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INTRODUCTION

The administration, faculty and staff all join in welcoming you to the Physical Therapist Assistant (PTA) Program at the University of Pittsburgh, Titusville Campus (UPT). We are pleased that you have chosen UPT to pursue your educational goals and look forward to working with you.

You have selected a challenging and rewarding field of study. Communication with the faculty and working closely with your peers are essential to your success in the PTA Program. To enhance communications, this PTA Student Handbook has been produced as a reference and guide to the PTA Program.

The PTA Student Handbook is a supplement to the campus-wide Student Handbook and provides additional information specific to the PTA Program. Therefore, you must read this handbook supplement carefully. Also, you should periodically read the PTA student bulletin board in the PTA lab where changes in the information presented in the supplement are posted.

If you have any questions, please contact the PTA Program office at:

504 East Main Street
Titusville, PA 16354
814-827-4441

Policies and procedures subject to change without notice.

Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
The mission statement for the University of Pittsburgh follows:

By its very nature, the University defies simple description. It shares with other universities the traditional mission of teaching, research and public service, reaching across the spectrum of human concerns. The distinctive character of the university, however, is defined by its commitment to academic excellence, its specialized programs, and the unique array of scholarly interest and talents represented among its schools, campuses, institutes, and centers.

In carrying out its mission, the University shall:

Engage in research, artistic, and scholarly activities that will advance learning and extend the frontiers of knowledge

Offer superior graduate and professional programs that will respond to the needs of Pennsylvania, as well as the broader needs of the nation and the world

Provide high-quality undergraduate programs in the arts and sciences and pre-professional fields, with emphasis upon those of special benefit to Pennsylvania

Offer continuing education programs adapted primarily to the personal, professional and career interests and needs of adults

Make available to local communities and public agencies the expertise and educational services of the University, in ways consistent with its primary functions of teaching and research

Provide leadership and cooperate in the development of academic programs with public agencies and other colleges and universities to meet the educational needs of the region and the state

Thus the mission of the University encompasses a wide range of undertakings, and, in a sense, may be viewed as the sum of the mission of the University’s various academic programs. While the University’s mission is broad, its underlying coherence gives direction to the institution as a whole and to its component parts.

The University, as a state-related, public research institution, is broadly committed to enhancing educational opportunities for the citizens of Pennsylvania and contributing to the State’s social, intellectual, and economic development. The University addresses the higher educational needs of western Pennsylvania, provides educational leadership, and promotes cooperation among the region’s colleges and universities.

The faculty, administration, and trustees of the University are dedicated to achieving this mission, to which they pledge their individual and collective efforts, and they are determined that in the years ahead the University will remain among the most distinguished of higher education institutions in the nations.

Reviewed 12/1/10, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
University of Pittsburgh at Titusville

MISSION STATEMENT

The University of Pittsburgh at Titusville, a degree-granting, regional campus of the University of Pittsburgh, provides students with a quality educational experience offered in a supportive environment conducive to learning, self-discipline, and mutual respect. UPT combines the advantages of a small college with the resources of an internationally respected institution by:

- Offering an excellent undergraduate curriculum in the liberal arts and sciences and professional programs with an emphasis on personalized attention to students;

- Providing a full range of associate degrees that serve as entry level access to a variety of professions or as prerequisites to baccalaureate programs;

- Providing a point of access to the instructional and research facilities of the University of Pittsburgh for northwest Pennsylvania;

- Serving as an educational, cultural and economic resource for northwest Pennsylvania.

CORE VALUES

The Teacher-Student Relationship

Civility
Community
Competence
Diversity
Integrity
Mutual Respect
Quality
Service
Tolerance
The PTA Program shares the same “Statement of Philosophy” as the Department of Physical Therapy at the Pittsburgh Campus:

Comprehensive health care requires development of the health professional with broad competencies in prevention and treatment of disabilities with specific clinical skills. It is the purpose of this curriculum to prepare physical therapist assistants who are generalists, well rounded in basic and clinical sciences, critical thinking and who demonstrate excellence in physical therapy skills. Concepts of interpersonal relations and community dynamics basic to understanding the interaction of persons and their responses toward illness, disease and health care are emphasized in the curriculum which builds on the student’s liberal arts education.

The graduate must be empathetic and understand the effects of disease and trauma on the psychosocial and physical performance of the individual. A comprehensive appreciation of the continually changing health care team, the consultative process, the research and the problem solving process, the role and responsibilities of supervisors and administrators, and the knowledge of basic teaching skills are essential for the physical therapist assistant who respects the dignity and worth as well as the cultural diversity of all patients.

Further, the graduate must recognize the social factors and changes that influence physical therapy. The physical therapist assistant must possess reliable observational skills and must be a team player who wants to improve the profession.

The curriculum fosters a commitment to continued professional and personal development and ethical behavior. Increasing competence in clinical practice, involvement in professional associations, and dedication in his/her work are examples of the graduate’s commitment to professional growth which the curriculum hopes to instill.

The curriculum is dynamic and embraces the Program’s mission and goals. It will be reviewed on an ongoing basis through various evaluations.

Reviewed 12/1/10, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
**UPT PTA PROGRAM MISSION STATEMENT**

Consistent with the University-wide and the Titusville Campus mission, the mission of the PTA Program at UPT is to graduate well-educated, competent, caring, quality-oriented physical therapist assistants who will provide physical therapy services to patients who are suffering from pain or disability, temporary or permanent, under the direct supervision of a licensed physical therapist. In order to meet this mission, the PTA Program will

Provide a high quality physical therapist assistant educational program that produces a competent and safe clinician.

Engage in research and scholarly activity that will advance the knowledge related to physical therapy and rehabilitation.

Provide a positive example to its students by service and leadership to the physical therapy profession and community.

*The Commission on Accreditation in Physical Therapy Education

Department of Accreditation

American Physical Therapy Association

1111 North Fairfax Street

Alexandria, VA 22314

Telephone: 703-706-3245

Website: [www.apta.org/CAPTE](http://www.apta.org/CAPTE)

Reviewed 12/1/10, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
PTA PROGRAM OVERALL OBJECTIVES

Upon completion of the PTA Program, the student will be able to:

Communicate
Communicate verbally and non-verbally, expressively and receptively with the patient, the PT, health care delivery personnel, and others in an effective, appropriate, and capable manner.

Individual and Cultural Differences
Identify, respect and act with sensitivity to individual and cultural differences in all aspect of physical therapy.

Behavior and Conduct
Exhibit conduct that reflects a commitment to meet or exceed the expectations of members of society receiving health care services.
Exhibit conduct that reflects a commitment to meet or exceed the expectations of members of the profession of physical therapy.
Demonstrate caring, compassion, and empathy towards others.
Adhere to ALL legal practice standards and institutional regulations related to patient care.
Act in accordance with The Standards of Ethical Conduct for the PTA & Guide for conduct of the PTA.
Demonstrate integrity in all interactions.
Acknowledge and accept consequences of one’s actions.
Seek and respond appropriately to feedback from multiple sources.

Clinical Problem Solving and Judgments
Within the process of patient management established by the PT, modify or withhold intervention based on patient status as determined through observation, data collection, and interpretive processes.
Possess the requisite knowledge to identify situations, weigh alternatives, and select appropriate responses within the plan of care established by the PT.
Demonstrate problem-solving skills.
Participate in patient status judgments by reporting changes to supervising PT and requesting patient re-examination or revisions to interventions.

Education
Instruct aides, volunteers, peers, and coworkers using established techniques, programs, and instructional materials commensurate with the learning characteristics of the audience.
Educate others about the role of the PTA.
Engage in acquisition of new knowledge through reliable and current resources.
Data Collection

Demonstrate competence in performing specific data-collection techniques as delegated by the supervising PT.

Perform data collection through review of the patient medical record after patient history and systems review has been performed by the PT.

Performs data-collection measurements with an established tool as delegated by the supervising PT.

Uses information from data collection to progress patient interventions within the plan of care established by the PT, and report changes to the supervising PT.

Plan of Care

Understand the plan of care established by the physical therapist’s written for the individual patient.

Implement delegated interventions to achieve the short- and long-term goals and outcomes identified in the plan of care established by the physical therapist.

Use information from data collection to monitor patient status and progress toward short- and long-term goals and outcomes, and report to the PT who established the plan of care and, when appropriate, to the supervising PT.

Participate in educating patients and caregivers.

Participate in discharge planning and follow-up.

Intervention

Review plan of care established by the therapist prior to initiation of intervention.

Provide safe interventions competently based on the plan of care established by the PT to minimize risk to the patient, self, and others.

Implement the delegated interventions within the plan of care established by the PT, monitor the patient response, and respond accordingly.

Recognize when interventions have been inappropriately delegated and initiate clarification and modification with the PT.

Modify interventions within the plan of care established by the PT in response to patient clinical indications and in compliance with state practice acts, the practice setting, and other regulatory agencies.

Recognize when intervention should not be provided due to changing clinical conditions, and defer to the PT.

Provide patient-related instruction to patient, family members, and caregivers to achieve patient outcomes based on the plan of care established by the PT.

Complete thorough, accurate, logical, concise, timely, and legible documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.

Take appropriate action in an emergency in any practice setting.

Promote active involvement of the patient and their caregivers in their care.

Outcomes Measurement and Evaluation

Use data collection and communication to participate in determining a patient’s progress toward specific outcomes as established in the plan of care by the PT.

Participate in performance improvement activities (quality assurance) and clinical outcome audits.
Health Care Delivery Systems

Provide services under the direction of the PT in primary, secondary, and tertiary settings.

Utilize human and material resources and services to provide “optimal care” with regards to high-quality, efficient, and cost-effective physical therapy services based on patient goals and outcomes.

Interact with patients, family members, other health care providers, and community-based organizations and resources for the purpose of coordinating activities to facilitate efficient and effective patient care.

Administration

Supervise the physical therapy aide in patient-related activities as delegated by the PT and in non-patient care activities, as defined by the policies and procedures of the practice setting.

Provide accurate and timely information for billing and reimbursement purposes.

Participate in the organizational planning and operation of the physical therapy service.

Participate in the implementation of established public relation activities.

Social Responsibility

Demonstrate a commitment to meeting the needs of the patients and consumers.

Demonstrate social responsibility, citizenship, and advocacy, including participation in community and service organizations and activities.

Participate with the PT in the provision of pro bono services.

Career Development

Participate in career development based on self-assessment, performance appraisals, work setting, and special interests.

Recognize the role of the PTA in the clinical education of PT and PTA students, and prepares to assume that role.

Participate in clinical education.

Duty

Support and participate in the efforts that promote physical therapy.

Maintain membership in the APTA.

