

McLennan
C O M M U N I T Y
COLLEGE

PHYSICAL THERAPIST
ASSISTANT
PROGRAM
HANDBOOK

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Introduction

Welcome to the McLennan Community College Physical Therapist Assistant Program. We want to provide our students with the tools necessary to enter the profession of Physical Therapy as a Physical Therapist Assistant. In order to do that we will be adding depth and breadth to your existing academic base, introducing new information and skills as well as developing clinical reasoning (critical thinking) skills in order to make you a safe, ethical and effective practitioner.

The McLennan Community College Physical Therapist Assistant Program accepted the first class of students in 1985. The program was originally granted accreditation status by the Commission of Accreditation in Physical Therapy Education in May of 1987 and most recently in April of 2011. All information regarding retention rates, graduation rates, and professional licensure examination pass rates can be found on our website at: <http://www.mclennan.edu/allied-health/physical-therapist-assistant/>

The PTA program is a two-year associate degree program which begins each fall semester. Students must be a minimum of 18 years of age and a high school (or equivalent) graduate in order to apply to the PTA program. Students earn an Associate of Applied Science Degree upon successful completion of the program and become eligible to take the national licensure examination approved by the Texas Board of Physical Therapy Examiners. Graduates of the program who pass the licensure examination receive a Physical Therapist Assistant license and may use the designation of Licensed Physical Therapist Assistant.

Students in the PTA program at McLennan Community College are eligible for (and encouraged to obtain) student membership in the Texas Physical Therapy Association and the American Physical Therapy Association allowing students access to the benefits of membership.

Equal Opportunity Statement

McLennan Community College provides equal educational opportunities to all individuals and does not discriminate against any individual regardless of race, color, religion, national or ethnic origin, gender, disability, age, veteran status, genetic information, sexual orientation, gender identity, pregnancy, or other legally protected category in its educational programs, activities, or employment.

<http://www.mclennan.edu/employees/policy-manual/docs/E-XXXIV.pdf>

Title IX

We care about your safety, and value an environment where students and instructors can successfully teach and learn together. If you or someone you know experiences unwelcomed behavior, we are here to help. Individuals who would like to report an incident of sexual misconduct are encouraged to immediately contact the Title IX Coordinator at titleix@mclennan.edu or by calling Dr. Drew Canham (Vice President for Student Success) at 299-8645. Individuals also may contact the MCC Police Department at 299-8911 or the MCC Student Counseling Center at MCC by calling 299-8210. The MCC Student Counseling Center is a confidential resource for students.

McLennan's Title IX webpage (<http://www.mclennan.edu/titleix/>) contains more information about definitions, reporting, confidentiality, resources, and what to do if you or someone you know is a victim of sexual misconduct, gender-based violence or the crimes of rape, acquaintance rape, sexual assault, sexual harassment, stalking, dating violence or domestic violence.

Program Contact Information

Mailing Address:

McLennan Community College
Physical Therapist Assistant Program
1400 College Dr
Waco, TX 76708

The MCC Physical Therapist Assistant Program is located in wing C of the Community Service Center building on campus. Phone: 254-299-8715

Building Physical Address:

Community Service Center Building (CSC)
4601 N. 19th Street
Waco, TX 76708

Accreditation

The Physical Therapist Assistant Program at McLennan Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

The Commission on Accreditation in Physical Therapy Education (CAPTE)

1111 North Fairfax Street

Alexandria, VA 22314

Phone: 703-706-3245

accreditation@apta.org

<http://www.capteonline.org>

Administration

The McLennan Community College (MCC) Physical Therapist Assistant Program is housed with MCC's Health Professions. Administration for the Health Professions includes:

Ms. Glynnis Gaines, MSHS
Dean of Health Professions

Dr. Fred Hills, PhD, MDiv, MS
Vice President of Instruction

Advisory Committee

The Program's advisory committee is composed of Physical Therapists, Physical Therapist Assistants and administrators from local hospitals and clinical facilities. McLennan Community College faculty from applicable subject matter courses and Baylor University faculty and administrators. All of whom help contribute to keeping the educational rigors of the PTA program appropriate to serve the Waco and surrounding communities. The committee meets on an annual basis to review and discuss the needs, progress and future of the program.

PTA Faculty

Heather Davis, PT, MS
Program Director/ Professor
hdavis@mclennan.edu

Stacy Fancher, PT, MS, FAAOMPT
Clinical Director/ Professor

Carol Jackson, PTA, BS HSM
Adjunct Faculty

Statement of Purpose

McLennan Community College Mission Statement

Our mission is to improve the lives of our students and our community through education.

PTA Program Mission Statement

The mission of the McLennan Community College Physical Therapist Assistant program is to facilitate the development of critical-thinking skills, clinical competencies and ethical decision-making behaviors in accordance with the Physical Therapy profession to produce exemplary physical therapist assistant clinicians who contribute to our profession and community.

PTA Program, Faculty & Graduate Goals

Program Goals

1. Develop within students' solid metacognitive strategies to promote effective critical thinking and life-long learning strategies.
2. Produce graduates who can meaningfully contribute to the profession and provide the highest standard of patient care as a member of a rehab team.

Faculty Goal

1. Faculty will model professionalism through professional advancement, contemporary practice, and/or engagement in the profession of physical therapy.

Graduate Goals

An entry-level physical therapist assistant and graduate of the program will demonstrate:

1. The ability to work under the direction and supervision of a physical therapist in an ethical, legal, safe and effective manner that reflects an understanding of the role and responsibilities of the PTA within the physical therapy delivery system.
2. The ability to use critical thinking, clinical reasoning, judgment, and problem-solving skills to apply evidence-based physical therapy interventions.
3. The ability to work both intra- and inter-professionally by the effective use of written, oral and nonverbal communication with patients, families, colleagues, health care providers, and the public.

4. The ability to interact with patients and families in a manner which provides the desired psychosocial support including the recognition of cultural differences.
5. The ability to be a lifelong learner by keeping current with evidence-based professional practice.
6. Active involvement in professional development, leadership, and advocacy.

American Physical Therapy Association and the of the PTA

The American Physical Therapy Association (APTA) is a national organization servicing physical therapists and physical therapist assistants by providing educational opportunities, updates of recent developments in the field, evaluations of political issues directly affecting the profession, and posting of available job openings around the country. Membership in this organization also gives you membership in the State (Texas Physical Therapy Association, TPTA) and the local organization (Heart of Texas District). This membership gives you access to national, state, and local publications on physical therapy as well as web access to evidence based/informed research. You are able to become a member as a student PTA at a reduced rate.

The MCC faculty support the professional association and are active members. The PTA program strongly encourages students to join the association by completing the application and submitting the application fee. The APTA website is: www.apta.org. Follow the student link to membership.

PTA Definition

The physical therapist assistant (PTA) is a licensed health care worker who assists the physical therapist (PT) in the provision of physical therapy services to the patient/client population. The PTA is a graduate of a physical therapist assistant program accredited by CAPTE, an agency recognized by the Secretary of the United States Department of Education or the Council on Post-secondary Accreditation.

PTA Utilization

The PTA is required to work under the direction and supervision of a licensed PT. The PTA may perform physical therapy procedures and related tasks that have been selected and delegated by the supervising PT. Where permitted by law, the PTA may also carry out routine operational functions, including supervision of the physical therapy aide or equivalent, and documentation of treatment progress. The ability of the PTA to perform the selected and delegated tasks shall be assessed on an ongoing basis by the supervising PT. The PTA may, with prior approval by the supervising PT, adjust specific treatment procedure in accordance with changes in patient status.

When the PT and the PTA are not within the same physical setting, the performance of the delegated functions by the PTA must be consistent with safe and legal physical therapy practice and shall be predicated on the following factors: complexity and acuity of the patient's needs; proximity and accessibility to the PT; supervision available in the event of emergencies or critical events; and type of setting in which the service is provided. The PTA shall not perform the following physical therapy activities: interpretation of referrals; physical therapy initial evaluation and re-evaluation; identification, determination or modification of plans of care (including goals and treatment programs); final discharge assessment/evaluation or establishment of the discharge plan; or therapeutic techniques beyond the skill and knowledge of the PTA.

Source: APTA Policies and Executive Council of Physical Therapy and Occupational Therapy Examiners.

PTA Program Essential Functions (Technical Standards)

The position of the Physical Therapist Assistant in various health care settings has specific academic, physical and mental requirements. The PTA must be able to administer and manage patient care and treatment under the direction and supervision of and following evaluation by a Physical Therapist in accordance with the rules of the Texas Board of Physical Therapy Examiners.

Graduate of a Commission of Accreditation in Physical Therapy Education accredited program for physical therapist assistants and current license or eligibility for licensure by the State of Texas.

The following skills are REQUIRED in the Physical Therapist Assistant Program as well as the clinic/job setting:

Physical and Mental Requirements:

1. Satisfactory verbal, reading and writing skills to effectively and promptly communicate in English;
2. Sufficient eyesight to read paper or computer-generated medical records; read instrument panels; apply therapeutic modalities such as ice, heat and electrical stimulation; monitor patients for adverse reactions to treatment; adjust assistive devices; and make visual observations regarding posture and functional abilities such as bed mobility, transfers and ambulation;
3. Sufficient hearing to communicate with patients and other members of the health care team, monitor patients by hearing instrument signals and alarms;
4. Sufficient smell to assess patient status and maintain a safe practice environment;
5. Sufficient fine touch discrimination to palpate pathologic changes in soft tissue;
6. Sufficient fine and gross motor coordination to manipulate/ operate equipment controls and to perform manual treatment/assessment techniques including, but not limited to, massage, ultrasound, electrical stimulation, stretching, neuromuscular re-education, goniometry and manual muscle testing;
7. Satisfactory physical strength to transport, move or lift patients requiring all levels of assistance and to perform prolonged periods of standing, walking, sitting, bending, crawling, reaching, pushing and pulling;
8. Satisfactory intellectual, emotional, and interpersonal skills to ensure patient safety, to exercise independent judgment and discretion in the performance of assigned responsibilities, and to interact with patients, families, and other health care workers.

Essential Functions of the Job (Other job duties may be required)

1. Administers physical therapy treatment in a safe manner as planned and directed by the Physical Therapist to assist patients to meet the goals defined in the evaluation in accordance with the rules of the Texas Board of Physical Therapy Examiners
2. Monitor patient progress and response to physical therapy treatment recognizing and reporting to the Physical Therapist needs for program change, reassessment and/or discontinuation of treatment
3. Documents patients progress and status at discharge in the medical records according to departmental policies
4. Participates in patient and/or family education which may include instructions in home exercise programs.
5. Provide direct supervision of physical therapy aides when delegating patient treatment

Physical Therapist Assistant Student Characteristics

1. Responsibility for own learning
2. Commitment to completing program
3. Ability to self-reflect
4. Appropriate use of metacognitive strategies
5. Values congruent with those of health care personnel
6. Responsibility for demonstrating attitudes and behaviors expected of the PTA
7. Effective interpersonal skills, including sensitivity to diversity
8. Responsibility for timely and accurate communication with all individuals involved in the program
9. Responsibility for adhering to institutional and program policies and procedures as documented in student handbooks
10. Active participation and partnering in the planning and preparation for the clinical education experience
11. Awareness that a legal and binding contract exists between the academic program and clinical site
12. Responsibility for participation in the ongoing assessment of all aspects of the PTA program

Accommodations/ADA Statement

Any student who is a qualified individual with a disability may request reasonable accommodations to assist with providing equal access to educational opportunities. Students should contact the Accommodations Coordinator as soon as possible to provide documentation and make necessary arrangements. Once that process is completed, appropriate verification will be provided to the student and instructor. Please note that instructors are not required to provide classroom accommodations to students until appropriate verification has been provided by the Accommodations Coordinator. Instructors should not provide accommodations unless approved by the Accommodations Coordinator. For additional information, please visit mclennan.edu/disability.

Students with questions or who require assistance with disabilities involving physical, classroom, or testing accommodations should contact:

disabilities@mclennan.edu

254-299-8122

Room 319, Student Services Center

Title IX Statement

We care about your safety, and value an environment where students and instructors can successfully teach and learn together. If you or someone you know experiences unwelcomed behavior, we are here to help. Individuals who would like to report an incident of sexual misconduct are encouraged to immediately contact the Title IX Coordinators at titleix@mclennan.edu or to call Dr. Drew Canham (Vice President for Student Success) at 299-8645. Individuals also may contact the MCC Police Department at 299-8911 or Counseling Services at MCC by calling 299-8210.

McLennan's Title IX webpage (<http://www.mclennan.edu/titleix/>) contains more information about definitions, reporting, confidentiality, resources, and what to do if you or someone you know is a victim of sexual misconduct, gender-based violence or the crimes of rape, acquaintance rape, sexual assault, sexual harassment, stalking, dating violence or domestic violence.

Student Support/Resources

MCC provides a variety of services to support student success in the classroom and in your academic pursuits to include counseling, tutors, technology help desk, advising, financial aid, etc. A listing of these and the many other services available to our students is available at <http://www.mclennan.edu/campus-resource-guide/>

Physical Therapy Team: Role Clarification

Physical therapists, physical therapist assistants and physical therapy aides work together in the physical therapy setting to provide effective and safe patient care. All members of this team must have a clear understanding of the different roles and responsibilities. In Texas, the physical therapy profession is governed by the Texas Board of Physical Therapy Examiners and the Texas Physical Therapy Practice Act and Rules

Texas PT Act and Rules: The 62nd Texas Legislature enacted the Physical Therapy Practice Act in 1971. The Act has been revised many times in the years since; most recently by the 76th Legislature, effective September 1, 1999. All rules adopted by the Board are based on the Act.

As mandated by the Practice Act, the PTA Board adopts rules to govern the practice of physical therapy in the State. Rules are adopted, changed and repealed in response to developments in physical therapy practice, administrative changes, or legislative mandates. The rules are established as minimum standards, to ensure that the public is adequately protected.

The Practice Act and Rules for Texas may be found at: www.ptot.texas.gov

PTA Program Academic Course Requirements

Curriculum

Prerequisite(s) Summer I	Hours	LEC	LAB	CLIN	CONT
BIOL 2401 Anatomy & Physiology I	4	3	3	0	96
Total Prerequisite Hours:	4				
First Semester	Hours	LEC	LAB	CLIN	CONT
PTHA 1409 Introduction to Physical Therapy	4	3	4	0	112
PTHA 1413 Functional Anatomy	4	3	4	0	112
PTHA 2301 Essentials of Data Collection	3	2	3	0	80
PTHA 1225 Communications in Health Care	2	2	0	0	32
ENGL 1301 Freshman Composition I	3	3	0	0	48
Total Semester Hours:	16				
Second Semester	Hours	LEC	LAB	CLIN	CONT
PTHA 1431 Physical Agents	4	3	4	0	112
PTHA 2409 Therapeutic Exercise	4	3	4	0	112
PTHA 1321 Pathophysiology	3	3	0	0	48
BIOL 2402 Anatomy & Physiology II	4	4	2	0	96
Total Semester Hours:	15				
Summer and/or Minimester	Hours	LEC	LAB	CLIN	CONT
PTHA 2205 Neurology	2	2	1	0	48

PTHA 2435 Management of Neurological Disorders	4	3	3	0	96
Total Semester Hours:	6				
Third Semester	Hours	LEC	LAB	CLIN	CONT
PTHA 1361 PTA Clinical I	3	0	0	0	240
PTHA 2435 Rehabilitation Techniques	4	3	3	0	96
PSYC 2314 Human Growth & Development	3	3	0	0	48
Total Semester Hours:	10				
Fourth Semester	Hours	LEC	LAB	CLIN	CONT
PTHA 2362 PTA Clinical II	3	0	0	0	240
PTHA 2217 Issues in Health Care	2	2	0	0	32
PTHA 2363 PTA Clinical III	3	0	0	0	240
PHIL 2306 Ethics or other Language, Culture or Creative Arts Elective	3	3	0	0	48
Total Semester Hours:	11				
Total Hours:	62				

Courses highlighted in blue are general academic courses that students are strongly encouraged to complete prior to beginning the PTA program.

Cost Approximation

Due to MCC's low tuition and central location for commuters, the cost of attendance is relatively low. Tuition is currently \$106 / credit (semester) hour for in-county students, \$124/ credit (semester) hour for out-of-county students and \$181/ credit (semester) hour for out-of-state students. The approximate cost for tuition and fees for the full program is currently \$6,572 for in-county, \$7,688 for out-of-county and \$11,222 for out-of-state. Additional expenses are incurred for books (approximately \$750.00 for PTA books), state licensure exam fee (\$485 plus additional fees for testing facilities and license), and travel expenses (gas etc.) for clinical rotations.

MCC has many forms of financial aid available for students needing help with school and living expenses and is approved for Veteran's training.

Course Descriptions

GENERAL ACADEMIC COURSES

ENGL 1301 Freshman Composition I

Intensive study of and practice in writing processes, from invention and researching to drafting, revising, and editing, both individually and collaboratively.

Emphasis is on effective rhetorical choices, including audience, purpose, arrangement, and style.

Focus is on writing the academic essay as a vehicle for learning, communication, and critical analysis.

Prerequisite: TSI complete in Writing or the equivalent.

Semester Hours 3 (3 lec).

PSYC 2314 Lifespan Growth and Development

Revised June 2019

Study of social, emotional, cognitive and physical factors and influences of a developing human from conception to death.

Semester Hours 3 (3 lec).

BIOL 2401 Anatomy and Physiology I

It is a study of the structure and function of the human body including cells, tissues and organs of the following systems: integumentary, skeletal, muscular, and nervous and special senses.

Emphasis is on interrelationships among systems and regulation of physiological functions involved in maintaining homeostasis.

Prerequisite: TSI complete in Reading and Writing.

Semester Hours 4 (3 lec/3 lab).

BIOL 2402 Anatomy and Physiology II

It is a study of the structure and function of the human body including the following systems: endocrine, cardiovascular, immune, lymphatic, respiratory, digestive (including nutrition), urinary (including fluid and electrolyte balance), and reproductive (including human development and genetics).

