assistant.

Process (Follow the Goal flow chart):

Collection

1. The Program Director collects information on jobs, salary and benefits informally through email and phone contacts with graduates.
2. The Program Director sends out the program graduate and employer surveys.
3. The Program Director brings the results of the completed graduate surveys to the weekly Departmental meeting.
4. The Program Director accesses the FSBPT board exam pass rates.
5. The Program Director brings the results of the FSBPT board exam pass rates to the weekly Departmental meeting.
6. The Program Director reviews aggregate CPI data.

Collation

1. Comprehensive curriculum review. The faculty review graduate survey or employer responses.
2. The Program Director maintains data on attrition and graduation statistics.
3. The faculty obtains information on employment rate.
4. The faculty obtains information on licensure examination pass rate.

Review

1. The faculty identifies graduate strengths and weaknesses during the review of the survey responses.
2. Any identified issue (graduate performance: graduation rate, licensure examination pass rate, and ability to adequately and ethically perform as a PTA, and employment) is placed on the agenda of the next weekly departmental meeting.
3. The PTA program faculty examines additional comments on graduate or employer surveys in the weekly departmental meeting.
4. The faculty determines if graduates are meeting the expected outcomes.
5. The program director posts graduate outcomes (pass rate on the NPTE, graduation rate, and employment rate) annually on the PTA Program web page.

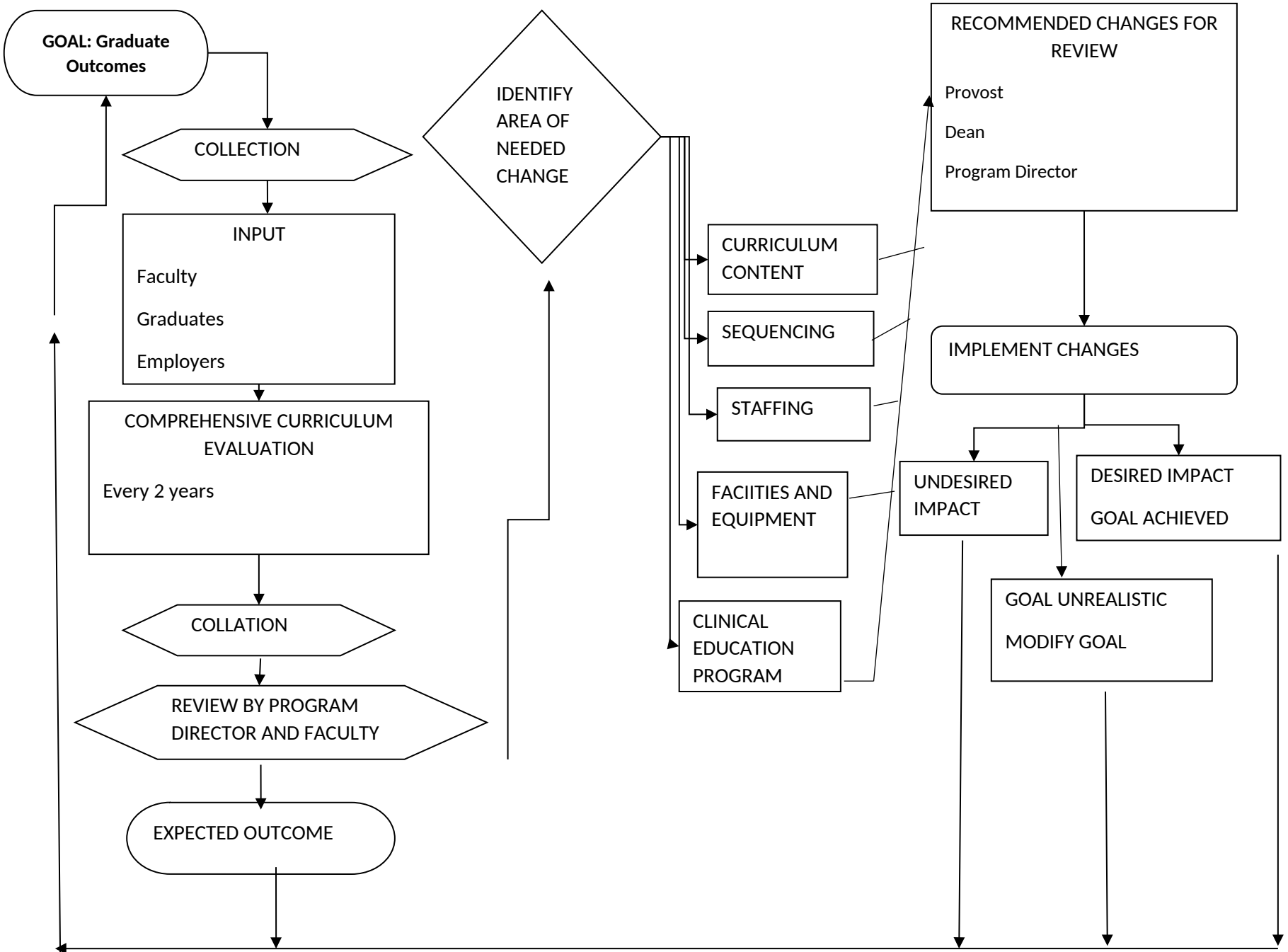
Identify Area of Needed Change

1. If area of change is identified, then the faculty follows the flow chart to sequence review. The PTA Program Tracking Form is used by the faculty to:
    a) Identify the problem
    b) Develop a plan of action
    c) Identify person(s) responsible
    d) Identify the anticipated completion date
    e) Record the results of the process
2. Any identified issue and its action plan is brought to the Advisory Committee for clinical feedback.
3. Advisory Committee recommendations are incorporated into the plan.
4. Individual course objectives are examined, revised or rewritten as needed.
5. Curriculum sequencing is reviewed.
6. Clinical Education program is reviewed.
7. Student outcomes, program goals and objectives are reviewed for currency and are reviewed annually.
8. Any identified issue is followed up on future surveys, faculty meetings, Advisory Committee meetings and Clinical Council meetings.
9. The action plan is reassessed, changes added as deemed appropriate.
10. Identified issues will be monitored for two years once the indicators of clinical performance show improvement.
11. Follow up with Provost and Dean as needed.

Threshold

1. Boards: Less than 85% pass rate on the NPTE averaged over 2 years is an indicator for program review and criteria review following our goal flowchart plan.
2. Attrition: less than 70% of the students progressing from the first to the second semester will trigger the review process.
3. Employment of less than 90% in those actively seeking employment will trigger a department meeting and possibly the review process.
4. Graduation rate: less than 60% of the matriculated students complete the PTA program averaged over 2 years is an indicator for program review and criteria review following our goal flowchart plan.

Responsible: Program Director, Core faculty


GOAL: Graduate Outcomes
COLLECTION
INPUT
Faculty
Graduates
Employers
COMPREHENSIVE CURRICULUM EVALUATION
Every 2 years
COLLATION
REVIEW BY PROGRAM DIRECTOR AND FACULTY
EXPECTED OUTCOME
IDENTIFY AREA OF NEEDED CHANGE
CURRICULUM CONTENT
SEQUENCING
STAFFING
FACIITIES AND EQUIPMENT
CLINICAL EDUCATION PROGRAM
RECOMMENDED CHANGES FOR REVIEW
Provost
Dean
Program Director
IMPLEMENT CHANGES
UNDESIRED IMPACT
DESIRED IMPACT
GOAL ACHIEVED
GOAL UNREALISTIC
MODIFY GOAL

Handbook Policy

Purpose: All students will be informed and knowledgeable regarding the Physical Therapist Assistant (PTA) program expectations and PTA program values when they begin the curriculum. The program faculty annually updates and revises those policies as part of their commitment to program evaluation.

First Year in the PTA Program Procedure:

1. As a PTA student, you will receive the program handbook access online during your first Fall semester in the PTA program.
2. The designated faculty member will discuss portions of the handbook and students will be quizzed on the material.
3. As a PTA student, you will acknowledge receipt of your handbook and indicate your acceptance of the program's policies as outlined in the handbook.
4. You will give your informed consent to fully participate in the program requirements by signing the consent in front of the College Notaries during your first semester.

Subsequent Years in the PTA Program Procedures:

1. As a returning PTA student, you will receive access online to the revised program handbook during your subsequent Fall semesters in the PTA program.
2. You will acknowledge your receipt of the handbook and indicate your acceptance of the program's policies (as outlined in the annually revised handbook) by returning the signature page which indicates you have both read and accepted the program policies if there have been significant changes to the handbook.

Responsible: Program Director

Sample of Freshman Assignment: PTA Program and Clinical Fieldwork Handbook

1. Carefully read your PTA Student Handbook which can be found on the program webpage at http://www.herkimer.edu/learn/programs-and-majors/program/41/physical-therapist-assistant-a-a-s-
2. Ask questions about the policies if you don't understand them.
3. Sign and return the acceptance of policies form to the assigning faculty member.
4. You will be making an official informed consent and signing another form in front of a notary during class. Make sure you have your ID with you on that date.

Acceptance of PTA Program Policies

I acknowledge that I have read the **PTA Program and Clinical Fieldwork Handbook**. I have asked questions to clarify my understanding of the policies. I accept the policies as outlined to me in the PTA program handbook. I have read and understand the informed consent. I acknowledge that I will be signing the informed consent in front of the college notaries later this semester during class. I understand that the PTA program is difficult and very demanding. I accept the responsibility to meet the attendance and time management requirements. I acknowledge my responsibility to seek out the PTA mentor to help me with learning the material, study skills and remediation if I receive a grade less than a B in any quiz or test. I understand that I am held to the content of the PTA Program Handbook even if I didn't read it.

Signature _____ Date _____

Printed Name _____

Sample Acknowledgment of Handbook for PTA Seniors

I acknowledge that I have reviewed the online copy of the Student Handbook. My signature below indicates that I have read and accept the program policies and expectations as set forth in the student handbook.

Signature _____ Date _____

Print Name _____

Hygiene Policy

Purpose: It is the policy of the PTA Program that students observe personal cleanliness guidelines while on campus and during clinical rotations. When attending lecture classes, special programs or clinical affiliations, the student should wear clean clothes, use deodorant, keep fingernails clean, short and natural (no artificial nails), use minimal light fragrances or after shave lotions.

Procedure: The faculty and advisory committee have prepared an outline of dress expectations in terms of what is considered to be appropriate and not appropriate in lecture or special programs, in lab class, and during clinical observations and affiliations. You must also abide by the dress and hygiene guidelines of the facility you will be working with, which may be slightly different than the guidelines the faculty is setting forth.

Students will be asked to wear a patient gown in lab class if dress is inappropriate. In the clinical setting, not abiding by the dress and hygiene guidelines are grounds for a clinical site to dismiss you for the day or send you home to change. Any missed time must be made up. Continual improper dress is a red flag and may be grounds for dismissal from a site if CI requests.

As you know, hygiene is important when you interact with patients and other healthcare professions. We have been receiving complaints from clinical instructors and their patients that some PTA students have a smoke smell on them. This is an intolerable situation. Some facilities are mandating employees and students who smell of smoke leave the facility, shower, and return in clean clothing.

If you are a smoker, the smell clings to your body and your breath. If you smoke in your home or vehicle, you will smell when you enter a classroom or a clinic. Clean air is the right of the majority of the population.

If you smell of smoke entering the classroom, you will be asked to leave and “air” yourself. If you smell of smoke in a clinical setting, you will be removed from the clinical site and may receive a failing grade for the clinical.

Additionally, covering the smell with perfumes and colognes will not help the situation. The strong smell of cologne and perfumes/lotions is sometimes aggravating to patients as well and must be avoided.

Responsible: All

Identification and Patient Choice Policy

Purpose: Students must identify themselves as a student whenever in contact with patients, patient family members, and other health care professionals. Students in the Physical Therapist Assistant Program must provide a patient with the opportunity to accept or reject treatment interventions that are provided by a student.

Procedure:

1. The student will practice identifying themselves to a classmate during every competency or practical examination clearly as a "Herkimer County Community College Physical Therapist Assistant Student".

2. The student will obtain patient consent prior to starting any component of an intervention in class, during a competency or practical examination prior to entering the patient's personal space.

3. The student will sign all documentation and bills with his/her full legal name, title and student status.

4. The student on clinical assignment will:
   - Greet the patient in a formal manner using their title and last name unless directed otherwise or if inappropriate to the clinical setting, e.g. a child in a school setting.
   - Wear a name tag that clearly indicates their student status.
   - Introduce and identify himself/herself as a student prior to treating or interacting with a patient.
   - Correct or clarify any misconception of who the student is immediately. For example, if the patients call you "doctor…" immediately inform them of who you are and your student status.
   - Respectfully accept a patient's refusal to be treated by a student.
   - Identify himself/herself to a patient's family as a student using name, title and student status.
   - Identify himself/herself to other healthcare practitioners as a student using name, title and student status.
   - Never assume that previous consent implies continued consent.
   - Sign all documentation and bills with his/her full legal name, title and student status.

Responsible: All

Individual Course Evaluation Policy

Policy: The PTA Program faculty actively participates in Curriculum Development and evaluation.

Purpose: To determine if the individual course objectives address the cognitive, psychomotor and affective domains and that the curriculum is revised to reflect contemporary practice of physical therapy, standards of practice, and current literature related to the profession.

Process:

Each Faculty member as individuals will examine the courses they teach and use both formative and summative evaluation to assess the course objectives.

1. The PTA Program faculty employ a variety of instructional activities to effectively target all areas of Bloom's Taxonomy of Educational Objectives.
2. The PTA Program faculty has developed measurable outcomes that are utilized for each individual PTA course. These outcomes utilize a variety of assessment methods, e.g. tests, written assignments, practical exams, projects, presentations, observations, reflective journals.
3. The PTA Program faculty determines student competence, safety and readiness to progress through the curriculum based on demonstrated competencies and practical exam performance.
4. The PTA Program faculty use formative and summative assessment of each course that is taught on a semester basis.
5. As per college Assessment practices, every course is assessed once completed, data is input into Angel and then the loop is closed after consultation with core faculty.
6. Each faculty member reviews and adjusts individual course outlines immediately after the completion of that course or at a minimum of every two years on a schedule determined by the College.
7. Ideas from the field are brought to the PTA program faculty meetings by the ACCE. This allows the faculty to incorporate Clinical Faculty input in their course revisions.
8. Faculty utilizes continuing education workshops and professional journal reading to enhance course objectives.
9. Discuss changes in the course objectives at the weekly faculty meeting.

Responsible: All

Informed Consent Policy

Purpose: To inform students of the areas that their education covers in order to become a Physical Therapist Assistant. Identify risks, responsibilities of being a human subject. Identify the type of clothing required in the program. To obtain permission to be touched as a human subject. To inform them of the certification requirement to be of "good moral character as determined by the State Education Department".