Derived from the APTA’s A Normative Model of Physical Therapist Assistant Education: Version 2006

Revised 08/02/09, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
## PLAN OF STUDY

### Fall Term (First Year)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
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<tbody>
<tr>
<td>BIOL 0212</td>
<td>Anatomy and Physiology 1</td>
<td>3</td>
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<tr>
<td>BIOL 0214</td>
<td>Anatomy and Physiology 1 Lab</td>
<td>1</td>
</tr>
<tr>
<td>CS 0131</td>
<td>Software for Personal Computing</td>
<td>3</td>
</tr>
<tr>
<td>ENGCMP 0200</td>
<td>Seminar in Composition</td>
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<tr>
<td>MATH 0031</td>
<td>Algebra</td>
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<tr>
<td>HRP 0184</td>
<td>Introduction to Science for the Health Professions</td>
<td>3</td>
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<td>PHYSTA 0050</td>
<td>Freshman Seminar</td>
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### Spring Term (First Year)

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<tr>
<td>BIOL 0213</td>
<td>Anatomy and Physiology 2</td>
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<td>BIOL 0215</td>
<td>Anatomy and Physiology 2 Lab</td>
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<td>COMMRC 0530</td>
<td>Interpersonal Communications</td>
<td>3</td>
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<tr>
<td>HRP 0410</td>
<td>Applied Kinesiology</td>
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<tr>
<td>HRP 0411</td>
<td>Applied Kinesiology Lab</td>
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<tr>
<td>PHYSTA 0110</td>
<td>Introduction to Physical Therapy</td>
<td>3</td>
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<tr>
<td>PSYSTA 0221</td>
<td>PTA Principles and Procedures 1</td>
<td>3</td>
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### Summer Session

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<tr>
<td>PHYSTA 0222</td>
<td>PTA Principles and Procedures 2</td>
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<tr>
<td>PHYSTA 0230</td>
<td>Clinical Education 1</td>
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### Fall Term (Second Year)

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<tr>
<td>PSY 0010</td>
<td>Introduction to Psychology</td>
<td>3</td>
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<tr>
<td>HRP 0420</td>
<td>Clinical Pathology</td>
<td>3</td>
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<tr>
<td>PHYSTA 0223</td>
<td>PTA Principles and Procedures 3</td>
<td>4</td>
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<td>PHYSTA 0224</td>
<td>PTA Principles and Procedures 4</td>
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<td>PHYSTA 0440</td>
<td>Professional Issues Seminar</td>
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### Spring Term (Second Year)  

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<td>PHYSTA 0331</td>
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<tr>
<td>PHYSTA 0332</td>
<td>Clinical Education 3</td>
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**TOTAL** 12

**PROGRAM TOTAL** 69 credits

Revised 10/27/09, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
COURSE DESCRIPTIONS
FALL TERM – FIRST YEAR

PHYSTA 0050 - FRESHMAN SEMINAR
An introduction to the field of physical therapy. Students will be challenged to explore the history, environment, trends and future of the physical therapy profession. (Restricted to students admitted to the PTA Program)

BIOSC 0212 – HUMAN ANATOMY AND PHYSIOLOGY 1
The first course of a two-part sequence covering gross and microscopic anatomy and physiology of the human body with particular emphasis on the relationships between structure and function. Included in the two courses are cell biology, histology, embryology, bone and skeleton, muscles and contraction, the cardiovascular system and its regulation, the nervous system and nervous impulse, the urinary system and electrolyte balance and the respiratory, digestive, endocrine, and reproductive systems. 3 credits.
Corequisite: BIOSC 0214

BIOSC 0214 – HUMAN ANATOMY AND PHYSIOLOGY LAB 1
Laboratory exercises illustrating the anatomy and physiology of the human. 1 credit.
Prerequisite or corequisite: BIOSC 0212

ENGCMP 0200 – SEMINAR IN COMPOSITION
A general course in college-level composition which examines the nature and use of writing. Working from written sources, the student learns how to define and develop a subject, and how to organize and present material using various modes of writing. 3 credits.
Placement by exam.

HRP 0184 – INTRODUCTION TO SCIENCE FOR THE HEALTH PROFESSIONS
Provides an overview of the topics important to the student preparing for a career in health care. Physics, chemistry, and biology are interrelated to provide insight into the mechanisms and physical forces controlling and circumscribing life processes on our planet. 3 credits.
Prerequisite: Placement at the level of MATH 0031 or higher in the UPT Mathematic Placement Test.

MATH 0031 – ALGEBRA
A course covering college-level algebra including complex numbers and conjugates, algebraic formulae, linear and quadratic equations, inequalities, functions, inverses, graphs, and variation. 3 credits.
Prerequisite: Grade of C- or better in Math 0030 or placement by exam.

CS 0131 – SOFTWARE FOR PERSONAL COMPUTING
An introduction to the use of computers for the student who has little or no experience with them. The course introduces some popular software packages. 3 credits.
SPRING TERM - FIRST YEAR

**BIOSC 0213 – HUMAN ANATOMY AND PHYSIOLOGY 2**
This second course of the two-part sequence continues the study of gross and microscopic anatomy and physiology of the human body with particular emphasis on the relationships between structure and function. 3 credits.
Prerequisite: BIOSC 0212. Corequisite: BIOSC 0215

**BIOSC 0215 – HUMAN ANATOMY AND PHYSIOLOGY LAB 2**
Laboratory exercises illustrating the anatomy and physiology of the human. 1 credits.
Pre- or corequisite: BIOSC 0213.

**COMMRC 0530 – INTERPERSONAL COMMUNICATION**
Focuses on human communication as a collaborative effort to exchange information and create meaning. Topics include verbal and nonverbal message systems, communication rules, roles, strategies, and games with practice in effective communication skills. 3 credits.

**HRP 0410 – APPLIED KINESIOLOGY**
This course covers neuromusculoskeletal anatomy and physiology in depth. Students are introduced to the analysis of human movement based on knowledge of neuromusculoskeletal anatomy and physiology. 3 credits.
Prerequisites: BIOSC 0213, MATH 0031 & HRP 0184 with a grade of C or better.

**HRP 0411 - APPLIED KINESIOLOGY LAB**
This course provides lab instruction for topics covered in Applied Kinesiology lecture.

**PHYSTA 0110 – INTRODUCTION TO PHYSICAL THERAPY**
This course introduces the PTA student to many aspects of physical therapy including the PT/PTA relationship, communication, the history of physical therapy, the APTA, scope of practice, ethics and values, laws and standards affecting physical therapy, health care team roles, professional development, evidence-based practice, cultural competence, documentation, liability and confidentiality. Students are exposed to basic administration principles, problem-solving methods and continuous quality improvement. Students learn universal precautions. Students are introduced to transfer training, gait training and wheelchair training. They also learn about their own work orientation, learning style and the Core Values. 3 credits.
Prerequisite: Anatomy and Physiology 1 - 2.5 GPA overall and in all prior courses in the PTA curriculum (minimum of C-)

**PHYSTA 0221 – PTA PRINCIPLES AND PROCEDURES 1**
This course includes instruction in the therapeutic massage, application of therapeutic modalities, physical agents, and therapeutic exercise. Students also receive instruction in basic wound care and sterile technique. Students learn how to document services rendered, participate in discharge planning, provide psychosocial support, and educate patients and families. Emphasis is placed on communication skills and ethical practice within the plan of care established by the physical therapist. Successful completion of competency exams is required to pass this course. See the PTA Student Handbook. 3 credits.
Prerequisite: 2.5 overall GPA in all prior courses in the PTA curriculum courses (minimum of C-). Corequisite: PHYSTA 0110
SUMMER SESSION

PHYSTA 0222 – PTA PRINCIPLES AND PROCEDURES 2
Students receive instruction in basic physical therapy assessment skills including goniometry, manual muscle testing, vital signs, flexibility, sensation, reflexes, segmental length, segmental girth, segmental volume, endurance, pain, balance, and activities of daily living. They are also introduced to industrial medicine assessments. Students receive further instruction in psychosocial support, patient/family education, ethics, communication, provision of physical therapy services within the plan of care established by the physical therapist, and documentation. Successful completion of the competency checklist is required to pass this course. 4 credits.
Prerequisite: PHYSTA 0221 - 2.5 overall GPA in all prior courses in the PTA curriculum courses (minimum of C-).

PHYSTA 0331 – CLINICAL EDUCATION 1
This course provides the student with a full-time, four-week clinical experience. 4 credits.
Prerequisite: PHYSTA 0222.
FALL TERM – SECOND YEAR

**HRP 0420 – CLINICAL PATHOLOGY**
A survey of the major aspects of the disease process, covering such topics as inherited disease, infections, neoplasia, nutritional and metabolic deficits, and disorders due to physical agents. Also incorporates the disease process as it affects individual organ systems and a discussion of laboratory diagnostic procedures. 3 credits.

Prerequisites: BIOSC 0213, BIOSC 0215

**PHYSTA 0223 – PTA PRINCIPLES AND PROCEDURES 3**
Students learn the rehabilitative process for patients who present with neurologic, pediatric/developmental, cardiopulmonary, chronic disease, wounds, and other disorders commonly seen in physical therapy. Students receive further instruction in psychosocial support, documentation, ethical behavior, patient/family education, provision of intervention within the plan of care established by the physical therapist and communication. This course runs concurrently with PTA Principles and Procedures 4. 4 credits.

Prerequisite: PHYSTA 0331 - 2.5 overall GPA in all prior courses in the PTA curriculum courses (minimum of C-).

**PHYSTA 0224 – PTA PRINCIPLES AND PROCEDURES 4**
This course provides laboratory instruction for the assessment and treatment of patients who present with neurologic, pediatric/developmental, cardiopulmonary, chronic disease, and other disorders commonly seen in physical therapy. Students learn the developmental sequence and how it applies to treatment and learn advanced therapeutic exercise techniques. They also receive further instruction in psychosocial support, documentation, ethical behavior, patient/family education, provision of physical therapy services within the plan of care established by the physical therapist, and communication. Successful completion of the competency checklist is required to pass this course. This course runs concurrently with PTA Principles and Procedures 3. 4 credits.

Prerequisite: PHYSTA 0331 - 2.5 overall GPA in all prior courses in the PTA curriculum courses (minimum of C-).

**PSY 0010 – INTRODUCTION TO PSYCHOLOGY**
A survey of the major areas of psychology including abnormal, social, and environmental as well the study of behavior, biological bases, development, sensation and perception, conditioning, and personality.
SPRING TERM – SECOND YEAR

PHYSTA 0332 – CLINICAL EDUCATION 2
This course provides the student with a full-time, six-week clinical experience. 6 credits.
Prerequisite:  PHYSTA 0224 - 2.5 overall GPA in all prior courses in the PTA curriculum courses (minimum of C-).

PHYSTA 0333 – CLINICAL EDUCATION 3
This course provides the student with a full-time, six-week clinical experience. 6 credits.
Pre-requisite:  PHYSTA 0332 - 2.5 overall GPA in all prior courses in the PTA curriculum courses (minimum of C-).

PHYSTA 0440 – PROFESSIONAL ISSUES SEMINAR
This course is designed to provide the student with additional information in conjunction with their full-time clinical education experiences. Topics may vary depending on issues raised from students while in the clinic. Topics may include licensure, teaching methods, research, documentation, advances in the field, changes in legislation, insurance issues, etc. 1 credit.
Prerequisite:  PHYSTA 0333 - 2.5 overall GPA in all prior courses in the PTA curriculum courses (minimum of C-).

OTHER COURSE OPTIONS
By permission of PTA Program Director

PHYSTA 0228 - INDEPENDENT STUDY IN PHYSICAL THERAPY
This course is designed to allow students further study in physical therapy. The material covered may be either remedial or advanced study. The course is individually designed by the PTA faculty to meet the specific educational needs of the PTA student. 1 – 3 credits.
Revised 12/21/09, Reviewed 12/11/12, 12/31/12, 12/30/13, 12/16/14, 12/28/15
### ACADEMIC POLICIES AND PROCEDURES

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Revised 12/08/05 Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
ACADEMIC REQUIREMENTS
POLICY ACAD.1

POLICY:
It is the policy of the PTA Program at the University of Pittsburgh at Titusville that students must maintain a high level of academic achievement in order to continue in the PTA Program. Ultimately, the goal of our program is to graduate educated clinicians of superior quality. This can only be done by achieving academic success in the classroom and laboratory followed by successful application of skills and decision-making in the physical therapy clinical setting.

PROCEDURE:
Each student must maintain at least a 2.0 GPA average each semester in the pre-technical phase of the PTA curriculum and 2.5 average each semester in the technical phase of the PTA curriculum. All PHYSTA courses must be passed with a minimum of a C. All other courses must be passed with at least a C-. Students who fail to maintain the minimum criteria as outlined previously will be dismissed from the PTA Program. Additional academic requirements for all PHYSTA lecture and lab courses include:

- Mastery of all clinical competencies in the critical Safety ** areas of peer competencies and competency examinations
- 85% minimum grade for all competency examinations
- 75% overall minimum passing grade for each PTA course
- Successful progression in Core Values (see policy ACAD.19)
- Ethical behavior (see policy ACAD.20)

Students failing to meet these course requirements will fail the course.

Students may meet with either of the PTA faculty at any time to review their academic or clinical progress in the curriculum. All students with academic difficulties will be referred for tutoring and/or counseling.

The student who does not attain at least a 75% minimum grade in any course in the PTA curriculum will have one opportunity to repeat that course. However, because the PTA curriculum is sequenced, a customized curriculum will be developed for the student, which will lengthen the time required to complete the curriculum. All courses must be repeated at UPT.

Students who fail a PHYSTA and/or Clinical Pathology, and/or Applied Kinesiology course may elect to repeat the course one time. All other UPT courses may be repeated a maximum of two times. Additionally, a student that fails any of the PHYSTA/Biological Science, Clinical Pathology, and/or Applied Kinesiology courses must repeat all previous PHYSTA courses in the curriculum sequence. Failure to pass the repeated course will result in dismissal from the PTA Program. A student that is dismissed from the PTA program will not be permitted readmission.