Emphasis is on interrelationship among systems and regulation of physiological functions involved in maintaining homeostasis.

Prerequisite: BIOL 2401 with a grade of C or better.

Semester Hours 4 (3 lec/3 lab).

PHIL 2306 Ethics

The systematic evaluation of classical and/or contemporary ethical theories concerning the good life, human conduct in society, morals, and standards of value.

Semester Hours 3 (3 lec).

PTA TECHNICAL COURSES

PTHA 1409 Introduction to Physical Therapy

Introduction to the profession of physical therapy, including the exploration of the historical and current scope of physical therapy and lab procedures basic to patient handling and functional skills and data collection techniques.

Semester Hours 4 (3 lec/4 lab).

PTHA 1413 Functional Anatomy

Studies human anatomy and its application to the motion of the musculoskeletal system as it relates to normal activities and dysfunctions.

Integration of skills related to the kinesiological assessment of the human body.

Semester Hours 4 (3 lec/4 lab).

PTHA 2301 Essentials of Data Collection

Studies data collection techniques used in physical therapy to prepare the physical therapist assistant to assist physical therapy management.

Semester Hours 3 (2 lec/3 lab).

PTHA 1225 Communications in Health Care

Communication theories and principles for optimal delivery of health care.

Semester Hours: 2 (2 lec).

PTHA 1431 Physical Agents

Studies the biophysiological principles, assessment, and application of therapeutic physical agents with specific emphasis on indications, contraindications, medical efficacy, and physiological effects.

Semester Hours 4 (3 lec/4 lab).

PTHA 2409 Therapeutic Exercise

Examines concepts, principles, and application of techniques related to therapeutic exercise and functional training.

Semester Hours 4 (3 lec/4 lab).

PTHA 1321 Pathophysiology

Studies the pathogenesis, prognosis, and therapeutic management of disease/conditions commonly encountered in physical therapy.

Semester Hours 3 (3 lec).

PTHA 2205 Neurology

Study of neuroanatomy and neurophysiology as it relates to neurological conditions.

Semester Hours: 2 (2 lec/1 lab).

PTHA 2431 Management of Neurological Disorders

Integrates previously learned and new skills/techniques into the comprehensive rehabilitation of selected neurological disorders.

Semester Hours 4 (3 lec/3 lab).

PTHA 2435 Rehabilitation Techniques

Integrates previously learned and new skills/techniques into the comprehensive rehabilitation of selected long-term pathologies and orthopedic problems.

Semester Hours 4 (3 lec/3 lab).

PTHA 2217 Issues in Health Care

Explores the organizational patterns, administrative principles, legal and ethical issues, communications, and licensure and employment acquisition skills in physical therapy and health care.

Semester Hours 2 (2 lec).

PTHA 1361 Clinical – PTA I

Provides health-related work-based learning experience that enables the student to apply specialized occupational theory, skills and concepts.

Direct supervision is provided by the clinical professional.

Semester Hours 3.

PTHA 2362 Clinical – PTA II

Provides health-related, work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts.

Direct supervision is provided by the clinical professional.

Semester Hours 3.

PTHA 2363 Clinical – PTA III

Provides health-related, work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts.

Direct supervision is provided by the clinical professional.

Semester Hours 3.

Completion

All general academic courses are included in the PTHA degree plan for full time study for the required five semesters; however, due to the selective admission criteria, the general academic courses are completed prior to the start of the program to earn points for the application process. All required general education courses must be completed with a C or better. All PTA specific courses must be completed with a 75% or better. If a student fails (scores below 75%) in a PTA specific course, they will no longer be allowed to progress in the PTA program and will be withdrawn from the program. The student may be eligible for re-admission to the program. (Please see the readmission section of handbook for details) If a student fails (scores below 75%) in more than one PTA specific course, the student is no longer eligible to be a part of the PTA program. With successful completion of 62 credit hours in the PTA curriculum, the Associate in Applied Science degree will be awarded.

Transfers

All general academic courses transferred from other colleges must be a grade of C or better. Transfer of successfully completed PTA specific courses from other colleges will be considered on a case by case basis and cleared through the Program Director and the Dean of Health Professions. Students wishing to transfer in PTA specific course work from other colleges may be asked to prove continued competency in each of the courses.

Grade Reporting and Requirements

The following percentage system for letter grade assignment will be utilized for reporting grades: A=90-100%, B=80-89.99%, C=75-79.99%, D= 60-74.99% F=below 60%. PTA courses require an average of 75% on written exams and on all course work as well as a minimum of 75% on **EACH** skills practical exam to be given credit in a course. Make up exams for failed written or anatomy lab exams will NOT be given. If you are absent the day of a written or anatomy lab exam, you may only make up the exam with a DOCUMENTED, EXCUSED absence. Examples of this would include (but not limited to): illness with a doctor's note or death of a family member.

Skills practical examinations are different. These are scenario based psychomotor clinical skill examinations that are critical for evaluating student competency in the clinical setting. Each of these exams MUST be passed with a minimum of 75%. If a student fails a skills exam, that student will be allowed ONE re-take of the skills exam. If the student fails the skills exam a second attempt, this will result in failure "F" of a course and the student will not be able to continue in the program. Specific grade compilation will be explained in the syllabi provided (for each PTA course) at the beginning of each semester.

Professional Behaviors

Students are expected to maintain a professional classroom decorum that includes respect for other students and the instructor, prompt and regular attendance, and an attitude that seeks to take full advantage of the educational opportunity.

Students in the Physical Therapist Assistant program have willingly applied for and entered into a professional degree program. Implicit in professional degree programs is the need to develop the student's professional behaviors as well as minimum basic entry level competencies. The tool utilized in the PTA Program is the Professional Behaviors (Generic Abilities) form. Students will be evaluated on a continual basis throughout the program in classroom, lab activities, clinical activities, and interaction between fellow students, faculty, and instructors. If a student is found to be lacking in any area of the professional behaviors, the student will be called in by the faculty member who will fill out the form and review any

deficiencies. The faculty member, and if deemed necessary the program director, will then discuss with the student a plan of action to assist the student in development in the areas that have been deemed deficient. Any student who persists with the same deficiencies with no improvement in professional behavior over 3 different episodes may be dismissed from the program based upon lack of progress in professional behavior.

It will also be at the faculty member's discretion to take 2 points from the student's final grade for each documented episode related to unprofessional behavior.

A short description of the Professional Behaviors follows and specific forms for assessment will be made available on Blackboard.

Any student who persists with deficiencies with no improvement in professional behavior over 3 different episodes will be dismissed from the program based upon lack of progress in professional behavior. This policy is effective throughout the entire program across all courses, program related activities and clinical work as professional behavior extends across all aspects of the program.

Professional behaviors are attributes, characteristics, or behaviors that are not explicitly part of a profession's core of knowledge and technical skills, but are nevertheless required for success in the profession. Ten professional behaviors were identified through a study conducted at UW-Madison in 1991-1992. The ten abilities and definitions developed are:

BEHAVIOR	DEFINITION
Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.

Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

* May WW, Morgan BJ, Lemke JC, et al. Model for ability-based assessment in physical therapy education. *J Phys Ther Ed.* 1995; 9(1), 3-6.

Semester Conferences

Student conferences with PTA faculty will be held each semester or as needed and are scheduled at times convenient for both student and faculty. During the conference the student will meet with the appropriate faculty member to discuss any area of concern, professional or academic. Student performance will be analyzed and discussed. If it is determined that the student is in jeopardy of failing or leaving the program, the student and all faculty involved will determine a plan of action to try and retain the student in the program. Solutions may include but are not limited to: tutoring, assigning a mentor, and meeting with success coaches, locating other resources to assist with study habits and learning style assessment stress and time management strategies. Student Conference Forms are utilized, and the student may make comments and sign the form. The form is then placed in the student's file. Student signature on the conference form does not indicate that the student agrees with statements made on the form, only that the student has had an opportunity to read the form and to make comments.

Student write-ups

A student who is showing deficits with the professional behaviors expected will be written up by the faculty member noticing the deficits. Examples of deficits are: excessive tardiness to class, repeated unexcused absences, poor time and stress management, poor professional communication... Students will be evaluated on a continual basis throughout the program in classroom, lab activities, clinical activities, and interaction between fellow students, faculty, and instructors. If a student is found to be lacking in any area of the professional behaviors, the student will be written-up and a conference will be scheduled by the faculty member who will fill out the form and review any deficits/deficiencies. The faculty member, and if deemed necessary the program director, will then discuss with the student a plan of action to assist the student in development in the areas that have been deemed deficient.

Any student who persists with the same deficiencies with no improvement, or multiple repeated deficits in professional behavior over 3 different episodes may be dismissed from the program based upon lack of progress in professional behavior.

Academic Dishonesty

MCC Academic Integrity Statement:

The Center for Academic Integrity, of which McLennan Community College is a member, defines academic integrity as “a commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility. From these values flow principles of behavior that enable academic communities to translate ideals into action.” Individual faculty members determine their class policies and behavioral expectations for students. Students who commit violations of academic integrity should expect serious consequences. For further information about student responsibilities and rights, please consult the McLennan website and your Highlander Student Guide. (www.mclennan.edu/academic-integrity)

PTA Academic Integrity Statement:

Students are expected to refrain from academic dishonesty. This includes any conduct aimed at misrepresentation with respect to a student’s academic performance or work. Examples of academic dishonesty include: cheating, plagiarism, collaborating with others if contrary to stated guidelines for assignment/activity, providing students who have not completed examinations with information related to the exam, and intentionally assisting another student in any dishonest action. Violations of this policy will be brought to the attention of the student by the instructor. If there is suspicion of wrongdoing without corroborating evidence, the matter will be discussed with the student, and a verbal warning will be issued if warranted. If there is clear evidence that a violation has taken place, the instructor may impose a sanction ranging from a written warning to expulsion from the course with a failing grade.

Scholastic and Program Probation

Please see the MCC General Catalogue (available on MCC’s Website) for detailed information on “Scholastic Probation and Suspension.” Within the PTA program, a student whose scholastic or professional performance is weak or unsatisfactory will meet with the individual instructor(s) and/or the PTA Program Director to discuss areas of concern, and a Student Conference Form will be completed. If the student’s scholastic or professional performance does not improve, he/she may be put on program probation and specific criteria will be set for continuation in the program. If the student is unable to meet the criteria or if performance does not improve, he/she will be withdrawn from the program. In all instance the student will be provided with individual counseling and assistance.

Withdrawing from a Course

Before withdrawing from a course or from the program, the student should first speak with the instructor of the course. The student must also notify the PTA Program Director prior to withdrawing, because withdrawing from courses may prevent the student from progressing in the program.

Students may initiate a withdrawal through the Office of Admissions/Registrar. A student who ceases to attend classes but does not officially withdraw from classes may receive a grade of “F”. (See Attendance Policy)

Students should carefully review the official academic calendar and pay special attention to the late date during the semester/term when they drop a course and receive a “W”. After that date, they may receive an “F” if they are not passing the course. There is a date late in the semester after which no course may be dropped by a student without receiving a letter grade. See course syllabi for additional information.

Readmission to the PTA program

Any student who is unsuccessful in an academic or clinical course (grade below 75% (“C-)) is no longer able to progress in the PTA program. If the student was unsuccessful in only 1 course and has no documented

counselling/write ups due to professional behavior issues (including such items as attendance, generic professional abilities, etc.), the student is able to apply for readmission to the PTA program during any application cycle in the future. If readmitted into the PTA program, the student would be required to complete all program courses regardless of successful completion the first time. Readmission is granted only once. If the student was unsuccessful in 2 or more courses (or 1 course plus has one or more documented professional behavior counselling/write ups) the student is no longer eligible to apply to the PTA program.

A student who voluntarily withdraws from the program for personal reasons is able to request reinstatement if the student has an 80% or better in all PTA classes, both completed and in progress, at the time of withdrawal and has no documented counselling/write ups due to professional behavior issues.

Reinstatement is granted on a case by case basis and only if there is space available in the program.

Request for reinstatement procedure:

- a. Student must submit in writing to the PTA Program Director, their intent to be reinstated into the program. The written request must include, at minimum, the steps the student has taken in order to ensure their success in the program, should reinstatement be granted.
- b. The PTA Program Director will take the student's written request to the admissions committee for consideration. Each request will be handled on a case by case basis.
- c. The student will then receive a letter from the admissions committee stating if the student was granted reinstatement along with any requirements/remediation deemed necessary by the admissions committee.
 - i. If reinstatement is granted, the student will have to prove competency in PTA courses already completed in order to continue in the program. This may include passing written and skills exams (with a minimum grade of 75% for each) as determined by the PTA faculty and admissions committee.
 - ii. Competency determination must be completed by the end of the long semester just prior to clinical placement. It is the responsibility of the student to prepare for, and schedule, competency testing with the instructor and/or program director. Students who are readmitted to the PTA program after successfully completing a clinical course may or may not have to prove competency in previously completed PTA courses, per the discretion of the PTA Program Director.
 - iii. Potential remediation recommendations could include: re-taking courses previously completed, auditing courses previously completed, acquiring more observation hours in a PTA clinical setting, Independent student research, and/or meeting with success coaches. (This list is an example and is not all inclusive).
- d. The Admissions Committee of the PTA program will make the final decision regarding readmission applications based on: space availability and previous student record and potential for academic and clinical success, as applicable.

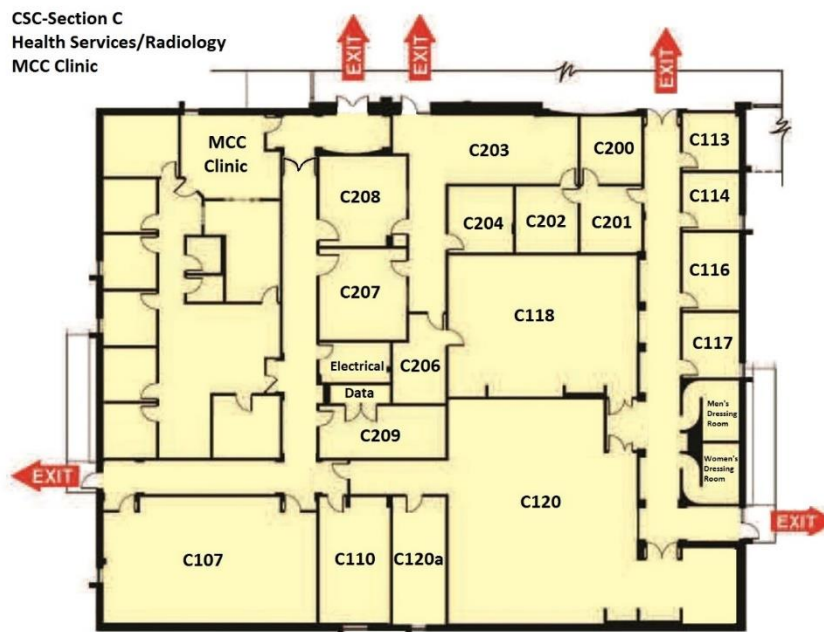
Classroom and Lab Safety

MCC's safety policies for weather, fire and other emergencies will be address at the beginning of each semester with the students. A copy of MCC's emergency plan can be found on the MCC website. Basic PTA classroom and lab safety regulations are posted in the lab/classroom areas. Safety regulations regarding the use of lab equipment are presented with the protocol for each piece of equipment. It is imperative that

students adhere to these standards in order to maintain a safe environment in the classroom and lab area. Students are to only practice those techniques that have been presented in lecture and/or lab. Students wishing to use lab equipment at any time other than regular or open lab hours must make arrangements with a PTA faculty member to provide supervision. Open lab days will be announced at the beginning of each semester.

Testing and calibration of all modalities are performed on an annual basis. Students are instructed to inform a faculty member of any potential hazard in the lab area, such as water on the floor, frayed electrical wires etc.

Below is a floor plan of the Community Service Center's C Wing, with exits labeled. The majority of the PTA classroom and lab work will take place in rooms C120 and C118.



Laboratory Attire

All students must be prepared and dressed for laboratory sessions at ALL times. Students not prepared may be asked to leave class and may not be allowed to participate in the lab session at that time. It is the student's responsibility to make up any missed work due to not being prepared for lab. Laboratory attire will consist of shorts and a plain t-shirt for men and shorts, plain t-shirt, and sports bra/halter top or 2-piece swim suit top for women. Shorts must have an elastic waistband (i.e. gym shorts); no zippers are allowed. Shorts should not be excessively short and must be loose enough to allow for palpation of hip musculature. Sport bras/ halter tops or swimsuit tops must have back closures to allow exposure for palpation of vertebrae and associated structures.

Appearance and Grooming

As a student and future professional, you must maintain personal health such that there is no risk to self, peers or patients. Personal cleanliness and hygiene are essential for acceptable interpersonal activities such

as those engaged in by health care personnel. The PTA faculty will counsel students in these areas when necessary. These guidelines apply to campus lab and clinical settings.

1. Jewelry that is acceptable: wedding bands/rings; watch; small chain necklace; small stud earrings. Jewelry that is NOT acceptable: rings other than listed above; bracelets; bulky necklaces; dangle or loop earrings; pierced earrings worn anywhere other than the ear.
2. Hair must be clean and off the shoulders. Only simple hair accessories are permitted. Students with long hairstyles must be able to tie hair back or pin it up so it does not fall loosely over shoulders and face.
3. Fingernails must be clean and filed smoothly. The fingernails must not extend beyond the fingertips. Only clear or light-colored nail polish is acceptable.
4. Personal hygiene should include daily bathing as well as the use of deodorants and mouthwashes as needed. No fragrances or perfumes are to be worn. Offensive body odors will not be tolerated, including the lingering smell of tobacco on clothing, hands or breath.
5. Moustaches /beards must be neatly trimmed.
6. Clinic attire (as defined by individual clinic sites/settings) must be worn at all times while in the clinic setting. Attire may be scrubs or dress casual attire (i.e. pants, not jeans, and polo style top)
7. NAME TAGS MUST BE WORN AT ALL TIMES IN THE CLINICAL SETTING
8. To reduce the risk of contamination in the clinical setting, no sweaters or jackets are permitted.
9. Tattoos must be covered according to facility policy.