Procedure:

1. The informed consent form has been approved by the College lawyers.
2. The Informed consent form is placed in the program handbook.
3. The student receives an initial assignment to read and accept all of the program policies in the handbook.
4. The student is given the opportunity to question any aspect of the informed consent document.
5. Notaries are invited to the class and notarize the signature of all students over 18 and a faculty member.
6. Students who are not 18 are given a form and must have their parents find an appropriate person to notarize the signed form.

Responsible: All

Informed Consent
Assumption of Risk and Release

Informed consent and release executed by _____, residing at _____, to Herkimer College, Herkimer, New York.

I wish to be a participant in the Physical Therapist Assistant Program of Herkimer College.

I understand that the Physical Therapist Assistant Program will include academic, laboratory and clinical work performed in the classroom, laboratory, hospital and other clinical facilities including clinical observations and will include direct care or exposure to clients with a variety of illnesses and diseases and will include the handling of and/or contact with human bodily fluids and tissues. I, therefore, understand that I may or will be exposed to disease-carrying bacteria and microorganisms. I understand that I may or will be exposed to various chemicals in the classroom, laboratory, hospital and other clinical facilities including clinical observations. Students will be taught personal safety practices and procedures to minimize their exposure to harmful pathogens or other agents. I understand that failure to observe the safety precautions that are taught during class when on clinical affiliations or observations could cause me to be exposed to potentially harmful pathogens or other agents.

I understand that I will be required to attend several fieldtrips/workshops that will be arranged for by the faculty. I may be required to pay a registration fee for some of these fieldtrips/workshops. I understand that I will be required to set up and attend several off-campus observations at clinical facilities in the communities surrounding Herkimer College. It will be my responsibility to arrange transportation for these activities.

I also understand that as a student in the Physical Therapist Assistant program, I consent to participate in human subject demonstrations and studies in the classroom, laboratory and clinical facilities as part of the educational process. As a student in this program I understand and consent to having my photograph taken, videotaping or audio taping while in the classroom, laboratory, hospital and other clinical facilities including clinical observations.

Participation in said activities in the Physical Therapist Assistant program necessitates the wearing of appropriate and specific clothing. Laboratory clothing for males includes shorts, T-shirts and sneakers; females include shorts, halter or bathing suits and sneakers. Clinical clothing may include laboratory jacket, shirts, identification tags, professional slacks and shoes.

Informed Consent

I acknowledge that the profession of physical therapist assistant involves the transferring and lifting of patients. Students will be taught proper body mechanics during their course of instruction. I understand that incorrect use of body mechanics could result in injury to my back or cause an aggravation of a pre-existing condition.

As a physical therapist assistant student, I will be required to provide immunization and health information to the ACCE prior to each clinical affiliation. Some clinical facilities may make additional demands for testing which could include two or more mantoux tests, drug testing and background investigation. In order to become certified as a physical therapist assistant in New York State, I acknowledge that I must be of good moral character as determined by the State Education Department.

In consideration of being permitted to participate in the Herkimer College Program, I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the health care field and in particular in the medical facilities where I may be present during my participation in the program, do hereby agree to assume all the risks and responsibilities surrounding my participation in this program or any independent activities undertaken as an adjunct thereto; and further, I do for myself, my heirs, and personal representatives hereby agree to defend, hold harmless, indemnify, and release, and forever discharge Herkimer College and any and all of its officers, agents and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, or personal injury, disease, or death which may result to me from my participation in this program and my exposure to the risks inherent in the program.

Informed Consent Student Page

I hereby certify that I have read the preceding two pages of this document, that I am fully familiar with the contents of this document, and that I fully understand its terms and provisions. Any questions that I have about the Physical Therapist Assistant Program and the contents of this document have been fully explained to my satisfaction.

In witness whereof, I have caused this release to be executed this

_____ day of _____, 20____.

_____ _____

Signature of Parent/Guardian Student Signature

(if student is under 18 years of age)

Subscribed to and sworn before me on the day and year written above.

_____, Notary Public

(Seal)

Informed Consent Faculty Page

(Page 4 of 4)

I, _____, a faculty member of the Business, Health, Science, & Technology Division of Herkimer College, do hereby certify that I reviewed and discussed the Physical Therapist Assistant Program and the contents of this document with

_____ the student named in the previous page. I am satisfied that said student understands the risks inherent in the program, that said student has been informed and consented to participate in human subject demonstrations and studies in the classroom, laboratory and clinical facilities, and that said student knowingly and voluntarily signed this document, which was done in my presence.

_____, Faculty Signature

Subscribed to and sworn before me on the day and year written above.

_____, Notary Public

(Seal)

Informed Consent Policy: Volunteers Acting as a Patient

Purpose: To inform volunteers acting as a patient they are agreeing to be a “human subject” in our lab. To inform them that they are being treated as if they have the condition they are depicting and that they are willing to allow students to examine and treat them as part of their educational experience; they are not to take advice on the condition if they develop it in the future; and that they may withdraw consent at any time.

Procedure:

1. The informed consent form is filled in by the volunteer patient prior to being used in a clinical class.
2. The Informed consent form is placed in the instructors’ files and kept for 2 years.

Responsible: All

Informed Consent

Volunteer Acting as Patient

Informed consent and release executed by_____,

(Name)

residing at _____, to

(Address)

Herkimer County Community College, Herkimer, New York on_____.

(Date)

I am willing to be a "patient" for demonstration purposes in the Physical Therapist Assistant Program of Herkimer County Community College.

I understand that I will be asked to act as a patient or patient family member for Physical Therapist Assistant student practical examinations. I will act the patient role that is described to me. I understand that I am agreeing to be a "human subject". I understand that I will be treated as if I have the condition that I am depicting. I am willing to allow students to examine or treat me as part of their educational experience. I acknowledge that no suggested exercise or treatment is to be used as advice for any condition that I may have now or possibly develop in the future. I understand that I may decide to stop volunteering as a "patient" and rescind my consent at any time during the presentation.

I understand that a faculty member will be present at all times during my volunteer experience.

_____ _____

Signature of Parent/Guardian Volunteer Signature

(If volunteer is less than 18 years of age)

_____

Faculty Signature

Informed Consent Policy: Volunteer Patient

Purpose: To inform a volunteer patient they are agreeing to be a "human subject" in our lab. To inform them that their "case information" is presented to the students as it pertains to normal development, injury, surgical procedure or medical condition and that their information is not stored in any way. They agree that they are willing to allow students to examine either themselves or their child as part of the students educational experience; and that they may withdraw consent at any time.

Procedure:

1. The informed consent form is filled in by the volunteer patient prior to being used in a clinical class.
2. The Informed consent form is placed in the instructor's files for 2 years.

Responsible: All

Informed Consent

Patient Volunteer

Informed consent and release executed by_____,

(Name)

residing at _____, to

(Address)

Herkimer County Community College, Herkimer, New York on_____.

(Date)

I am willing to be a "patient" for demonstration purposes in the Physical Therapist Assistant Program of Herkimer County Community College.

I understand that the Physical Therapist Assistant students will be presented with my "case information" as it pertains to normal development, injury, surgical procedure or medical condition. This information will not be used in any other manner and will not be stored in any way. I am willing to allow students to examine me or my child as part of their educational experience. I understand that I may decide to stop volunteering as a "patient" and rescind my consent at any time during the presentation.

I understand that a faculty member will be present at all times during my volunteer experience.

_____ _____

Signature of Parent/Guardian Volunteer Signature

(If volunteer is less than 18 years of age)

_____

Faculty Signature

Institutional Policies and Procedures

Purpose: To review new or revised institutional policies and procedures and to determine if there will be an impact on the PTA program.

Procedure:

1. All faculty read and accept the Faculty-Staff Handbook that delineates the policies and procedures for the institution.
2. Policy or procedural changes that are made during the academic year are presented at divisional or full faculty meetings.
3. Institutional policy changes are discussed program meetings for possible impact on the program.
4. The core faculty will develop a new program policy and procedure if the new or revised institutional policy or procedure impacts the PTA program.
5. The Program Director will send the new or revised policy to the Dean for suggestions and approval. The Dean refers the new or revised policy to the Dean of Academic Affairs when required.

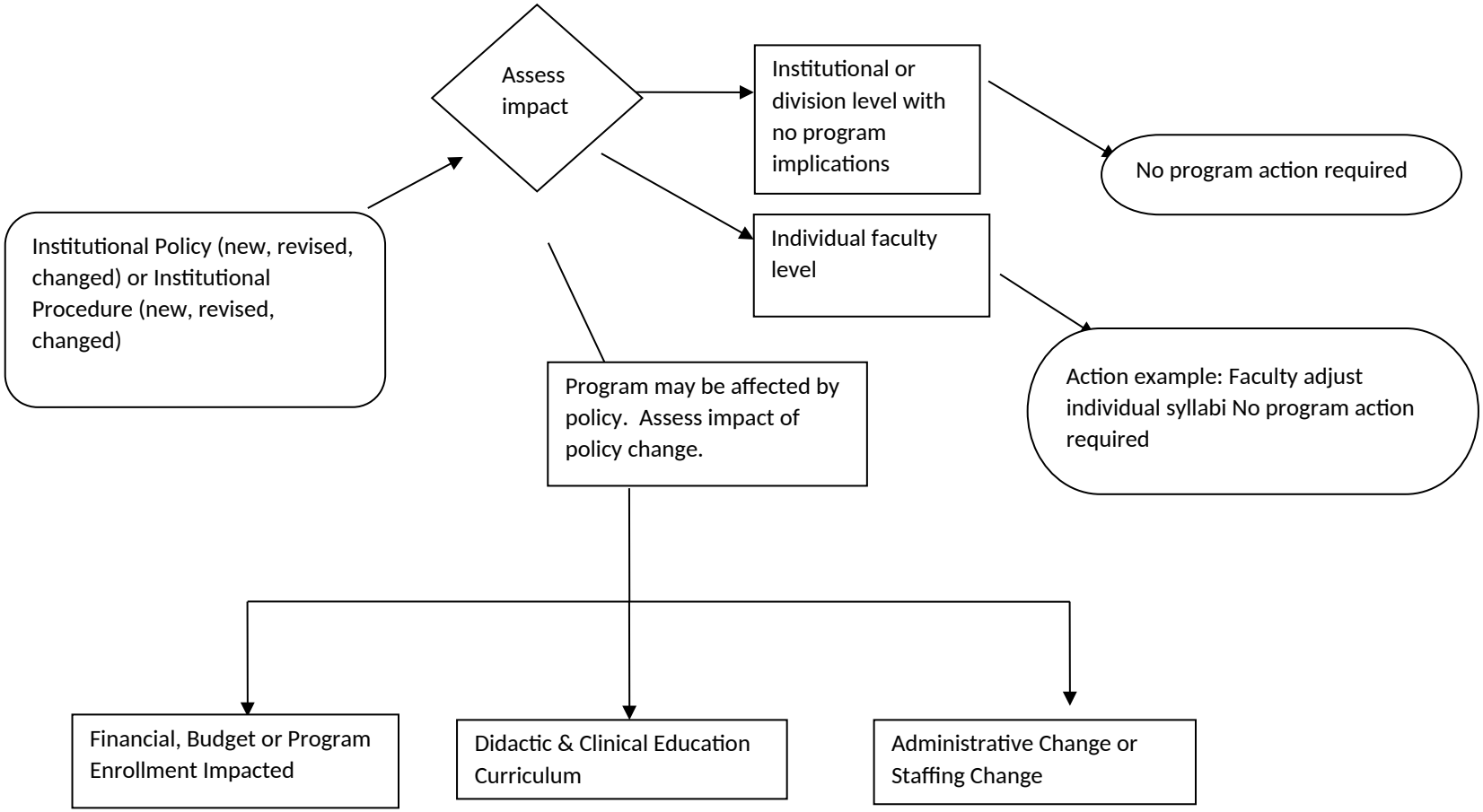
Thresholds:

1. 100% for institutional change e.g. contract change, new college mission, assessment policies, grading or attendance policies or anything with PTA program impact. Changes in president, Provost or Dean requires immediate CAPTE notification. Changes in institutional accreditation requires immediate CAPTE notification. Additional program faculty, notify CAPTE of substantive change and submit resume for new faculty, 100%.
2. Budget decrease greater than 25% notify CAPTE of substantive change. Budget decrease less than 25% of budget, assess needs and modify program spending.
3. Increased program enrollment greater than 33%, modify budget and adjunct requirements, notify CAPTE of substantive change.
4. Decreased program enrollment greater than 50%, modify budget, notify CAPTE of substantive change.
5. Minimal or no impact, monitor situation.
6. Changes affecting enrollment, budget, curriculum or administration refer to flowchart for clarification.

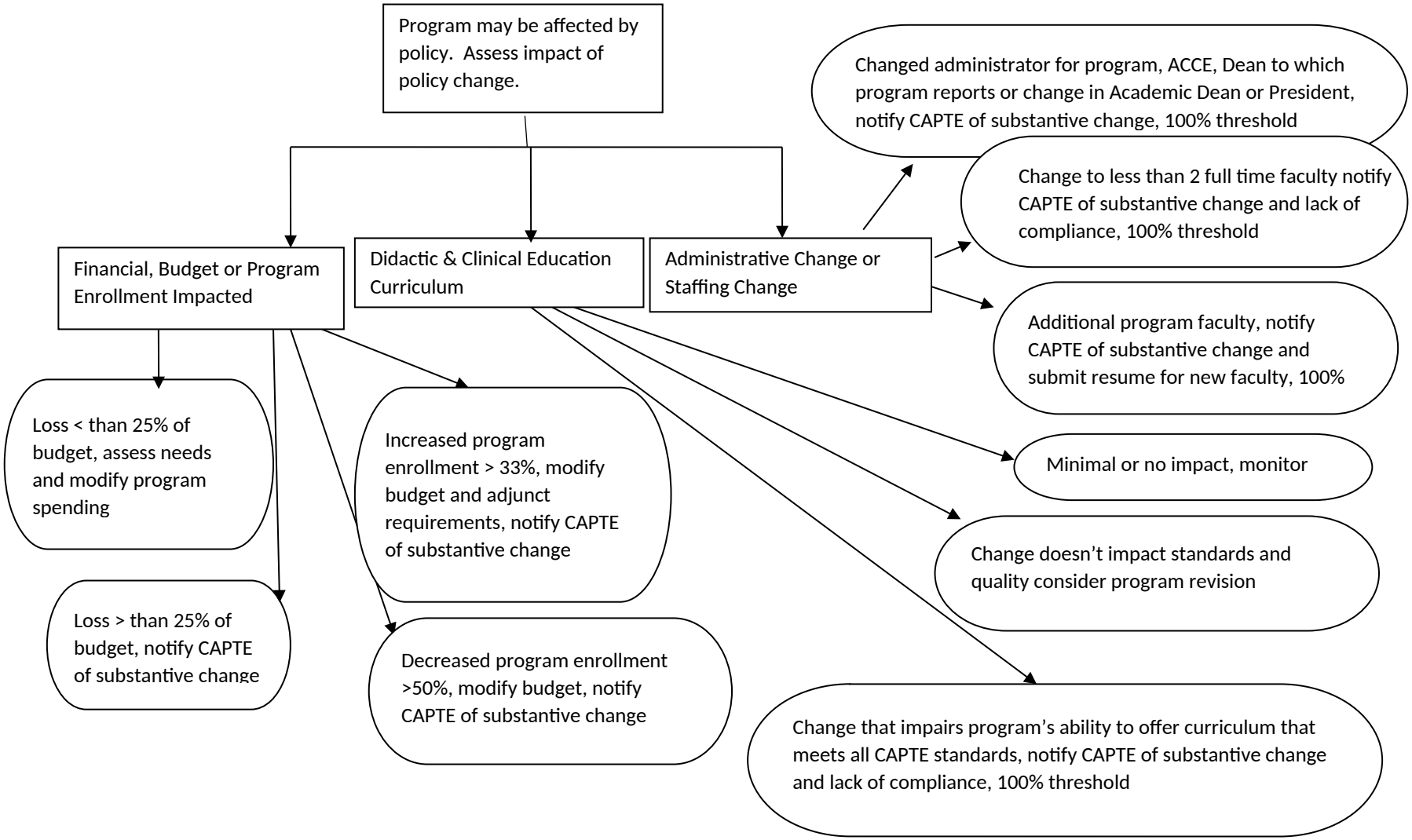
Triggers: Initiates PT faculty meeting, reviewing all components of the curriculum including program outcomes and goals review to see if anything needs to be addressed.