See policy CLIN.ED.12 for criteria regarding completion and grading of clinical education experiences.

Revised 12/15/10, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
**CHALLENGE EXAMINATIONS**

**POLICY ACAD.2**

**POLICY:**

While challenge examinations may be very valuable for those students who have already taken significant course work, they also may create deficiencies later in the educational process if the material was not completely covered. For that reason, challenge examinations are discouraged.

The students may not challenge courses which are core curriculum courses* or require competency examinations in order to pass the course.

**PROCEDURE:**

The procedure for challenge examinations is the same as for the rest of the campus.

*PTA Core Curriculum Courses are:

- Anatomy and Physiology
- Applied Kinesiology
- Clinical Pathology
- ALL PHYSTA courses

Revised 1/26/05, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
WRITTEN EXAMS AND COMPETENCIES
POLICY ACAD.3

POLICY:

Written examinations and competencies (practical examinations) are used to determine the student’s readiness to perform treatments on patients. In accordance with the American Physical Therapy Association’s Commission on Accreditation in Physical Therapy Education, each student is required to complete and pass written and competency examinations prior to applying treatments to patients in the clinic.

PROCEDURE:

WRITTEN EXAMINATIONS

Written examinations are given on a regular basis throughout the curriculum to assess the student’s comprehension of physical therapy theory and application.

The student must pass each written examination PTA course with a 75% overall minimum grade before progressing to the next PHYSTA/HRP course in the curriculum sequence.

COMPETENCY EXAMINATIONS

Competency Examinations are given on a regular basis throughout the curriculum to assess the student’s comprehension of physical therapy theory and application.

Prior to taking the competency examination, each student will complete a peer competency and will have each intervention and/or data collection previewed by an instructor and peer students. Students are required to wear clinical attire for competency exams.

The student must pass each competency exam with at least an 85% and the competency achievement must be mastered in the Critical Safety Elements** of each assessed area. Deficiencies in Critical Safety Elements ** will result in automatic failure of the competency examination. The student must pass all competency examinations in each PHYSTA/HRP course before progressing to the next PHYSTA /HRP course in the curriculum sequence.

Students must be evaluated by each PTA faculty for at least one competency in each course.

“The following list of Critical Safety Elements is not all inclusive of actions and/or omissions which may result in an automatic failure of the competency examination”.

LABORATORY AND CLINIC

Failure to:

Lock the wheelchair or other device.

Secure the patient in a transfer device (ex. Hoyer Lift).

Transfer patients between surfaces to the correct side.

Guard on the correct side, with the correct amount of assistance (from maximal assistance to independent) for all activities.

Maintain weight bearing status.

Check the machinery for broken parts/wires.
Avoid contamination of patient and self.

Apply the proper dosage of modality to a patient

Maintain the prescribed ROM. (Example: moves the patient beyond the end of the ROM causing excessive pain).

**FAILURE TO PROVIDE THE TREATMENT PRESCRIBED BY THE PT**

Failure to:

- Treat the involved body part (ex. right vs. left, thoracic vs. cervical, placing pads on an incorrect muscle group, etc.)
- Position the patient for gravity resisted and minimized muscle contractions.
- Insure that the patient performs the correct gait pattern.
- Measure joint ROM within 10° of the instructor and/or align the goniometer properly.
- Plug in and turn on the machinery before treating the patient.
- Accurately measure vital signs.

**PROVIDING ADDITIONAL INAPPROPRIATE STEPS OR IMPROPER TECHNIQUE**

Adding anything beyond the scope of the prescribed treatment

**FAILURE TO COMMUNICATE EFFECTIVELY**

Failure to:

- Produce clear, concise, timely commands with adequate voice volume.
- Provide ongoing communication with the supervising PT regarding patient’s progress, lack of progress, need for modification or red flags indicating urgent need for PT reevaluation or return to physician.

**FAILURE TO COLLECT DATA**

Failure to:

- Read the patient’s chart and collecting data that may influence the PT treatment.
- Be well versed with the PT evaluation and plan of care.
- Recognize indications, contraindications and precautions to physical therapy treatment and reporting any contraindications to the physical therapist.
- Understand the disease processes and rationale for treatment.

**ADDITIONAL AUTOMATIC FAILURE ITEMS SPECIFIC TO CLINIC**

(cannot be tested on practical)

**FAILURE TO MAINTAIN SAFETY PRECAUTIONS**

Failure to:

- Re-apply restraint or alternatives to restraint.
- Maintain environmental safety. (ex. remove obstacles from gait path).

**FAILURE TO PROVIDE TREATMENT PRESCRIBED**

Failure to:

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

**FAILURE TO MAINTAIN PROFESSIONALISM**

Failure to:

- Treat the patient with dignity and respect.
- Recognize a patient’s demonstration of emotional distress and interact effectively with the patient for the desired support.
- Maintain confidentiality of all patient information as per HIPPA laws.
- Seek assistance from PT with patient care when unsure of the procedure.
- Initiate and complete assigned tasks without prompting.
- Comply with departmental policies and procedures.
- Adhere to ethical and legal standards of practice.

**FAILURE TO USE CRITICAL THINKING SKILLS**

Failure to:

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

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A student may repeat a competency examination one time at the instructor’s discretion. Remedial work will be assigned to the student prior to the 2nd examination. The student must schedule the repeat examination within one week of receiving the failing grade. The material to be covered on the repeated exam is up to the discretion of the instructor. The maximum grade on a repeat competency examination is 85%.

If on the 2nd attempt of passing the competency exam, the student is unsuccessful, the student will be subject to a learning contract stipulating conditions for continuation in that course. The student will be permitted to repeat a failed course one time.

It is the commitment of the PTA Program to provide the academic support needed to successfully complete all written and competency examinations.

Revised: 4/04/06, 12/11/11, 12/31/12, 1/6/13, Reviewed 12/30/13, 12/16/14, 12/28/15
GRADUATION/BOARD EXAM
POLICY ACAD.4

POLICY:
The PTA Program at the University of Pittsburgh at Titusville strives to provide students with a well-rounded education that meets the needs of the physical therapy community and exceeds the requirements for accreditation as defined by the Commission on Accreditation in Physical Therapy Education.

PROCEDURE:
To ensure completion of all program requirements, the PTA Program Director maintains a curriculum checklist in each student’s administrative file. Additionally, the UPT Campus Dean will review all substitute and transfer credits and completes the Transfer Credit Evaluation Form, which is also maintained in the student’s administrative file. It is the PTA Program Director’s responsibility to assure that all program requirements are met and that the student is eligible for graduation.

The Registrar assists the PTA Program Director in verifying program requirement completion.

The student is responsible for self monitoring their progress through the PTA curriculum and maintaining communication with their advisor regarding their progress. The student must also apply for graduation per UPT Policies and Procedures.

Upon graduation from UPT, students may take the NPTE. Eligibility for registration in Pennsylvania is as follows: “§ 40.162. Application for registration.

The applicant shall submit evidence satisfactory to the Board, on forms supplied by the Board, that the applicant has met the following criteria. The applicant:

Is at least 20 years of age, unless otherwise determined by the Board that the candidate has proved the capability to accept and handle the responsibilities appurtenant to registration.

Is of good moral character

Is not addicted to the habitual use of alcohol, or narcotics or other habit-forming drugs

Has met the professional requirements for registration under § 40.163 (relating to requirements for registration).

An applicant for a registration issued by the Board shall apprise the Board of the following:

A license, certificate, registration or other authorization to practice a profession issued, denied or limited by another state, territory or possession of the United States, a branch of the Federal government or another country.

Disciplinary action instituted against the applicant by a licensing authority of another state, territory or possession of the United States, a branch of the Federal government or another country.

A finding or verdict of guilt, an admission of guilt or a plea of nolo contendere to a felony offense or an offense involving moral turpitude. The reporting responsibilities enumerated in subsection (b) continue after the Board issues a registration. If, after the Board has issued a registration, one or more of the events listed under subsection (b)(1) and (2) occur, the registrant shall report that matter to the Board in writing on the biennial re-registration application or within 90 days of its occurrence, whichever occurs sooner. The registrant shall report an event occurring under subsection (b)(3) within 30 days of occurrence.”

Source: The provisions of this § 40.162 adopted July 24, 1992, effective July 25, 1992, 22 Pa.B. 3872.” Revised 12/08/05, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
ADVISING
POLICY ACAD.5

POLICY:
The PTA Program faculty is dedicated to the development of Program students and is available to students for academic, career, and personal (when appropriate and requested by the student) advising.

PROCEDURE:
The Program Director and the ACCE share advising responsibility of the students.

Advising information is confidential and documentation is therefore kept secure in the student’s administrative file in the Program Director’s office. All PTA faculties have private offices for assuring confidentiality when meeting with students.

Appointments with the PTA faculty are arranged with the faculty members via email correspondence to arrange individual advising appointments. Faculty is also available via telephone and e-mail, but face to face advising appointments are University Policy and encouraged whenever possible.

Advisors will be available to the students whenever possible including while on their clinical affiliations.

Students receiving a D or lower on any PTA written exam or on the Midterm Progress Report must meet with the Program Director to review and analyze the failed exam, proper study techniques and academic progress in the curriculum. Goals and/or remediation may be established at this meeting.

Additional counseling and advising is available from The Counseling and Student Development Center as described in the UPT Student Handbook.

See also Policies ACAD.11 and ACAD.13.

Revised 12/08/05, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
LEARNING RESOURCES
POLICY ACAD.6

POLICY:
Learning resources are available in the Haskell Memorial Library, PTA Laboratory and PTA office, for the benefit of the Physical Therapist Assistant students. Learning resources include books, periodicals, models, charts, videos, CD ROM, dictionaries, physical therapy equipment, etc.

PROCEDURE:
Educational tools that are located in the library may be obtained from the personnel at the front desk. The student may be required to present a valid Pitt ID card to utilize any of these educational tools. This equipment may not be removed from the library, except by special permission of the Program Director or ACCE.

Educational tools that are located in the laboratory are available for use by the PTA students. The PTA classroom/lab is open to students whenever there is no class utilizing the room. Students may only remove items from the PTA lab with permission from the Program Director or ACCE. The student must sign out the item with the Program Secretary and secure a return date.

Students are responsible for the care and security of all physical therapy equipment in the PTA lab when studying and practicing (peer competencies) without the onsite supervision of a faculty member. The lab (G11) door should be shut at all times when students are engaged in lab practice. The last student to leave the lab is required to inform the PTA Program Secretary or a PTA faculty member, so the lab can be locked. Failure to comply with the policy will result in an initial verbal warning followed by lab accessibility restrictions for subsequent infractions.

Revised 12/08/05, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
PTA LAB REQUIREMENTS
POLICY ACAD.7

POLICY:
Clinical laboratory activities are an essential part of the educational curriculum of the PTA Program. Therefore, the PTA lab environment must be conducive to learning and at the same time, simulate a true clinical environment as much as possible.

PROCEDURE:
Because it is sometimes necessary to expose surface areas for treatment, students are required to wear t-shirts (plain, no advertising, etc.) shorts, socks and tennis shoes. Students are responsible to be sure that their shorts are of a style that will maintain area coverage at all times. Female students may need to wear sports bras or tank tops for some activities. Patient gowns are available for further draping as needed. Any student who cannot wear this lab uniform for any reason is required to notify the lab instructor.

Like the PTA classes, attendance is mandatory for all laboratory activities.

Students are responsible to be sure that the laboratory is neat and clean at the end of each laboratory session and all tables have been disinfected with disinfection wipes.

Faculty is responsible to assure safety during all laboratory sessions. Students will not be left alone while learning a new skill. The ratio of faculty to students will not exceed 1:10.

Revised 08/04/09, 12/11/11, 12/31/12, Reviewed 12/30/13, 12/16/14, 12/28/15
LEAVE OF ABSENCE
POLICY ACAD.8

POLICY:
Realizing that circumstances beyond the student’s control may require them to request a leave of absence, the PTA Program will review and acknowledge such requests.