Student Ethics

Students in the PTA program are expected to:

1. Use their own knowledge and skill to complete examinations.
2. Use their own knowledge to write papers or compile research presentation. If a quote or portion of another person's work is issued, proper recognition must be given.
3. Respect the opinion of instructors and other learners. Student will refrain from making statements that insult, slur or degrade instructors, other health professionals or students. (This ethics statement does not infringe upon a student's right to raise questions and request clarification, but does modify the manner in which the question is presented.)
4. Respect the limited resources of textbooks, library books, reprints and journals.
5. Assist in maintaining equipment in good working order. Students will refrain from misusing equipment.
6. Assist in maintaining class and laboratory rooms in good order. Students are expected to clean up after themselves when they have finished working in a particular area of the department.
7. Respect other student's projects. Handling, stealing, altering, defacing, or otherwise harming another student's work, especially in a manner which might cause the project to receive a lower grade, will NOT be tolerated.
8. Observe all policies and procedures established by the PTA program and all clinical facilities.
9. Respect the confidentiality of patient information regardless of source (patient, therapist, records, charts, etc.) Information in which any part of the patient's name (or any identifying aspect of the patient) shall not be repeated outside the classroom, clinic or facility.
10. Work in cooperation with and demonstrate respect for other health care team members.
11. Protect the property and property rights of the program, clinic and patient. Students will not remove or borrow property without permission and shall not damage or misuse property.
12. Perform only those therapeutic procedures in which they are competent and for which they have been successfully educated. Students must always consult with the clinical instructor if in doubt regarding a procedure or treatment.

Guidelines for Avoiding Plagiarism

Plagiarism is the intentional- or unintentional- use of someone else's work without adequate documentation. Whenever writers want to include another's ideas, key terms or copied text into their own papers or presentations, they must always use that borrowed information accurately and ethically.

Documentation, an agreed upon style of providing credit to others' work, is necessary in order to avoid plagiarism. Plagiarism is a serious offense in college-level writing, for it is intellectually dishonest, robbing authors of their property.

All documentation styles include internal citations, a works cited list, and quotation marks around copied terms and information.

*MCC's PTA program requires the use of the AMA (American Medical Association) style of documentation for all papers and presentations.

To consider: As we would never borrow one of our neighbor's possessions without asking permission, we should never use someone's words or ideas without permission. Correctly documenting someone else's material permits us legal use of words and ideas not belonging to us.

It should be obvious that buying papers, using someone else's papers and similar activities are plagiarism at its worst.

Each instructor will determine penalties for plagiarized work.

Document when:

- You use someone's ideas from any traditional or web source
- You copy sentences and phrases from a source
- You copy a key term from a source
- You use information from an interview or survey
- You copy pictures, charts, and diagrams from sources
- You use information you did not originate

PTA PROGRAM POLICIES

Health Policy

Students will be required to have on file with the PTA Program Director proof of immunization against the following prior to beginning the clinical phase of the program:

Hepatitis B
 Varicella (Chicken pox)
 Measles
 Mumps
 Rubella
 Diphtheria/tetanus

Students will also be required to have a 2 series tuberculosis skin test (or chest x-ray) and a flu shot annually. Cost of immunizations and x-rays are the responsibility of the student. Students may be expected to carry health insurance in order to participate in clinical rotations in certain facilities. It is the

responsibility of the student to obtain proof of health insurance, as applicable, prior to the start of the clinical rotation

Students are required to have the physical and mental skills necessary to meet standard of the workplace and within the clinical setting. Reasonable accommodation will be made for students with documented disabilities who have been accepted into the program. However, it is the student's responsibility to notify the PTA program director and the Student Services office that such disability exists. The purpose of such accommodation is to allow the student to meet the educational standards and should not be perceived as lowering of educational standards.

Drug Policy

Introduction

The Joint Commission requires verification of competency of all individuals who have direct contact with patients or employees; this includes students participating in clinical rotations in the facility. Competency extends beyond technical skills to include screening for drug use.

Screening Requirements

Drug screens must be completed within the thirty (30) days prior to a student's initial entry into the clinical assignment portion of their respective Allied Health program. For some programs, clinical assignments begin immediately when classes begin for the semester. For other programs, clinical assignments are scheduled for later in the program. Verification of a negative drug screen must be received prior to the first clinical day in the student's program. The results will be acceptable for all clinical rotations during the student's enrollment in the program unless there is a break during that student's enrollment. A break in enrollment (leaving the program) is defined as nonattendance for a portion of a semester or more. Attendance must be verifiable through the College.

The Substance Abuse Panel 10 (SAP 10) tests for marijuana, cocaine, phencyclidine, opiates, methamphetamine, methadone, amphetamines, barbiturates, benzodiazepines and tricyclic antidepressant.

Costs for Drug Screening

Cost of the drug screen will be the responsibility for any students entering an Allied Health Program at McLennan Community College. Students will use the testing agency designated by the College. The student will be responsible for scheduling his or her own testing time at the agency and will be required to follow all procedures required by that agency for accurate testing. The student will be responsible for ensuring that the results of all testing be sent by the agency directly to the director of the allied health program in which they are admitted or enrolled.

Disqualifications from Clinical Affiliation Participation

A student will not be allowed to participate in clinical affiliations if he or she is found to have a positive drug screen on the Substance Abuse Panel 10 (SAP 10). If the student feels that the positive result is in error, he or she will be able to request a Medical Review through the testing agency and pay an additional fee for that service. The testing agency will have its Medical Review Officer assess the screen and follow through with an appropriate investigation. The student will be responsible for the cost of the medical review. A student will not be allowed to participate in clinical activity (removed from program) in any MCC Allied Health program for twelve (12) months following a verified positive drug screen. The student will then be required to undergo an additional drug screen which must be negative, prior to a clinical placement.

"For Cause" Screening (Zero Tolerance)

At any time during **classroom, lab, or clinical** portions of a health science program, the student is suspected of being under the influence of drugs or alcohol, the program faculty or clinical facility personnel may require the student to be tested for drugs and/or alcohol. If the clinical facility has the capability of doing the screen on site, the facility may use that service. The student is responsible for any cost of the screening. If a student must be dismissed from the clinical facility during a clinical assignment to undergo testing and/or for inappropriate behavior due to possible drug or alcohol influence, the student will be responsible for providing contact information for someone to provide transportation for the student to be taken away from the site and, as necessary, to the college-designated testing agency. Failure by the student to comply with these policies is grounds for dismissal from the allied health program in which the student is enrolled. A positive drug or alcohol test is also grounds for dismissal from the program in which the student is enrolled.

Impaired Student Policy & Procedure

According to the Health Professions Division policy, *students attending clinical while under the influence of any substance affecting their ability to respond in a reasonable and acceptable manner* is considered inappropriate behavior, unsafe practice and is grounds removal from the clinical environment.

Faculty who suspect any student of attending clinical while under the influence of any substance affecting the student's ability should abide by the following procedure:

1. If the clinical environment is on McLennan Community College campus:
 - a. Faculty or designated professional is required to stay with student throughout the following process.
 - b. If student needs medical evaluation, student will be referred to the Emergency Department of a local hospital and family/friend will be notified of their visit to the emergency room and asked to pick them up following exam. Student will be responsible for charges incurred.
 - c. Have another professional witness student behavior.
 - d. Student should not be allowed to void prior to urine specimen collection.
 - e. Student may not return to the clinical experience for the remainder of the scheduled clinical day.
 - f. Notify Campus Police at 8911 or (254) 299-8911 of the current situation.
 - g. Notify A&D Testing at (254)399-8378 to provide an on-site screening.
 - i. A&D Testing will perform a Rapid Screen and Alcohol Breath Analyzer
 - ii. If the Rapid Screen is positive, A&D Testing will then confirm the results with a lab 12 panel drug screen.
 - iii. A&D Testing will send MCC Health Professions Division an invoice for the services performed.
 - h. For positive results
 - i. Student will be advised to contact Clinical Coordinator and Program Director, by next business day, to schedule an appointment for review of occurrence.
 - ii. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will be advised that they may not drive themselves.
 - iii. Clinical hours missed will count as an absence.

- iv. Students will not be allowed to participate in clinical affiliations for 12 months following a verified positive drug screen. Student must follow readmission procedures of program. Students are not guaranteed re-entry into program.
 - i. For negative results
 - i. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will not be advised that they can may not drive themselves.
 - ii. Clinical hours missed will count as an absence.
 - iii. Student will be counseled by clinical coordinator and program director regarding impaired behavior and subsequent occurrences.
 - j. Notify Clinical Coordinator of occurrence.
2. If the clinical environment is not on McLennan Community College campus
- a. Faculty or designated professional is required to stay with student throughout the following process.
 - b. If student needs medical evaluation, student will be referred to the Emergency Department and family/friend will be notified of their visit to the emergency room and asked to pick them up following exam. Student will be responsible for charges incurred.
 - c. Have another professional witness student behavior.
 - d. Student should not be allowed to void prior to specimen collection.
 - e. Notify the facility's security department regarding the student.
 - f. Notify A&D Testing at (254)399-8378 to provide an on-site screening.
 - i. A&D Testing will perform a Rapid Screen and Alcohol Breath Analyzer
 - ii. If the Rapid Screen is positive, A&D Testing will then confirm the results with a lab 12 panel drug screen.
 - iii. A&D Testing will send MCC Health Professions Division an invoice for the services performed.
 - g. For positive results
 - i. Student will be advised to contact Clinical Coordinator and Program Director, by next business day, to schedule an appointment for review of occurrence.
 - ii. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will not be advised that they can drive themselves.
 - iii. Clinical hours missed will count as an absence.
 - iv. Students will not be allowed to participate in clinical affiliations for 12 months following a verified positive drug screen. Student must follow readmission procedures of program. Students are not guaranteed re-entry into program.
 - h. For negative results
 - i. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will be advised that they may not drive themselves.
 - ii. Clinical hours missed will count as an absence.
 - iii. Student will be counseled by clinical coordinator and program director regarding impaired behavior and subsequent occurrences.
 - i. Notify Clinical Coordinator of occurrence.

Criminal Background Policy

Introduction

The Joint Commission requires verification of competency of all individuals who have direct contact with patients or employees; this includes students doing clinical rotations in the facility. Competency extends beyond technical skills to an individual's criminal history.

Purpose:

This policy is designed to protect the community of health care consumers from services provided by students who have documented illegal and unethical behaviors. These requirements also allow the Health Professions division to be in compliance with clinical affiliation agreements.

In compliance with HB 1508, students are advised that a criminal background could prevent licensure by the State of Texas. Students are further advised to consult with the program director or faculty member for guidance. Students also have the right to request a criminal history evaluation letter from the applicable licensing agency.

Policy:

Successful completion of a criminal background check is required for admission and continuation in all Health Professions Programs. Students will be given specific directions from the program about how to obtain the background check.

Background checks may be honored for the duration of the student's enrollment in the clinical program if the participating student has not had a break in the enrollment of a Health Professions class. A break in enrollment is defined as nonattendance of one full semester or more. The above information must be verifiable through the college/school and an attestation will be provided to the clinical agency. Individual programs may require more frequent background checks to meet clinical requirements.

The following histories will disqualify an individual from consideration for admission because the student would not be eligible for clinical placement: (this includes, but is not limited to):

- Murder
- Capital murder
- Manslaughter
- Criminally negligent homicide
- Hate crimes
- Unlawful restraint
- Kidnapping
- Aggravated kidnapping
- Continuous sexual abuse of a young child or children
- Indecent exposure
- Indecency with a child
- Improper relationship between educator and student
- Improper photography or visual recording
- Sexual assault
- Aggravated assault

- Aggravated sexual assault
- Intentional, knowing, or reckless injury to child, elderly individual, or disabled individual
- Intentional, knowing, or reckless abandonment or endangerment of child
- Deadly conduct
- Terroristic threat
- Aiding suicide
- Prohibited sexual conduct (incest)
- Agreement to abduct child from custody
- Violation of certain order in family violence case
- Violation of protective order preventing hate crime
- Sale or purchase of child
- Arson
- Robbery
- Aggravated robbery
- Burglary
- Online solicitation of minor
- Money laundering
- Fraud
- Identity theft
- Cruelty to animals
- Compelling prostitution
- Causing sexual performance by a child
- Possession or promotion of child pornography
- Any other offense for which registration as a sex offender is required
- Moral turpitude

The following histories will disqualify an individual from consideration for admission if the conviction occurred within the last five (5) full calendar years*:

- Assault punishable as a Class A misdemeanor or felony.
- Drug related issues
- Theft
- Misapplication of fiduciary property or property of financial institution punishable of Class A misdemeanor or felony
- Securing execution of a document by deception punishable as a Class A misdemeanor or felony (document tampering)
- False identification as a peace officer
- Disorderly conduct

*Any terms of probation must be complete prior to admission to a health professions program.

The following histories will disqualify an individual from consideration for admission if the conviction occurred within the last 12 months*:

- Driving while intoxicated (DWI or DUI)

- Theft by check
- Public intoxication
- Minor in possession

*Any terms of probation must be complete prior to admission to a health professions program.

For students accepted to a clinical program with access to a licensing/registry body review process:

If an individual does not meet one or more of the aforementioned standards, she/he may pursue a declaratory order process with her/his licensing/registry body. If the licensing/registry body approves the individual to take the licensing/credentialing exam, the individual may be able participate in the clinical rotation, depending on the affiliation agreement.

Disclaimers

- Successful completion of a criminal background check for a Health Professions Program does not ensure eligibility for licensure or future employment.
- Individual Health Professions programs may require more frequent or multiple background checks in order to meet clinical requirements.
- Clinical agencies can establish more stringent standards, if they so desire, to meet regulatory requirements for their facility.
- Clinical agencies can conduct additional background checks at their discretion.
- If a student is found to be ineligible for clinical placement any time during the program, the student is unable to meet clinical learning objectives and will be withdrawn pending resolution of the situation.

Costs for Background Checks

All costs for criminal background checks are the responsibility of the student entering or enrolled in a Health Professions program at McLennan Community College. Students will use the testing agency designated by the College. The student will be responsible for scheduling his or her own time at the agency and will be required to follow all procedures required by that agency for accurate testing.

Screening Requirements

Successful completion of a criminal background check is required for admission and continuation in all Health Professions programs at McLennan Community College. Admission to a Health Professions program is considered conditional until the results of the criminal background check are approved by the program director. Students will be given specific instructions from the program about obtaining the background check.

Drug screens and criminal background checks must also be completed within the thirty (30) days prior to a student's initial entry into the clinical assignment portion of his or her respective health science program. For some programs, clinical assignments begin immediately when classes begin for the semester. For other programs, clinical assignments are scheduled for later in the program. Verification of a negative drug screen and a satisfactory criminal background check must be received prior to the first clinical day in the student's program. The results may be acceptable for all clinical rotations during the student's enrollment in the program unless there is a break during that student's enrollment. A break in enrollment (leaving the

program) is defined as nonattendance for a portion of a semester or more. Attendance must be verifiable through the College.

Students who are not disqualified should not assume that their criminal background check shows no criminal activity. The student should report any convictions to the appropriate licensing or registry boards at least three months prior to the examination date.

Each student must report within three business days to the Program Director and the Dean of Health Professions any arrests and/or criminal charges or convictions filed subsequent to the completion of the criminal background check. Failure to report will make the student subject to administrative withdrawal from the program.

Any student who changes programs or stays out of a Health Professions program at McLennan Community College for 12 months will be required to submit a new criminal background check and drug screen upon re-entry to the Health Professions Division.

The Health Professions division will provide an attestation of the background check and drug screen to clinical affiliates prior to each rotation. Clinical facilities may submit a written request for additional information regarding background checks and drug screens for students and faculty participating in clinical rotations.

Disclosure

Students are required to disclose any prior criminal record by accurately answering the following question on the application for admission to the Health Professions program:

Have you ever been convicted of a crime other than a minor traffic violation? (Circle one) YES NO

Please note that Driving Under the Influence (DUI) and Driving Under Suspension (DUS) are NOT considered minor traffic violations. Failure to disclose may result in withdrawal from the program of study.

Records of Criminal Background Checks

Criminal background checks and drug screens are reviewed securely through the provider's website. Any printed records of criminal background checks will be kept in a secured file in the office of the program director of that student's Health Professions program. It will be accessible only to the program director, the program clinical coordinator, the Dean of Health Professions, any of the College Vice Presidents, the President of the College, the college attorneys, and any college judicial panel which may be created to review a student's case.

Attendance Policy

Attendance is essential for attainment of course objectives and skills competencies. If a student is going to be absent from class the student is required to contact the instructor for the class(es) missed PRIOR to the start of class time. Contact should be made through the instructor's email or MCC phone number. A student who is more than five (5) minutes late is considered tardy, a student who is more than 30 minutes late is considered absent, a student who leaves more than 10 minutes early without instructor permission is considered absent for the day, and three (3) tardies will constitute one absence. This policy is enforced BOTH for lecture and for lab times. Excused absences will not count against the student. Excused absences include Acts of God (i.e.

weather events), death in the family, documented medical illnesses, court obligations. Determination of excused versus unexcused is at the discretion of the instructor of the course. Students should not schedule routine appointments during class time – those will not be excused.

- Two (2) absences or absence from 2 lecture hours: verbal warning
- Three (3) absences or absence from 3 lecture hours: written warning
- Four (4) absences or absence from 4 lecture hours: program probation
- Five (5) absences or absence from 5 lecture hours: *program withdrawal*

Absences from lab will be handled following the above policy, but hours missed from lecture and lab will not be combined to penalize the student. Make-up work may be required for absences in order to ensure that students acquire information and skills presented during their absence. Students must notify the instructor prior to the start of class (message on office phone or email) whenever tardiness or absence is unavoidable.

Students should not schedule travel events during any class day from the first day of the semester to the last day of finals per the college calendar. Students who plan travel and miss course content or exams will receive a grade of 0 unless *prior* written approval is given by the faculty for an excused reason (i.e. death in the family, etc.).

It is the *student's* responsibility to attain the information that is missed due to his/her absence.