Responsible: all

Institutional Policies and Procedures Flow Chart
to Demonstrate Assessment Process for Policy and Procedure Changes



Flow Chart to Demonstrate Assessment Process for Policy and Procedure Changes Continued



5) Coordinates and/or provides leadership for a Clinical Education or Program Advisory Committee consisting of area clinical educators, employers, or other persons, where feasible.

6) Participates in academic program meetings, institutional governance, and/or community service activities as appropriate to the mission of the academic institution.
7) Develops and implements a plan for self-development that includes the participation in and enhancement of teaching, delivery of physical therapy services, and development of scholarly activities (eg, scholarship of teaching, application, integration, and discovery). {Refer to CAPTE Position Paper on Scholarship Expectations [PT Criterion 2.2.4.2], December 2000}. Specifically, will seek to become a Credentialed Clinical Instructor by the APTA.
8) Functions as a faculty member in other job responsibilities as delegated by the Program Director/Chair or as required by the academic institution, Dean or other Administrator.
9) Monitors the changing health care delivery system and advises the Program Director and faculty of changing trends and potential impact on student enrollment, instruction, curriculum design, clinical education, and equipment needs.
10) Develops and administers information and education technology systems which support clinical education and the curriculum.
11) Participates in regional, state, and/or national clinical education forums, clinical education related activities, and programs designed to foster clinical education (eg, Clinical Education Consortia, Clinical Education Special Interest Group (SIG) of the Section for Education, Chapter Clinical Education SIGs, APTA Education Division activities).

B. Manages administrative responsibilities consistent with CAPTE, federal/state regulations, institutional policy, and practice setting requirements.

1) Administers a system for the academic program's clinical education records which include:
   a) current database of clinical education sites;
   b) current information on clinical education site and clinical faculty;
   c) status of negotiated clinical education agreement between the academic program and clinical education site;
   d) utilization of clinical education sites;
   e) reports on the performance of students in clinical education, and
   f) reports on clinical site/faculty performance in clinical education.
2) Acts as an intermediary among the appropriate parties to:
   a) facilitate the acquisition of clinical education agreements;
   b) administer policies and procedures for immunization, preventive health care practices, and for management of student injury while at clinical sites, and
   c) ensure liability protection of students (and faculty if required) inclusive of professional, governmental, institutional, and current risk management principles.
3) Assists the Program Director in the development of a program budget by providing input on items related to the clinical education program and overall program budget.
4) Manages fiscal allocations budgeted for clinical education.

5) Develops, implements, and monitors adherence to policy and procedures for the clinical education component of the curriculum.
6) Develops, administers, and monitors the academic program's evaluation process for the clinical education component, including instruments used for evaluation of student performance, clinical education sites and faculty
7) Participates in the preparation of accreditation documentation and outcome performance assessment of students in the physical therapy program.

III. Clinical Site Development

A. Develops criteria and procedures for clinical site selection, utilization, and assessment (eg, APTA Guidelines for Clinical Education).

B. Establishes, develops, and maintains an adequate number of clinical education sites relative to quality, quantity and diversity of learning experiences (ie, continuum of care, commonly seen diagnoses, across the lifespan, health care delivery systems, payers, cultural competence issues) to meet the educational needs of students and the academic program, the philosophy and outcomes of the program, and evaluative criteria set by CAPTE.

C. Provides clinical education site development opportunities through ongoing evaluation and assessment of strengths and area needing further development or action (eg, in service training, discontinue student placements).

IV. Clinical Faculty Development

A. Collaborates with clinical faculty to promote, coordinate, plan, and provide clinical faculty development opportunities using effective instructional methodologies and technologies.

B. Encourages clinical faculty to participate in local, statewide, and national forums designed to foster and discuss issues addressing clinical education.

C. Maintains knowledge of current trends in health care and its affect on clinical education and apprises clinical educators and faculty of any changing trends.

D. Mentors other academic faculty about their role and responsibilities related to clinical education (eg, clinical site visits, determining readiness for the clinic).

Laboratory Rules

1. There is no eating allowed in the labs (Rooms TC 416 & 417) during lab and lecture time unless approved by the instructor. This includes gum chewing, coffee, candy, etc.
2. Students are to arrive for lab sessions on time and prepared. You are to be dressed in lab clothes for **all** labs. Appropriate lab appearance and clothes include: a short white lab jacket, shorts, sneakers or slip on boat shoes, and tank top or halter top, sports bra; hair is to be tied back; nails short and clean. Inappropriate lab appearance and clothes include: sandals, shoes with heels or flip flops; artificially long nails; long hair. Hospital gowns will be provided when appropriate.
3. Bring your text book or lab manual to class.
4. Work in groups as assigned.
5. Utilize standard precautions.
6. Laboratory equipment is expensive. You are to use only that equipment that you have been instructed in the use of. Any damaged or malfunctioning equipment is to be reported to your lab instructor immediately. There is to be no "horseplay" in the laboratory at any time. Use of laboratory equipment is a privilege that may be revoked if it is deemed that your activity presents a danger to the equipment, yourself or other students or faculty.
7. Safety precautions must be observed at all times. This includes proper body mechanics, instructions to treatment subjects, use of gait belts when appropriate, etc.
8. In the event of an accidental spill (such as fluid or blood) wait for your instructor's instructions on how to manage it or until campus maintenance has cleaned the area. Follow standard precautions.
9. This is your lab – **no one** may leave before everything is put away. This includes both the lab and storage closet. It is the responsibility of every class member to clean the lab prior to packing your personal belongings or changing.
10. Lab reports may be required at the discretion of the lab instructor. Lab reports are to be typed or neatly printed on good paper (no torn edges from spiral notebooks).
11. No one is allowed into the lab during scheduled classes other than the instructors, students enrolled in that class and the PTA program work-study students. Do not "visit" the work-study student or bring in lunch or other food to eat in the classroom.
12. Open labs may be requested. See Open Lab Policy.
13. In case of an emergency in the lab, you are to notify an instructor immediately. The instructor will summon help if necessary. If the emergency involves the instructor, you are to use the phone in the classroom and follow the emergency procedures on this page to summon help. Dial 911 to get Campus Safety. A copy of the College's procedure for on-campus emergencies and a list of emergency phone numbers is included in this booklet, and is posted in the lab near the chalkboard and in the office. Other resource emergency numbers are listed in your College Student Handbook.
14. Use of labs or equipment requires valid ID.

Maintenance of Expertise in Contemporary Practice Policy

Purpose: Core faculty must remain contemporary in practice in the areas in which they teach.

Process:

1. Each core faculty member decides their personal definition of what keeps them current in contemporary practice. This could mean attendance at a conference such as CSM, working per diem, reading journals, participating in online professional courses etc. this plan will be different for each core faculty member.
2. Core faculty discuss their personal definition at least one department meeting annually.
3. Core faculty must maintain their New York State license current.
4. Core faculty must comply with New York State Mandatory Continuing Education Law and obtain 36 hours of hours of continuing education during each three-year registration renewal period.
5. The College provides an educational budget line for core faculty professional development in the PTA Program budget.
6. Core faculty write a conference report that indicates how each conference enhances the areas that they teach.
7. Benefits of conference attendance, ideas of things needed in the program etc. are discussed at department meetings following an educational activity.
8. Core faculty meet with advisory committee to receive feedback on current practices and suggestions for teaching/improving curriculum.

Responsible: Core faculty

Maintenance of Expertise in Contemporary Practice for Adjuncts Policy

Purpose: Adjunct faculty must remain contemporary in practice in the areas in which they teach.

Process:

1. Adjunct faculty must maintain their New York State license current and provide to the Program Director and HR.
2. Adjunct faculty must comply with New York State Mandatory Continuing Education Law and obtain 36 hours of hours of continuing education during each three-year registration renewal period.
3. Core faculty make recommendations to the Dean regarding the hiring of an adjunct based on a professional resume.
4. Adjunct faculty are appointed by the Dean.
5. Core faculty mentor the adjunct faculty teaching their courses.

Responsible: Program Director, Core faculty, Dean, Adjunct faculty

Maintenance of Records

Purpose: Records of student clinical performance is maintained to ensure students demonstrate an adequate knowledge base, and clinical performance base to ensure patient safety prior to graduation and certification with New York State.

Procedures:

1. The ACCE maintains a clinical folder that documents all clinical assessments and clinical checklists and any CPI forms not completed online. These files will be held for 5 years in a locked storage cabinet.
2. Online CPI assessments are permanently housed in secure hosting servers for CPI via APTA.
3. Completed Competency and Practical Examination Record is stored for 2 years to allow adequate time to pass for the new graduate to complete registration for certification with New York State.
4. Competency and Practical Examination Record is shredded 2 years post-graduation.

Responsible: ACCE, program faculty

Mandatory Orientation Policy

Purpose: To inform incoming students of all program policies and expectations prior to beginning the program. In order to complete the program and graduate as an employable PTA, students must adhere to all attendance and timeliness policies, submission of all assignments policy, and the minimal required grade (class, lab practical exams, program GPA) to continue in the program and graduate. This orientation is to help the incoming class appreciate the difficulty of the program and to introduce them to the supportive nature of the program including current students, PTA mentors, core and adjunct faculty and administration. Students who do not physically attend the mandatory orientation are more likely to fail to succeed and often drop out during the first weeks of the program.

Procedure:

1. Mandatory Orientation is scheduled in the week preceding the start of class to inform students of all program requirements.
2. The Program Director prepares two notices for the upcoming orientation and an agenda.
3. The Division Technical Assistant mails out the first notice of the upcoming mandatory orientation meeting to all registered students in June. They also give the dean copies of the announcement to give late registrants.
4. The Division Technical Assistant mails out the second notice of the upcoming mandatory orientation meeting and agenda to all registered students in July. They also give the dean copies of the announcement to give late registrants.
5. Prior to the meeting the Program Director and ACCE finalize the guest list for the meeting which includes:
    - Administration – President, Provost, Dean
    - Adjunct Faculty
    - PTA Mentors
    - PTA graduates and current students
    - PTA Club Officer(s)
6. After a general welcome:
    - Administration guest speakers briefly discuss their support for the program policies, program difficulty etc.
    - Program graduate and current student guests give encouragement but also stress the amount of work and dedication required to complete the program. A single parent guest (when available) gives helpful hints from their point of view on how to balance home and school demands.
    - The Program Mentors give a brief introduction on their use not only to provide study after a failed exam but to proactively prepare for an exam.
7. The Program Director and ACCE discuss study expectations, time management and preparation for the PTA Boards and Mandatory Attendance with the Mentor.
8. The Program Director hands out assignment for reading the PTA Program and Clinical Fieldwork Handbook for PTA Students and Clinicians and accepting the program policies and completing the Essential Functions form if students have not completed already with application process.
9. The ACCE collects fieldwork information.

10. The Program Director and ACCE conduct a general advising session. If any student realizes that the program and field is a poor fit after hearing all about it, they are encouraged to go to the Advisement Center to register for a more appropriate curriculum.
11. A sign in log is maintained to record attendance.

Attendance

1. Attendance is mandatory.
2. If a student is unable to attend or fails to attend the orientation, they are required to meet during the first week with the Program Director and ACCE.

Faculty Responsible: All

Mandatory Study Group Policy

Purpose: You are expected to study and retain the information in this class. Students who fail to achieve a grade of B or better in quizzes or tests have a mandatory requirement to spend additional verified study time with the PTA mentor.

Procedure:

1. The student will receive a referral to the PTA Mentor either paper or email depending on the instructor's policy in the syllabus.

2. The PTA Mentor will sign the sheet or email the instructor the number of completed visits depending on the instructor's policy.

3. The student must return the referral sheet to the instructor if a paper referral is used.

4. Failure to complete the assignment may result in a point deduction as per instructor's policy in the syllabus.

Faculty Responsible: All

New Clinical Site/New Clinical Instructor

Purpose: To explain the procedure that occurs when a new clinical site is being added and or a new clinical instructor is going to start working with students.

Procedure:

A. For a new clinical site

3. The clinical site information is provided to the ACCE. This information includes Site Name, CCCE, site address, phone number, fax number, and a valid email for the CCCE.
4. The ACCE makes a phone contact and speaks with the CCCE or person at the site that has determined that a contract can be set up. The confirmation is made between the site and the ACCE.
5. The ACCE enters the information into the contact list.
6. The ACCE emails the Division Technical Assistant and asks them to mail a new contract to the site.
7. The Division Technical Assistant mails or emails out the contract to the site and asks the CCCE to mail back two signed copies of the contract. Along with the contract, the Division Technical Assistant will mail a commitment form to the site to see what clinical placements they can offer and information on how to enter the CSIF in APTA CPI.
8. The contract is then signed by the Provost and the Division Technical Assistant mails one copy back to the clinical site for their records and one is put in the contract binder in the Division Technical Assistant's office.
9. Once the contract is in place, the site can be available for placement of a student.

B. For a new clinical instructor

1. The ACCE speaks directly with the new clinical instructor regarding taking a student and their level of comfort.
2. The ACCE emails the instructions on CPI training. The clinician is told that if they have any technical issues, they should contact the APTA CPI and are given the phone number and email. The clinician is told that if they have any specific CPI questions, to contact the ACCE.
3. The ACCE emails all clinical information to the clinician prior to the start of the clinical. The CI is instructed to contact the ACCE if any questions arise.
4. The clinician is instructed of how to access the program handbook, which includes fieldwork information.
5. The clinician is made aware the ACCE is available by email or phone should they want any specific information.
6. The CI is sent mailings regarding clinical council meetings and at all meetings, the ACCE is available to go over clinical questions to the group present or go over individual questions.