PROCEDURE:
The students must submit a request for leave of absence in writing to the Program Director. The Program Director will then review the request with the UPT Campus Dean to determine whether the request will be granted. Students on a leave of absence must return to the program within a one-year calendar period in order to continue in the program. They must also submit in writing their request for reinstatement. Once again, the Program Director and the UPT Campus Dean will review the request. Students may be required to repeat all PHYSTA courses up to the point they left the curriculum.

Revised 7/15/03, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
ATTENDANCE
POLICY ACAD.9

POLICY:
Due to the nature of the clinical and educational requirements of the Physical Therapist Assistant Program, absenteeism/tardiness will not be tolerated. When a student accepts his/her seat in the Physical Therapist Assistant Program, he/she is accepting the responsibility of attending class, laboratories and clinicals. (Being on time means arriving to class a few minutes prior to the start of class and being ready to participate.)

PROCEDURE:
In the event that a student must miss a lecture, lab, or day in the clinic, the following procedure must be followed.
Student must call or email the PTA Office prior to the class, lab, or clinical day to report an intended absence or tardiness. The student must provide a bona fide reason for missing class, lab, or clinic. (emergencies, severe illness, death of a family member) Personal appointments, employment (policy ACAD.25), vacation, weather conditions and minor illnesses are not excused.
If the student must miss a day in the clinic, the student must then contact (phone call) their clinical instructor and let them know that they will not be in the clinic that day and give the clinical instructor a bona fide reason for missing the clinical day.
The student is responsible for making up the lost work. If the student misses a class, he/she is required to obtain the lecture notes from another student. If the student misses lab, he/she must contact the instructor to make arrangements to make-up for the lost time. If a student misses a day in the clinic, he/she must arrange with the clinical instructor to make up the missed day.
For the PHYSTA and HRP Applied Kinesiology courses, the first unexcused absence and/or tardiness will result in a written notice. The second unexcused absence/tardiness will lower the student’s final grade by one-half a grade. This will also require a written notice. The third absence/tardiness miss will lower the final grade by one full grade and will be provided in written notice. This will also subject the student to academic probation and a remedial plan of correction.
Whether an absence is excused or unexcused is at the discretion of the PTA faculty.
Students who are showing difficulty with absenteeism will receive counseling and assistance in devising a plan of action to reduce absenteeism. Students may not make up classroom work, quizzes or examinations for those classes that they miss or are late for and are unexcused. They will, therefore, fail any examination, quiz or classroom grade provided in that day. Students making up classroom work, quizzes or examinations as the result of an excused absence will be assessed with an alternate classroom work, quiz or examination from the initial assessment tool.
See the Clinical Experience Attendance Policy CLIN.ED.6 for specific policies and procedures related to attendance during the clinical education courses.

Revised 08/04/09, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
ACADEMIC HONESTY
POLICY ACAD.10

POLICY:

It is the policy of the PTA Program at the University of Pittsburgh at Titusville to encourage and enhance the academic and personal integrity of all its students. The act of cheating in the classroom, laboratory or home assignments is unacceptable and will not be tolerated by the PTA faculty.

The PTA Program follows the guidelines as outlined in the Student Handbook in regards to academic integrity. Cheating is defined as any method used to submit someone else’s work as if it were your own. This includes, but is not limited to, glancing at test answers, previewing exams or other written materials, utilizing another’s paper, working in groups for individual assignments/ take home work, utilizing portable electronic devices for cheating, signing off on peer competencies that were not actually observed etc. Plagiarism is also a form of cheating and is defined as copying another’s work without using quotations and presenting if as if it were your own.

The PTA Program Faculty incorporate practice and procedures to defer cheating including, but not limited to: distributing multiple versions of examinations, constant/close monitoring of student activity during examinations/quizzes, close comparison of submitted assignments, no electronic device allowed in class/lab room policy during examinations/quizzes and students being prohibited from leaving and returning to the classroom during a quiz or examination.

PROCEDURE:

Breaches in academic integrity will be investigated by the Program Director. If confirmed, the Program Director may issue disciplinary action as defined in the UPT Student Handbook. The minimum punishment will be failure of that examination or project and/or the student may be placed on academic probation. In severe cases, a student may be dismissed from the PTA Program.

The student on academic probation will be prohibited from holding UPT-related elected or appointed positions. A remediation plan will be developed by the Program Director to remediate the area of deficiency. Academic probation will be permissible for one semester only during the PTA curriculum. Failure to achieve the goals of the remediation plan will lead to dismissal from the program.

As indicated in the UPT Student Handbook, students may appeal any administrative decision. Please refer to the UPT Student Handbook for specific instructions.

See also policy ACAD.24

Revised 7/02/04. 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
GRADING
POLICY ACAD.11

POLICY:
The grading policies of the PTA Program are consistent with that of the University of Pittsburgh at Titusville. The same grading scale is used as is printed in the UPT Student Handbook. Please see the UPT Student Handbook.

PROCEDURE:
The grading scale for classes taught by the PTA faculty will be as follows:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>98.000 – 100.00</td>
<td>A+</td>
<td>4.00</td>
</tr>
<tr>
<td>93.000 – 97.999</td>
<td>A</td>
<td>4.00</td>
</tr>
<tr>
<td>90.000 – 92.999</td>
<td>A-</td>
<td>3.75</td>
</tr>
<tr>
<td>87.000 – 89.999</td>
<td>B+</td>
<td>3.25</td>
</tr>
<tr>
<td>83.000 – 86.999</td>
<td>B</td>
<td>3.00</td>
</tr>
<tr>
<td>80.000 – 82.999</td>
<td>B-</td>
<td>2.75</td>
</tr>
<tr>
<td>77.000 – 79.999</td>
<td>C+</td>
<td>2.25</td>
</tr>
<tr>
<td>73.000 – 76.999</td>
<td>C</td>
<td>2.00</td>
</tr>
<tr>
<td>70.000 – 72.999</td>
<td>C-</td>
<td>1.75</td>
</tr>
</tbody>
</table>

Grades less than 75.000% are not passing for any class taught by the PTA faculty.

Specific grading criteria will be outlined on each courses syllabus. Minimal academic requirements are described in policy and procedure ACAD.1.

A student may be placed on academic probation for failure to achieve minimum grade requirements. The student will be prohibited from holding UPT-related elected or appointed positions. A remediation plan will be developed by the Program Director to remediate the area of deficiency.

Academic probation will be permissible for one semester only during the PTA curriculum. Failure to achieve the goals of the remediation plan will lead to dismissal from the program.

Students are notified of their progress in all PTA courses by timely return of exams, competencies, homework and projects. Students may inquire regarding their clinical or academic progress at any time by scheduling an appointment with one of the PTA faculty.

For those courses posted on Blackboard, grades may be available at anytime by clicking on “Student Grades.”

Midterm progress will be discussed at the midterm advising session. Any students receiving a D/F notification in any course will be required to meet with the Program Director to establish a plan of improvement. Students may inquire about their grades at any point.

See also Policies ACAD.5, ACAD.13 & ACAD.24

Revised 8/04/09, Reviewed 12/11/11, 12/31/12, Reviewed 12/30/13, 12/16/14, 12/28/15
STUDENT PROGRESSION THROUGH THE PTA CURRICULUM

POLICY ACAD.12

POLICY:
The PTA curriculum is strategically designed to build from foundational basic science courses through to clinical application of the knowledge and technical skills developed throughout the entire curriculum. Students are admitted to the program with the understanding that they will complete the PTA core curriculum in two years. General education courses may be taken at the student’s discretion prior to beginning the core curriculum.

PROCEDURE:
In the event that the student is unable to complete the curriculum in two years due to academic difficulties, the Program Director may change their status to part-time in the PTA curriculum. This does not necessitate going part-time at the University, but rather part-time in the PTA curriculum. This status allows the student to take all of the PTA curriculum requirements at a slower pace in order to increase their chance of success. Students are required to take all courses in an appropriate sequence. The student who has a change of status to part-time in the PTA curriculum is advised by the Program Director in order to be sure that the courses are taken in the appropriate sequence.

The following guidelines apply to appropriate course sequence:
The student may not take Clinical Pathology until they have successfully completed Anatomy and Physiology I & II with labs.
The student may not take Kinesiology until he or she has successfully completed Intro to Science and Algebra (MATH 0031) and Anatomy and Physiology I.
The student may not progress to PTA Principles and Procedures 1 until they have successfully completed Anatomy and Physiology I.
The student may not progress from one PHYSTA course until they have successfully completed the previous PHYSTA course.
The student may not begin Clinical Education 1 until they have successfully completed the courses that are taken in the fall and spring semester of the first year and PTA Principles and Procedures 2. The student must also be certified in First Aid and CPR.
The student may not take Clinical Education 2 or 3 until they have successfully completed Clinical Education 1 and all other courses in the curriculum except Professional Issues.

See also Policies ACAD.16 and ACAD.17

Revised 12/21/09, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
MID-TERM D/F LIST
POLICY ACAD.13

POLICY:
Those students in the PTA Program who appear on a mid-term D/F list are required to meet with the Program Director within one week after notification of a D/F grade.

PROCEDURE:
The student with a D/F grade will have a private and confidential advising session with the Program Director to develop a plan of improvement. Where appropriate, the Program Director may require students to sign in and out of the library or Learning Resource Center for a minimum of 6 hours each week. Failure to comply with the D/F mid-term plan of improvement may result in expulsion from the PTA Program. This determination will be at the discretion of the PTA Program Director in cooperation with the Vice President for Academic Affairs.

See also Policies ACAD.5 and ACAD.11

Revised 5/13/02, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
POLICY:
PTA orientation is held the first scheduled class of Intro to PT.

PROCEDURE:
During PTA orientation, the student is informed of the location of the PTA Student Handbook on the UPT website. The contents of the student handbook are reviewed with the students as a group allowing for question and answer period. This is done so that the students clearly understand what is expected of them and what they can expect from the Program.

After careful review of the PTA Student Handbook and its contents, the student is asked to sign several release forms. These include:

**Media Relations Release Form** – This form is to obtain students’ permission to take pictures of them while in the laboratory or other PTA related events. Some of these pictures may be used for recruitment or media relations. These photos are the property of the University of Pittsburgh at Titusville’s PTA Program.

**Human Subject Form** – This form grants permission for the student to participate in laboratory activities and as a demonstration model in laboratory or lecture. This form educates the student to the important role of touching in the PT profession.

**Confidentiality Statement** – This form introduces the student to the importance of confidentiality and to the commitment of guaranteeing confidentiality of other students, patients, faculty, etc.

**Educational Agreement** – This is an agreement between the student and the Program Director and ACCE to commit themselves to the educational process defined in the curriculum to achieve excellence in performance of academic goals. Additionally, students are held to the academic policies and procedures of the University.

**Professional Agreement** – This form is signed by the student as a commitment to following “The Patient Bill of Rights” and APTA’s “Standards of Ethical Conduct for the PTA”

**Information Release to Clinic** – This form allows the PTA Program to release required information from the PTA personal data form, immunization verification form, insurance information, background checks, drug screens and other tests to clinical placement sites with which the University has a clinical agreement.

Students have the right to sign or not sign any of the above forms. Students are required to complete an Emergency Information form. Students who choose to not sign any of the above forms will be counseled regarding the importance of each form.

Lastly, the students are required to sign and return the form stating that they have read the PTA Student Handbook and agree to all of the policies and procedures contained within.

Students are encouraged to ask questions about any of these forms or about any issues raised during orientation. They can be scheduled for advising as needed before signing any forms or continuing in the program. The completed forms are stored in the student’s administrative file and kept locked in the Program Director’s office.