Student Responsibilities:

It is the responsibility of the student to come to class having read the assigned material and ready to participate in discussion and activities. This will provide a more positive learning experience for the student. It is also the responsibility of the student to turn in assignments on time. Assignments are due at the beginning of the class period. **Late assignments will not be accepted unless it is due to a documented excused absence.**

Grade Policy

A student must have a combined average of 75% on all course work for class (written/lab/skills exams, quizzes, assignments, etc. as applicable) **and a student must also have a minimum of 75% on each individual skills practical**, in order to receive a passing grade for this course and progress in the program.

- Any student scoring below 75% on a skills practical will be required to re-take that skills practical.
- A maximum of one skills practical may be repeated one time (one re-take) during the semester for a maximum grade of 75%. (Failure of two skills practicals across all PTHA courses in a given semester will result in the student not being able to progress in the program. Refer to the Student Handbook for details.)
- If a student fails a skills practical, policy requires two faculty graders for the re-take of the skills practical. If a student fails a re-take on a skills practical, it will result in failure of the course with an "F". Failure of the course will prohibit the student from progressing in the program and result in dismissal from the program.
- Students who have failed a skills practical are **REQUIRED** to complete their re-take **PRIOR** to the next scheduled skills practical in the course. Failure to take the re-take prior to the next skills practical in the course will be considered a failure of the re-take and result in failure of the course with a grade of "F".
- It is the **STUDENT'S** responsibility to coordinate scheduling of the re-take by communicating with the primary instructor for the course as well as all other program instructors for options of a second grader. The **STUDENT** is responsible for ensuring that the two-grader re-take is scheduled in plenty of advance of the next skills practical in the course to prevent interference of future performance on upcoming practicals, exams, etc. Faculty have busy and conflicting schedules. If a student is not proactive

and waits too long to attempt getting the two-grader re-take scheduled, he/she risks not being able to get the required two-grader re-take scheduled which will result in failure of the re-take which results in failure of the course with a grade of "F". Failing any course in the program prohibits progression/continuation in the program.

- It is the **STUDENT'S** responsibility to select another student to be his/her patient for the re-take (due to FERPA laws) and ensure that the selected student is available at the scheduled time of the re-take.

There will be no make-up exams for written exams, lab exams or skills practicals except with permission from the instructor for excused absences only that have supporting documentation (i.e. death in family, illness with note from MD, acts of God, etc.).

Any student with a course average less than 75% ("C") at the end of the semester will be dismissed from the PTA program.

Behavioral Expectations Policy

Students are expected to maintain a professional classroom decorum that includes respect for other students and the instructor, prompt and regular attendance, and an attitude that seeks to take full advantage of the educational opportunity.

Students in the Physical Therapist Assistant program have willingly applied for and entered into a professional degree program. Implicit in professional degree programs is the need to develop the student's professional behaviors as well as minimum basic entry level competencies. The tool utilized in the PTA Program is the Generic Abilities form. Students will be evaluated on a continual basis throughout the program in classroom, lab activities, clinical activities, and interaction between fellow students, faculty, and instructors. If a student is found to be lacking in any area of the generic abilities, the student will be called in by the faculty member who will fill out the form and review any deficiencies. The faculty member, and if deemed necessary the program director, will then discuss with the student a plan of action to assist the student in development in the areas that have been deemed deficient.

Any student who persists with the same deficiencies with no improvement in professional behavior over 3 different episodes may be dismissed from the program based upon lack of progress in professional behavior.

It will also be at the faculty member's discretion to take 2 points from the student's final grade for each documented episode related to unprofessional behavior.

A short description of the Generic Abilities follows and specific forms for assessment will be made available on Blackboard.

Any student who persists with deficiencies with no improvement in professional behavior over 3 different episodes will be dismissed from the program based upon lack of progress in professional behavior. This policy is effective throughout the entire program across all courses, program related activities and clinical work as professional behavior extends across all aspects of the program.

Professional Behaviors

Professional behaviors, also known as generic abilities, are attributes, characteristics, or behaviors that are not explicitly part of the knowledge and technical skills but are nevertheless required for success in the profession. Ten professional (generic) behaviors were identified through a study conducted at the University of Wisconsin at Madison in 1991-1992. The ten abilities and definitions are listed below:

ABILITY	DEFINITION
Commitment to learning	<i>The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding</i>
Interpersonal skills	<i>The ability to interact effectively with patient, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues</i>
Communication skills	<i>The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes</i>
Effective use of time and resources	<i>The ability to obtain the maximum benefit from a minimum investment of time and resources</i>
Use of constructive feedback	<i>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction</i>
Problem-solving	<i>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes</i>
Professionalism	<i>The ability to exhibit appropriate professional conduct and to represent the profession effectively</i>
Responsibility	<i>The ability to fulfill commitments and to be accountable for actions and outcomes</i>
Critical thinking	<i>The ability to questions logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant</i>
Stress management	<i>The ability to identify sources of stress and to develop effective coping behaviors</i>

May W, Morgan BJ, Lemke J, Karst G, Stone H. Model for ability based assessment in physical therapy education. *Journal of Physical Therapy Education*. 1995; 91: 3-6.

Grievance Policy

During the course of the program should a student have an issue evolve with a faculty member, other student or program policy, the student is encouraged to bring the issue to light. A major component of the program is to develop professional behavior and professional communication skills which also includes professional and ethical handling of grievance procedures.

The first step in the process is to address the issue directly with the individual faculty member (or student if it is a student-student issue) and see if resolution can be reached.

To initiate the grievance process with a faculty member:

- The issue must be written up in a concise but thorough manner and include possible solutions or resolutions to the issue.
- The written grievance must be presented to the faculty within a 1-week (7 calendar days) timeframe of the occurrence that initiated the issue.
- The faculty will then schedule a meeting within a 2-week time-frame (14 calendar days - extended time frame to allow for schedule conflicts due to class times and administrative obligations) from the date the written grievance is presented to the faculty member, to discuss with the student the grievance and attempt to find resolution.

If the student does not feel that the issue is satisfactorily resolved after meeting with the faculty member, the next step is:

- The student is to contact the PTA Program Director (PD) and present the director with the written grievance and subsequent actions taken to find a solution or resolution.
- The written grievance must be presented to the PD within a 1-week (7 calendar days) timeframe of meeting with the faculty member.
- The Program Director will then review the grievance and schedule a meeting to occur within a 2-week time-frame from the time the PD receives the grievance notification (14 calendar days - extended time frame to allow for schedule conflicts due to class times and administrative obligations) with the student to discuss potential solutions or resolution.

If the matter cannot be resolved at the Program Director level, the student may contact the Dean of Health Professions, within a 1-week time-frame (7 calendar days) from the date of the meeting with the PD, with the original written grievance as well as written documentation of the subsequent steps and results of the grievance process undertaken up to that point.

If the issue is not satisfactorily resolved at the end of this process, the student may initiate a formal McLennan Community College grievance procedure. The Formal MCC Student Grievance Procedure is outlined in the [Highlander Guide: MCC Student Handbook](#).

Complaints Outside of Due Process

Complaints that do not fall under due-process will be addressed on a case by case basis. Complaints should be submitted in writing to the Program Director of the PTA program. These complaints will be addressed at the lowest administrative level with appropriate authority to resolve the complaint. Retaliation against the person submitting the complaint is expressly prohibited. Documentation and resolution will be maintained by the program director for one calendar year following resolution of the complaint.

Filing a Complaint with CAPTE

Information regarding formal complaints regarding compliance with CAPTE accreditation standards may be found at <http://www.capteonline.org/complaints/>.

Transfer Policy

1. From Another PTA Program:

Any student who wishes to transfer from another PTA program to MCC's PTA program must submit:

- a. An MCC application
- b. A PTA program application
- c. Transcripts from other institutions attended
- d. Course descriptions and/or course syllabi from all PTA courses to be considered for transfer
- e. A letter of recommendation from the previous PTA program director stating that the student is in good standing and would be eligible for re-admission into that program.

The transferring student must also meet MCC PTA program admission criteria. Requests for transfer will be reviewed on a case by case basis, acceptance is dependent on meeting the above requirements, and space availability in the program.

PTA courses from another school will likely not be accepted for transfer if the student was not enrolled there during the previous long semester or if the courses were completed more than three years prior to application to the MCC PTA program.

Students who transfer into the MCC PTA program will be required to prove competency in all previously completed PTA courses prior to participating in a clinical affiliation, this may include passing written and skills exams (with a minimum of 75% grade for each) as determined by the MCC PTA faculty. Competency determination must be completed by the end of the long semester just prior to clinical placement. It is the responsibility of the student to prepare for and schedule competency testing with the PTA program director.

2. For Non- PTA Courses:

All academic courses to be transferred into the degree plan from another institution must be evaluated and approved by the Registrar's office of MCC. Any student who wishes to discuss transfer credit should make an appointment with the PTA program director.

Cell Phone Policy

Students are NOT to receive or place telephone calls or texts during class. Cellular telephones are to be turned off or set to vibrate before entering the classroom. If a student needs to receive a text/phone call during class time for emergency purposes (sick child, death in the family), the student must take the text/call OUTSIDE of the classroom. If a student chooses to text/call during class time for non-emergent purposes the student will be asked to leave class for that day.

Locker Policy

PTA students will be allowed to use the lockers in the hallways outside the labs. The student's name and locker number must be supplied to the program director within the first two weeks of each semester. If a lock is used on the locker, the student will be required to remove the lock at the end of each semester. Failure to remove the lock will result in forced removal of the lock with the student being responsible for any charges incurred. Any items left in the lockers will be discarded.

Recording Device Policy

Students may only record/video class activities and instructors with permission of the instructor and in no circumstance are allowed to post recordings on any internet site or social network site. The recording may only be utilized by the individual. Students who do not remain in compliance with this policy will be written up, put on probation, or potential dismissed from the program based upon the extent to which the policy has been disregarded. The only exception is in the case of an ADA accommodation. Instructors must be notified of accommodations by the Disabilities Service office prior to them being used in the classroom.

CLINICAL EDUCATION PROCESS

The clinical education program is multifaceted. It offers the student a chance to be exposed to a variety of health care settings in order that the student understands the scope of the profession and the health care needs of the community. Each student in the PTA program will be assigned to three, six week long, full-time (approximately 8-5, M-F), clinical rotation education experiences beginning in the second year of the PTA program. As required by CAPTE, one of the three rotations will be in an outpatient therapy setting, the second in a setting where a patient's status could change rapidly (acute care, skilled nursing facility, inpatient rehab). Because of the nature of clinical site placement, one of the rotations must be a travel rotation. (Students will be expected to travel roughly one hour outside of the Waco area for this clinical rotation). This is not negotiable. At the clinic, the student will be paired one-on-one with a clinical instructor who is a licensed physical therapist or physical therapist assistant. The student will be expected to participate in the provision of physical therapy services as delegated by their clinical instructor and regulate by current practice laws. **EXPAND ON THIS ABOUT GENERAL SKILLS, CRITICAL THINKING, MODIFICATION IN REAL TIME...**

The clinical education program is an integral part of the academic program and:

1. Exposes the student to clinical practice at various stages of his/her academic experience
2. Provides the student an opportunity to integrate acquired classroom knowledge with clinical practice in a supervised setting
3. Fosters an environment for the student to develop effective communication skills with patients and health care professionals
4. Serves as a mechanism for feedback that allows the Physical Therapist Assistant faculty to review the effectiveness of the academic program

Responsibilities of the PTA Faculty

One member of the Physical Therapist Assistant faculty is primarily responsible for coordinating the clinical component of the program, and is referred to as the Academic Coordinator of Clinical Education (ACCE). This coordinator works directly with academic instructors, clinical instructors and students to provide learning experiences that develop the student's clinical competence.

The ACCE is responsible for the following:

1. Act as coordinator of the clinical component of the program
2. Maintain up-to-date affiliation agreements with all clinical sites by reviewing agreements on an annual basis
3. Actively seek potential clinical sites and determine suitability based on APTA guidelines for clinical facilities
4. Maintain open lines of communication and interaction with clinical coordinators and clinical instructors
5. Coordinate and schedule individual clinical experiences for the students and communicate this information to the clinics
6. Familiarize clinical instructors and student with the PTA MACS
7. Perform on-site or telephone visits for each student during each clinical affiliation to assess progression and address any concerns of the student and/or the clinical instructor
8. Organize and/or arrange in-services and/or CI credentialing opportunities for clinical instructors on a regular basis
9. Develop problem-solving strategies as necessary to include:

- a. Early identification of a problem
- b. Exploration of possible solutions
- c. Provision of clinical education workshops or other types of learning experiences

Responsibilities of the Clinical Instructors

One physical therapist or physical therapist assistant at each facility, referred to as the Center Coordinator for Clinical Education (CCCE), is responsible for coordinating the learning experiences of students assigned to the facility. Any physical therapist or physical therapist assistant who serves as a CCCE should have at least 5 years of clinical experience. The CCCE will supervise and/or make assignments for student supervision. In order to serve as a Clinical Instructor (CI) and directly supervise students, the following requirements must be met:

- Physical therapists must hold at least a baccalaureate degree from an accredited program of Physical Therapy, be eligible for state licensure, and have a minimum of 1-year clinical experience
- Physical therapist assistants must hold at least an Associate of Applied Science degree from an accredited program of Physical Therapy, be eligible for state licensure, have a minimum of 1-2 years clinical experience, and be practicing under the supervision of a physical therapist as required by law

Clinical Instructors (CIs) are responsible for the following:

1. Become familiar with the assessment tool utilized in the clinical setting, the PTA MACS
2. Provide proper supervision for the student
3. Perform on-going assessment of student performance, competency, and safety in clinical practice; and arrange periodic conferences with a student to provide feedback on how he/she is performing
4. Encourage the student to evaluate his/her own performance
5. Provide a written assessment of student performance to the PTA faculty completing the appropriate forms
6. Develop problem-solving strategies as necessary including:
 - a. Early identification of and communication of any problems with student performance
 - b. Determine effective solution(s) to problems
 - c. Determine the need for additional information or assistance from the ACCE to solve problems
 - d. Overall determination that problem(s) cannot be solved in available time or with available resources

Responsibilities of the Student

Each student is responsible for providing input to the PTA faculty and the clinical instructors to help provide learning experiences that will most benefit him/her. Students are responsible for the following:

1. Become familiar with the assessment tool utilized in the clinical setting, the PTA MACS
2. Provide input to the ACCE before clinical affiliation assignments are finalized
3. Actively seek learning opportunities to develop skills and competencies within the clinical setting
4. Provide self-assessment of his/her performance including strengths and areas that need improvement
5. Identify problems early and communicate the problem to clinical instructors and/or ACCE
6. Complete a clinical evaluation form at the end of each affiliation (see section on forms in handbook).

Students are expected to display initiative in treating patients, assisting therapists with treatments, cleaning patient treatment areas, seeking information from therapists and/or available textbooks and discussing the affiliation with the clinical instructor.

NOTE: A STUDENT IS REQUIRED TO HAVE PASSED ALL PRIOR PTA COURSEWORK IN ORDER TO QUALIFY FOR PLACEMENT ON CLINICAL AFFILIATION.

Critical Safety Skills

Demonstrating mastery of specific *critical safety skills* during clinical rotations is necessary in order to pass each clinical affiliation. Competency with *critical safety skills* indicate that a student carries out intervention per the plan of care in a manner that minimizes risk to the patient, self and others. Examples of essential critical safety skills include but are not limited to:

- Ability to follow and appropriately carry out the POC established by the PT.
- Safe implementation of the POC based upon patient diagnosis, status, and response to intervention without placing the patient in jeopardy of harm or injury.
- Demonstration of knowledge regarding contraindication and precautions for specific patient diagnosis relative to the physical therapy interventions within the POC (i.e. following hip precautions when transferring a patient after a total hip replacement; choosing an appropriate assistive device for the weight bearing status and ability of the patient for gait).
- Ability to correctly identify physiological measures (BP, HR, blood glucose levels, etc.) outside the parameters that allow for safe therapeutic exercise/intervention and provide proper response and notification of the PT/MD/nurse.
- Ensures safety of self and others by using proper hand washing technique, following universal precautions, able to competently set up a sterile field, and don/doff PPE without contaminating materials, patient, or self to prevent spread of infection.
- Uses acceptable techniques for safe handling of patients with proper body mechanics, guarding, and level of assistance; and employs standard safety precautions such as: locking a wheelchair prior to transferring a patient, appropriate use of a gait belt with transfers and gait training, washing hands prior to and after each patient contact, recognizing environmental hazards of safe ambulation, transfers, or other therapeutic intervention.
- Established and maintains a safe working environment (i.e. monitoring of lines and tubes and other medical equipment, checks physical therapy equipment and assistive devices for maintenance and/or disrepair, eliminates work place hazards).
- Requests assistance when necessary (i.e. from the clinical instructor, utilizes and monitors support personnel).
- Ability to recognize patient responses during therapeutic intervention that may indicate a life-threatening condition (shortness of breath, chest pain, sudden dizziness, sudden dysarthria, change in mental status, etc.) and provide proper response and notification to PT/MD/nurse.
- Correct interpretation of weight bearing status and ability to choose appropriate assistive device for weight bearing status and individual patient's abilities.
- Utilizes appropriate gait pattern and assistive device relative to patient's weight bearing status and assistive device.
- Demonstrates knowledge of facility safety policies and procedures.

The clinical instructor will continually assess the student's competency in safety and will notify the ACCE if there are any issues or concerns regarding a student's capability of practicing in a safe manner. If safety concerns are not resolved in an acceptable timeframe, the student will be removed from the clinical site and not allowed to progress in the program.

CLINICAL POLICIES AND GUIDELINES

Health Form/Immunizations

Students will be required to have on file with the PTA Program Director proof of immunization against the following prior to beginning the clinical phase of the program:

- Hepatitis B
- Varicella (Chicken pox)
- Measles
- Mumps
- Rubella
- Diphtheria/tetanus

Students will also be required to have a 2-step tuberculosis skin test (or chest x-ray or blood test) and a flu shot annually. Cost of immunizations and x-rays are the responsibility of the student. Students may be expected to carry health insurance in order to participate in clinical rotations in certain facilities. It is the responsibility of the student to obtain and provide proof of health insurance, as applicable, prior to the start of the clinical rotation.