7. The ACCE offers to go over ideas with the clinician prior to the clinical and at the midterm during the site visit.
8. The ACCE suggests the clinicians consider taking the CI credentialing class and may offer suggestions from the Credentialed Clinical Instructor program such as weekly planning with the student and CI. Other suggestions are offered as needed.
9. The ACCE always keeps an open line of communication with the CI for emails or phone calls. When possible, the site visit will be on site instead of a phone call, unless it is not possible to arrange based on distance or time constraints of the site. In the case of a phone call virtual can be offered if needed or a phone call can simply be made. The clinician is asked if they have any concerns.
10. The ACCE reviews the CPI data from the clinician and the student and provides feedback at midterm and at the final evaluation.
11. If the CI is incorrectly filling out the CPI, the ACCE will have a conversation with the CI to better explain the correct procedure.
12. The ACCE reviews the fieldwork experience assessment and provides feedback to the clinician if necessary.

Responsible: ACCE

Nondiscrimination Policy

Purpose: To inform students and clinicians that the PTA Program, faculty, clinical faculty and students must follow the nondiscrimination policy of Herkimer College in all areas of operation.

College Policy: Discrimination Harassment Prevention Policy

Herkimer College expressly prohibits any act of discrimination or harassment that is based on sex (with or without sexual conduct, and including gender identity, gender expression or transgender status), race, color, religion, national origin, age, disability, genetic information or predisposing genetic characteristic, marital status, familial status, military status, domestic violence victim status, and any other class protected by law.

Harassment is a form of discrimination and is defined as any repeated or unwanted words, gestures, or actions toward another person that are derogatory in nature, that call attention inappropriately to any of the characteristics listed above, that are offensive or objectionable to the recipient, that cause the recipient discomfort or humiliation, are intimidating, hostile or offensive or that unreasonably interfere with the recipient's educational or job performance.

Harassment and discrimination are behaviors that are unethical, unprofessional and unacceptable; Herkimer College will not tolerate discrimination or harassment of any kind. Herkimer College has the duty to protect its students and employees from intimidating behaviors that may constitute illegal forms of discrimination or harassment and detract from the quality of work and study at the College.

Program Statement: the Herkimer College PTA Program and faculty adhere to the College's Discrimination and Harassment Policy. Discrimination or harassment is unethical, unprofessional and unacceptable. In this program, all communities (educators and students), must behave with respect and in a nonjudgmental manner with all persons in and out of class and while on clinical assignments.

Procedure:

1. Students: Familiarize yourself with the College's nondiscrimination and harassment policies, which can be found in the College Student Handbook.
2. Clinicians: The nondiscrimination policy statement is on the working agreement between your facility and the College.
3. Program Applicants: The nondiscrimination policy statement appears on the Herkimer College website, Board Policies Library.
4. The faculty has the nondiscrimination discussion in PT 121 – Introduction to Rehabilitation.
5. Program faculty include the nondiscrimination statement in all course syllabi.
6. The ACCE has this nondiscrimination statement in the working agreements with the clinical sites "By this agreement, both the host agency and Herkimer County Community

College assure that students will be accepted, assigned to jobs and otherwise treated without regard to sex, race, color, national origin and handicap."

7. The ACCE completes and signs the "Practicum/Internship Nondiscrimination Agreement, has the student sign and the off-site supervisor sign the "Practicum/Internship Nondiscrimination Agreement".
8. Students should notify the ACCE if they think they've been discriminated against while on a clinical. Notification must be made in writing and on a timely basis. In addition to making proper notification, students need to follow College procedure as delineated in the Student Handbook to pursue their claim of discrimination further.
9. Students should follow the process delignated in the College student handbook if they think they've been discriminated against or think they've witnessed a hate crime on campus.

Responsible: All

"Off Step" Student and Clinical Education Policy

Purpose: In the event that the off step student has no scheduled clinical classes in the semester preceding a scheduled clinical affiliation, the student must enroll in all clinical classes. This policy is designed to produce safe practitioners who are prepared to meet the challenges and effectively provide treatment interventions while on clinical affiliations.

Procedure: The student enrolls in all classes in the semester that precedes the clinical affiliation.

1. The student must enroll in the clinical class(es) held in the semester, which precedes the clinical affiliation.

2. The student must pass all competencies and submit all course assignments.

3. The student may go on affiliation.

Responsible: All

Open Lab Policy

Description:
Open Lab is time (made by appointment) when the lab room and equipment are made available for the student's independent use outside of scheduled classes. Open Lab is *not* a tutoring session with the supervising faculty member. A faculty member must be present for students to have access to the lab. You may make arrangements to use the open lab if there is not a class in session and an instructor is available. Check lab availability by contacting your instructors. You may use the open lab when supervised by PTA Mentor – check posted hours.

Purpose:
Open Labs are to be used by students as time to independently practice skills taught in class, to identify, understand and become comfortable with different varieties of machinery and equipment, to problem solve various patient scenarios for practical exams, or for time to review skills prior to going out on affiliation. All PTA students are encouraged to make use of Open Labs for these purposes. Open Lab is *not* intended to be a tutoring session or lab review directed by the supervising faculty member.

Procedure:

a) Contact faculty member and arrange open lab supervision.
b) Sign in with the lab supervisor.
c) Students must restore order to the lab area and closet after use.
d) Students sign out.

Open Lab Rules:

- ✓ One faculty member must be present for supervision of students utilizing Open Lab.
- ✓ Fellow students and general public are not allowed in open lab, only students in the PTA program.
- ✓ No eating or drinking (includes gum, candy and coffee).
- ✓ Appropriate lab clothing must be worn (shorts, sneakers, tank top or halter-top, sports bra, etc.).
- ✓ No running or horseplay is allowed in the lab.
- ✓ Report damaged or malfunctioning equipment immediately to faculty member.
- ✓ Safety first – observe all precautions: proper body mechanics, gait belts, instructions to patients, etc.
- ✓ Students may use all of the equipment that they have been competency checked on.
- ✓ Students may not plug in electrical equipment without faculty permission.
- ✓ Students may not leave until order is restored in both lab and storage closet.
- ✓ In case of emergency: Notify faculty member immediately - if emergency involves faculty member, follow posted emergency procedures to summon help. You may use the office phone to contact **Campus Safety at 911.**
- ✓ All general College rules apply to open lab.

Faculty Responsible: All

Patient Confidentiality Statement in Regard to HIPAA

Topic: Confidentiality of Health Information

Statement of Policy: Herkimer College as a part of the State University of New York is committed to protecting the privacy and confidentiality of health information of the population it serves. The PTA program obtains health information on its students and students are exposed to patient health information during their clinical affiliations. Health Information is strictly confidential and should never be disclosed, nor confirmed to anyone who is not specifically authorized under the institution's policies or applicable law to receive the information. The basic intent of HIPAA is to protect the confidentiality of individually identifiable health information (IIHI). IIHI is information in any form (whether oral or recorded) relating to an individual's past, present or future physical or mental health that is reasonably likely to identify the individual.

Scope:

This policy applies to all members of the PTA program. It shall include, but is not limited to:

- Faculty
- Clinical Faculty
- All students participating in a health related program
- Program work study students

Education and Training:

The PTA program faculty is responsible for providing appropriate HIPAA training to its work study students and program students regarding:

- The need for confidentiality;
- Types of information that are considered confidential;
- Sanctions associated with a breach of confidentiality; and
- The institution's confidentiality agreement and the need for annual signature.

Confidentiality Agreement:

Each work study student and PTA program student will be expected to review and sign the PTA program's confidentiality agreement. This should occur upon hire of the work study student and prior to each PTA program student's first affiliation and on an annual basis thereafter. This signed statement will be maintained in the appropriate work study employee file or student clinical file.

Suspected Breach:

Any and all breaches of confidentiality should be reported to the program faculty. Failure to report a breach will be considered a violation of this policy.

Sanctions:

Upon a finding of a breach of confidentiality by a work study employee, the work study employee shall receive an appropriate disciplinary penalty. This penalty will be:

- termination as PTA program work study
- a letter will be sent to the financial aid student work study coordinator regarding the confidentiality breach

Upon a finding of a breach of confidentiality by a PTA program student, the student shall receive an appropriate disciplinary penalty. Such penalty may include, but is not limited to, the following:

- removal from assigned clinical affiliation
- notification to Dean of Students regarding confidentiality breach
- automatic assignment of a "U" unsatisfactory grade for the clinical affiliation
- letter of reprimand placed in clinical file
- assignment of an Ethics paper and other appropriate remedial education
- cancellation of future clinical affiliations
- academic removal from the PTA curriculum

RESPONSIBLE: All

Patient Confidentiality Student Agreement

IMPORTANT: Please read all sections. If you have any questions, please seek clarification before signing.

1. Confidentiality of individually identifiable health information (IIHI):
   I understand and acknowledge that:

   a. Health related services provided to individuals are private and confidential;
   b. Students provide personal health related information with the expectation that it will be kept confidential and only be used by authorized persons as necessary;
   c. Patients provide personal health related information with the expectation that it will be kept confidential and only be used by authorized persons as necessary;
   d. All personally identifiable information provided by a student to the ACCE or a student's services provided to patients during any clinical affiliation, in whatever form such information exists, including oral, written, printed, photographic and electronic is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure; and
   e. In my course of employment or clinical education experiences with Herkimer College, I may be given access to certain Confidential Information.

2. Disclosure, Use and Access
   I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including, but not limited to other students, ACCE, co-workers, friends and family members). I understand that this obligation remains in full force during the entire term of my employment as a work study or clinical affiliation and continues in affect after such employment/affiliation terminates.

3. Confidentiality Policy
   I agree that I will comply with confidentiality policies that apply to me as a result of my employment/clinical affiliation.

4. Return of Confidential Information
   Upon termination of my employment/clinical affiliation for any reason, or at any other time upon request, I agree to promptly return to HERKIMER COLLEGE any copies of confidential information then in my possession or under my control (including all printed and electronic copies).

5. Period Certification
   I understand that I will be required to periodically certify that I have complied in all respects with this Agreement, and I agree to so certify upon request.

6. Remedies
   I understand and acknowledge that:

   a. the restrictions and obligations I have accepted under this Agreement are responsible and necessary in order to protect the interests of individuals and their protected health information (PHI), and Herkimer College. And;
   b. my failure to comply with this Agreement in any respect could cause irreparable harm to certain individuals (those with protected health information), my clinical affiliation and to my school and program.

I understand that Herkimer College may prevent me from violating this Agreement by any legal means available, in addition to disciplinary measures which may result in sanctions, e.g. refusing to assign any other clinical affiliation which may prevent me from completing my education in the PTA program.

Signature:_____ Date:_____

Printed Name:_____

Professional Appearance Standards Policy

Purpose: As a future health care provider, the Herkimer County Community College PTA program strives at all times to maintain a professional atmosphere and an infection-free environment. A high standard of neatness, cleanliness and good grooming is essential since you will have contact with other students and patient volunteers while on campus and contact with patients, other staff, physicians and the public when on clinical fieldwork.

All students and future healthcare employees are expected to present themselves in a neat and professional manner at all times while at class or work. As a PTA student, you will have dress expectations for the classroom, for lab and for clinical visitations and clinical affiliations.

Dress Code Policy

It is the policy of the PTA Program that students observe a dress code while on campus and during clinical rotations. When attending lecture classes, special programs or clinical affiliations, the student should be neatly and professionally dressed. For all lab classes, the student should be in lab attire prior to the start of the class.

Hygiene Policy

It is the policy of the PTA Program that students observe personal cleanliness guidelines while on campus and during clinical rotations. When attending lecture classes, special programs or clinical affiliations, the student should wear clean clothes, use deodorant, keep fingernails clean, short and natural (no artificial nails), use minimal light fragrances or after shave lotions.

Procedure: The faculty and Advisory Committee have prepared an outline of dress expectations in terms of what is considered to be appropriate and not appropriate in lecture or special programs, in lab class and during clinical observations and affiliations. You must also abide by the dress and hygiene guidelines of the facility you will be working with, which may be slightly different than the guidelines the faculty is setting forth.

Students will be asked to wear a patient gown in lab class if dress is inappropriate. In the clinical setting, not abiding by the dress and hygiene guidelines are grounds for a clinical site to dismiss you for the day or send you home to change. Any missed time must be made up. Continual improper dress is a red flag and may be grounds for dismissal from a site if CI requests.

Faculty Responsible: All

Professional Behaviors Policy

Purpose: Herkimer College PTA program expects the students to demonstrate progress towards developing professional behaviors in 10 areas: commitment to learning, interpersonal skills, communication skills, effective use of time and resources, use of constructive feedback, problem solving, professionalism, responsibility, and critical thinking. The student is expected to demonstrate progress throughout the program and be at the entry-level stage by the time they are ready to graduate. Student failure to achieve entry-level stage may delay graduation and require remedial coursework.

Faculty Procedure:

1. Professional Behaviors will be listed in the Student Handbook and in the clinical education Handbook.
2. The ACCE will inform clinical faculty of program expectations on professional behaviors.
3. The ACCE will have the student complete an initial self-assessment when beginning the program.
4. Faculty will incorporate professional behaviors goals into course objectives.
5. Each semester faculty will provide the student with feedback on their self-assessment.
6. Self-assessment forms will be stored in the student's clinical file maintained by the ACCE.

Clinical Faculty Procedure:

1. ACCE will include information on the professional behaviors with the clinical mailings.
2. Clinical faculty will assess student performance while on clinical affiliation.
3. CI assessment will be returned with other clinical materials.
4. The ACCE will discuss the CI feedback during post-clinical conferences.
5. CI assessment forms will be stored in the student's clinical file maintained by the ACCE.

Student Procedure:

1. Read the description and definitions of professional behaviors.
2. Complete an initial self-assessment at the beginning of the fall freshman semester.
3. Become familiar with behavioral criteria for each level.
4. Self-assess your performance continually relative to the professional behaviors using the behavioral criteria.
5. Self-assess your performance in each semester and during each clinical rotation.
6. General instructions for each self-assessment:
   Each semester the student will self-assess based on the ten professional behaviors.

   i) Review the description and definitions of professional behaviors.

ii) Self-assess using the behavioral criteria for each level.
iii) Note: if you rate yourself as high in a particular area you should give examples as to why you feel that way.
iv) You will identify actions to be taken to help yourself develop these professional behaviors.
v) Return the self-assessment to your class instructor or to your ACCE.
vi) The ACCE will store the professional behaviors self-assessment forms in your clinical file.
vii) It is the expectation of the Herkimer College PTA program that you will reach the entry level stage by the time you are ready to graduate; failure to achieve this level may delay your graduation.