Revised 12/08/05/ 12/11/11, 12/31/12, 12/30/13, 12/14/14, 12/28/15
PTA ESSENTIAL FUNCTIONS
POLICY ACAD.15

POLICY:
It is the policy of the PTA Program that in order to meet the physical demands of the physical therapy profession, the students must meet the following essential functions at the frequency listed below:

<table>
<thead>
<tr>
<th>Function</th>
<th>Lecture</th>
<th>Lab</th>
<th>Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting</td>
<td>1const</td>
<td>constant</td>
<td>3occ</td>
</tr>
<tr>
<td>Standing</td>
<td>occasional</td>
<td>constant</td>
<td>2freq</td>
</tr>
<tr>
<td>Walking</td>
<td>occasional</td>
<td>frequent</td>
<td>frequent</td>
</tr>
<tr>
<td>Bending</td>
<td>occasionally</td>
<td>frequent</td>
<td>frequent</td>
</tr>
<tr>
<td>Stooping</td>
<td>occasionally</td>
<td>frequent</td>
<td>frequent</td>
</tr>
<tr>
<td>Reaching</td>
<td>occasionally</td>
<td>frequent</td>
<td>frequent</td>
</tr>
<tr>
<td>Arm/leg movements*</td>
<td>occasionally</td>
<td>frequent</td>
<td>frequent</td>
</tr>
<tr>
<td>Lifting**</td>
<td>occasionally</td>
<td>frequent</td>
<td>frequent</td>
</tr>
<tr>
<td>Hand/feet</td>
<td>constant</td>
<td>frequent</td>
<td>frequent</td>
</tr>
<tr>
<td>Mental concentration</td>
<td>constant</td>
<td>constant</td>
<td>constant</td>
</tr>
</tbody>
</table>

*Must be able to perform CPR
**Must be at least at medium demand level of work.
(I.e. 50 lbs. occasional lift, 20 lbs. frequent lift, 10 lbs. constant lift.)

1constant = 67 – 100% of the time
2frequent = 34 – 66% of the time
3occasionally = 0 – 33% of the time

PROCEDURE:
In accordance with the American’s with Disabilities Act, reasonable accommodations will be made to bring students up to the required level of function. Students who cannot meet the essential functions even with reasonable accommodations will receive career counseling as acceptance into the Program would not be appropriate for employment and safety reasons.

Revised 5/13/02, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/14/14, 12/28/15
PART-TIME STATUS
POLICY ACAD.17

POLICY:
It is the philosophy of the PTA Program to provide the appropriate educational environment to graduate excellent entry level PTAs. Understanding that academic overload and non-academic pressures may result in failure of even the most qualified candidates, the PTA Program offers part-time status. Any student risking failure of courses, experiencing negative stress reactions, or any other difficulty is encouraged to consider part-time status.

PROCEDURE:
The student must meet with the Program Director to request part-time status. At that time, options will be defined and discussed and a Plan of Study will be developed for the student. The Plan of Study will be documented and kept in his/her academic file in the PTA Program office. It is the responsibility of the Program Director to be sure that the appropriate course sequence is maintained and that the student completes all the required courses.

Requests for part-time status in the PTA Program must be submitted in writing to the Program Director.

See also Policy ACAD.12.

Revised 12/08/05, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/14/14, 12/28/15
WITHDRAWAL WITHOUT NOTICE
POLICY ACAD.18

POLICY:
The purpose of this policy is to promote the PTA student’s professional development, communication skills and responsibility for the educational process.

PROCEDURE:
Any student in the PTA Program at the University of Pittsburgh at Titusville that withdraws from a required course or from a semester without first discussing his/her intentions with the Director of the Physical Therapist Assistant Program is immediately suspended from the Physical Therapist Assistant Program.

A student who wishes to re-enter the Physical Therapist Assistant Program at a later date must do so in writing. This request must include the reasons why the student failed to provide notice prior to resignation and what changes have been made since that time that would make the student an excellent candidate for completion of the program. The PTA Program Director will review requests with the UPT Campus Dean and a decision will be made regarding the student’s appropriateness for the PTA program.

Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
CORE VALUES / GENERIC ABILITIES
POLICY ACAD.19

POLICY:
The purpose of the Core Values is to help a student recognize their own areas of strength and weaknesses in the development of their professional behaviors.

PROCEDURE:
All students will assess their Core Values and Generic Abilities first in Introduction to Physical Therapy. The Core Values and Generic Abilities will be reviewed at least annually.

The Core Values are:
Accountability
Altruism
Compassion/Caring
Excellence
Integrity
Professional Duty
Social Responsibility

The Generic Abilities are:
Commitment to Learning
Interpersonal Skills
Communication Skills
Effective Use of Time and Resources
Use of Constructive Feedback
Problem-Solving
Professionalism
Responsibility
Critical Thinking
Stress Management

Failure to show progress in achieving all seven of the Core Values may result in failure from the PTA Program. A student may be placed on academic probation for failure to demonstrate competence in Core Values.

The student will be prohibited from holding UPT-related elected or appointed positions. A remediation plan will be developed by the Program Director to remediate the area of deficiency. Academic probation will be permissible for one semester only during the PTA curriculum. Failure to achieve the goals of the remediation plan will lead to dismissal from the program.

See also policy ACAD.24.

Revised 12/08/05, 12/11/11, 12/31/12, Reviewed 12/30/13, 12/16/14, 12/28/15
ETHICAL FAILURE
POLICY ACAD.20

POLICY:
The purpose of this policy is to assure appropriate conduct and ethical behavior by all students in the Physical Therapist Assistant Program at the University of Pittsburgh at Titusville.

PROCEDURE:
Any student demonstrating failure to perform ethically or conduct themselves professionally as described in the American Physical Therapy Association’s Code of Ethics will be subject to disciplinary action. The disciplinary action may result in the student being placed on academic probation, failure of the course/clinical in which the ethical infraction occurred and/or removal from the PTA Program.

The student will be prohibited from holding UPT-related elected or appointed positions. A remediation plan will be developed by the Program Director to remediate the area of deficiency. Academic probation will be permissible for one semester only during the PTA curriculum. Failure to achieve the goals of the remediation plan will lead to dismissal from the program.

It is the responsibility of the Program Director to investigate any complaints related to the violation of ethics. A policy and procedure is in place for complaint investigation and resolution.

See policies ACAD.24 & ADMIN.23.

Revised 7/02/04, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
**PATIENT RIGHTS**

**POLICY ACAD.21**

**POLICY:**

The PTA Program is dedicated to the protection of patients and their rights.

**PROCEDURE:**

Students will treat all patients they encounter in the PTA lab, educational outings and the clinic with dignity and respect. Students will maintain confidentiality in all matters pertaining to patients including those things that they see and hear.

All PTA students are required to sign a Commitment to Confidentiality and a statement of understanding of The Patient Bill of Rights and HIPAA requirements after covering the content and significance of these documents during Introduction to PTA.

Students who fail to observe and protect patient rights may be dismissed from the PTA Program. It is the responsibility of the Program Director to investigate any complaints related to the violation of patient rights. A policy and procedure is in place for complaint investigation and resolution.

PTA students must receive informed consent from patients in the clinical setting prior to providing treatment. PTA students will introduce themselves to patients as student physical therapist assistants and ask permission from the patient to allow treatment to be provided by them.

Patients have the risk free right to refuse to receive physical therapy treatments from a student PTA and not participate in clinical education.

Revised 3/1/11, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
OFF-CAMPUS EDUCATIONAL EVENTS
POLICY ACAD.22

POLICY:

The PTA Program utilizes resources that are located off the Titusville Campus to enhance the learning experience for students. These experiences may include, but are not limited to:

- Aquatics Lab
- Cadaver Lab
- Prosthetics Lab
- PPTA Annual Conference
- Extended Care Facility

PROCEDURE:

All participants in the off-campus experiences will abide by the same policies and procedures regulating on-campus events including confidentiality, professionalism and ethical behavior and safety measures. Additionally, the participants will abide by the policies and procedures of the host institution. Failure to abide by the program, campus and host institutions policies and procedures will result in disciplinary action and possible dismissal from the program.

The faculty will be responsible to learn the safety and evacuation procedures of the host institution in the event of an emergency and will educate the students appropriately. All participants will follow the University’s policies and procedures regarding blood borne pathogens and exposure to chemical substances as outlined in the infection control policy.

The faculty will be responsible to assess the nearest emergency services. Students are required to have emergency medical coverage and emergency medical information in their administrative file.

Students will abide by the equipment safety policy whether on-campus or off-campus. Students must receive didactic, demonstrational, and supervised experience education of the equipment and the necessary safety precautions before being permitted to use the equipment.

Where necessary, the student may be required to sign a waiver of responsibility for injury or accident related to failure to follow institutional policies and procedures.

Revised 8/04/09, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
**PEER COMPETENCIES**

**POLICY ACAD.23**

**POLICY:**

The purpose of peer competencies is to develop competence in a new skill through practice and assessment by fellow classmates. The completion of this task not only prepares the student for the competency examination with the PTA faculty, it prepares the student to treat patients in a clinical setting. The peer competencies, along with the competency examinations, also identify unique critical safety elements that students must master before the PTA faculty can determine that the PTA student is competent and safe to progress through the curriculum, including the clinical education component.

**PROCEDURE:**

A peer competency check-off sheet is provided by the PTA faculty. The sheet indicates the skills to be mastered. Unique critical safety elements are identified on the peer competency sheets with a **. The student will not be permitted to begin work on the physical therapy skills until these skills have been discussed in lecture and practiced in the presence of the PTA faculty. All safety precautions must be carefully observed for each modality/treatment.

The peer competency check-off sheet also indicates the number of individuals who must test the student for competence. Only PTA students, PT or PTA graduates and PTA faculty may sign off on peer competencies (peer competencies cannot be performed on family, friends or other non-PTA students). Additionally, the student must perform the entire procedure in order to be checked off for competency by their peers. It is not acceptable to explain or pretend to perform skills that may be accomplished in the laboratory.

PTA students must have at least one sign off from each PTA student enrolled in the course throughout the completion of the peer competencies for that particular course. (Cannot have the same students observing a student’s competence) PTA students need to be exposed to multiple human subjects in preparing for clinical education courses, so working with all classmates will be beneficial.

Signing off on a peer competency indicates that the student has performed the skill completely and accurately. If a student fails a competency examination, all those peers who signed off on that section of the peer competency may be subject to disciplinary measures as deemed necessary by the PTA faculty.

Students may not take their competency examination until the entire peer competency form is completed and submitted to the PTA faculty. Failure to complete and submit the peer competency form by the assigned date (prior to the corresponding competency examination) will result in failure of the competency examination and possible disciplinary action. See PTA Program Academic Policy ACAD.3 Written Exams and Competencies for specifics regarding competency examinations.

Revised 7/28/03, Reviewed 12/11/11, 12/31/12, Revised 1/6/13, 12/30/13, 12/16/14, Reviewed 12/16/15
ACADEMIC PROBATION
POLICY ACAD.24

POLICY:
The purpose of this policy is to assure appropriate development of professional skills and behaviors by all students in the Physical Therapist Assistant Program at the University of Pittsburgh at Titusville.

PROCEDURE:
A student may be placed on academic probation for failure to achieve minimum grade requirements, inappropriate professional conduct, non-adherence to safety standards or failure to demonstrate competence in core values or academic integrity.

The student will be prohibited from holding UPT-related elected or appointed positions. A remediation plan will be developed by the Program Director to remediate the area of deficiency. Academic probation will be permissible for one semester only during the PTA curriculum. Failure to achieve the goals of the remediation plan will lead to dismissal from the program.

Revised 12/08/05. Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
STUDENT EMPLOYMENT
POLICY ACAD.25

POLICY:
Because of the rigors of the PTA Program, employment during the academic year is not recommended. Academic activities and requirements must take precedence over employment activities for those who chose to be employed during the PTA curriculum.

PROCEDURE:
Missing a full or any part of a class for employment will not be excused or acceptable. Competency examination and presentation schedules will not be altered due to a students’ work schedule. It should also be noted that some PTA mandatory learning activities do take place outside of normally scheduled class time (off campus educational events), so employed PTA students will require a revision of work schedules.

(See policies ACAD.9 & ACAD.22)

Revised 7/02/04, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
CLINICAL POLICIES AND PROCEDURES

CLIN.ED.1  Prerequisites for Clinical Education
CLIN.CE.2  Liability Insurance
CLIN.ED.3  Clinical Site Placement
CLIN.ED.4  Student Responsibilities
CLIN.ED.5  Student Dress Code
CLIN.ED.6  Clinical Education Attendance
CLIN.ED.7  Confidentiality
CLIN.ED.8  Clinical Site – Academic Program Communication
CLIN.ED.9  Clinical Experience Problem Resolution
CLIN.ED.10  Clinical Competence Deficiency
CLIN.ED.11  Evaluation of Students
CLIN.ED.12  Grading
CLIN.ED.13  Repeating a Clinical Rotation

CLIN.ADM.1 Criteria for Clinical Site Development
CLIN.ADM.2 Clinical Site Written Agreement
CLIN.ADM.3 Clinical Site Evaluation
CLIN.ADM.4 Clinical (Field) Faculty
CLIN.ADM.5 Assessment of Skills Taught in the Clinic
PREREQUISITES FOR CLINICAL EDUCATION
POLICY CLIN.ED.1

POLICY:
The faculty at the PTA Program at the University of Pittsburgh at Titusville will assure that the student is prepared academically, professionally and is safe to participate in the assigned clinical experience. PTA students will submit all required documents prior to the onset of the clinical experience by the predetermined/assigned date.