Students are required to have the physical and mental skills necessary to meet standard of the workplace and within the clinical setting. Reasonable accommodation will be made for students with documented disabilities who have been accepted into the program. However, it is the student's responsibility to notify the PTA program director and the Student Services office that such disability exists. The purpose of such accommodation is to allow the student to meet the technical standards and should not be perceived as lowering of educational standards.

Accommodations/ADA Statement

Any student who is a qualified individual with a disability may request reasonable accommodations to assist with providing equal access to educational opportunities. Students should contact the Accommodations Coordinator as soon as possible to provide documentation and make necessary arrangements. Once that process is completed, appropriate verification will be provided to the student and instructor. Please note that instructors are not required to provide classroom accommodations to students until appropriate verification has been provided by the Accommodations Coordinator. Instructors should not provide accommodations unless approved by the Accommodations Coordinator. For additional information, please visit mclennan.edu/disability.

Students with questions or who require assistance with disabilities involving physical, classroom, or testing accommodations should contact:

disabilities@mclennan.edu

254-299-8122

Room 319, Student Services Center

Title IX Statement

We care about your safety, and value an environment where students and instructors can successfully teach and learn together. If you or someone you know experiences unwelcomed behavior, we are here to help. Individuals who would like to report an incident of sexual misconduct are encouraged to immediately contact the Title IX Coordinators at titleix@mclennan.edu or to call Dr. Drew Canham (Vice President for Student Success) at 299-8645. Individuals also may contact the MCC Police Department at 299-8911 or Counseling Services at MCC by calling 299-8210.

McLennan's Title IX webpage (<http://www.mclennan.edu/titleix/>) contains more information about definitions, reporting, confidentiality, resources, and what to do if you or someone you know is a victim of sexual misconduct, gender-based violence or the crimes of rape, acquaintance rape, sexual assault, sexual harassment, stalking, dating violence or domestic violence.

Student Support/Resources

MCC provides a variety of services to support student success in the classroom and in your academic pursuits to include counseling, tutors, technology help desk, advising, financial aid, etc. A listing of these and the many other services available to our students is available at <http://www.mclennan.edu/campus-resource-guide/>

Drug Screening Policy

Introduction

The Joint Commission requires verification of competency of all individuals who have direct contact with patients or employees; this includes students participating in clinical rotations in the facility. Competency extends beyond technical skills to include screening for drug use.

Screening Requirements

Drug screens must be completed within the thirty (30) days prior to a student's initial entry into the clinical assignment portion of their respective Allied Health program. For some programs, clinical assignments begin immediately when classes begin for the semester. For other programs, clinical assignments are scheduled for later in the program. Verification of a negative drug screen must be received prior to the first clinical day in the student's program. The results will be acceptable for all clinical rotations during the student's enrollment in the program unless there is a break during that student's enrollment. A break in enrollment (leaving the program) is defined as nonattendance for a portion of a semester or more. Attendance must be verifiable through the College.

The Substance Abuse Panel 10 (SAP 10) + MDMA + Oxycodone tests for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, marijuana metabolites, MDMA, methadone, methamphetamine, opiates, oxycodone, and phencyclidine.

Costs for Drug Screening

Cost of the drug screen will be the responsibility for any students entering a Health Professions Program at McLennan Community College. Students will use the testing agency designated by the College. The student will be responsible for scheduling his or her own testing time at the agency and will be required to follow all procedures required by that agency for accurate testing. The student will be responsible for ensuring that the results of all testing be sent by the agency directly to the director of the allied health program in which they are admitted or enrolled.

Disqualifications from Clinical Affiliation Participation

A student will not be allowed to participate in clinical affiliations if he or she is found to have a positive drug screen. If the student feels that the positive result is in error, he or she will be able to request a Medical Review through the testing agency and pay any additional fee for that service. The testing agency will have its Medical Review Officer assess the screen and follow through with an appropriate investigation. The student may be responsible for the cost of the medical review. A student will not be allowed to participate in clinical activity (removed from program) in any MCC Health Professions program for twelve (12) months following a verified positive drug screen. The student will then be required to undergo an additional drug screen which must be negative, prior to a clinical placement.

"For Cause" Screening (Zero Tolerance)

At any time during **classroom, lab, or clinical** portions of a health science program, the student is suspected of being under the influence of drugs or alcohol, the program faculty or clinical facility personnel may require the student to be tested for drugs and/or alcohol. If the clinical facility has the capability of doing the screen on site, the facility may use that service. The student is responsible for any cost of the screening. If a student must be dismissed from the clinical facility during a clinical assignment to undergo testing and/or for inappropriate behavior due to possible drug or alcohol influence, the student will be responsible for providing contact information for someone to provide transportation for the student to be taken away from the site and, as necessary, to the college-designated testing agency. Failure by the student to comply with these policies is grounds for dismissal from the allied health program in which the student is enrolled. A positive drug or alcohol test is also grounds for dismissal from the program in which the student is enrolled.

Impaired Student Policy & Procedure

According to the Health Professions Division policy, *students attending clinical while under the influence of any substance affecting their ability to respond in a reasonable and acceptable manner* is considered inappropriate behavior, unsafe practice and is grounds removal from the clinical environment.

Faculty who suspect any student of attending clinical while under the influence of any substance affecting the student's ability should abide by the following procedure:

1. If the clinical environment is on McLennan Community College campus:
 - a. Faculty or designated professional is required to stay with student throughout the following process.
 - b. If student needs medical evaluation, student will be referred to the Emergency Department of a local hospital and family/friend will be notified of their visit to the emergency room and asked to pick them up following exam. Student will be responsible for charges incurred.
 - c. Have another professional witness student behavior.
 - d. Student should not be allowed to void prior to urine specimen collection.
 - e. Student may not return to the clinical experience for the remainder of the scheduled clinical day.
 - f. Notify Campus Police at 8911 or (254) 299-8911 of the current situation.
 - g. Notify A&D Testing at (254)399-8378 to provide an on-site screening.
 - i. A&D Testing will perform a Rapid Screen and Alcohol Breath Analyzer

- ii. If the Rapid Screen is positive, A&D Testing will then confirm the results with a lab 12 panel drug screen.
 - iii. A&D Testing will send MCC Health Professions Division an invoice for the services performed.
 - h. For positive results
 - i. Student will be advised to contact Clinical Coordinator and Program Director, by next business day, to schedule an appointment for review of occurrence.
 - ii. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will be advised that they may not drive themselves.
 - iii. Clinical hours missed will count as an absence.
 - iv. Students will not be allowed to participate in clinical affiliations for 12 months following a verified positive drug screen. Student must follow readmission procedures of program. Students are not guaranteed re-entry into program.
 - i. For negative results
 - i. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will ~~not~~ be advised that they ~~can~~ may not drive themselves.
 - ii. Clinical hours missed will count as an absence.
 - iii. Student will be counseled by clinical coordinator and program director regarding impaired behavior and subsequent occurrences.
 - j. Notify Clinical Coordinator of occurrence.
- 2. If the clinical environment is not on McLennan Community College campus
 - a. Faculty or designated professional is required to stay with student throughout the following process.
 - b. If student needs medical evaluation, student will be referred to the Emergency Department and family/friend will be notified of their visit to the emergency room and asked to pick them up following exam. Student will be responsible for charges incurred.
 - c. Have another professional witness student behavior.
 - d. Student should not be allowed to void prior to specimen collection.
 - e. Notify the facility's security department regarding the student.
 - f. Notify A&D Testing at (254)399-8378 to provide an on-site screening.
 - i. A&D Testing will perform a Rapid Screen and Alcohol Breath Analyzer
 - ii. If the Rapid Screen is positive, A&D Testing will then confirm the results with a lab 12 panel drug screen.
 - iii. A&D Testing will send MCC Health Professions Division an invoice for the services performed.
 - g. For positive results
 - i. Student will be advised to contact Clinical Coordinator and Program Director, by next business day, to schedule an appointment for review of occurrence.

- ii. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will not be advised that they can drive themselves.
 - iii. Clinical hours missed will count as an absence.
 - iv. Students will not be allowed to participate in clinical affiliations for 12 months following a verified positive drug screen. Student must follow readmission procedures of program. Students are not guaranteed re-entry into program.
- h. For negative results
- i. Student will call family/friend to pick them up immediately from the clinical environment. Note: Student will be advised that they may not drive themselves.
 - ii. Clinical hours missed will count as an absence.
 - iii. Student will be counseled by clinical coordinator and program director regarding impaired behavior and subsequent occurrences.
- i. Notify Clinical Coordinator of occurrence.

Criminal Background Policy

Introduction

The Joint Commission requires verification of competency of all individuals who have direct contact with patients or employees; this includes students doing clinical rotations in the facility. Competency extends beyond technical skills to an individual's criminal history.

Purpose:

This policy is designed to protect the community of health care consumers from services provided by students who have documented illegal and unethical behaviors. These requirements also allow the Health Professions division to be in compliance with clinical affiliation agreements.

In compliance with HB 1508, students are advised that a criminal background could prevent licensure by the State of Texas. Students are further advised to consult with the program director or faculty member for guidance. Students also have the right to request a criminal history evaluation letter from the applicable licensing agency.

Policy:

Successful completion of a criminal background check is required for admission and continuation in all Health Professions Programs. Students will be given specific directions from the program about how to obtain the background check.

Background checks may be honored for the duration of the student's enrollment in the clinical program if the participating student has not had a break in the enrollment of a Health Professions class. A break in enrollment is defined as nonattendance of one full semester or more. The above information must be verifiable through the college/school and an attestation will be provided to the clinical agency. Individual programs may require more frequent background checks to meet clinical requirements.

The following histories will disqualify an individual from consideration for admission because the student would not be eligible for clinical placement: (this includes, but is not limited to):

- Murder
- Capital murder
- Manslaughter
- Criminally negligent homicide
- Hate crimes
- Unlawful restraint
- Kidnapping
- Aggravated kidnapping
- Continuous sexual abuse of a young child or children
- Indecent exposure
- Indecency with a child
- Improper relationship between educator and student
- Improper photography or visual recording
- Sexual assault
- Aggravated assault
- Aggravated sexual assault
- Intentional, knowing, or reckless injury to child, elderly individual, or disabled individual

- Intentional, knowing, or reckless abandonment or endangerment of child
- Deadly conduct
- Terroristic threat
- Aiding suicide
- Prohibited sexual conduct (incest)
- Agreement to abduct child from custody
- Violation of certain order in family violence case
- Violation of protective order preventing hate crime
- Sale or purchase of child
- Arson
- Robbery
- Aggravated robbery
- Burglary
- Online solicitation of minor
- Money laundering
- Fraud
- Identity theft
- Cruelty to animals
- Compelling prostitution
- Causing sexual performance by a child
- Possession or promotion of child pornography
- Any other offense for which registration as a sex offender is required
- Moral turpitude

The following histories will disqualify an individual from consideration for admission if the conviction occurred within the last five (5) full calendar years*:

- Assault punishable as a Class A misdemeanor or felony.
- Drug related issues
- Theft
- Misapplication of fiduciary property or property of financial institution punishable of Class A misdemeanor or felony
- Securing execution of a document by deception punishable as a Class A misdemeanor or felony (document tampering)
- False identification as a peace officer
- Disorderly conduct

*Any terms of probation must be complete prior to admission to a health professions program.

The following histories will disqualify an individual from consideration for admission if the conviction occurred within the last 12 months*:

- Driving while intoxicated (DWI or DUI)
- Theft by check
- Public intoxication

- Minor in possession

*Any terms of probation must be complete prior to admission to a health professions program.

For students accepted to a clinical program with access to a licensing/registry body review process:

If an individual does not meet one or more of the aforementioned standards, she/he may pursue a declaratory order process with her/his licensing/registry body. If the licensing/registry body approves the individual to take the licensing/credentialing exam, the individual may be able participate in the clinical rotation, depending on the affiliation agreement.

Disclaimers

- Successful completion of a criminal background check for a Health Professions Program does not ensure eligibility for licensure or future employment.
- Individual Health Professions programs may require more frequent or multiple background checks in order to meet clinical requirements.
- Clinical agencies can establish more stringent standards, if they so desire, to meet regulatory requirements for their facility.
- Clinical agencies can conduct additional background checks at their discretion.
- If a student is found to be ineligible for clinical placement any time during the program, the student is unable to meet clinical learning objectives and will be withdrawn pending resolution of the situation.

Costs for Background Checks

All costs for criminal background checks are the responsibility of the student entering or enrolled in a Health Professions program at McLennan Community College. Students will use the testing agency designated by the College. The student will be responsible for scheduling his or her own time at the agency and will be required to follow all procedures required by that agency for accurate testing.

Screening Requirements

Successful completion of a criminal background check is required for admission and continuation in all Health Professions programs at McLennan Community College. Admission to a Health Professions program is considered conditional until the results of the criminal background check are approved by the program director. Students will be given specific instructions from the program about obtaining the background check.

Drug screens and criminal background checks must also be completed within the thirty (30) days prior to a student's initial entry into the clinical assignment portion of his or her respective health science program. For some programs, clinical assignments begin immediately when classes begin for the semester. For other programs, clinical assignments are scheduled for later in the program. Verification of a negative drug screen and a satisfactory criminal background check must be received prior to the first clinical day in the student's program. The results may be acceptable for all clinical rotations during the student's enrollment in the program unless there is a break during that student's enrollment. A break in enrollment (leaving the program) is defined as nonattendance for a portion of a semester or more. Attendance must be verifiable through the College.

Students who are not disqualified should not assume that their criminal background check shows no criminal activity. The student should report any convictions to the appropriate licensing or registry boards at least three months prior to the examination date.

Each student must report within three business days to the Program Director and the Dean of Health Professions any arrests and/or criminal charges or convictions filed subsequent to the completion of the criminal background check. Failure to report will make the student subject to administrative withdrawal from the program.

Any student who changes programs or stays out of a Health Professions program at McLennan Community College for 12 months will be required to submit a new criminal background check and drug screen upon re-entry to the Health Professions Division.

The Health Professions division will provide an attestation of the background check and drug screen to clinical affiliates prior to each rotation. Clinical facilities may submit a written request for additional information regarding background checks and drug screens for students and faculty participating in clinical rotations.

Disclosure

Students are required to disclose any prior criminal record by accurately answering the following question on the application for admission to the Health Professions program:

Have you ever been convicted of a crime other than a minor traffic violation? (Circle one) YES NO

Please note that Driving Under the Influence (DUI) and Driving Under Suspension (DUS) are NOT considered minor traffic violations. Failure to disclose may result in withdrawal from the program of study.

Records of Criminal Background Checks

Criminal background checks and drug screens are reviewed securely through the provider's website. Any printed records of criminal background checks will be kept in a secured file in the office of the program director of that student's Health Professions program. It will be accessible only to the program director, the program clinical coordinator, the Dean of Health Professions, any of the College Vice Presidents, the President of the College, the college attorneys, and any college judicial panel which may be created to review a student's case.

CPR Certification

Students must have documentation of current CPR certification on file with the ACCE and the Program Director prior to beginning the clinical phase of the program. The CPR certification MUST be current throughout the entire length of all three clinical rotations. Students with an expired certification will not be allowed to treat patients, will be removed from the clinical until re-certification is obtained. The student is responsible for making up all time missed in the clinical. At minimum, this may delay the student's graduation; at maximum the student may not be allowed to progress in the program. The PTA program may require all students in a cohort to obtain CPR certification at the same time prior to starting the first clinical rotation to ensure that all certifications will be current through June of the year of graduation for that cohort. It is the responsibility of the student to obtain certification.

Clinical Assignments

Assignments for each affiliation will be made approximately one month prior to that affiliation. The student must contact the facility prior to the beginning of the affiliation to make sure they are prepared for the first day of clinical. Transportation arrangements, lodging and other costs are the student's responsibility.

Any student who is unable to perform expected duties during the clinical affiliation, due to physical condition or other reason, will report this to the ACCE prior to reporting to the clinical site, or during the clinical affiliation if issues arise at that time. The ACCE and the Program Director will discuss the issue(s) with the student and determine whether the student may continue with the affiliation or whether the student will need to schedule the clinical time for a later date contingent upon resolution of the issue(s). If a student is unable to participate at the scheduled time of an affiliation, he/she will be assigned to another affiliation site at the time an availability arises at the discretion of the ACCE.

Clinical Placement Policy

Placement is intended to expose the student to as many areas of physical therapy practice as possible in order to facilitate the development of basic skills needed for a licensed PTA. Clinical assignments for each student will include an acute care facility, a geriatric/rehab facility, and an outpatient facility. ***Due to the difficulty of placement and reduced number of clinical sites in the Waco area, the student will be required to travel for at least one of the clinical affiliations. Travel is defined as 1 hour from the immediate Waco area. This rule is in place to insure that all students are able to be placed at a clinical site and that all students are able to complete the scheduled rotations in a timely manner.*** Students will not be assigned to facilities where they are presently employed or have entered into an agreement of employment. Students are given an opportunity to provide input about placement before the assignments are finalized. However, the final decision is made by the ACCE.