Faculty Responsible: All

Professional Behaviors Policy – Area Descriptions

Throughout the students' education at Herkimer College Physical Therapist Assistant Program the faculty utilize the professional behaviors to help guide the student in developing competence in Professional Behavior. Students will be asked to reflect on and self-evaluate these areas. Faculty will provide feedback. It is also the expectation that students seek feedback from other sources such as fellow students and clinical instructors.

The skills and abilities known as "professional behaviors" are being adopted nationally by PT and PTA programs as educational outcomes for graduates. These skills are expected in both the clinical and classroom settings. Professional behaviors are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are needed for success in the profession.

1. Critical Thinking - The ability to question logically; to identify, generate, and evaluate elements or logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and to distinguish relevant information. The ability to appropriately utilize, analyze and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.
2. Communication - The ability to communicate effectively (verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.
3. Problem Solving - The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes.
4. Interpersonal Skills - The ability to interact effectively with patients, families, colleagues, other health professionals, and the community in a culturally aware manner.
5. Responsibility - The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.
6. Professionalism - Ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the physical therapy profession.
7. Use of Constructive Feedback - The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.
8. Effective Use of Time and Resources - The ability to manage time and resources effectively to obtain the maximum possible benefit.

9. Stress Management - The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.
10. Commitment to Learning - The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

*Originally developed by the Physical Therapy Program, University of Wisconsin-Madison, May, et al (1995). Model for ability-based assessment in physical therapy education. Journal of Physical Therapy Education, 9(1), 3-6. Updated 2010.

Behavioral Criteria for the 10 Professional Behaviors

Generic Ability	Beginning Level	Developing Level	Entry Level	Post-Entry Level
Critical Thinking	• Raises relevant questions • Considers all available information • Articulates ideas. • Understands the scientific method • States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion) • Recognizes "holes" in knowledge base • Demonstrates acceptance of limited knowledge and experience	• Feels challenged to examine ideas • Critically analyzes the literature and applies it to patient management • Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas • Seeks alternative ideas • Formulates alternative hypotheses • Critiques hypotheses and ideas at a level consistent with knowledge base • Acknowledges presence of contradictions	• Distinguishes relevant from irrelevant patient data • Readily formulates and critiques alternative hypotheses and ideas • Infers applicability of information across populations • Exhibits openness to contradictory ideas • Identifies appropriate measures and determines effectiveness of applied solutions efficiently • Justifies solutions selected	• Develops new knowledge through research, professional writing and/or professional presentations • Thoroughly critiques hypotheses and ideas often crossing disciplines in thought process • Weighs information value based on source and level of evidence • Identifies complex patterns of associations • Distinguishes when to think intuitively vs. analytically • Recognizes own biases and suspends judgmental thinking • Challenges others to think critically .
Communication	• Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting • Recognizes impact of non-verbal communication in self and others • Recognizes the verbal and non-verbal characteristics that portray confidence • Utilizes electronic communication appropriately	• Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences • Restates, reflects and clarifies message(s) • Communicate collaboratively with both individuals and groups • Collects necessary information from all pertinent individuals in the patient/client management process • Provides effective education (verbal, non-verbal, written and electronic)	• Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups • Presents persuasive and explanatory verbal, written or electronic messages with logical organizations and sequencing • Maintains open and constructive communication • Utilizes communication technology effectively and efficiently	• Adapts messages to address needs, expectations, and prior knowledge of the audience to maximize learning • Effectively delivers messages capable of influencing patients, the community and society • Provides education locally, regionally and/or nationally • Mediates conflict
Problem Solving	• Recognizes problems • States problems clearly • Describes known solutions to problems • Identifies resources needed to develop solutions • Uses technology to search for and locate resources • Identifies possible solutions and probable outcomes	• Prioritizes problems • Identifies contributors to problems • Consults with others to clarify problems • Appropriately seeks input or guidance • Prioritizes recourse (analysis and critique of recourse) • Considers consequences of possible solutions	• Independently locates, prioritizes and uses resources to solve problems • Accepts responsibility for implementing solutions • Implements solutions • Reassesses solutions • Evaluates outcomes • Modifies solutions based on the outcomes and current evidence • Evaluates generalizability of current evidence to a particular problem	• Weighs advantages and disadvantages of a solution to a problem • Participates in outcome studies • Participates in formal quality assessment in work environment • Seeks solutions to community health related problems • Considers second the third order effects of solutions chosen
Interpersonal Skills	• Maintains professional demeanor in all interactions • Demonstrates interest in patients as individuals • Communicates with others in a respectful and confident manner • Respects differences in personality, lifestyle and learning styles during interactions with all persons • Maintains confidentiality in all interactions • Recognizes the emotions and bias that one brings to all professional interactions	• Recognizes the non-verbal communication and emotions that others bring to professional interactions • Establishes trust • Seeks to gain input from others • Respects role of others • Accommodates differences in learning styles as appropriate	• Demonstrates active listening skills and reflects back to original concern to determine course of action • Responds effectively to unexpected situations • Demonstrates ability to build partnerships • Applies conflict management strategies when dealing with challenging interactions • Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them	• Establishes mentor relationships • Recognizes the impact that non-verbal communication and the emotions of self and others have during interactions and demonstrates the ability to modify the behaviors of self and others during the interaction

Responsibility	• Demonstrates punctuality • Provides a safe and secure environment for patients • Assumes responsibility for actions • Follows through on commitments • Articulates limitations and readiness to learn • Abides by all policies of academic program and clinical facility	• Displays awareness of and sensitivity to diverse populations • Completes projects without prompting • Delegates tasks as needed • Collaborates with team members, patients and families • Provides evidence-based patient • care	• Educates patients as consumers of health care services • Encourages patient accountability • Directs patients to other health care professionals as needed • Acts as a patient advocate • Promotes evidence-based practice in health care settings • Accepts responsibility for implementing solutions • Demonstrates accountability for all decisions and behaviors in academic and clinical settings	• Recognizes role as a leader • Encourages and displays leadership • Facilitates program development and modification • Promotes clinical training for students and coworkers • Monitors and adapts to changes in the health care system • Promotes service to the community
Professionalism	• Abides by all aspects of the academic program honor code and the APTA Code of Ethics • Demonstrates awareness of state licensure regulations • Projects professional image • Attends professional meetings • Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers	• Identifies positive professional role models within the academic and clinical settings • Acts on moral commitment during all academic and clinical activities Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making • Discusses societal expectations of the profession	• Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary • Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity • Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices Discusses role of physical therapy within the healthcare system and in population health • Demonstrates leadership in collaboration with both individuals and groups	• Actively promotes and advocates for the profession • Pursues leadership roles • Supports research • Participates in program development • Participates in education of the community • Demonstrates the ability to practice effectively in multiple settings • Acts as a clinical instructor • Advocates for the patient, the community and society
Use of Constructive Feedback	• Demonstrates active listening skills • Assesses own performance • Actively seeks feedback from appropriate sources • Demonstrates receptive behavior and positive attitude toward feedback • Incorporates specific feedback into behaviors • Maintains two-way communication without defensiveness	• Critiques own performance accurately • Responds effectively to constructive feedback • Utilizes feedback when establishing professional and patient related goals • Develops and implements a plan of action in response to feedback • Provides constructive and timely feedback	• Independently engages in a continual process of self evaluation of skills, knowledge and abilities • Seeks feedback from patients/clients and peers/mentors • Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities • Uses multiple approaches when responding to feedback • Reconciles differences with sensitivity • Modifies feedback given to patients/clients according to their learning styles	• Engages in non-judgmental, constructive problem solving discussions • Acts as conduit for feedback between multiple sources • Seeks feedback from a variety of sources to include students/supervisees/ peers/supervisors/patients • Utilizes feedback when analyzing and updating professional goals
Effective Use of Time and Resources	• Comes prepared for the day's activities/responsibilities • Identifies resource limitations (i.e. information, time, experience) • Determines when and how much help/assistance is needed • Accesses current evidence in a timely manner • Verbalizes productivity standards and identifies barriers to meeting productivity standards • Self-identifies and initiates learning opportunities during unscheduled time	• Utilizes effective methods of searching for evidence for practice decisions • Recognizes own resource contributions • Shares knowledge and collaborates with staff to utilize best current evidence • Discusses and implements strategies for meeting productivity standards • Identifies need for and seeks referrals to other disciplines	• Uses current best evidence • Collaborates with members of the team to maximize the impact of treatment available • Has the ability to set boundaries, negotiate, compromise, and set realistic expectations • Gathers data and effectively interprets and assimilates the data to determine plan of care • Utilizes community resources in discharge planning • Adjusts plans, schedule etc. as patient needs and circumstances dictate • Meets productivity standards of facility while providing quality care and completing non-productive work activities	• Advances profession by contributing to the body of knowledge (outcomes, case studies, etc) • Applies best evidence considering available resources and constraints • Organizes and prioritizes effectively • Prioritizes multiple demands and situations that arise on a given day • Mentors peers and supervisees in increasing productivity and/or effectiveness without decrement in quality of care

Stress Management	• Recognizes own stressors • Recognizes distress or problems in others • Seeks assistance as needed • Maintains professional demeanor in all situations	• Actively employs stress management techniques • Reconciles inconsistencies in the educational process • Maintains balance between professional and personal life • Accepts constructive feedback and clarifies expectations • Establishes outlets to cope with stressors	• Demonstrates appropriate affective responses in all situations • Responds calmly to urgent situations with reflection and debriefing as needed • Prioritizes multiple commitments • Reconciles inconsistencies within professional, personal and work/life environments • Demonstrates ability to defuse potential stressors with self and others	• Recognizes when problems are unsolvable • Assists others in recognizing and managing stressors • Demonstrates preventative approach to stress management • Establishes support networks for self and others • Offers solutions to the reduction of stress • Models work/life balance through health/wellness behaviors in professional and personal life
Commitment to Learning	• Prioritizes information needs • Analyzes and subdivides large questions into components • Identifies own learning needs based on previous experiences • Welcomes and/or seeks new learning opportunities • Seeks out professional literature • Plans and presents and in-service, research or cases studies	• Researches and studies areas where own knowledge base is lacking in order to augment learning and practice • Applies new information and re-evaluates performance • Accepts that there may be more than one answer to a problem • Recognizes the need to and is able to verify solutions to problems • Reads articles critically and understands limits of application to professional practice	• Respectfully questions conventional wisdom • Formulates and re-evaluates position based on available evidence • Demonstrates confidence in sharing new knowledge with all staff levels • Modifies programs and treatments based on newly-learned skills and considerations • Consults with other health professionals and physical therapists for treatment ideas	• Acts as a mentor not only to other PT's, but to other health professionals • Utilizes mentors who have knowledge available to them • Continues to seek and review relevant literature • Works towards clinical specialty certifications • Seeks specialty training • Is committed to understanding the PT's role in the health care environment today (i.e. wellness • clinics, massage therapy, holistic medicine) • Pursues participation in clinical education as an educational opportunity

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

Professional Behaviors Student Self-Assessment/Instructor Evaluation Rubric

Name: _____ Date: _____

Generic Abilities	Definition	Beginning Level	Developing Level	Entry Level	Justification	Actions to be taken to develop this generic ability
Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements or logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and to distinguish relevant information. The ability to appropriately utilize, analyze and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.					
Communication	The ability to communicate effectively (verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.					
Problem Solving	The ability to recognize and define problems, analyzes data, develop and implement solutions, and evaluate outcomes.					
Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health professionals, and the community in a culturally aware manner.					
Responsibility	The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.					

Generic Abilities	**Definition**	**Beginning Level**	**Developing Level**	**Entry Level**	**Justification**	**Actions to be taken to develop this generic ability**
Generic Abilities	Definition	Beginning Level	Developing Level	Entry Level	Justification	Actions to be taken to develop this generic ability
Professionalism	Ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the physical therapy profession.					
Use of Constructive Feedback	The ability to seek out and identify quality sources of feedback, reflects on and integrates the feedback, and provides meaningful feedback to others.					
Effective Use of Time and Resources	The ability to manage time and resources effectively to obtain the maximum possible benefit.					
Stress Management	The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.					
Commitment to Learning	The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.					

*Originally developed by the Physical Therapy Program, University of Wisconsin-Madison, May, et al (1995). Model for ability-based assessment in physical therapy education. Journal of Physical Therapy Education, 9(1), 3-6. Updated 2010.

Professional Involvement Policy

Purpose: Students in the Physical Therapist Assistant curriculum are expected to practice a certain level of social responsibility and a professional commitment to the field of physical therapy. You should plan to contribute your time and energy to participating in certain activities that support the physical therapy profession and social involvement. Do this by attending as many of the following activities as possible to demonstrate your commitment.

Student Membership: Enroll as a student affiliate member in both the APTA (American Physical Therapy Association) and the NYPTA (New York Physical Therapy Association). You will receive publications and other benefits from participation. You also have access to "members only" documents, research and some free courses. Membership also allows you to participate in educational conferences with the PTA club.