PROCEDURE:
The faculty will assure that the student has:

Passed all courses in the PTA curriculum as outlined in Grading Policy ACAD.1

Observed all safety regulations as set forth in Safety Policy OP.3.

Students will present the following items to the ACCE by the assigned date:

Documentation of vaccination against Hepatitis B, or evidence of adequate antibody titer, or have a signed statement of refusal to receive the Hepatitis B vaccine

Payment in full for liability insurance (included in UPT academic fees)

Completed Student Data Form, Pre-Clinical Self-Assessment Form, Student Learning Style Profile and Affective Skills Form.

Mantoux test for tuberculosis (2 step TB test)

Evidence of current CPR & First Aid Certification (student responsible for CPR card fee)

Criminal background check (student responsible for fee)

Act 34 and 151 clearances (student responsible for fee)

Satisfactory physician examination by personal physician

Evidence of health insurance coverage during all clinical experiences.

Medical records are kept by the student and must be made available upon request. The ACCE will review medical records for completeness, but will not maintain the records.

Students must report a pregnancy immediately upon medical confirmation. A medical authorization to continue one’s education during pregnancy must be completed by the student’s physician and submitted to the Program Director.

It is the responsibility of the ACCE to assure that all pre-clinical education requirements have been met prior to beginning the clinical education course. Students who fail to meet the pre-clinical requirements by the assigned dates will not be permitted to take further competency or written exams in the currently enrolled PTA core courses. This may lead to failure of PTA core courses.

The clinical site will inform the ACCE, in writing, if the facility has additional requirements such as drug screening, background checks and facility required clearances. Clinical facilities that have these additional requirements will be identified in the clinical site catalog in the ACCE’s office.

Revised 12/09/09, 5/11/10 Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
**STUDENT NAME: _______________________________**

The following items have been reviewed. All documents will be maintained by the PTA student and made available upon request. A “check” will indicate that each document has been received. A copy of this “checklist” will be provided to the student and the affiliating facility. A copy will also be filed in the PTA office.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>CE 1 Jun/Jul 201x</th>
<th>CE 2 Jan/Feb 201x</th>
<th>CE 3 Mar/Apr 201x</th>
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</thead>
<tbody>
<tr>
<td>Written proof of <em>Medical Insurance</em></td>
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<tr>
<td>Proof of <em>Adult CPR</em> certification</td>
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<tr>
<td>Proof of <em>Infant CPR</em> certification</td>
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<tr>
<td>Proof of <em>Child CPR</em> certification</td>
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<tr>
<td>Proof of <em>First Aid</em> certification</td>
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<tr>
<td>Proof of negative <em>PPD/TB</em> within one year</td>
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<tr>
<td>Proof of <em>Hepatitis B</em> vaccination, titer, or denial form</td>
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<tr>
<td>Proof of <em>Liability Insurance</em></td>
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<tr>
<td>Proof of <em>Blood borne Pathogens</em> orientation</td>
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<tr>
<td>Written proof of <em>MMR</em>, titer, or vaccination</td>
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<tr>
<td>Proof of <em>Tetanus</em></td>
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<tr>
<td>Proof of history of <em>Chicken Pox</em>, titer or vaccination</td>
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<tr>
<td><em>Satisfactory of Physical Exam</em></td>
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<tr>
<td>Proof of Criminal Background Check</td>
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<tr>
<td>Proof of <em>Child/Elder Abuse</em> clearance</td>
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<tr>
<td>Proof of <em>Drug Screening</em> (if required by affiliating facility)</td>
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<tr>
<td>Other (specify)</td>
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<tr>
<td>Proof of <em>HIPPA Privacy Awareness</em></td>
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<tr>
<td>Proof of <em>HIPPA Security Awareness</em></td>
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</tbody>
</table>

**It is the student’s responsibility to have proof of the above items available for the clinic to review before or on the first day of their clinical affiliation.**

Revised 06/08, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
POLICY:

For the safety of all involved parties, all PTA students are required to carry professional liability insurance. The University of Pittsburgh provides low-cost coverage for students.

PROCEDURE:

Students are informed of the liability insurance cost in recruitment materials and during PTA orientation.

Students will be billed during each term as an additional fee with their tuition.

The PTA Secretary receives confirmation of liability insurance coverage prior to the onset of clinical education. The ACCE confirms evidence of coverage in the clinical packets mailed to the clinical sites 4 weeks prior to the students’ arrival.

If a student fails to obtain liability insurance, the student will not be permitted to participate in clinical education.

(*Subject to change)

Revised 8/27/08, 9/27/09, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
CLINICAL SITE PLACEMENT
POLICY CLIN.ED.3

POLICY:
The ACCE selects the best possible placement in clinical sites to maximize the student’s learning experience. Through a working knowledge of frequently utilized clinical sites, the ACCE assigns each student to a clinical site with the goal of providing an optimal learning experience based on the student’s needs. Each site has a contractual agreement with the University of Pittsburgh.

PROCEDURE:
The ACCE will take the following factors into consideration when matching a student to a clinical site:

Student preference – students receive a list of clinical sites that have indicated a willingness to accept students and have met Program requirements. A reference file of available facilities is maintained in the ACCE’s Office. More specific information may be obtained from the ACCE. Students must complete and return a Site Request Form to the ACCE by the assigned date.

Student strengths, weaknesses, and goals as listed on the Student Self Assessment Form.

Academic Performance and needs. This is the priority for clinical placement.

Personal interests and needs.

Previous clinical experiences.

Potential conflicts of interest.

Students may not go to a clinic or its affiliate at which they have been employed.

After all preceding factors are considered, a lottery system will be used if more than one student requests the same clinical site.

If a student has a special request to affiliate at a site not currently holding a written agreement with the University, the student must meet with the ACCE to discuss the request. If the site meets the Program’s requirements, all efforts will be made to place the student at that site. There will be no changes to the clinical assignment once the clinical placement is scheduled and confirmed by the clinical site.

Students may be required to travel a distance or relocate outside of the immediate area for their clinical assignment. All expenses, including transportation and housing, are the student’s responsibility.

Students not submitting the Site Request Form by the due date to the ACCE may not take exams or competencies, and the student’s right to dispute site of placement is eliminated. All other students with a dispute regarding site of placement must submit their concerns in writing to the ACCE. Disputes will be discussed and resolved with the Program Director. The UPT Campus Dean will be consulted as needed. The student’s signature on the placement assignment form will indicate acceptance of that placement.

Students are notified of site placement no later than 4 weeks prior to clinical start date by the ACCE. No later than 1 week prior to the clinical start date, the student will receive a clinical packet including the name of the clinical contact person.

Revised 10/27/09, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
**UPT PTA PROGRAM CLINICAL SITE ACCEPTANCE FORM**

STUDENT: ________________________________

Clinical Experience 1

PLACEMENT SITE: ________________________________________________________________
ADDRESS: ________________________________________________________________

By signing this I understand that I am accepting this as my clinical placement site according to Policy CLIN.ED.3 of the Student Handbook.

ACCEPTANCE: ________________________________ DATE: ____________

Student’s Signature

Clinical Experience 2

PLACEMENT SITE: ________________________________________________________________
ADDRESS: ________________________________________________________________

By signing this I understand that I am accepting this as my clinical placement site according to Policy CLIN.ED.3 of the Student Handbook.

ACCEPTANCE: ________________________________ DATE: ____________

Student’s Signature

Clinical Experience 3

PLACEMENT SITE: ________________________________________________________________
ADDRESS: ________________________________________________________________

By signing this I understand that I am accepting this as my clinical placement site according to Policy CLIN.ED.3 of the Student Handbook.

ACCEPTANCE: ________________________________ DATE: ____________

Student’s Signature
STUDENT RESPONSIBILITIES
POLICY CLIN.ED.4

POLICY:
All students in the PTA Program at the University of Pittsburgh at Titusville will demonstrate professional behavior throughout the clinical affiliation.

PROCEDURE:
Prior to the clinical affiliation the student will:
1. Receive a packet of information including:
   a. name, address, phone number of clinic
   b. contact person
   c. assignments checklist
   d. self CPI portion to be completed (up to and including page 23)
   e. Evaluation of Clinical Site Form.
2. Make initial contact with the clinic by phone or in person at least one week prior to the start date of the affiliation.

During the clinical affiliation the student will:
1. Follow the APTA’s Guide for Professional Conduct and Code of Ethics and the practice act of the state or commonwealth in which the facility is located.
2. Follow the policies and procedures of the PTA Program.
3. Follow the policies and procedures of the facility in which the student is assigned for the clinical experience.
4. Work only under the direct supervision of a PT or PTA. If a PT is not on the premises, the student will not participate in patient intervention
5. Maintain open and honest communication with the CI and CCCE of the affiliating facility in order to optimize the learning experience.
6. Present an in-service on a subject relating to physical therapy that is mutually beneficial and agreed upon by the student and CI.

At the conclusion of the clinical affiliation the student will:
1. Submit, by mail or hand delivery, all items on the assignments checklist within 1 week of completing the clinical education course.
   a. In-service materials, including the written 3-5 page summary, handouts, and audiovisuals.
   b. Completed daily journal.
   c. Completed self-evaluation of the CPI for comparison with the formal CPI completed by the CI.
   d. Student evaluation of the clinical education experience which must be completed with the CI or CCCE and both must acknowledge review by signing the form.
2. Review and sign completed CPI and encourage CI to return to ACCE as soon as possible.
3. Write a thank-you note to the clinic.

Any failure to meet these standards will be reported to the PTA faculty by the clinical faculty. The PTA faculty will meet with both the student and clinical faculty to develop an improvement plan to address deficiencies. Failure to make corrections in behavior may result in failure of the clinical education course.

Students will not be permitted to participate in the next clinical experience or graduate until the clinical packet, CPI, and in-service form are returned to the ACCE. Students are permitted one week to return all clinical education material. Students are responsible for securing timely delivery of clinical education required material if choosing parcel postage delivery. Failure to return the clinical material to the ACCE prior to the due date will result in a 10% grade reduction per day late for that clinical experience.

Revised 4/4/06, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
STUDENT DRESS CODE

POLICY CLIN.ED.5

POLICY:
The PTA Program of the University of Pittsburgh at Titusville requires that PTA students dress appropriately in the clinic. Professional dress is an important goal for each student as first impressions are sometimes critical in the health care field.

PROCEDURE:
The student must meet the dress code of the host facility.

Additionally, PTA students must meet the following requirements of the Program:

1. Wear comfortable, quiet shoes that meet the facility’s requirements. Sandals are not appropriate in any setting.
2. The trunk must be covered at all times. No half shirts or shirts that just meet the waist of the slacks.
3. Students will wear a lab coat if requested by clinic site.
4. Slacks, which allow freedom of movement, should be worn in the clinic. Tight fitting slacks, stretch pants, and skirts are not permitted.
5. All students will wear the name tag provided by the PTA Program identifying them as a student at all times.
6. Ties may be worn only if they are required by the facility.
7. Hair must not be in the face or hanging where it might be bothersome to the patient.
8. Good hygiene is a must. Nails must be kept short and neat. Nail polish is prohibited.
9. The wearing of perfume and cologne is strictly prohibited.
10. Visible body piercing is limited to earrings. Students will comply with their assigned facility’s policy regarding the number of earrings per ear allowable. All other body jewelry must be covered or removed. Tongue jewelry is prohibited. All body art must be covered by clothing.

If a question regarding appropriate dress arises, the PTA Program Director will have final say in determining whether or not dress is appropriate for the situation. Students who fail to comply with the dress code may be asked to leave the clinical site to change their clothes. Failure to return will constitute an unexcused absence. Students who persist in violating the dress code may fail the clinical education course or be dismissed from the Program. Counseling will be offered as needed per discretion of the PTA faculty.