*Clinical Affiliation Sites**

Clinical experiences will be attained in licensed Physical Therapy departments and clinics in the Central Texas region. Clinical sites being utilized at this time include:

Waco:

Concentra Medical Center
 Hillcrest Baptist Medical Center (OP, IP, Rehab, SNF)
 Kid's Therapy Specialties (pediatrics, neuro)
 Providence Health Center (OP, IP)
 Scott & White Sports Therapy and Rehab Center
 Waco Orthopedics
 Waco VA Medical Center (OP)

Temple:

Central Texas Veteran's Health Care System (OP, IP, Rehab)
 MBS – Westin Inn, West, East (SNF)
 Scott & White Hospital (OP, IP, wound care)
 Santa Fe Center of Scott & White (SNF)

Other Locations:

BCM Innovative Therapies, Inc (Corsicana: pediatrics)
 Brazos Orthopedic Physical Therapy (College Station: ortho, HH, vestibular)
 Brownwood Regional Medical Center (Brownwood)
 Cantex Senior Communities (Carrollton & Frisco)
 Center for Physical Therapy (Granbury: OP)
 College Station Medical Center (IP) & The Therapy Center (OP) (College Station)
 Eastland Memorial Hospital (Eastland: OP, IP)
 Glen Rose Medical Center (Glen Rose: OP, Rehab, IP)
 Goodall-Witcher Hospital (Clifton: OP, IP, HH)

Harris Methodist Erath County Hospital (Stephenville)
 Hendricks Medical (Abilene: OP, IP, Rehab)
 Huguley Memorial Medical Center (Fort Worth: OP)
 Integrity Rehab (Killeen: OP, Women's Health, Peds)
 Lott Physical Therapy (Fairfield: OP)
 MBS – Hill Country & Windcrest (Copperas Cove: SNF)
 MBS – Trisun & Heritage Oaks West (Corsicana: SNF)
 MBS – Indian Oaks Living Center (Harker Heights: SNF)
 Metroplex Hospital and Metroplex (Killeen: OP, IP)
 Navarro Regional Hospital (Corsicana: IP, OP)
 Parker County Physical Therapy (Weatherford: OP)
 Parkview Regional Hospital (Mexia: OP, IP)
 Rehab Management (Rockwall & Rowlett: OP)
 Senior Rehab Solutions – Senior Care of Stephenville (Stephenville: SNF) & Pleasant Manor (Waxahachie: SNF)
 Sherwood Health Care Rehab Center (Bryan: SNF)
 St Joseph Regional Health Center (Bryan: IP, wound care)
 Stephenville Sports Rehab & Physical Therapy (Stephenville: OP)
 Victory Therapy (Ennis: OP, HH)
 West Texas Rehab (Abilene: Rehab, peds)

**This list is subject to change and may be updated/revised at any time.*

Clinical Attendance

Due to the significant nature of clinical time for the student, all clinical hours missed due to absence must be made up at a time convenient to the clinic and agreed upon by the clinical instructor, academic coordinator, and the student. More than 2 absences may be taken as evidence that the student does not intend to participate sufficiently to assure likelihood of success. With 2 or more absences, the student will be required to conference with the ACCE.

Anytime a student must be absent from the clinical site, he/she is required to notify the facility and the ACCE.

Patient Care

Students are required to meet the workforce standard of providing care to any and all patients assigned to their care by the clinical instructor.

Clinical Dress Policy

Students are required to wear a nametag that identifies the individual as an MCC student PTA. Some facilities may require photo IDs, and these will be provided by the facility. The nametag should be worn at all times while the student is on clinical assignment, and may not be worn at any time other than assigned clinical affiliations.

Student should dress professionally in khaki or dress pants and collared shirt or other appropriate top. Shoes must be a solid color, leather athletic shoe or nursing shoe, and socks or hose must be worn. Long hair must be pulled back from the face, and jewelry should be minimal. Blue jeans, t-shirts, sandals, V-neck blouses, ruffles, loud colors, etc. are unacceptable attire. Some facilities may require a white lab coat, which the student will be required to purchase. Other facilities allow students to wear scrubs, although color may be specified. Students are required to contact the facility prior to his/her affiliation for dress/uniform requirements. Body piercings (other than stud earrings) must be removed and tattoos must be covered during the time the students is at the clinic site. The clinical instructor has the authority to deny clinical attendance for a student whose apparel is considered inappropriate.

Cell Phone Policy

Cell phones or other personal communication devices must be put away during clinical hours. They may be used only during designated breaks as allowed by the facility.

Schedule of Student Affiliations

Students begin their clinical training during their second fall semester in the PTA program. The schedule for each affiliation is as follows but is subject to change:

Second Fall Semester – 40 hours/ week for the first 6 weeks of the semester

Second Spring Semester – 40 hours/week for the first 6 weeks and the last 6 weeks of the semester

Liability Insurance

McLennan Community College provides a limited student liability insurance during clinical affiliations. The coverage for students is effective only during scheduled clinical time. The student is not covered for employment outside of scheduled clinical time.

Accidental Injury and/or Health Coverage

Neither the clinical facility nor the college assumes any responsibility for an injury occurring during clinical hours. The student is encouraged to carry private health insurance coverage and is required to report any personal injury to the clinical instructor immediately. All students should be prepared to carry health insurance as more clinical affiliation sites are requiring this as a condition of student placement. If a clinic requires health insurance the student is required to purchase and provide proof of health insurance in order to attend the clinical. Alternate clinic placement will not be available.

Evaluation of Student Performance during Clinical Affiliations

The evaluation/assessment tool utilized by the McLennan Community College PTA program is the PTA MACS (Mastery and Assessment of Clinical Skills). The PTA MACS:

1. Defines for students and clinical instructors the skills that all students are expected to master prior to graduation
2. Provides a uniform mechanism for rating students from different schools at clinical affiliation sites
3. Allows students to assess their own performance and to compare their self-assessment with those of their clinical instructors
4. Provides an up-to-date summary of the individual student's current strengths and weaknesses, thus helping students and their instructors plan an appropriate affiliation experience
5. Provides a mechanism to identify strengths and weaknesses in the academic portion of the curriculum

The PTA MACS contains the minimum 24 skills needed by an entry level (newly graduated) PTA to engage in safe and effective clinical practice. Each skill includes objectives that allow the user to better assess the learning or mastery of each skill.

The ACCE, clinical instructor and student should work together in determining the skills that are appropriate for each affiliation. These skills will depend on the student's classroom knowledge at the time and the learning experiences the clinical facility is able to provide. In addition, clinical objectives are established for each affiliation.

A progress report is to be completed for each affiliation. The form should be completed for the mid-clinical evaluation and the final evaluation. Space is provided for both evaluation in the MCAS. This allows the clinical instructor and student to:

1. Discuss the student's performance and strategies for improving performance when indicated
2. Identify skills which the student has not had the opportunity to achieve while time is still available
3. Measure progress in the student's ability to perform

A Clinical Skills Master List is provided in each student's PTA MACS to record skills that have been mastered by that student.

NOTE: AT MID-CLINICAL: Students having an "NI" for any indicator (skill):

1. Will be notified by the clinical instructor
2. Must have the "NI" rating removed from each indicator by the final evaluation, OR
3. Must show significant improvement in each of the indicators with an "NI" rating by the final evaluation.

Comprehensive instructions on proper utilization of the PTA MACS are included within each copy of the MACS and are discussed in detail during the program prior to the student going on their first affiliation.

Clinical Grading

Clinical grade compilation is based on skill attainment utilizing the PTA MACS and other clinical assignments, such as case studies, in-services, weekly questions, or other activities. The requirements for receiving a grade of "CR" (credit) are stated in each clinical course syllabus. MCC faculty retain the final responsibility for assigning clinical grade.

1. A grade of I (incomplete) will be given when
 - a. The student completes at least 85% but less than 100% of the minimum requirements stated in the syllabus, **and/or**
 - b. The student has 4 or more indicators with the NI (needs improvement) rating remaining at the end of the clinical course on skills not specified in the syllabus
2. To remove a grade of I, and receive credit for the course, the student must complete 100% of the work for that course, as stated in the syllabus, and/or remove any NIs from that incomplete course by the end of the next clinical affiliation.
3. A grade of NC (noncredit), which is considered failure of the clinical course, will be given when
 - a. The student has a U (unsatisfactory) on any skill, or an NI on any skill specified in the syllabus, remaining at the end of the clinical course, **and/or**
 - b. The student completes less than 85% of the minimal requirements stated in the syllabus for that course, **and/or**
 - c. The student accumulates 4 or more absences during any affiliation (extenuating circumstances may be reviewed by the PTA program faculty), **and/or**

- d. The student fails to meet the requirements for converting and I to a CR for the clinical course.
4. If a student receives an NC for a clinical course, and he/she wishes to return to the program and is eligible to return to the program, the student, along with the other requirements for a reinstatement request (see section in handbook on reinstatement), will be required to pass a skills assessment exam, both written and practical, at the level of 75% or greater before returning to the clinical setting. This exam will be given at a time designated by the program director.

Requirements for Clinical Completion per Affiliation

PTHA 1361 - Clinical I (Fall Semester):

A. PTA MACS (Manual for the Assessment of Clinical Skills) requirements:

1. Skills 1-11 Professional Behaviors:

- ✓ or + on 4 of the 11 Professional Behaviors Skills (indicating exposure & experience)
- **NO** U's on final assessment for skills 1 - Professionalism, 2 - Commitment to Learning, 6 - Use of Constructive Feedback, 9 - Responsibility

2. Skills 12-16 Plan of Care:

- ✓ or + on 2 of the 5 Plan of Care Skills
- 3. Skill 17 (17.1-17.12) Therapeutic Exercise:
 - ✓ or + on 4 of the 12 Therapeutic Exercise Interventions
- 4. Skill 18 (18.1-18.7) Functional Training:
 - ✓ or + on 3 of the 7 Functional Training Interventions
- 5. Skill 19 (19.1-19.3) Manual Therapy:
 - ✓ or + on 1 of the 3 Manual Therapy Interventions
- 6. Skill 20 (20.1-20.10) Biophysical Agents:
 - ✓ or + on any 2 of the 10 Biophysical Agents Applications
- 7. Skill 21 (21.1-21.14) Tests & Measures:
 - ✓ or + on 5 of the 14 Tests & Measures
- 8. Skills 22-26 Healthcare Environment:
 - ✓ or + on 2 of the 5 Healthcare Environment Skills
- 9. Skills 27-37 Site Specific Skills:
 - ✓ or + on 1 of the Site Specific Skills

- *B. An Evidence Informed Practice presentation based upon a patient inspired clinical inquiry, common diagnosis seen during the affiliation, or procedure or project requested by your site or Clinical Instructor (see syllabus for details)

AND

- *C. Completion of all learning experiences assigned by the DCE and Clinical Instructor (i.e., in-services, feedback reports, weekly summaries, etc.)

B. Completion of all weekly learning experiences assigned by the DCE and/or clinical instructor (i.e., in-service, feedback reports, weekly summaries, etc.)

1. There will be a total of 5 assignments (weekly) that will require a product be produced and e-mailed to the DCE.
2. Each Weekly Assignment will be worth 50 points.
 - a. A 20 point deduction per every day late will occur on assignments that are not turned in by the due date and time, and after the third day the assignment will not be accepted and a 0 will be given for that assignment.

b. Assignment grade will be based upon completion and accuracy according to the directions for each assignment.

C. Professional presentation of the Evidence Informed Practice Project:

Clinical II: (Spring Semester)

A. PTA MACS (Manual for the Assessment of Clinical Skills) requirements:

1. Skills 1-11 Professional Behaviors:
 - ✓ or + on 8 of the 11 Professional Behaviors Skills
 - **NO** U's on final assessment for skills 1 - Professionalism, 2 - Commitment to Learning, 6 - Use of Constructive Feedback, 9 - Responsibility
2. Skills 12-16 Plan of Care:
 - ✓ or + on 3 of the 5 Plan of Care Skills
3. Skill 17 (17.1-17.12) Therapeutic Exercise:
 - ✓ or + on 8 of the 12 Therapeutic Exercise Interventions
4. Skill 18 (18.1-18.7) Functional Training:
 - ✓ or + on 4 of the 7 Functional Training Interventions
5. Skill 19 (19.1-19.3) Manual Therapy:
 - ✓ or + on 2 of the 3 Manual Therapy Interventions
6. Skill 20 (20.1-20.10) Biophysical Agents:
 - ✓ or + on any 4 of the 10 Biophysical Agents Applications
7. Skill 21 (21.1-21.14) Tests & Measures:
 - ✓ or + on 9 of the 14 Tests & Measures
8. Skills 22-26 Healthcare Environment:
 - ✓ or + on 3 of the 5 Healthcare Environment Skills
9. Skills 27-37 Site Specific Skills:
 - ✓ or + on 2 of the Site Specific Skills

B. Completion of all weekly learning experiences & EIP assignments assigned by the DCE and/or clinical instructor (i.e., in-service, report, weekly summaries, etc.):

1. There will be a total of 5 EIP assignments (weekly) that will require a product be produced and e-mailed to the DCE by the given deadline on the schedule.
2. Each Weekly Assignment will be worth 10 points.
 - a. A 3-point deduction per every day late will occur on assignments that are not turned in by the due date and time, and after the third day the assignment will not be accepted and a 0 will be given for that assignment.
 - b. Assignment grade will be based upon completion and accuracy according to the directions for each assignment.

C. Professional presentation of the Evidence Informed Practice Project:

1. The presentation component of the EIP assignment is worth a total of 100 points.
2. The presentation will be graded based upon the ability to draw an educated conclusion regarding the EIP question, quality of presentation, quality and correct referencing of the PowerPoint, understanding and accuracy of the information presented, and question-answer session following the presentation.

Clinical III: (Spring Semester)

A. PTA MACS (Manual for the Assessment of Clinical Skills) requirements:

1. Skills 1-11 Professional Behaviors:
 - ✓ or + on 11 of the 11 Professional Behaviors Skills
2. Skills 12-16 Plan of Care:
 - ✓ or + on 5 of the 5 Plan of Care Skills
3. Skill 17 (17.1-17.12) Therapeutic Exercise:
 - ✓ or + on 12 of the 12 Therapeutic Exercise Interventions
4. Skill 18 (18.1-18.7) Functional Training:
 - ✓ or + on 6 of the 7 Functional Training Interventions
5. Skill 19 (19.1-19.3) Manual Therapy:
 - ✓ or + on 3 of the 3 Manual Therapy Interventions
6. Skill 20 (20.1-20.10) Biophysical Agents:
 - ✓ or + on any 6 of the 10 Biophysical Agents Applications
7. Skill 21 (21.1-21.14) Tests & Measures:
 - ✓ or + on 14 of the 14 Tests & Measures
8. Skills 22-26 Healthcare Environment:
 - ✓ or + on 4 of the 5 Healthcare Environment Skills
9. Skills 27-37 Site Specific Skills:
 - ✓ or + on 3 of the Site Specific Skills
10. ***No NI's or U's at final assessment on any skill!***

B. Completion of all weekly learning experiences & EIP assignments assigned by the DCE and/or clinical instructor (i.e., in-service, report, weekly summaries, etc.):

1. There will be a total of 5 EIP assignments (weekly) that will require a product be produced and e-mailed to the DCE by the given deadline on the schedule.
2. Each Weekly Assignment will be worth 10 points.
 - a. A 3-point deduction per every day late will occur on assignments that are not turned in by the due date and time, and after the third day the assignment will not be Accepted and a 0 will be given for that assignment.
 - b. Assignment grade will be based upon completion and accuracy according to the directions for each assignment.

C. Professional presentation of the Evidence Informed Practice Project:

1. The presentation component of the EIP assignment is worth a total of 100 points.
2. The presentation will be graded based upon the ability to draw an educated conclusion regarding the EIP question, quality of presentation, quality and correct referencing of the PowerPoint, understanding and accuracy of the information presented, and question-answer session following the presentation.

CLINICAL FORMS

The PTA program utilizes several forms throughout the clinical education process. The purpose and use of each form is outlined below. Actual forms will be explained and distributed to students during clinical orientation sessions scheduled in the summer term.

Student Introduction Form:

The purpose of this form is to provide the initial contact between the student and the clinical site. The students are instructed to complete the form and send it to the clinic 3-4 weeks prior to the beginning of the affiliation. The form

includes a summary of previous clinical experiences, the student's expectations for this affiliation, and a self-assessment of strengths and weaknesses. A photograph may be attached to the upper right hand corner.

Clinical Orientation Form

The purpose of this form is to provide the clinical instructor with a checklist or outline of items that should be addressed on the first day of the student's affiliation. This form was developed only as a guideline, and it is not necessary for the student to return this form to the ACCE at the end of the affiliation.

Progress Report (MACS Form)

This form is completed by the clinical instructor at mid-clinical and at the end of the student's affiliation to assess the student's overall performance in the clinic. This form should be completed prior to the final evaluation, and should be discussed with the student during the final evaluation.

Clinical Skills Master List (MACS Form)

This form is provided in each student's PTA MACS to record skill achievement by the student. It allows for a summary of the student's progress toward entry-level competence as well as serving as a table of contents for the skills assessment sheets. The clinical instructor will fill out this form upon final evaluation of the student to indicate achievement of specific clinical skills.

Clinical Experience Faculty Identification (MACS Form)

This form is located with the Clinical Skills Master List and must be signed by any clinical instructor that will be evaluating student performance to check off skill mastery.

Student Evaluation of Clinical Educational Experiences (MACS Form)

This form is to be completed by the student at the end of his/her affiliation to assess the overall clinical experience. This form should be completed prior to the final evaluation, and should be discussed with the clinical instructor during the final evaluation.

NOTE: In order to assure open and honest responses on the Progress Report and the Student Evaluation of Clinical Education Experience forms, both of these forms should be completed prior to the last day of the clinical affiliation. Students may be hesitant to respond honestly if they feel that their responses on the Clinical Education Experience form will result in a negative assessment on the Progress Report final evaluation.

Assessment of PTA Program Form

This form was developed to allow clinical instructors more input into the Physical Therapist Assistant curriculum development process. Once a year the program faculty will mail these forms to each clinical instructor who has worked with an MCC PTA student. The form allows the clinical instructor to rate the PTA program based on his/her experiences with MCC students during the previous year.

PROFESSIONAL CONDUCT

The conduct of the PTA student should be such that the patient's confidence is inspired. Only a consistently professional attitude can accomplish this. One must endeavor to treat patients with kindness and courtesy and insure preservation of the patient's privacy. The following list is a minimal conduct guideline for professional conduct in the clinic setting.

1. Always introduce yourself and wear a nametag at all times
2. Knock before entering any room
3. Do not congregate in semi-public areas, such as patient reception areas. Patients awaiting therapy services do not understand the presence of idle (apparent) therapist and assistants.