Examples of Activities Demonstrating Commitment:

Activity	Support of PT Profession and Promotion of PT Profession	Social Responsibility
Enrollment as student member in APTA and NYPTA	**X**	
Attend NYPTA section meetings	**X**	
Attend Student Delegate Assembly	**X**	
Attend a conference or workshop off campus	**X**	
Participate in PT Month Promotion (October)	**X**	
Be an active elected club officer	**X**	
Attend PTA Club Meetings	**X**	
Participate in "Mocktail" Event (October)		**X**
Abilities Awareness Week participation (October)	**X**	**X**
Participate in Other Club Activities	**X**	
Participate in Allied Health Day (Fall)	**X**	
Participate in Program Promotion or Career Day Activities	**X**	
Heart Run (Spring)		**X**

Responsible: All

Program Goals (Program, Graduate, Student)

A goal of this program is to…	1. …graduate competent entry level clinicians with a C+ or better in each class.	2. …provide students with the importance of continuing education by participating in activities to promote the profession and social responsibility.	3. …meet national board requirements and become successful clinicians in the field.	4. …provide students with a variety of clinical experiences
Program Learning Outcomes ***Successful graduates from this program will be able to…***	1. …utilize a knowledge base and scientific principles to effectively implement a physical therapist's plan of care.	2. …display professional behaviors in the clinical setting.	3. … pass the licensing exam and find a job as a PTA to fill local and regional marketplace needs.	4. …build a strong resume with clinical experience based on their 3 clinical rotations in 3 different locations.
Assessment Tools	1. Practical examinations/competencies with associated rubrics assessing patient orientation, professionalism, safety, technique, and documentation are done in each class. 2. Group projects, papers, and presentations graded using rubrics. 3. Multiple choice quizzes, unit tests and examinations. 4. Clinical fieldwork competency evaluated through the use of the Clinical Performance Instrument with input from Clinical Instructor and ACCE. 5. Final Clinical Experience, PT280, Student must be graded entry level by CI.	1. Professional development is required in at least one class per semester and will be graded by a rubric. 2. Lifelong learning is addressed on the CPI for each clinical experience. 3. Survey clinical instructors during student clinical rotations to determine what percentage of program graduates have become clinical instructors.	1. Graduate reports of passing the boards. 2. FSBPT reports 3. Graduate reports of employment equals 90% of those seeking employment over 2 years 4. FSBPT National Exam pass rate over 2 years equals 85% 5. PT 280 – Final Clinical must meet CI & ACCE expectations for entry level performance 6. PT275 – Complete Scorebuilders Practice Exam & FSBPT Retired PEAT	1. Data collection maintained by ACCE on every clinical rotation 2. ACCE review of current CSIF 3. Spreadsheet maintained by ACCE for 100% of graduates having a variety of clinical experiences 4. Student evaluation through CPI criteria being: - PT206: between beginner and advanced beginner - PT255: between advanced beginner and advanced intermediate

A goal of this program is to…	1. …graduate competent entry level clinicians with a C+ or better in each class.	2. …provide students with the importance of continuing education by participating in activities to promote the profession and social responsibility.	3. …meet national board requirements and become successful clinicians in the field.	4. …provide students with a variety of clinical experiences
			(Practice Exam and Assessment Tool) and pass class with a C+ or better.	- PT280: entry level
Thresholds/ action triggers	<u>Annual/biennial survey of graduate employers</u> Safety: Less than 100% Intervention delivery: less than 85% as average to above average. Critical thinking, problem solving and integration of skills and procedures learned from classroom to clinical site: less than aggregate of 85% as average to above average. Documentation skills: less than 85% as average to above average. Data collection skills: less than 85% as average to above average. All aspects of communication: less than 85% as average to above average Documentation skills: less than 85% as average to above average Competent in computer and other	<u>Annual/biennial survey of graduate employers</u> Critical thinking, problem solving and integration of skills and procedures learned from classroom to clinical site: less than aggregate of 85% as average to above average. in professional behavior, ethical behavior, interpersonal skills and time management skills: less than aggregate of 85% as average to above average. cultural competence: less than 85% as average to above average participation in professional continuing	Less than 85% Pass rate on the boards averaged over any 2 year period Less than 90% employment in any 2 year period Less than 60% Retention 1st semester fall to 3rd semester fall At least 60% graduation of matriculated students in 2 – 3 years	100% of program graduates will have a variety of clinical experiences 100% of program graduates complete clinical experiences as placed in the curriculum to graduate on time

A goal of this program is to…	1. …graduate competent entry level clinicians with a C+ or better in each class.	2. …provide students with the importance of continuing education by participating in activities to promote the profession and social responsibility.	3. …meet national board requirements and become successful clinicians in the field.	4. …provide students with a variety of clinical experiences
	current technology as it relates to the Physical Therapy environment: less than 85% as average to above average **CPI final Clinical less than entry level, course failure and repeat of entire clinical**	education: less than 85% as average to above average		
Actions	• Program Meeting • Review individual course objectives • Consult with Advisory committee • Possible trigger for curriculum review	• Program Meeting • Review individual course objectives • Consult with Advisory committee • Possible trigger for curriculum review	• Program Meeting • Investigate possible causes for decrease in pass rate • Consult with Advisory committee • Review local or regional market needs • Possible trigger for curriculum review	• Program Meeting • Review clinical program

Program Goals for Faculty

A goal of program faculty is to…	…demonstrate contemporary expertise as a physical therapist or physical therapist assistant in the areas in which they teach and performance of their administrative roles.	…model professional roles and responsibilities	…maximize key clinical partnerships
Faculty Outcomes ***The program faculty will …***	…maintain NYS licensure, meet NYS continuing education law, link assessment to faculty development	…maintain APTA membership, work on college committees, apply for tenure and promotion as allowed by the professional association contract attaining the highest level of professional recognition at the College	… Talk with the clinicians/ send emails/site visits/ survey what they want for annual meetings/ network with them at conferences
Assessment	Demonstrate contemporary practice as determined by program • Must have a current license • Copies of triennial registration or check Office of Professions website • Must obtain a minimum of 36 hours in 3 year period to meet mandatory continuing education law • APTA Section memberships that help academic knowledge or enhance teaching content • use self-assessment, peer input, dean class observation and student feedback to develop a plan to remain contemporary in the field • discuss plan at faculty meeting • use peer and advisory committee for feedback on plan • attending CSM or other educational	Full time core program faculty demonstrate by: • current APTA and NYPTA Memberships • attending CSM or other educational courses Faculty are granted tenure and promotions as per professional association contract Faculty have the opportunity to participate on key college committees and/or history of committee work reviewed in department meetings Part time core program faculty demonstrate by: • conference attendance	Use advisory committee feedback as “key” partners at scheduled committee meetings ACCE data collection – asks about specific gaps in program during site visits

A goal of program faculty is to…	…demonstrate contemporary expertise as a physical therapist or physical therapist assistant in the areas in which they teach and performance of their administrative roles.	…model professional roles and responsibilities	…maximize key clinical partnerships
	courses in areas taught		
Thresholds	100% of program faculty have a current NYS registration 100% of faculty demonstrate contemporary expertise in the areas they teach 100% of faculty participate in development plan formation and review 100% of faculty mentor each other and adjuncts (part-time core) for success	100% of all program faculty attend educational courses 100% of full time core program faculty are APTA members, 50% of part time core faculty are APTA members 100% of full time core program faculty are tenured or on tenure tract 100% of full time core program faculty pursue academic promotions as per professional contract	Less than 100% of students are placed in a clinical site when scheduled in the curriculum 100% Inability to place a student whose clinical was cancelled last minute
Action	Anything less than 100% in NYS license is a trigger: Immediately inform the Dean that the faculty are no longer eligible to teach in the program Anything less than 100% in contemporary expertise is a trigger to inform the Dean that the faculty are no longer prepared to teach in the program	Anything less than 100% is a trigger: If tenure is denied immediately work with the Dean to recruit new program faculty The program director will encourage and mentor eligible faculty on how to pursue promotion	Anything less than 100% placement is a trigger discussions with the Advisory committee to strategize and facilitate increasing the number of clinical sites Anything less than 100% placement is a trigger to discuss with Dean the need to decrease the number of students admitted if this situation isn't resolved by the following semester

Program Mission and Philosophy Development and Implementation Policy

Policy: The PTA program has a mission statement that is congruent with the College's mission. If the College mission statement is changed the PTA Program mission statement will be revised to reflect these changes.

Procedure:

1. The faculty will meet on an annual basis and discuss the mission and program philosophy of the PTA program and ensure it is still in line with that of the College.
2. The Program Director will bring the program philosophy and mission statement with proposed revisions to the program's Advisory Committee.
3. The Program Director incorporates any revisions into these documents.
4. The Program Director posts the statements on the programs web page.
5. The Program Director will update posted documents as required.
6. The Program Director ensures the mission and philosophy statements are in the PTA Program Student Handbook.
7. The ACCE informs clinical sites of the mission and program expectations for student performance.
8. Both faculty members will actively promote the role of the PTA in the PTA/PT relationship to students, other clinicians and to the community at large.

Responsible: Program Director, ACCE

Mission Statement

The Physical Therapist Assistant Program will, by offering students an affordable, quality education, provide local and regional areas with competent, professional, employable, healthcare providers. The PTA is trained, under the supervision of a licensed Physical Therapist, to approach a diversity of health-related conditions in a manner that follows established guidelines for practice as outlined by the APTA. The PTA program emphasizes ongoing post-graduate professional education, thereby supporting the overall mission of Herkimer College.

Program Philosophy

Herkimer College's Physical Therapist Assistant program prepares students to enter the healthcare workforce as a Physical Therapist Assistant with an Associate's in Applied Science Degree. The program strives to provide our students with a quality education that promotes professional healthcare practices, while maintaining established guidelines for clinical practice as outlined by the APTA and which emphasizes ongoing post-graduation professional education. The program seeks to increase each student's potential through informal student-faculty exchange and interactions with additional learning and service opportunities sponsored by the Physical Therapist Assistant Club.

Program Policy Development Policy

Purpose: To develop policies that properly reflects the practices used by the PTA program to meet the CAPTE criteria, the program goals and objectives and desired outcomes.

Procedure:

1. A new policy will be developed if an issue or concern is raised during our program assessment, Advisory Committee meetings, clinical contacts, per diem activities or educational meetings.

2. The policies will be developed by the Program Director or ACCE depending on the nature of the issue.

3. The new policy is reviewed in department meetings.

4. The new policy is reviewed with the Dean if applicable.

Responsible: All

Program Policies and Procedures

Purpose: to review program policies and procedures and to determine if revision is indicated.

Procedure:

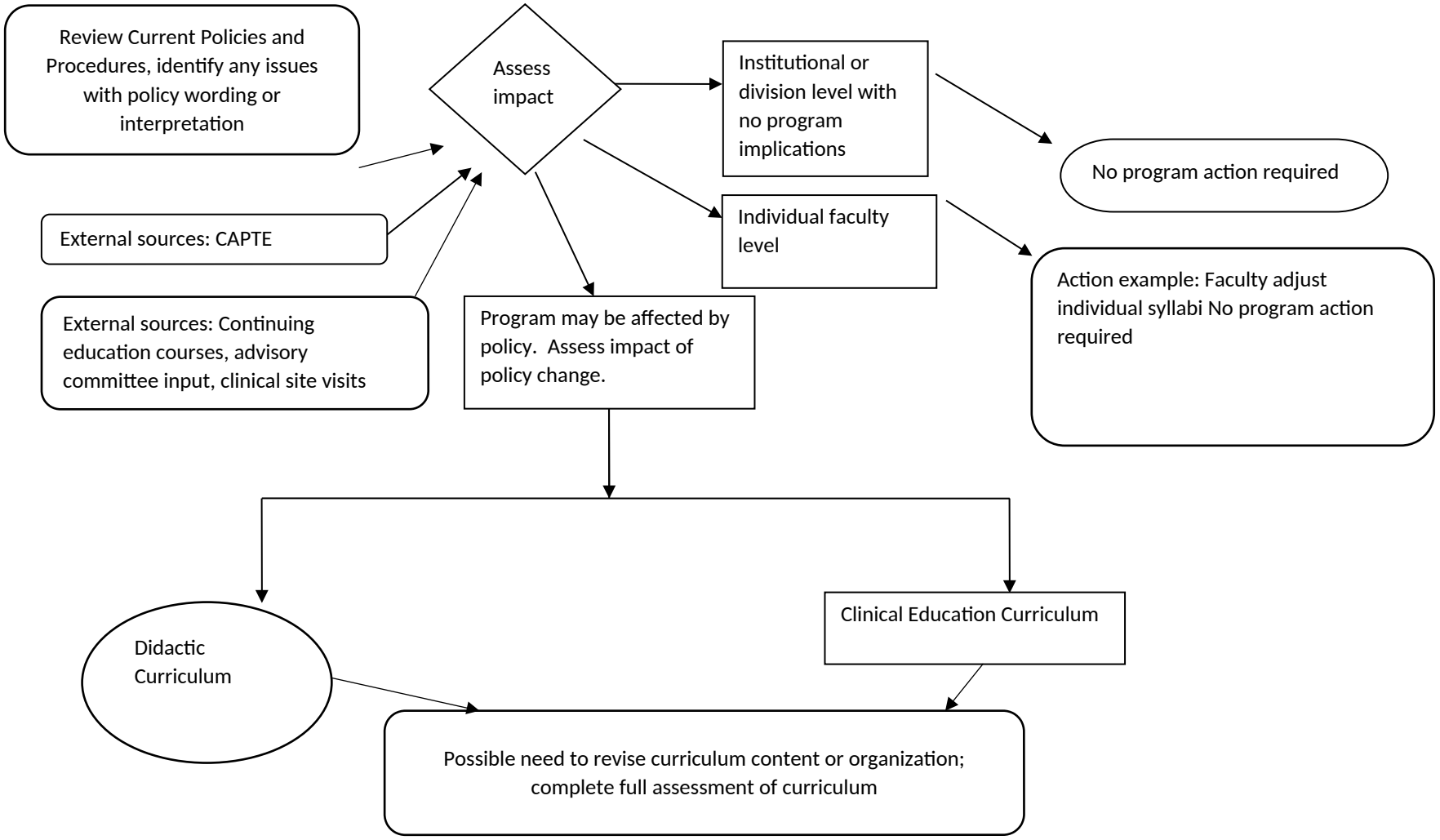
1. All core faculty review the program policy manual annually.
2. Policy or procedural changes are discussed by faculty with input from the Program Advisory Committee when advisable.
3. Policy or procedural changes are discussed with and approved by the Dean and Provost where necessary.
4. The Program Director distributes the revisions to the Dean and Provost's of the Program Policy manual.

Threshold: 100% for CAPTE requirement changes such as CAPTE Rules or Accreditation criteria, 100% for graduate employer surveys that fall below expected program outcomes.

Triggers: Initiates PT faculty meeting and to review program policies, curriculum, program goals, graduate outcomes to see if anything needs to be revised.

Responsible: Core Faculty

Program Policies and Procedures Flow Chart to Demonstrate Assessment Process for Policy and Procedure Changes



Herkimer County Community College

PTA Program Position Statement

Issue: **Release of Annual Physical and Immunization Records**

Description: The ACCE of the PTA Program at Herkimer County Community College must provide each clinical site that a student is scheduled to affiliate at a copy of the student's medical record (annual physical) and immunization record.

Position: The medical information is collected and updated annually. The ACCE keeps the information locked in her file cabinet. Prior to each affiliation, the ACCE/PTA Program Work Study scan the physical and immunization record (the individuals protected health information, PHI) and email it with other forms to the student's assigned clinical site. Reasonable measures must be taken to protect the confidentiality of this information.

Recommendations:

1. The ACCE will place a HIPAA policy statement in the Student Fieldwork Handbook.

2. The ACCE will inform each student that access to their PHI will be necessary to allow the student to participate in clinical affiliations.

3. The ACCE will ask each student to sign the Authorization for Release of Protected Health Information (PHI). If the student refuses to sign the Authorization form, the ACCE will not place the student in a clinical affiliation nor release their PHI.

4. The ACCE/Program Director/Student also recognizes that clinical affiliation requires the student to maintain confidential all information acquired during the clinical affiliation.

5. The ACCE/Program Director/Work Study Student will take reasonable safeguards to protect the confidentiality of the individual's PHI (e.g. all files should be maintained in a confidential manner, in a locked drawer with restricted access).

6. Upon conclusion of the clinical affiliations, the ACCE/Work Study Student should either return all PHI to the individual or appropriately dispose of such PHI (e.g. by shredding).

Herkimer County Community College

PTA Program

Authorization for Release of Protected Health Information

Information about you and your health is personal and Herkimer County Community College (HCCC) is committed to protecting the privacy of such information. In addition, your personal health information (PHI) is, in many cases, protected from use and disclosure by both State and Federal law. As a result, the ACCE will not send your PHI to a clinical affiliation unless you sign this form permitting the ACCE to use your PHI for this purpose. Please carefully read this form and the information set forth below before signing. If you have any questions regarding what is set forth on this document, please contact the campus privacy official or the State University Privacy Officer.