See also Policy STUD.1

Revised 8/16/04, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
POLICY:
Clinical attendance is mandatory for the student learning experience and efficient scheduling of clinical patients. Excused absences are limited to severe illness, death of a family member and personal emergencies. Inclement weather, employment, minor illness and lack of transportation are not considered excused absences.

PROCEDURE:
Students will be required to complete 160 hours of clinical education for CE 1, 240 hours CE 2 and 240 hours for CE 3, for a total of 640 hours.

The student will not modify the dates or the time frame of the clinical experience without prior approval of the ACCE.

The student will follow the holiday/vacation schedule of the clinical facility/instructor.

Because one major purpose of clinical education is to expose the student to realistic practice patterns, the student will follow the normal operating hours of the clinical facility, including Saturdays and evenings, if required. This should be discussed, at the latest, during the initial orientation with the CI or CCCE.

The clinical experience must supersede all personal employment situations (see ACAD.25). Missing clinical time for employment is not permissible. In the event of illness or personal emergency, the student will notify the clinical instructor and the PTA Program Office prior to the start of the workday. Failure to notify the clinic and the Program may result in failure of the clinical education course.

Students must make up all days missed. Make up time is scheduled at the discretion of the clinical facility and with approval of the ACCE. Extenuating and unusual circumstances will be reviewed by the ACCE and the decision of the course of action will be made by the ACCE and approved by the Program Director.

Failure to comply with the attendance policy may result in failure of the clinical education course.

Revised 8/16/04, 12/8/05, 10/27/09, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
CONFIDENTIALITY
POLICY CLIN.ED.7

POLICY:
The PTA Program supports and protects patient, student and facility confidentiality. The principles and procedures of confidentiality described in the PTA Student Handbook continue in the clinical setting.

PROCEDURE:
The PTA faculty will review the concepts of patient’s rights and confidentiality before Clinical Education 1 and Clinical Education 2.

Students will omit all potential or actual patient identifiers when in the classroom, in journal entries and in discussions with faculty.

Any student who has not signed the statement of confidentiality at orientation will be counseled. All students must commit to patient protection prior to beginning the clinical component of the curriculum.

Any student failing to comply with this policy on confidentiality while in the clinic may fail the clinical education course. In severe cases, the student may be discharged from the PTA Program.

See the attached “Confidentiality Statement.”

Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
CONFIDENTIALITY STATEMENT

We can best protect the patient from invasion of privacy by preventing unauthorized access to confidential health information. Information generated through contact between patients and health care providers is privileged and confidential. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to the medical record, indexes, registries, logs and computer data. In the provision of quality care, dialogues involving patient care and treatment are inherent; however discretion is very important. It is the responsibility of all staff, students and volunteers to refrain from discussing patients in inappropriate places. Patient information should not be discussed with anyone other than health care professionals involved in the care of the patient or with others with the patient’s prior authorization. The discussion should be away from public areas. Conversations regarding patients in elevators, public areas of the facility such as waiting areas, cafeteria, etc., are considered a breach of patient confidentiality. The information on a patient’s chart is confidential and cannot be disclosed without the patient’s knowledge and consent. Federal and Pennsylvania law require facilities to treat all protected health information and medical records as confidential. Only authorized personnel may have access to the records. Never divulge information about the patient to ‘outsiders’. Every precaution should be taken to protect the patient’s confidentiality no matter how official the requester might sound. When it comes to release of information, whether it be for legal purposes, insurance companies, family member etc., this should be issued only through the Medical Records Department unless otherwise outlined in the facility’s policy. All information on drug or alcohol patients, mental health patients and patients with HIV-related conditions is to be treated in the strictest confidence. There are specific federal and state laws which prohibit disclosure of any information on drug/alcohol, mental health and HIV patients. Release of this information could result in a monetary fine, criminal fine and/or penalties. The respect for confidential information is a basic consideration of the University of Pittsburgh at Titusville Physical Therapist Assistant Program ethics. The PTA Program will provide students with training in confidentiality (HIPPA) in class and/or on-line.

I understand and agree that as a student in the University of Pittsburgh at Titusville PTA Program, I am required to hold all patient health information in confidence at all times. Federal and State laws (including HIPPA) govern disclosure of information on patients. I understand that breach of confidentiality may result in dismissal from the Program as well as in criminal charges or fines and penalties.

______________________________     __________________________
Student Signature             Date

Revised 8/5/03, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
CLINICAL SITE – ACADEMIC PROGRAM COMMUNICATION

POLICY CLIN.ED.8

POLICY:
The faculty of the PTA Program pursues multiple modes of communication with the clinical site to monitor student progress, to insure integration between the academic and clinical learning experiences and to exchange views on the needs, safety, performance, etc. of all participants of the clinical experience.

PROCEDURE:
Field faculty receive multiple communications from the PTA Program including, but not limited to, request for placement forms, CSIF update reminders, continuing education pamphlets, multiple letters and the PTA quarterly newsletter.

Clinical facilities scheduled to accommodate a student are contacted by the ACCE at least twice prior to the arrival of a PTA student to assure that all parties are prepared for the educational experience.

Clinical sites are phoned in the first week of the practicum to make sure that everything is going as planned for the student and the facility. Both field faculty and students are reminded to contact the Program faculty as needed.

Site visits are conducted near the middle of the practicum. The PTA Program faculty member meets with the clinical instructor and the student individually to evaluate the progress and outcomes of the clinical education experience. If problems are identified, plans for addressing issues are made during this visit with expected outcomes clearly defined and a time-line for improvement. For those students not visited on-site due to distance issues, telephone conferences will be held.

Follow-up calls are made as determined by the ACCE and PTA Program Director following the site visit.

See the attached Clinical Affiliation Interview On-Site Visit Form. One is completed with the student and one with the field faculty.

Revised 12/08/05, 12/21/09, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
Clinical Affiliation Interview On-Site Visit

Clinical Practicum 1

STUDENT: __________________________  DATE: __________________________

FACILITY: __________________________  TYPE OF PRACTICE: ________________

CLINICAL INSTRUCTOR(S): ________________________________________________

STUDENT SCHEDULE: ________________________________________________________

DAYS ABSENT: _____  DAYS MADE UP: ______

Grade on a scale of 0 to 5 with 0 being never and 5 being always.

Professional Behaviors (Core Values)

**Accountability**
- _____ Seeking and responding to feedback from multiple sources
- _____ Acknowledging and accepting consequences of his/her actions
- _____ Participating in the achievement of health goals of patients/clients and society

**Altruism**
- _____ Placing a patient/client’s needs above the clinician’s

**Compassion/Caring**
- _____ Understanding the socio-cultural, psychological and economic influences on the individuals’ life in their environment
- _____ Understanding an individual’s perspective
- _____ Attending to the patient’s/client’s personal needs and comforts
- _____ Demonstrating respect for others and considers others as unique and of value
- _____ Communicating effectively, both verbally and non-verbally, with others taking into consideration individual differences in learning styles, language and cognitive abilities

**Excellence**
- _____ Engaging in acquisition of new knowledge
- _____ Internalizing the importance of using multiple sources of evidence to support professional practice and decisions
- _____ Participating in integrative and collaborative practice to promote high quality health and educational outcomes
- _____ Conveying intellectual humility in professional and interpersonal situations

**Integrity**
- _____ Being trustworthy
- _____ Knowing one’s limitations and acting accordingly
**Professional Duty**

- Facilitating each individual’s achievement of goals for function, health and wellness

**Social Responsibility**

- Promoting cultural competence within the profession and the larger public
- Participating in achievement of societal health goals

**SAFETY:**

- Attitude/Behavior reflect that patient safety is #1
- Responds to changes in patient’s status
- Uses proper body mechanics
- Observes safety regulations

**LEGAL/ETHICAL:**

- Adheres to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activity
- Abides by the rules, regulations and laws applicable to the profession

**INTERVENTIONS:**

### Modalities:
- MH
- WP
- traction
- compression
- EMR
- Radiation
- CP
- Ionto
- Phono
- biofeedback
- wrapping/taping
- US
- CPM
- e-stim
- paraffin
- tilt table

### Therapeutic Exercises:

- PROM
- aerobic conditioning
- breathing exercises/coughing
- massage
- posture/body mechanics
- sensory/perceptual training
- PRES
- stretching
- neuromuscular re-education
- aquatics
- AROM
- balance/coordination
- gym equip
- capsular stretching/soft tissue mobilization activities

### Functional Training:

- ADLS
- gait training
- bed mobility training
- W/C training
- a.d.
- transfer training
- orthotics/prosthetics

### Wound Care:

- dressings
- debridement
DATA COLLECTION:

____ADLS    ____sensation    ____posture/body mechanics    ____flexibility
____MMT     ____skin         ____orthotic/prosthetic        ____anthropometric
____pain    ____vitals       ____neuromuscular development ____balance
____goni    ____cognition    ____environmental barriers

____aerobic capacity/endurance

Student strengths:

Areas for improvement:

What materials do you need prior to the students arrival & when do you need them?

Faculty Signature: ______________________________

Date: ______________________________

Is there anything that we can do to help you develop your skills as a CI?

Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
Clinical Affiliation Interview On-Site Visit
Clinical Practicum 2 and 3

STUDENT: __________________________ DATE: __________________________
FACILITY: __________________________ TYPE OF PRACTICE: __________________________
CLINICAL INSTRUCTOR(S): __________________________
STUDENT SCHEDULE: __________________________
DAYS ABSENT: ____ DAYS MADE UP: _______

Grade on a scale of 0 to 5 with 0 being never and 5 being always.

Accountability
____ Communicating accurately to others (payers, patients/clients, other health care providers) above professional actions
____ Assuming responsibility for learning and change
____ Seeking continuous improvement in quality of care

Altruism
____ Completing patient/client care and professional responsibility prior to personal needs

Compassion/Caring
____ Being an advocate for patient’s/client’s needs
____ Empowering patients/clients to achieve the highest level of function possible and to exercise self-determination in their care
____ Focusing on achieving the greatest well-being and the highest potential for a patient/client
____ Recognizing and refraining from acting on one’s social, cultural, gender and sexual biases
____ Embracing the patient’s/client’s emotional and psychological aspects of care

Excellence
____ Using evidence consistently to support professional decisions
____ Demonstrating tolerance for ambiguity
____ Pursuing new evidence to expand knowledge
____ Sharing one’s knowledge with others

Integrity
____ Articulating and internalizing stated ideals and professional values
____ Resolving dilemmas with respect to a consistent set of core values

Professional Duty
____ Demonstrating beneficence by providing “optimal care”

Social Responsibility
____ Advocating for the health and wellness needs of society including access to health care and physical therapy services
Understanding of current community wide, nationwide and worldwide issues and how they impact society’s health and well-being and the delivery of physical therapy

SAFETY:
_____ Attitude/Behavior reflect that patient safety is #1
_____ Responds to changes in patient’s status
_____ Uses proper body mechanics
_____ Observes safety regulations

LEGAL/ETHICAL:
_____ Adheres to code of ethics, standards of practice, and policies/procedures that govern the conduct of professional activity
_____ Abides by the rules, regulations and laws applicable to the profession

INTERVENTIONS:

Modalities:
_____ MH  _____ WP  _____ traction  _____ compression  _____ EMR  _____ Radiation
_____ CP  _____ Ionto  _____ Phono  _____ biofeedback  _____ wrapping/taping
_____ US  _____ CPM  _____ e-stim  _____ paraffin  _____ tilt table

Therapeutic Exercises:
_____ PROM  _____ aerobic conditioning  _____ breathing exercises/coughing
_____ massage  _____ posture/body mechanics  _____ sensory/perceptual training
_____ RES  _____ stretching  _____ neuromuscular re-education
_____ aquatics  _____ AROM  _____ balance/coordination
_____ gym equip  _____ capsular stretching/soft tissue mobilization activities

Functional Training:
_____ ADLS  _____ gait training  _____ bed mobility training  _____ W/C training
_____ a.d.  _____ transfer training  _____ orthotics/prosthetics

Wound Care:
_____ dressings  _____ debridement

DATA COLLECTION:
_____ ADLS  _____ sensation  _____ posture/body mechanics  _____ flexibility
_____ MMT  _____ skin  _____ orthotic/prosthetic  _____ anthropometric
_____ pain  _____ vitals  _____ neuromuscular development  _____ balance
Student strengths:

Areas for improvement:

What materials do you need prior to the students arrival & when do you need them?