4. Never discuss a patient's history, or information in patient charts/reports (unless instructed to do so by the supervising PT) with a patient or the patient's relatives. Patient's charts and all other patient records should be kept out of reach of unauthorized persons, including patients.
5. Do not discuss matters pertaining to work in elevators, corridors, or any other public areas.
6. No conversation should take place within a patient's hearing which is not DIRECTLY related to that patient's care and INTENDED for the patient to hear.
7. Smoking, including electronic cigarettes, eating or drinking are prohibited except in designated areas.
8. Gratuities of any kind are prohibited.
9. Gum chewing is prohibited.
10. Personal involvement between a student and a patient being treated by that student is prohibited.
11. Personal involvement with fellow staff members should be limited to "off-duty" hours. Professionalism in the clinic must be maintained at all times.
12. Loaning of personal items to patients, and/or running errands for patients is not recommended.
13. Be prepared to accept constructive feedback gracefully.
14. In the clinic, the CI should be kept informed of your activities and location at all times.

PROFESSIONAL BEHAVIORS

Students are expected to maintain a professional clinical decorum at all times that includes, professional communication, respect for patients, their clinical instructor, other clinicians/employees of the facility and the instructor, prompt and regular attendance, and an attitude that seeks to take full advantage of the educational opportunity. Every setting and situation is an opportunity to learn. In the clinic your patient's needs come first. Do not bring personal issues with you into clinic. Your patients and your clinical instructor deserve your undivided attention and need you fully focused on the task of delivering safe and effective patient intervention.

Students in the Physical Therapist Assistant program have willingly applied for and entered into a professional degree program. Implicit in professional degree programs is the need to develop the student's professional behaviors as well as minimum basic entry level competencies. The tool utilized in the PTA Program is the Professional Behaviors (Generic Abilities) form. Students will be evaluated on a continual basis throughout the program in classroom, lab activities, clinical activities, and interaction between fellow students, faculty, and instructors.

A student who demonstrates poor professional behaviors in the clinic will be written-up. The student will be called in by the ACCE who will fill out the form and review any deficiencies. The ACCE, and if deemed necessary the program director, will then discuss with the student a plan of action to assist the student in development in the areas that have been deemed deficient.

This write-up will count towards the maximum allowed write-ups for the program. If this is the student's 3rd write-up in the program or if the student is demonstrating poor professional behavior in the clinic with no signs of improvement, the student will be removed from clinic. If a student is removed from clinic because of professional behavior issues it may result in failure of the clinical. Failure of a clinical rotation will result in removal from the PTA program. If a student is removed from the PTA program based on professional behaviors, that student forfeits the opportunity to re-apply to the PTA program in the future.

Any student who persists with deficiencies with no improvement in professional behavior over 3 different episodes will be dismissed from the program based upon lack of progress in professional behavior. This policy is effective throughout the entire program across all courses, program related activities and clinical work as professional behavior extends across all aspects of the program.

Definition of Professional Behaviors

Professional behaviors are attributes, characteristics, or behaviors that are not explicitly part of a profession's core of knowledge and technical skills, but are nevertheless required for success in the profession. Ten professional

behaviors were identified through a study conducted at UW-Madison in 1991-1992. The ten abilities and definitions developed are:

BEHAVIOR	DEFINITION
Commitment to Learning	The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
Interpersonal Skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.
Communication Skills	The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
Effective Use of Time and Resources	The ability to obtain the maximum benefit from a minimum investment of time and resources.
Use of Constructive Feedback	The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
Problem-Solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively.
Responsibility	The ability to fulfill commitments and to be accountable for actions and outcomes.
Critical Thinking	The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
Stress Management	The ability to identify sources of stress and to develop effective coping behaviors.

* May WW, Morgan BJ, Lemke JC, et al. Model for ability-based assessment in physical therapy education. *J Phys Ther Ed.* 1995; 9(1), 3-6.

DISMISSAL FROM THE PTA PROGRAM

A student is subject to immediate dismissal for any of the following reasons:

- Any behavior that would put a student's right to licensure in question.
- Failure to maintain academic standards.

- Unprofessional, unethical or dishonest behavior.
- Violation of confidentiality of HIPPA policy at school or a clinical facility.
- Excessive or un-excused absences or tardiness.
- Academic Dishonesty. “Academic Dishonesty” includes, but is not limited to, cheating on a test, plagiarism, and collusion.
 - Cheating on a test includes:
 - Copying from another student’s test paper/computer
 - Texting, internet exchange, etc. of material
 - Using materials during a test that are not authorized by the person giving the test
 - Collaborating with another student during a test without authority
 - Knowingly using, buying, selling, stealing, transporting, or soliciting in whole or part the contents of a test.
 - This included but is not limited to: writing down test questions or taking pictures of the exam during an exam review
 - Obtaining or revealing information about a test (written, lab or skills) before all students have completed the test
 - Bribing another person to obtain a test that is to be administered
 - “Plagiarism” means the appropriation of another’s work and the unacknowledged incorporation of that work in one’s own written work offered for credit
 - “Collusion” means the unauthorized written work offered for credit.
- Serious violation of professional/ethical standards in the clinical education facility
- Serious violation of safety and patient protection in the clinical education facility
- Violation of the drug or criminal policies
- Insubordination

Evaluation of a Clinical Instructor

Clinical Instructor Performance Review

Both the Clinical Site Visit Form as well as the SECEE generated by the PTA MACS will be reviewed for student input regarding performance of the clinical instructor as well as for the clinical instructor’s requests or needs for further training and development.

A spreadsheet with a quick summary of the student’s rating of the CI on the PTA MACS SECEE will be kept indicating the general scores and comments. The spreadsheet will give a running overview of when the CI has had a student and the summary of the SECEE scores. The SECEE scores are based on a Likert scale with the following ratings:

5- Excellent

4- Good

3- Average

2- Fair

1- Poor

The CIs are rated in several different areas ranging from but not limited to: knowledge, communication, feedback, type of role model provided, and teaching ability.

Determination for the Counseling or Development Needs of the Clinical Instructor

The ACCE will make every effort to train and develop each CI as indicated based upon CI request during clinic site visits or as indicated by scores on the PTA MACS SECEE.

If a CI receives a rating below 3 in more than 2 categories, a meeting will be set up first with the student to discuss the specifics of the rating. If the ratings were not given based upon an outstanding circumstance beyond the control of

the CI, the ACCE will contact the CI to discuss the rating. A discussion of possible solutions and establishment of an action plan to assist the CI with further training or other possible solutions to address the indicated issue will occur.

CLINICAL INSTRUCTOR TRAINING AND DEVELOPMENT

MCC will host clinical instructor certification courses at a minimum of every two years to allow regular access to new CIs as well as to those who previously have not been certified or credentialed. The ACCE will also help any CI on an individual basis locate either an APTA or Texas Consortium CI credentialing course upon request made during the clinical site visit.

MCC will also host a Clinical Instructor Symposium at a minimum of every other year with the established goal to assist in the continued development of the CI's skills, competency, and confidence as a clinical educator. Topics will vary and may include such issues as related to teaching and learning styles, MACS reviews and question-answer session, updates on APTA policies and guidelines, or any other relevant issues related to clinical instruction that CI's indicate a desire or need to learn about. Information related to educational and development needs of the clinical instructors will be gathered during clinical site visits.

Minimum Skills Required of an Entry Level Physical Therapist Assistant

Background

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

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

- (1) A minimum set of required skills will be identified that every graduate from a physical therapist assistant program can competently perform in the clinical environment.
- (2) Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist assistant licensure examination; put differently, no skills on the physical therapist assistant licensure blueprint will be excluded from the minimum required skills.
- (3) To achieve consensus on the minimum required skills, 90% or more of the member consultants must be in agreement.
- (4) The minimum required skill of the physical therapist assistant will not exceed that described for the physical therapist.
- (5) Those aspects of patient/client management that are not part of the scope of work of the physical therapist assistant are not addressed in this conference, i.e. examination, evaluation, diagnosis, prognosis, development of plan of care, re-examination, development of discharge plan.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist assistant to perform on patients/clients in a competent and coordinated manner under the direction and supervision of the physical therapist. Skills considered essential for any physical therapist assistant graduate include those addressing all systems (i.e., musculoskeletal, neurological, cardiovascular pulmonary, integumentary) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the *Guide to Physical Therapist Practice*. An asterisk (*) denotes a skill identified on the Physical Therapist Assistant

(NPTE) Test Content Outline.

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

The final "vote" was provided in a report to the APTA Board of Directors in November 2008 for their review, deliberation, and action. The Board of Directors adopted the document Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level as a core document to be made available to stakeholders, including PTA academic programs and their faculties, clinical education sites, students, employers and CAPTE. The final document that follows defines Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level.

PTA Skill Category	Description of Minimum Skills for PTA
<p>Plan of Care Review</p> <ul style="list-style-type: none"> ▪ Review of physical therapy documents ▪ Review of medical record ▪ Identification of pertinent information ▪ Identification of indications, contraindications, precautions, safety considerations, and expected outcomes ▪ Access to related literature ▪ Match patient goals to selected interventions ▪ Identification of role in patient care ▪ Identification of items to be communicated to the physical therapist 	<ol style="list-style-type: none"> 1. Read all physical therapy documentation, including initial examination and plan of care. <ol style="list-style-type: none"> A. Note indications, contraindications, precautions and safety considerations for the patient. B. Note goals and expected outcomes. C. Seek clarification from physical therapist, as needed. 2. Review information in the medical record at each visit, including: <ol style="list-style-type: none"> A. Monitor medical record for changes in medical status and/or medical procedures. B. Collect data on patient's current condition, compare results to previously collected data and safety parameters established by the physical therapist, and determine if the safety parameters have been met. C. Seek clarification from appropriate health professions' staff for unfamiliar or ambiguous information. 3. Identify when the directed interventions are either beyond the scope of work or personal scope of work of the PTA. 4. Communicate to the physical therapist when there are significant changes in the patient's medical status, physician referral, or when the criticality and complexity of the patient is beyond the knowledge, skills, and abilities of the PTA. 5. Explain the rationale for selected interventions to achieve patient goals as identified in the plan of care.

<p>Provision of Procedural Interventions</p> <ul style="list-style-type: none"> • Compliance with policies, procedures, ethical standards, etc. • Risk management strategies • Protection of patient privacy, rights, and dignity • Competent provision of interventions, including: <ul style="list-style-type: none"> • Therapeutic exercise • Functional training • Manual therapy techniques • Application and adjustment of devices and equipment* • Airway clearance techniques • Integumentary repair and protection techniques 	<ol style="list-style-type: none"> 1. Provide interventions compliant with federal and state licensing requirements, APTA standards documents (e.g., Guide for Conduct for the PTA, Code of Ethics), and facility policies and procedures. 2. Assure safety of patient and self throughout patient care. <ol style="list-style-type: none"> A. Identify the need for and take action when safety of patient or self may be at risk or has been compromised. B. Utilize risk management strategies (e.g., universal precautions, body mechanics). 3. Assure patient privacy, rights, and dignity. <ol style="list-style-type: none"> A. Follow HIPAA requirements and observe Patient Bill of Rights. B. Position/drape to protect patient modesty. 4. Provide competent provision of physical therapy interventions, including: <ul style="list-style-type: none"> <u>Therapeutic exercise</u> <ol style="list-style-type: none"> A. Aerobic Capacity/Endurance Conditioning or Reconditioning <ol style="list-style-type: none"> 1. Increase workload over time 2. Movement efficiency and energy conservation training
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PTA Skill Category	Description of Minimum Skills for PTA
<ul style="list-style-type: none"> • Electrotherapeutic modalities* • Physical agents and mechanical modalities* • Assessment of patient response • Clinical problem solving • Ability to modify techniques 	<p>3. Walking/wheelchair propulsion programs</p> <p>B. Balance, coordination, and agility training</p> <ol style="list-style-type: none"> 1. Developmental activities training 2. Neuromuscular education or reeducation 3. Postural awareness training 4. Standardized, programmatic, complementary exercise approaches (protocols) 5. Task-Specific Performance Training (e.g., transfer training, mobility exercises, functional reaching) <p>C. Body mechanics and postural stabilization</p> <ol style="list-style-type: none"> 1. Body mechanics training 2. Postural stabilization activities 3. Postural awareness training <p>D. Flexibility exercises</p> <ol style="list-style-type: none"> 1. Range of motion 2. Stretching (e.g., Passive, Active, Mechanical) <p>E. Gait and locomotion training</p> <ol style="list-style-type: none"> 1. Developmental activities training 2. Gait training (with and without devices) 3. Standardized, programmatic, complementary exercise approaches 4. Wheelchair propulsion and safety <p>F. Neuromotor development training</p> <ol style="list-style-type: none"> 1. Developmental activities training 2. Movement pattern training 3. Neuromuscular education or reeducation <p>G. Relaxation</p> <ol style="list-style-type: none"> 1. Breathing strategies (with respect to delivery of an intervention) 2. Relaxation techniques (with respect to delivery of an intervention) <p>H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles</p> <ol style="list-style-type: none"> 1. Active assistive, active, and resistive exercises, including concentric, dynamic/isotonic, eccentric, isometric, diaphragmatic breathing, and low-level plyometrics (e.g., kicking a ball, throwing a ball) <p><u>Functional training in self-care and home management</u></p> <p>A. Activities of daily living (ADL) training</p> <ol style="list-style-type: none"> 1. Bed mobility and transfer training 2. Activity specific performance training <p>B. Device and equipment use and training</p> <ol style="list-style-type: none"> 1. Assistive and adaptive device or equipment training during ADL <p>C. Injury Prevention or reduction</p>

	<ol style="list-style-type: none">1. Injury prevention education during self-care and home management2. Injury prevention or reduction with use of devices and equipment3. Safety awareness training during self-care and home management
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PTA Skill Category	Description of Minimum Skills for PTA
	<p><u>Manual therapy techniques</u></p> <ul style="list-style-type: none"> A. Therapeutic Massage B. Soft Tissue mobilization C. Passive range of motion <p><u>Application and adjustment of devices and equipment</u></p> <ul style="list-style-type: none"> A. Adaptive devices <ul style="list-style-type: none"> 1. Hospital Beds 2. Raised Toilet Seats B. Assistive devices <ul style="list-style-type: none"> 1. Canes 2. Crutches 3. Long-handled reachers 4. Walkers 5. Wheelchairs C. Orthotic and prosthetic devices <ul style="list-style-type: none"> 1. Braces D. Protective devices <ul style="list-style-type: none"> 1. Braces E. Supportive devices, such as: <ul style="list-style-type: none"> 1. Compression garments 2. Elastic wraps 3. Soft neck collars 4. Slings 5. Supplemental oxygen <p><u>Breathing strategies/oxygenation</u></p> <ul style="list-style-type: none"> 1. Identify patient in respiratory distress 2. Reposition patient to improve respiratory function 3. Instruct patient in a variety of breathing techniques (pursed lip breathing, paced breathing, etc.) 4. Administration of prescribed oxygen during interventions. <p><u>Integumentary protection</u></p> <ul style="list-style-type: none"> 1. Recognize interruptions in integumentary integrity 2. Repositioning 3. Patient education 4. Edema management <p><u>Electrotherapeutic modalities, such as:</u></p> <ul style="list-style-type: none"> 1. Electrotherapeutic delivery of medications 2. Electrical muscle stimulation 3. Electrical stimulation for tissue repair 4. Functional electrical stimulation 5. High-voltage pulsed current 6. Neuromuscular electrical stimulation 7. Transcutaneous electrical nerve stimulation

	<p><u>Physical agents</u></p> <ol style="list-style-type: none">1. Cryotherapy (e.g., cold pack, ice massage, vapocoolant spray, hydrotherapy)
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PTA Skill Category	Description of Minimum Skills for PTA
	<ol style="list-style-type: none"> 2. Ultrasound 3. Thermotherapy (e.g., dry heat, hot packs, paraffin baths, hydrotherapy) <p><u>Mechanical modalities</u></p> <ol style="list-style-type: none"> 1. Compression therapies 2. Mechanical motion devices 3. Traction devices <ol style="list-style-type: none"> 5. Determine patient's response to the intervention: <ol style="list-style-type: none"> A. Interview patient and accurately interpret verbal and nonverbal responses B. Identify secondary effects or complications caused by the intervention C. Determine outcome of intervention (positive or negative), including data collection and functional measures 6. Use clinical problem solving skills in patient care. <ol style="list-style-type: none"> A. Determine if patient is safe and comfortable with the intervention, and, if not, determine appropriate modifications B. Compare results of intervention to previously collected data and determine if there is progress toward the expectations established by the PT or if the expectations have been met C. Determine if modifications to the interventions are needed to improve patient response 7. Modify interventions to improve patient response. <ol style="list-style-type: none"> A. Determine modifications that can be made to the intervention within the plan of care B. Communicate with physical therapist when modifications are outside scope of work or personal scope of work of PTA C. Select and implement modification D. Determine patient outcomes from the modification
Patient Instruction <ul style="list-style-type: none"> • Application of principles of learning • Use of variety of teaching strategies • Methods to enhance compliance • Clarity in instructions • Assessment of patient response 	<ol style="list-style-type: none"> 1. Apply principles of learning using a variety of teaching strategies during patient instruction. 2. Provide clear instructions (e.g., verbal, visual). 3. Apply methods to enhance compliance (e.g., handouts, reporting forms). 4. Determine patient response/understanding of instruction.