Student Name:_____

Address: _____

_____

Telephone #:_____(day) _____(eve)

_____(cell)

I hereby authorize the ACCE to collect, store and release information related to my medical record (annual physical and immunization record). By providing this authorization, I give permission to the ACCE to send a copy of my medical record to each CCCE at every clinical affiliation that I am assigned to during the course of my enrollment in the Herkimer County Community College PTA program. This authorization includes scheduled clinical affiliations during PT 206, PT 255 and PT 280 assignments and any special requests for health information from facilities for student field trips. I understand that I can rescind this authorization at any time thereby affecting future (but not past) affiliations and/or field trips. If not earlier rescinded by me, this authorization shall expire upon graduation from the PTA program.

_____ _____

Print Name of Student Signature of Student

_____

Date

Herkimer County Community College

PTA Program

Refusal to Release Protected Health Information

Information about you and your health is personal and Herkimer County Community College (HCCC) is committed to protecting the privacy of such information. In addition, your personal health information (PHI) is, in many cases, protected from use and disclosure by both State and Federal law. As a result, the ACCE will not send your PHI to a clinical affiliation unless you sign the form which permits the ACCE to use your PHI for this purpose.

Please carefully read this form and the information set forth below before signing.

Student Name:_____

Address: _____

_____

Telephone #:_____(day) _____(eve)

_____(cell)

I hereby **do not authorize** the ACCE to collect, store or release information related to my medical record (annual physical and immunization record). By signing this refusal:

I understand that the ACCE will not assign me to a clinical affiliation.

I understand that I will not be able to complete the PTA program at Herkimer County Community College.

_____ _____

Print Name of Student Signature of Student

_____

Date

Release Time Policy

Purpose: The College recognizes that, in addition to teaching, both the Program Director and the Director of Clinical Education of Herkimer's Physical Therapist Assistant program are required to perform administrative duties in order to meet national accreditation standards and guidelines. The College further recognizes that the Program Director's and Director of Clinical Education's administrative responsibilities exceed the scope of most faculty in other programs. The purpose of this policy statement is to ensure that both the Program Director and Director of Clinical Education have sufficient time to adequately perform required administrative functions essential to maintaining program accreditation.

Policy: Each academic year, the Program Director and Director of Clinical Education will be given, at their option, either a 10-contract hour reduction in teaching load as release time or additional payment as compensation in place of release time to perform administrative activities needed to maintain program standards and operating status.

Procedure: The Office of the Provost must receive notice of the option selected by the Program Director and Director of Clinical Education by February 1 preceding the academic year their option is to take effect.

Responsible: Program Director, Director of Clinical Education, Provost, Dean

Release Time Policy.pdf

Resource Policy

Purpose: To determine the program has adequate resources available to sustain the program.

Procedure:

1. We currently have the ability to admit 30 - 32 students and limit lab course sections to 10 – 12 students.
2. The core faculty discuss the requirements to sustain the labs that are currently offered.
3. The ACCE ensures there are sufficient clinical reservations available to place all students in all three clinical rotations.
4. Annual budget for the program is discussed by core faculty; set priorities for purchasing. Reference financial policy.
5. Periodically the core faculty review library holdings for adequacy; counselling services available to students; health services or options for emergency situations; computer labs for student use; help desk for faculty and student use; academic support services.
6. Permanent increases of enrollment of 10% annually must be pre-approved by CAPTE.
7. If approved by CAPTE and if the program was to increase the number of accepted students into the program resources would be impacted. The program director would discuss the needs of the program including: increasing the budget to cover additional lab materials, increasing the number of adjunct faculty to cover additional course sections and possibly the increased need for additional space allocated to the program. The ACCE would have to increase the number of clinical sites needed to place all students in all three clinical rotations. This may include establishing additional contracts with facilities to place our students in.
8. If the program was to decrease the number of accepted students into the program resources would also be impacted. The program director would discuss the decreased needs of the program including: budget decrease, adjunct sections decrease and need for less space. CAPTE would have to be informed.
9. If the program was to decide to not admit a class of freshman. CAPTE would have to be informed within one week of the decision. No resources would be needed.

Thresholds:

1. Admitting more than 3 sections of incoming freshmen.
2. The decision to not admit a class of freshman.
3. Review of library resources available indicates insufficient or out dated resources available, suggest additional holdings.

Responsible: Program Director, ACCE, Dean, Provost

Retention and Second Chance Policy

Purpose: Recognizing the demanding nature of the PTA program and to give students the opportunity to succeed in the program while protecting the healthcare field with adequately prepared safe healthcare providers. Students must earn a minimal grade to continue in the program.

Procedure:

1. Only students matriculated in the PTA may enroll in PTA courses.
2. Students enrolled in the Physical Therapist Assistant program are required to pass the following courses with a grade of "C+" or better to maintain their status in the PTA program:

PT 121	PT 142	PT 252
PT 131	PT 143	PT 260
PT 132	PT 251	PT 275
PT 141		

3. Students enrolled in the Physical Therapist Assistant program are required to pass the following courses with a grade of "C" or better to maintain their status in the PTA program:

SC 253 SC 254

4. Students should recognize that obtaining a grade of "C+" will give you a minimal chance to pass your National Board Examination. You should strive to attain higher grades in all science and technical studies.
5. In order to help recognize students who may be in jeopardy of falling behind, if you get less than a "B" on any unit test or if you fall behind in submitting your assignments, your instructor will require you to make an appointment and meet with the PTA Program Mentor during his scheduled hours on campus (times are posted and vary by semester).
6. Students must pass all practical examinations with a "B" or higher to pass a PTA Program class.
7. Students enrolled in these required courses earning less than a "C+" in PTA classes or "C" in science classes will be dropped from the PTA program.
8. The Program Director notifies the Dean with a list of students who fail to obtain the required grade in either PTA classes or anatomy.
9. The Program Director sends a letter to the students dismissing them from the program.
10. Students failing to obtain the required grade during either the first or second semester **or** who don't immediately return after a third or fourth semester failure **or** who willingly drop who wish to return to the program must reapply to the program through admissions by completing an application to the program. You enter the pool of new

applicants and compete for a seat in the program with other incoming students. *There is no guarantee of a seat in the next class.

11. Students failing to obtain the required grade during either the third or fourth semester who wish to return to the program must send a letter to the Program Director requesting readmission. The program faculty will review the academic record of the student. Readmission will be based on seat availability and prior academic performance. The applicant will have a special learning contract designed to facilitate success.
12. Students must pass all clinical affiliations with a grade of "PASS". Failure of a clinical course is the same as failure of a didactic course; it must be immediately addressed. The ACCE may elect to have them scheduled for an "off step" clinical sequence. Based on the areas of clinical deficiency, the student receives and signs a learning contract for remediation. Once the remediation is completed, the ACCE will reschedule the clinical affiliation.
13. At no time can the program be attempted more than two times. However the Provost may consider extraordinary circumstances (e.g. medical leave) in granting a student one additional attempt at the program.

Responsible: All

Implementation of Retention/Second Chance Policy

Student Responsibilities

PTA Major

I. If a student is dismissed and wishes to return to the program in any of the following instances:

- after failing to obtain the required grade (C+ in PTA Program classes, C in Anatomy and Physiology classes) during either the first or second semester
- not immediately returning after a semester
- who willingly drops the program who wish to return to the program

The student proceeds as follows:

A. Are not eligible to enroll in the PTA courses for the next semester.
B. Must reapply to the program and compete with the incoming class. This includes a letter to the Program Director outlining the student's goals for success as well as providing any outstanding documentation required in the standard application process.
C. Anatomy and Physiology I must be completed before this application is made; A & P II is highly recommended.
D. Readmission is not guaranteed. The student will register for and repeat the entire first year of PTA classes before proceeding in the program.
E. If readmitted, this is a one-time opportunity.

II. If student is in the third, or fourth semester and have failed to obtain the required grade of C+ in PTA Program classes, they:

A. Must write a letter to the Program Director indicating their intent to return to the program.
B. After reviewing the letter and academic history and if there is a seat available, the student may be asked to interview with the PTA Advisory Committee.
C. If readmitted, the student will sign a learning contract. In any case there will be no time between failure and return. The student will register for and repeat the previous semester's classes before proceeding.
D. Readmission is not guaranteed.
E. If readmitted, this is a one-time opportunity.

III. If the student has not successfully completed a fieldwork experience (failed to receive a grade of "S"), they are informed that:

A. They must repeat the fieldwork experience.
B. Based on the areas of clinical deficiency, the student receives and signs a learning contract for remediation.

C. The student must acknowledge and accept personal responsibility for the failure.
D. The student may enroll in the next courses within the didactic portion of the curriculum.
E. The student must complete remediation as determined by the ACCE based on clinical performances.
F. The student must complete the missed fieldwork prior to beginning additional fieldwork.
G. The student must accept the location of the rescheduled fieldwork as determined by the ACCE.
H. The student acknowledges that this is a one-time opportunity.

Retention and Second Chance Policy – Appeal Process

Intent: As previously stated, students may reapply and restart the program after a course failure if there is room in the incoming class or return from a second year failure following the stipulations in the "Implementation of Retention/Second Chance Policy Student Responsibilities." This is a one-time opportunity. In the event that a student fails an additional course within the curriculum, they will automatically be dismissed. The student may make a one-time appeal for reconsideration in writing to the Appeals Committee.

The Appeal: This is written justification that the student must submit. The appeal must outline the reasons that you feel your appeal is worth consideration by the Committee. It must also contain the personal strategies that you intend to use to remain in good standing throughout the rest of your student career.

The Appeals Committee: May consist of the Provost, Dean, PTA Program Director, PTA Program ACCE and by invitation, any faculty in whose course the student fails to pass with a "C" (in science classes) or a "C+" (in PTA classes).

The Process: The Appeal Committee will review the student's appeal letter, examine the past academic history and render a decision, which may not be appealed regarding a last chance re-entry into the PTA program. Readmission would only occur if there is room in the incoming class. If readmitted the readmission is probationary. The student must demonstrate discernible progress. Special conditions may be imposed, e.g. frequent appointments with the Advisor, the PTA Program Mentor, referral to the Academic Support Center, or enrollment in structured study opportunities. The student will be notified in writing of the Committee's decision.

Responsible: Provost, Dean, Program Faculty, Student, additional faculty as needed

Safety Policy

Purpose: To ensure instructor, student and volunteer safety in the lab, ACCE on the road and student safety on clinical affiliations or observations.

Procedure:

A. Equipment: Safety and Inspection
   1. Every year, in preparing the budget, an equipment safety line is inserted into the program request.
   2. The Program Director is responsible to contact and set up the equipment safety and calibration with a service company every year.
   3. The company performing calibration and safety checks appropriately labels the equipment with the date of the inspection.
   4. The Program Director maintains the records of these annual calibration and safety checks.
   5. Equipment that is loaned to the program must have safety labels in place in order to be used in the lab.

B. Equipment: Safety and Student Use
   1. Electrical equipment is stored in the locked cabinets in the lab and brought out for student instruction in class.
   2. Students may only use equipment that they have been trained on during a supervised lab.
   3. Students may continue practice with equipment in an open lab with a faculty member present.
   4. Students are thoroughly taught contraindications before being allowed to use equipment on their fellow students.
   5. Lab competency rubrics include safety (knowledge of) contraindications and safety in application techniques. No student is able to pass a competency who hasn't mastered safety and or techniques.

C. Safety: Personal
   1. Hand washing techniques are taught in PT 131 Basic Procedures and competency tested in the first semester prior to any off campus observation.
   2. Appropriate use of personal protective devices for use with exposure to blood and body fluids is taught in PT 121 Introduction to Rehabilitation in the first semester prior to any off campus observation.
   3. Students are taught the appropriate application of personal protective devices in PT 143 Advanced Procedures and competency tested in the second semester prior to any off campus observation.
   4. An introduction to blood borne pathogens is taught in PT 121 Introduction to Rehabilitation in the first semester prior to any off campus observation.

5. Students are asked to acknowledge the training on exposure to blood borne pathogens and also to make an informed decision regarding having the HBV vaccination.
6. Students receive instruction and competency testing in correct body mechanics, save lifting and transfer techniques in PT 131 Basic Procedures.
7. Students should not schedule elective surgery during class. You must be fully able to perform all techniques, actions and competencies in class.

D. Emergency in Lab: Student or Instructor
   1. Introduction to safety in the lab begins with the student orientation to the program.
   2. In the Student Handbook, students are instructed to notify the instructor of an emergency immediately and the instructor is to notify Campus Safety at 911.
   3. If the emergency involves the instructor, the student is to use the classroom phone to call Campus Safety at 911.
   4. A copy of the emergency procedures is posted in the lab and in the faculty office.

E. MSDS
   1. The program collects MSDS sheets on materials stored in the lab.
   2. MSDS sheets are kept in the faculty office.
   3. Safe handling of chemicals and water additives is taught using appropriate personal protective devices.

F. Clinical Safety: ACCE
   1. The ACCE files a travel request for an off campus activity.
   2. If the ACCE chooses to use a College vehicle for the site visits, the College policy provides coverage in the event there is an accident.
   3. If the ACCE uses their own vehicle, the primary coverage is the car owner's own policy (as per NYS insurance laws) and the College policy provides excess coverage.
   4. The College also has comprehensive general liability coverage. It covers bodily injury and/or property damage claims on or off campus if on College-related business.

Clinical Safety: Student Clinical Affiliation

1. By contract, the clinical facility agrees to advise the student as to how he/they should obtain emergency medical care if it were necessary during the affiliation.
2. Each student must practice hand washing, use personal protective devices and take all safety precautions as taught in the program to ensure their personal safety on a clinical affiliation.
3. Each student must follow the procedures for clinical safety (first aid, eyewash station, fire) as directed by their clinical faculty.
4. Students must be able to perform all clinical expectations, as if it was their job. They may not be considered as light duty or restricted duty as it will impact their learning,

patient safety, and their clinical safety. Student must have a medical release from their doctor stating any restrictions. If reasonable accommodations will not impact their learning, the ACCE may request sites to consider making an accommodation. If they cannot, the clinical will be rescheduled. This decision is completely up to the ACCE, and their clinical knowledge of the placements demands.

G. Clinical Safety: Student Clinical Observation
   1. It is not expected that the student will have direct patient contact during an observation. However, each student must at all times be aware of and practice hand washing, use personal protective devices and take all safety precautions as taught in the program to ensure their personal safety on a clinical observation.
   2. Each student must follow the procedures for clinical safety (first aid, eyewash station, fire) as directed on their clinical observation.

Responsible: All

Self-Assessment Policy

Purpose: To produce PTA graduates who are competent in the areas of practice and are able to direct future educational needs through self-assessment. Students in the Physical Therapist Assistant curriculum are expected to reflect on their performance in the laboratory and during practical examinations. Students will also use the Professional Behaviors to help in the self-assessment process.