Patient Progression <ul style="list-style-type: none">• Competent patient progression	1. Implement competent patient progression. <ul style="list-style-type: none">A. Identify the need to progress via data collection.B. Determine what progression can be made within the
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PTA Skill Category	Description of Minimum Skills for PTA
<ul style="list-style-type: none"> • Communication of pertinent information • Relationship of psychosocial factors to progress • Clinical problem solving 	<p>plan of care.</p> <ul style="list-style-type: none"> C. Identify possible progressions that will continue to advance patient response. D. Select and implement the progression of the intervention. E. Determine outcomes of the intervention. <ol style="list-style-type: none"> 2. Communicate pertinent information. <ul style="list-style-type: none"> A. Identify changes in patient response due to intervention. B. Describe adjustments to intervention within plan of care. C. Describe response to change in intervention. 3. Recognize when other variables (psychological, social, cultural, etc.) appear to be affecting the patient's progression with the intervention. 4. Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.
<p>Data Collection</p> <ul style="list-style-type: none"> • Competent data collection • Interview skills • Accurate and timely • Clinical problem solving • Ability to modify techniques • Documentation and communication 	<ol style="list-style-type: none"> 1. Provide accurate, reproducible, safe, valid, and timely collection and documentation of data to measure the patient's medical status and/or progress within the intervention as indicated in the following categories: <ul style="list-style-type: none"> <u>Anthropometric characteristics</u> <ol style="list-style-type: none"> 1. Measure body dimensions (e.g., height, weight, girth, limb length). <u>Arousal, attention, and cognition</u> <ol style="list-style-type: none"> 1. Determine level of orientation to situation, time, place, and person. 2. Determine patient's ability to process commands. 3. Determine level of arousal (lethargic, alert, agitated). 4. Test patient's recall ability (e.g., short term and long term memory). <u>Assistive and adaptive devices</u> <ol style="list-style-type: none"> 1. Measure for assistive or adaptive devices and equipment. 2. Determine components, alignments and fit of device and equipment. 3. Determine patient's safety while using the device. 4. Monitor patient's response to the use of the device. 5. Check patient or caregiver's ability to care for device and equipment (maintenance, adjustment, cleaning).

	<p><u>Body mechanics</u></p> <ol style="list-style-type: none">1. Determine patient's ability to use proper body
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PTA Skill Category	Description of Minimum Skills for PTA
	<p style="text-align: center;">mechanics during functional activity.</p> <p><u>Environmental barriers, self-care, and home management</u></p> <ol style="list-style-type: none"> 1. Identify potential safety barriers. 2. Identify potential environmental barriers. 3. Identify potential physical barriers. 4. Determine ability to perform bed mobility and transfers safely in the context of self-care home management. <p><u>Gait, locomotion, and balance</u></p> <ol style="list-style-type: none"> 1. Determine patient's safety while engaged in gait, locomotion, balance, and mobility. 2. Measure patient's progress with gait, locomotion, balance, and mobility, including use of standard tests. 3. Describes gait deviations and their effect on gait and locomotion. <p><u>Integumentary integrity</u></p> <ol style="list-style-type: none"> 1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin. 2. Identify devices and equipment that may produce or relieve trauma to the skin. 3. Observe and describe skin characteristics (e.g., blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor). 4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc. 5. Test for skin sensation and describe absent or altered sensation. <p><u>Muscle function</u></p> <ol style="list-style-type: none"> 1. Perform manual muscle testing. 2. Observe the presence or absence of muscle mass. 3. Describe changes in muscle tone. <p><u>Neuromotor function</u></p> <ol style="list-style-type: none"> 1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone. 2. Identify performance of gross and fine motor skills.

	<p><u>Orthotic and prosthetic devices and equipment</u></p> <ol style="list-style-type: none">1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.2. Determine effectiveness of components (Is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional
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PTA Skill Category	Description of Minimum Skills for PTA
	<p>activities.</p> <ol style="list-style-type: none"> 3. Determine patient/caregiver's ability to don/doff orthotic, device, brace, and/or splint. 4. Determine patient/caregiver's ability to care for orthotic device, brace, or splint (e.g., maintenance, adjustments, and cleaning). <p><u>Pain</u></p> <ol style="list-style-type: none"> 1. Define location and intensity of pain. <p><u>Posture</u></p> <ol style="list-style-type: none"> 1. Determine postural alignment and position (static and dynamic, symmetry, deviation from midline). <p><u>Range of motion</u></p> <ol style="list-style-type: none"> 1. Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure). 2. Describe functional range of motion. <p><u>Sensory response</u></p> <ol style="list-style-type: none"> 1. Perform tests of superficial sensation (coarse touch, light touch, cold, heat, pain, pressure, and/or vibration). 2. Check peripheral nerve integrity (sensation, strength). <p><u>Vital Signs</u></p> <ol style="list-style-type: none"> 1. Monitor and determine cardiovascular function. (e.g., peripheral pulses, blood pressure, heart rate) 2. Monitor and determine physiological responses to position change (e.g., orthostatic hypotension, skin color, blood pressure, and heart rate). 3. Monitor and determine respiratory status (e.g., pulse oximetry, rate, and rhythm, pattern). <ol style="list-style-type: none"> 2. Provide timely communication to the physical therapist regarding findings of data collection techniques. 3. Recognize when intervention should not be provided or should be modified due to change in patient status.

<p>Documentation</p> <ul style="list-style-type: none">• Select relevant information• Accuracy• Ability to adapt	<ol style="list-style-type: none">1. Document in writing/electronically patient care using language that is accurate, complete, legible, timely, and consistent with institutional, legal, and billing requirements.2. Use appropriate grammar, syntax, and punctuation in communication.3. Use appropriate terminology and institutionally approved abbreviations.
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PTA Skill Category	Description of Minimum Skills for PTA
	<ol style="list-style-type: none"> 4. Use an organized and logical framework to document care. 5. Identify and communicate with the physical therapist when further documentation is required.
Safety, CPR, and Emergency Procedures <ul style="list-style-type: none"> • Safety • Initiate emergency response system • CPR 	<ol style="list-style-type: none"> 1. Ensure safety of self and others in the provision of care in all situations. 2. Initiate and/or participate in emergency life support procedures (simulated or actual). 3. Initiate and/or participate in emergency response system (simulated or actual). 4. Maintain competency in CPR. 5. Prepare and maintain a safe working environment for performing interventions (e.g. clear walkways, equipment checks, etc.).
Healthcare Literature	<ol style="list-style-type: none"> 1. Reads and understands the healthcare literature.
Education <ol style="list-style-type: none"> a. Colleagues b. Aides, volunteers, peers, coworkers c. Students d. Community 	<ol style="list-style-type: none"> 1. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience. 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA.
Resource Management <ul style="list-style-type: none"> • Human • Fiscal • Systems 	<ol style="list-style-type: none"> 1. Follow legal and ethical requirements for direction and supervision of other support personnel. 2. Select appropriate non-patient care activities to be directed to support personnel. 3. Identify and eliminate obstacles to completing patient related duties. 4. Demonstrate efficient time management. 5. Provide accurate and timely information for billing and reimbursement purposes. 6. Adhere to legal/ethical requirements, including billing. 7. Maintain and use physical therapy equipment effectively.

Behavioral Expectations: a. Accountability b. Altruism	<u>Accountability</u> 1. Adhere to federal and state legal practice standards and institutional regulations related to patient care and fiscal
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PTA Skill Category	Description of Minimum Skills for PTA
<p> c. Compassion and Caring d. Cultural Competence e. Duty f. Integrity g. Social Responsibility </p>	<p>management.</p> <ol style="list-style-type: none"> 2. Act in a manner consistent with the <i>Standards of Ethical Conduct for the Physical Therapist Assistant</i> and <i>Guide for Conduct of the Physical Therapist Assistant</i>. 3. Change behavior in response to understanding the consequences (positive and negative) of the physical therapist assistant's actions. <p><u>Altruism</u></p> <ol style="list-style-type: none"> 1. Place the patient's/client's needs above the physical therapist assistant's self-interests. <p><u>Compassion and caring</u></p> <ol style="list-style-type: none"> 1. Exhibit compassion, caring, and empathy in providing services to patients; promote active involvement of the patient in his or her care. <p><u>Cultural competence</u></p> <ol style="list-style-type: none"> 1. Identify, respect, and act with consideration for the patient's differences, values, preferences, and expressed needs in all physical therapy activities. <p><u>Duty</u></p> <ol style="list-style-type: none"> 1. Describe and respect the physical therapists' and other team members' expertise, background, knowledge, and values. 2. Demonstrate reliability in meeting normal job responsibilities (e.g., attendance, punctuality, following direction). 3. Preserve the safety, security, privacy, and confidentiality of individuals. 4. Recognize and report when signs of abuse/neglect are present. 5. Actively promote physical therapy. <p><u>Integrity</u></p> <ol style="list-style-type: none"> 1. Demonstrate integrity in all interactions. 2. Maintain professional relationships with all persons. <p><u>Social Responsibility</u></p>

	<p>1. Analyze work performance and behaviors and seek assistance for improvement as needed.</p>
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PTA Skill Category	Description of Minimum Skills for PTA
Communication	<p><u>Interpersonal Communication</u></p> <ol style="list-style-type: none"> 1. Develop rapport with patients/clients and others to promote confidence. 2. Actively listen and display sensitivity to the needs of others. 3. Ask questions in a manner that elicits needed responses. 4. Modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others. 5. Demonstrate congruence between verbal and non-verbal messages. 6. Recognize when communication with the physical therapist is indicated. 7. Initiate and complete verbal and written communication with the physical therapist in a timely manner. 8. Ensure ongoing communication with the physical therapist for optimal patient care. 9. Recognize role and participate appropriately in communicating patient status and progress within the health care team. <p><u>Conflict Management/Negotiation</u></p> <ol style="list-style-type: none"> 1. Recognize potential for conflict. 2. Implement strategies to prevent and/or resolve conflict. 3. Seek resources to resolve conflict when necessary.
Promotion of Health, Wellness, and Prevention	<ol style="list-style-type: none"> 1. Demonstrate health promoting behaviors. 2. Recognize opportunities to educate the public or patients about issues of health, wellness, and prevention (e.g., benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physical therapist. 3. Educate the public or patients about issues of health, wellness, and prevention (e.g., benefits of exercise, prevention of falls, etc.). 4. Recognize patient indicators of willingness to change health behaviors and communicate to the physical therapist.

Career Development	<ol style="list-style-type: none"><li data-bbox="597 189 959 222">1. Engage in self-assessment.<li data-bbox="597 260 1252 327">2. Identify individual learning needs to enhance role in the profession.
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PTA Skill Category	Description of Minimum Skills for PTA
	3. Identify and obtain resources to increase knowledge and skill. 4. Engage in learning activities (e.g., clinical experience, mentoring, skill development). 5. Incorporate new knowledge and skill into clinical performance.

Relationship to Vision 2020; (Academic/Clinical Education Affairs Department, ext. 3203)

LICENSURE

In order to practice as a Physical Therapist Assistant, you must sit for and pass a licensure exam. Eligibility for Licensure is predicated on completion of an accredited PTA program. No student will be permitted to take the licensure exam unless he/she has fulfilled all clinical requirements and all academic requirements for graduation as outlined by the college. The registration, document submission and cost of the licensure exam is the responsibility of the student.

Grounds for Licensure Denial, Suspension, or Revocation

The Texas Board of Physical Therapy Examiners has the authority to deny an applicant a license or to suspend or revoke a license, to reprimand or otherwise discipline a licensee, or to place on probation a licensee whose license has been suspended. If a license is suspended, the licensee is placed on probation for the duration of the suspension.

Grounds for the board to deny a license to or discipline an applicant may include the following: this list is not intended to be inclusive as it is up to the Texas Board of Physical Therapy Examiners to determine grounds for denial, suspension or revocation of a license.

- Attempting to obtain or obtaining a license by fraud, falsification, or deception of an application or examination procedure; or
- Having a license to practice physical therapy or a license to practice another health care profession revoked or suspended or had other disciplinary action taken against him or had his application for license refused, revoked, or suspended by the proper licensing authority of another state, territory, or nation;
- Failure to meet the qualification for licensure as set forth in the Physical Therapy Practice Act, as applicable, and/or to any other rules or procedures set forth by the board relating to these sections; Cheating on the national examination.
- The board may deny a license to or discipline an applicant/respondent who is found grossly negligent in the practice of physical therapy or in acting as a physical therapist assistant
- The board may deny a license to or discipline an applicant/respondent who is found to be practicing in a manner detrimental to the public health and welfare. The board may deny a registration for a physical therapy facility to an applicant or discipline a physical therapy facility required to be registered by the act, which is found to be practicing in a manner detrimental to the public health and welfare.

- The board may revoke or suspend an existing valid license, disqualify a person from receiving or renewing a license, or deny to a person the opportunity to be examined for a license because of a person's conviction of a felony or misdemeanor if the crime directly relates to the practice of physical therapy.
- The board may deny a license to or discipline an applicant/respondent who has been found to have a history of substance abuse. Check the Texas Executive Board of Physical Therapy Examiner's website for a Criminal History Review.
- DWI, DUI, and MIP must be reviewed by the board before a person can be considered for a license. Check the Texas Executive Board of Physical Therapy Examiner's website for a Criminal History Review.
- The board may deny a license to or discipline an applicant/respondent who has been judged mentally incompetent by a court of competent jurisdiction.

STANDARDS OF ETHICAL CONDUCT FOR PTAs

This document of the American Physical Therapy Association sets forth standards for the ethical conduct of the physical therapist assistant. All physical therapist assistants are responsible for maintaining high standards of conduct while assisting physical therapists. The physical therapist assistant shall act in the best interest of the patient/client. These standards of conduct shall be binding on all physical therapist assistants.

STANDARD 1

A physical therapist assistant shall respect the rights and dignity of all individuals and shall provide compassionate care.

STANDARD 2

A physical therapist assistant shall act in a trustworthy manner towards patients/clients.

STANDARD 3

A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of a physical therapist.

STANDARD 4

A physical therapist assistant shall comply with laws and regulations governing physical therapy.

STANDARD 5

A physical therapist assistant shall achieve and maintain competence in the provision of selected physical therapy interventions.

STANDARD 6

A physical therapist assistant shall make judgments that are commensurate with their educational and legal qualifications as a physical therapist assistant.

STANDARD 7

A physical therapist assistant shall protect the public and the profession from unethical, incompetent, and illegal acts.

VALUE BASED BEHAVIORS

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

- **Altruism**
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming responsibility of placing the needs of patients and clients ahead of the physical therapist assistant's self-interest.
- **Compassion and Caring**
Compassion is the desire to identify with or sense something of another's experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
- **Continuing Competence**
Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self- assessment, development, and implementation of a personal learning plan, and subsequent reassessment.¹
- **Duty**
Duty is the commitment to meeting one's obligations to provide effective physical therapist services to individual patients and clients, to serve the profession, and to positively influence the health of society.
- **Integrity**
Integrity is the steadfast adherence to high ethical principles or standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.
- **Physical Therapist-Physical Therapist Assistant Collaboration**
The physical therapist-physical therapist assistant team works together, within each partner's respective role, to achieve optimal patient and client care and to enhance the overall delivery of physical therapist services.
- **Responsibility**
Responsibility is the active acceptance of the roles, obligations, and actions of the physical therapist assistant, including behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- **Social Responsibility**
Social responsibility is the promotion of a mutual trust between the physical therapist assistant, as a member of the profession, and the larger public that necessitates responding to societal needs for health and wellness.

REFERENCES:

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

Appendix A

Handbook Acknowledgement Form

MCLENNAN COMMUNITY COLLEGE
 PHYSICAL THERAPIST ASSISTANT PROGRAM
 Handbook Acknowledgement Form

READ THE FOLLOWING STATEMENTS BEFORE SIGNING:

As a student in the PTA program, I am aware that I:

- May be photographed or filmed as a part of class, lab or clinical activities.
- Will be expected to participate as a “patient” during class or lab activities and/or lab exams. Precautions and contraindications for the procedure will be discussed prior to such participation. Any student has the right to decline participating as a patient with prior notification of the instructor.
- Will be responsible for uniform, travel, meals and other expenses related to clinical courses.
- Will be working with patients during clinical courses and may be exposed to illness, blood and other bodily fluids.
- Will be required to undergo a drug screen and criminal background checks, at my own expense, in order to participate in clinical affiliations.

I have received the Physical Therapist Assistant Program Student Handbook, and it has been discussed with me. I agree that I have read and understand the information found in this handbook. I agree to abide by all rules, policies and procedures contained herein. I am also aware that this handbook is intended as a guide and policies and procedures described herein may be changed without notice.

This form must be signed and returned to the PTA program director on or before the first day of class.

Student Name (print)

MCC ID #

Student Signature

Date

Appendix B

Health Professions Division Criminal Background Check & Drug Policy

MCLENNAN COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
Criminal Background & Drug Policy
Acknowledgement Form

I have read and understand the Health Professions Division Criminal Background Check and Drug policy. I understand and agree to abide by these policies throughout my enrollment in any Allied Health Program at McLennan Community College.

Student's Printed Name

MCC ID Number

Student Signature

Date

Appendix C

PTA Program Grading Policy Acknowledgment Form

I have read and understand the McLennan Community College Physical Therapist Program Grading Policy detailing minimum passing grade requirements for each course in the PTA program as well as minimum passing grades for skills practical examinations in order to continue to progress in the program. I understand and agree to abide by this policy throughout my enrollment while in the PTA program McLennan Community College.

Student's Printed Name

MCC ID Number

Student Signature

Date

Appendix D

PTA Program Health Policy Acknowledgment Form

I have read and understand the McLennan Community College Physical Therapist Program Health Policy detailing the required immunizations required for clinical placement, CPR certification, and required health insurance coverage in order to attend clinical education experiences. I understand that it is my responsibility to obtain the above mentioned items and I understand and agree to abide by this policy throughout my enrollment while in the PTA program McLennan Community College.

Student's Printed Name

MCC ID Number

Student Signature

Date

Appendix E

PTA Program Clinical Placement Acknowledgment Form

I have read and understand the McLennan Community College Physical Therapist Program Clinical Education Process in the student handbook, detailing how clinical sites placement occurs, requirements of a travel (1 hour outside of Waco) rotation, full time hours required during clinical education, immunizations, CPR and health insurance required as well as the professional conduct required. I understand and agree to abide by this policy throughout my enrollment while in the PTA program McLennan Community College.

Student's Printed Name

MCC ID Number

Student Signature

Date

Appendix F

PTA Program Professional Behaviors Acknowledgment Form

I have read and understand the McLennan Community College Physical Therapist Program Handbook dealing with the Professional Behavior requirements of students enrolled in the program and that failure to meet these requirements may result in dismissal from the PTA program. I understand and agree to abide by this policy throughout my enrollment while in the PTA program McLennan Community College.

Student's Printed Name

MCC ID Number

Student Signature

Date