Procedure:

1. You may be asked to self-assess your level of participation in a class.
2. At other times you may be asked to critique your own performance and to suggest alternative actions that you could have or should have used.
3. After receiving practical examination feedback from the instructor and self-evaluating through reflection, you are expected to demonstrate a change in your skill performance.
4. You will complete the Professional Behaviors form each semester and document your personal growth towards entry level competence.

Responsible: All

Sexual Harassment

Sexual harassment is defined by the Equal Employment Opportunity Commission as: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, explicit or implied, … when they are accompanied by one or more of the following conditions: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual‘s employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual‘s work performance or creating an intimidating, hostile, or offensive working environment.

The guidelines quoted above from the Equal Employment Opportunity Commission apply only to employment. However, sexual harassment of students is of comparable concern to Herkimer College. Title IX of the Education Amendments of 1972, which is intended to eliminate discrimination on the basis of sex in educational programs and activities, similarly prohibits sexual harassment of students.

Implicit in the legal definition of sexual harassment is the assumption that such behavior prevents the realization of the victim‘s full potential as a student or employee. A person in a responsible position sexually harassing another who reports to him or her, or whose academic progress can be influenced by him or her (an instructor-student relationship) is robbing the victim of the freedom to work or to study at the level of his or her best performance. For this reason, sexual harassment is considered unethical and unprofessional, as well as illegal behavior. In an effort to prevent sexual harassment, sexual relationships between any employees and students or supervisors and subordinates is strongly discouraged.

Consider the classroom setting as your workplace and the HERKIMER COLLEGE Board Policies for Sexual Harassment policy applies with student-to-student interaction.

Discriminatory-Haras
sment-Prevention-Pol

Herkimer College
Sexual Assault Preven

Sexual Harassment on Clinical Affiliation

Statement: The student will not sexually harass a patient and the student will not become a victim of sexual harassment while on clinical affiliation. It is imperative that the student understand what constitutes sexual harassment and what to do about it if it occurs. For example it can take many forms, including: unwanted physical contact like touching and grabbing, rude jokes or suggestive remarks, inappropriate staring, embarrassing whistles or similar sounds or insulting remarks about sexual orientation. If you are uncomfortable it is inappropriate. Reporting a situation that makes you uncomfortable will not negatively affect your clinical or how you are graded.

Purpose: to identify the students responsibility if sexual harassment should occur when you are on clinical.

Procedure:

1. Don't wait until the patient leaves excuse yourself e.g. say you need a piece of equipment and leave the patient.
2. Go to your CI and explain what happened.
3. Your CI will take over the session and not reschedule the patient to you in the future or allow the situation to reoccur.
4. If you feel the situation has not resolved call the ACCE immediately.

Responsible: ACCE, Students, CI

Skill Competency Policy

Purpose: To develop student skill checklists that cover all of the components of data collection and the components of interventions to guide and assist the student in practicing and performing the skill sets safely, correctly and effectively.

Procedure:

1. The faculty will develop skill rubrics for each competency area in their respective teaching assignments.
2. Each faculty member teaching the class in which the competency is tested identifies the critical safety components.
3. Each rubric will include:
   - A patient orientation section
   - A professional behavior section
   - A safety section
   - A technique section
4. The faculty members review the rubrics in the department meetings.
5. The faculty members consult with the Advisory Committee at least annually for clinical input.
6. The rubric is given to the students when the data collection or the intervention techniques are taught.
7. The student is judged to be competent when able to perform components of data collection and components of interventions safely, correctly, effectively, with knowledge of indications, contraindications, precautions, and the effects of the physical therapy interventions.
8. The safety component of the intervention rubric must be passed or the student fails the competency.
9. The competency must be passed with the minimum grade of a “B” (4/5 or 8/10).

Responsible: All

Skill Checklist Policy

Purpose: To ensure student competency in specific skill areas during clinical affiliation.

Procedure:

1. Student is provided with skills checklist prior to going out on clinical rotation and given an opportunity to review and ask questions to the ACCE if needed.
2. Student is expected to practice as many skills as possible that are appropriate for that clinical setting in which they are practicing.
3. Student will review and add to the skills checklist for each clinical rotation (PT 206, PT 255, PT 280).
4. Student will have completed the practice of each skill by the end of PT 280.
5. ACCE ensures that all areas of checklist have been completed and maintains record of each student's skills checklist for 2 years.

Responsible: ACCE, Student, CI

Statement on Academic Standards and Professional Behavior

Students enrolled in the HERKIMER COLLEGE PTA Curriculum must be aware that satisfactory academic progress includes demonstrating positive interpersonal skills, professional behavior, ethical behavior, and safe clinical practice at all times. You will be graded in each of your PTA classes for each of the following skills. Unsatisfactory behavior in any of these areas may be reason for course failure, denial of fieldwork placement, and possible academic dismissal.

The student adequately demonstrates:

Interpersonal Behavior:

PT 121 Introduction to Rehabilitation
PT 131 Clinical Procedures I – Basic Procedures
PT 132 Clinical Procedures I – Physical Agents
PT 141 Clinical Kinesiology
PT 142 Clinical Procedures II – Data Collection
PT 143 Clinical Procedures II – Advanced Procedures
PT 251 Clinical Procedures III – Ortho
PT 252 Clinical Procedures III – Neuro
PT 260 Clinical Procedures IV – Complex Interventions
PT 275 Clinical Procedures IV – Other Systems

Professional Behaviors, Ethical Behaviors, Safe Practice:

PT 121 Introduction to Rehabilitation
PT 131 Clinical Procedures I – Basic Procedures
PT 132 Clinical Procedures I – Physical Agents
PT 141 Clinical Kinesiology
PT 142 Clinical Procedures II – Data Collection
PT 143 Clinical Procedures II – Advanced Procedures
PT 251 Clinical Procedures III – Ortho
PT 252 Clinical Procedures III – Neuro
PT 260 Clinical Procedures IV – Complex Interventions
PT 275 Clinical Procedures IV – Other Systems

Samples of Professional Behavior

Demonstration of Professional Behavior would include but would not be limited to the following examples:

- positive attitude toward peers and instructors
- takes initiative to enhance own knowledge
    - reads assigned material
    - discuss relevant subject matter from periodicals, television, and other sources
    - submits own work
- treats others with respect
- works effectively in a group, shares responsibilities
- manages time and material wisely
    - is on time for class, meetings, fieldwork, field trips and observations
    - hands in assignments on time
- takes advantage of available resources
- seeks assistance when needed
- uses proper body mechanics
- demonstrates safe procedures at all times
- wears appropriate dress for all occasions, i.e. lab clothes at the beginning of each lab, professional dress for all observations, workshops, practical exams or competencies, and fieldwork
- offers opposing opinions in a constructive manner
- verbally communicates ideas in a clear, organized manner
- writes clear sentences, is able to express thoughts intelligently
- respects privacy of others
- respects dignity of others
- is of good moral character as defined by the New York State Department of Education
- refrains from use of profanity
- refrains from discussing personal issues with patients
- keeps in-class discussion limited to relevant topics
- observes PTA Student Code of Ethics

Strategic Planning

Purpose: to plan for short- and long-term issues for the program that result from assessment, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.

Procedure:

1. The core faculty annually review the strategic plan.
2. Short term planning may result from:
    - Issues or concerns that are raised during the entire curriculum review that is conducted by the Program Director and ACCE.
    - Outside agencies affecting accreditation such as CAPTE and SUNY
    - CSM attendance resulting in content to add or assess
    - Clinical site visits or Fieldwork Experience Assessment Form regarding the clinical placement
    - Advisory Committee Meetings
3. Long term planning reflects where we plan to go in the next 3 – 5 years.
4. The core faculty review the program's strategic plan with the Dean and seek feedback and suggestions at least annually.
5. The core faculty incorporate the dean's suggestions in the plan.
6. The core faculty review the strategic plan with the advisory committee annually enabling the committee to share in the strategic planning process.
7. The advisory committee suggestions are incorporated into the strategic plan.

Responsible: Core faculty, Dean

Student Outcomes, Program Goals and Objectives Policy

Policy: The PTA Program faculty will review Student Outcomes, Program Goals and Objectives annually for relevance within the College's and program's mission and philosophy.

Purpose: To determine if program goals, objectives and student outcomes are current or require revision.

1. The Program faculty will review the Student Outcomes, Program Goals and Objectives annually in a department meeting.
2. The faculty reviews the materials with the Advisory Committee.
3. Revisions or program changes may be made depending on the curriculum review.

Responsible: All

Student Perseverance Policy

Purpose: In order to complete the program and graduate as an employable PTA, students must adhere to all attendance and timeliness policies, submission of all assignments policy, and the minimal required grade (class, lab practicals, program GPA) to continue in the program policy.

Procedure:

Mandatory Orientation and Handbook

1. Mandatory Orientation is held prior to class start to inform students of all program requirements.
2. Students receive, read and sign the agreement to accept handbook.

Attendance and Timeliness

3. Attendance is mandatory.
4. If a student is unable to be in class due to a significant medical issue, e.g. emergency appendectomy, the student must inform the instructor by phone or email.
5. Missed labs must be made up.
6. Students will be referred to the PTA Mentor for absences.
7. Timeliness is essential. A student who is tardy impacts the whole class's ability to learn.
8. Missed classes impact your grades unless it's a medical emergency. Tardy attendance affects your grade. Refer to the attendance policy and class syllabi for specific details on attendance and tardiness.
9. All assignments must be submitted on time. Refer to Time Management Policy for details.

Minimal Grades to Continue in Program

1. The student must achieve a minimal grade of C+ in all PTA classes, a B in all lab examinations and a C in all Anatomy and Physiology classes.
2. Students who receive less than a B in PTA classes will be referred to the PTA Mentor (see Mandatory Study Group Policy).
3. Students are advised to see the Anatomy and Physiology instructor and to seek extra assistance from the Anatomy and Physiology tutor if they are struggling to achieve the minimal grade of C. Note: students who achieve a B in the Anatomy and Physiology courses do better in Kinesiology.
4. The student must maintain a minimal GPA of 2.5 to go out on their final clinical rotation.
5. Students who do not maintain the required grades will be dismissed from the program. Refer to retention and second chance policy.

Responsible: All

Student Privacy Policy

Purpose: Students records and concerns are private. Students have the opportunity for private meetings with faculty.

Procedure:

Advising:

1. Students may see their advisor during office hours or by appointment in the private faculty offices.
2. The student may request that no one else comes in during the meeting or to have the office door closed.
3. When students are receiving grade information as a class they are requested to line up outside of the office door until it is their turn and to stay on the door side of the instructor's desk during their turn so that other student's grades are not visible.

Counseling:

1. If a student is referred to counseling, it will be done in private in the faculty offices. Depending on the circumstances, more than one faculty member may be present to suggest the referral to the student.
2. The referral may involve an immediate phone referral to counseling if the need for immediacy is evident. A paper referral may be sent to counseling.

Program Issue:

1. In the event a significant program issue arises in either the classroom or during a clinical, both faculty members will meet with the student in one of the program offices or in the Division conference room.
2. The Dean may be requested to either be available or attend the meeting.

Clinical Records:

1. The ACCE maintains individual health records and clinical records in a locked drawer in her office.
2. Health records are shredded after the student leaves the program.
3. Clinical records are maintained for two (2) years and then shredded.

Additional information on confidentiality is located in the PTA Program Student Confidentiality Agreement.

Responsible: All

Suspected Substance Abuse Policy

Purpose: Students must be unimpaired in the classroom and in the clinical setting. Safety of fellow classmates and patients are of upmost importance.

Procedure:

On Campus:

1. If a student appears to be impaired or smells of alcohol, they will be asked to leave class and visit the nurse and the Dean.
2. If you suspect drug or alcohol impairment in a classmate, you are to immediately inform your instructor.
3. If this occurs a second time, the student will be removed from the program.
4. It is the student's responsibility to inform the instructor if they have had a medical procedure, are taking pain medication post procedure or if they have started a new medication regime prior to attending class.

On Clinical Affiliation:

1. It is the student's responsibility to inform the ACCE and clinical instructor if they have had a medical procedure, are taking pain medication post procedure or if they have started a new medication regime prior to attending the clinical.
2. If a student appears to be impaired or smells of alcohol, they will be asked to leave the clinical site.
3. The clinical instructor will contact the ACCE.
4. The student will be required to return to campus and meet with the ACCE and Program Director within 24 hours of being dismissed. If the dismissal occurs on a Friday, the student will be seen on the following Monday.
5. The impaired student:
    - Will be removed from the clinical site.
    - Will fail the clinical rotation.
    - May be out of the program immediately if this has occurred previously in the classroom.

Responsible: All

Time Management Policy

Purpose: Students in the Physical Therapist Assistant curriculum are expected to demonstrate excellent time management skills. You are entering a health care field that necessitates timeliness in all aspects of your professional life. You will be held to those standards as a student in this curriculum.

Procedure:

1. All assignments are due on the assigned date. Tardiness will result in the lowering of your grade per instructor's policy.

2. All assignments must be typed unless otherwise specified by the instructor.

3. All assignments must be turned in, in order to successfully complete a PTA course. Failure to submit all work by the last scheduled class will result in the automatic assignment of a failing grade (F).

4. It is the student's responsibility to notify the instructor of any absence before missing that class.

5. It is the student's responsibility to see the instructor as soon as possible after any absence to make up missed coursework. Missed labs must be made up.

6. It is the student's responsibility to balance the demands outside of the classroom and to meet all due dates and expectations of the program.

Responsible: All

Transfer Policy

Statement: Herkimer College is unique in how we have organized our program to comply with CAPTE standards. We want to graduate students who meet all of our program goals and outcomes. All PTA programs select how they organize their materials. There is no expectation or guarantee that a course will have the same content from one college to another.

Purpose: To ensure that students graduating from our PTA program have completed all content in our program we have determined we will **NOT accept transfer credits** to substitute for PTA specific technical classes. The registrar determines transfer credit for anatomy and physiology courses, general education courses and physical education courses.

Process:

1. Our admissions are competitive. If an applicant who left or was dismissed from another program meets our admission requirements they will be required to complete all of the PTA technical courses including all didactic and clinical components.
2. The student registers in the first semester and proceeds through the curriculum.

Exception: In the event we are approached by the program director of a closing program, we reserve the right to examine course syllabi with the registrar to determine if the student has completed all of the elements of our first semester in their most recent semester. The closing program director must provide program policy evidence that there is no way a student can pass a course without passing all competencies and practical exams. The student must meet our competitive admissions requirements.

If they have achieved a minimum grade of C+ and if there is no way they can pass a course without passing all competencies and practical exams with a minimum grade of a B, we may consider admission into the second semester of our program. It is essential that there are no gaps in time in order to comply with the rules we have set for our enrolled students. We may also require the student demonstrate competency in all of our psychomotor components prior to making an admission decision.

Responsible: Program Director, ACCE, Dean, Registrar, Admissions specialist