Faculty Signature: ______________________________

Date: ______________________________

Is there anything that we can do to help you develop your skills as a CI?

Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
CLINICAL EXPERIENCE PROBLEM RESOLUTION

POLICY CLIN.ED. 9

POLICY:
The PTA Program faculty will be supportive of the students and field faculty by assisting in clinical experience problem resolution utilizing the following process designed to facilitate communication among all parties involved.

PROCEDURE:
Should a problem arise during clinical integration, the following steps toward resolution will be followed:

When a problem is identified, it will be discussed with the people involved at the earliest opportunity, but never in the presence of a patient or uninvolved personnel. Either the Clinical Instructor (CI) or the student can initiate the process, which includes identifying and defining the problem, listing potential solutions, selecting a solution, implementing the solution and evaluating outcomes. The student will be included in the problem solving process to improve his/her skills in this area.

The content of the session will be documented and the signatures of the CI and student will be attained if warranted. Students are encouraged to document such discussions in their journal.

If either individual feels other intervention is needed, the Center Coordinator of Clinical Education (CCCE) will become involved.

If the problem still cannot be resolved, the CCCE will contact the Academic Coordinator of Clinical Education (ACCE). All interactions will be documented by the ACCE.

The ACCE will keep the Program Director appraised of any problems occurring in the clinic. The ACCE is responsible for problem resolution.

In the event that the problem cannot be solved and it is interfering with the student’s progress in the clinical education portion of the curriculum, the CCCE may request that the student be removed. Likewise, the Program Director may remove the student from the affiliation. The nature of the problem will guide the appropriate course of action.

Revised 8/21/2002, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
POLICY:
Clinical competency is a requirement in the Physical Therapist Assistant Program. A student with a clinical deficiency is at risk of failing the clinical experience. A deficiency may be in the area(s), but not limited to: clinical skills, poor safety awareness/practice, unethical or unprofessional behavior, HIPAA confidentiality breech or excessive number of tardiness/absences (See Policy Acad.3). Unethical behavior is defined as failure to abide by the APTA’s Guide for Professional Conduct, Code of Ethics, the rules and regulations of the Physical Therapist Assistant Program and the clinical facility. Professional behavior is defined by the Core Values.

PROCEDURE:
The Clinical Instructor will take the following steps:

Discuss the concern with the student at the earliest opportunity and follow-up in a formal session to clarify concerns and counsel the student in ways to correct the deficiency. The CI will document the content of the deficiency, discussion with the student and improvement plan. Both the CI and student will commit to the improvement plan by signature.

The CI must contact the Academic Coordinator of Clinical Education (ACCE) to discuss the CI’s perception of the student’s performance issues.

The CI will document specific incidents of behavior by the student leading to the CI’s concern and problem identification. This documentation must be submitted to the ACCE and include date, statement of problem, action taken to date, plan of action for remediation and outcome.

The ACCE is ultimately responsible to assure that identified deficiencies are resolved and that the PTA Program’s standards have been met by the end of the clinical affiliation. Failure to meet the clinical education outcomes and PTA Program standards may result in an extended clinical education affiliation or failure of the course. The ACCE will discuss any remaining issues with the Program Director and an appropriate plan of action will be taken.

Revised 8/12/02, 4/04/06, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
EVALUATIONS OF STUDENTS

POLICY CLIN.ED.11

POLICY:
Ongoing feedback of the student’s performance during clinical education is required for optimal learning. The PTA Program requires formal evaluation with documentation at the conclusion of Clinical Education 1 and at midterm and final for Clinical Education 2 and 3.

PROCEDURE:
The Clinical Instructor’s evaluation responsibilities include:

Ongoing, informal evaluations/feedback done on a daily basis.

Formal evaluation of the student utilizing the Clinical Performance Instrument (CPI) at least once (final) during Clinical Education 1 and twice (midterm and final) during Clinical Education 2 and 3.

Review of the CPI with the student and acknowledgement of review with signature.

Completion and signature of the in-service evaluation form.

Return of the CPI and in-service form to the PTA Program at the conclusion of the clinical experience.

Revised 8/21/2002, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
GRADING

POLICY CLIN.ED.12

POLICY:

The University of Pittsburgh at Titusville PTA Program utilizes the APTA’s 20 criterion written Clinical Performance Instrument (CPI) to assist in fair grading of the clinical component of the curriculum. The clinical education course grades, utilizing the 20 criterion CPI, is based upon the student’s progressive attainment of performance standards from the initial Clinical Education 1 to Clinical Education 2 to the final Clinical Education 3 as described on the CPI.

PROCEDURE:

The Clinical Instructor (CI) and the ACCE uses the following visual analog scale to objectify the CPI data:

```
|   |   |   |   |   |
1   2   3   4   5
```

GRADING SCALE: (Minimum Performance Standard)

Performance Standard 1: Beginning Performance
Performance Standard 2: Advanced Beginner Performance
Performance Standard 3: Intermediate Performance
Performance Standard 4: Advanced Intermediate Performance
Performance Standard 5: Entry-Level Performance

Descriptions and examples of each CPI criterion are listed on the APTA’s 20 criterion hand written CPI.

The tables on the following pages identify the minimum performance standards for each CPI criteria at mid-term and final. Students with identified deficiencies on the CPI at the midterm evaluation of Clinical Education 2 and 3 will receive consultation and advisement from the Clinical Instructor and ACCE in order to improve the standard of performance to pass the required minimum performance standard at the final evaluation.

Successful completion of the Clinical Education experience requires that the student be at a minimum performance standard of 3 (Intermediate Performance) by the completion of Clinical Education 1, a minimum performance standard of 4 (Advanced Intermediate Performance) by the completion of Clinical Education 2 and a minimum performance standard of 5 (Entry Level Performance) by the completion of Clinical Education 3. Exceptions to these minimum levels are Criteria # 1, 2, 3, 4, 5, and 8 at the completion of Clinical Education 1 and Criteria # 1, 2, 3, 4, and 5 at the completion of Clinical Education 2 which require a higher minimum performance standard as outlined in the charts below. Refer to Appendix A & B of the APTA’s A Normative Model of Physical Therapist Assistant Education, Version 2006, which defines Entry-level data collection skills and technical skills respectively. It must be emphasized that a (5) is entry level as defined by the Normative Model and should not be compared to an experienced PTA.
Clinical Instructors are requested to provide further information in the comment section which supports the given score, to offer ongoing feedback to the student, and are instructed that the evaluation of student performance should be based on repeated performance, not isolated incidents.

The final grade earned for each clinical experience is based on the evaluation provided by the Clinical Instructor and completion of in-service and special projects as assigned by the ACCE. Strong consideration is given to the comment sections of each of the evaluation tool, the communications between the clinical faculty and the ACCE and information gathered during site visitation. The final grade depends on these factors and the outcome of the Physical Therapist Assistant Student Performance Evaluation competency ratings assigned by the Clinical Instructor. A Satisfactory (S) grade is also based upon satisfactory completion of special projects. No grade will be assigned until ALL portions of the clinical experience are completed. Failure to complete this assignment by the designated due date will result in an Unsatisfactory (U) grade.

Students who demonstrate poor safety awareness/practice**, unethical behavior/practice **, illegal behavior/practice **, or excessive number of absences may be subject to remedial experience in the clinic and/or an Unsatisfactory (U) grade regardless of the grade in other areas of the evaluation (** see chart below). Unethical behavior is defined as failure to abide by the APTA’s Guide for Professional Conduct and the Code of Ethics and the rules and regulations of the Physical Therapist Assistant Program and the clinical facility.

In the event of failing a clinical experience, the student will complete an additional full-time or part-time clinical experience at the discretion of the ACCE and Program Director. A student failing to meet clinical competency on a remedial clinical experience will be subject to dismissal from the Program. Upon achieving competency in lengthened or repeated clinical experience component, arrangements will be made for the student to re-enter the curriculum.

The Program Director and ACCE are responsible for assigning the final grade for the clinical experience.

Revised 4/4/06, Reviewed 12/11/11, Reviewed 12/31/12, Revised 1/6/13, Reviewed 12/30/13, 12/16/14, 12/28/15
## CLINICAL EDUCATION 1

<table>
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<tr>
<th>CRITERIA</th>
<th>Minimum Performance Standard</th>
<th>Minimum Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
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<tr>
<td><strong>Responsible Behavior</strong></td>
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<td>4</td>
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<tr>
<td><strong>Respectful Behavior</strong></td>
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<td>5</td>
</tr>
<tr>
<td><strong>Ethical Practice</strong></td>
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</tr>
<tr>
<td><strong>Legal Practice</strong></td>
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</tr>
<tr>
<td><strong>Communication</strong></td>
<td>N/A</td>
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<tr>
<td><strong>Documentation</strong></td>
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<tr>
<td><strong>Individual/Cultural Differences</strong></td>
<td>N/A</td>
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<tr>
<td><strong>Clinical Problem Solving &amp; Judgments</strong></td>
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<td>3</td>
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<tr>
<td><strong>Data Collection</strong></td>
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<td><strong>Plan of Care</strong></td>
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<td><strong>Patient Interventions</strong></td>
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<td><strong>Education</strong></td>
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<td><strong>Fiscal Management</strong></td>
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<td><strong>Support Personnel</strong></td>
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<td><strong>Career Development/Lifelong Learning</strong></td>
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<tr>
<td><strong>Wellness and Health Promotion</strong></td>
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*If the student does not have enough experiences during this clinical affiliation to score, please mark as N/A (not applicable).

** Critical safety, behavior, ethical, and practice elements.

**GRADES ARE BASED ON THE FINAL EVALUATION AND SATISFACTORY COMPLETION OF ALL ASSIGNMENTS.**
## CLINICAL EDUCATION 2

<table>
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<th>CRITERIA</th>
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<td>MID-TERM</td>
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<td>1. Safety **</td>
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<td>5</td>
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<td>2. Responsible Behavior **</td>
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<td>5</td>
</tr>
<tr>
<td>3. Respectful Behavior **</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Ethical Practice **</td>
<td>4</td>
<td>5</td>
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<tr>
<td>5. Legal Practice **</td>
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<td>6. Communication</td>
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<td>7. Documentation</td>
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<td>8. Individual/Cultural Differences</td>
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<td>9. Clinical Problem Solving &amp; Judgments</td>
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<td>10. Data Collection</td>
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<td>11. Plan of Care</td>
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<tr>
<td>12. Patient Interventions</td>
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<td>4</td>
</tr>
<tr>
<td>13. Education</td>
<td>3</td>
<td>4</td>
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<td>20. Wellness and Health Promotion*</td>
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*If the student does not have enough experiences during this clinical affiliation to score, please mark as N/A (not applicable).

** Critical safety, behavior, ethical, and practice elements.

*GRADES ARE BASED ON THE FINAL EVALUATION AND SATISFACTORY COMPLETION OF ALL ASSIGNMENTS.*
# CLINICAL EDUCATION 3

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<tr>
<th>CRITERIA</th>
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<td>1. Safety **</td>
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<td>7. Documentation</td>
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<td>8. Individual/Cultural Differences</td>
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<td>9. Clinical Problem Solving &amp; Judgments</td>
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<td>11. Plan of Care</td>
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<td>13. Education</td>
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*If the student does not have enough experiences during this clinical affiliation to score, please mark as N/A (not applicable).

** Critical safety, behavior, ethical, and practice elements.

*Grades are based on the final evaluation and satisfactory completion of all assignments.*
REPEATING A CLINICAL ROTATION

POLICY CLIN.ED.13

POLICY:
The PTA Program faculty recognize that there are many factors that may lead to failure of a clinical experience and chooses to grant students a second chance when warranted.

PROCEDURE:
If a student does not successfully complete a clinical rotation, the following requirements must be met for the student to continue in the University of Pittsburgh at Titusville’s Physical Therapist Assistant Program.

Remediation – The student must meet all standards of remediation set by the Program Director.

This could range from successful completion of all content areas to only those areas deemed necessary by the Program Director. Remediation requirements are based on the clinical evaluation from the clinical instructor, student input and ACCE observations and analysis.

Remediation could result in the extension of the student’s current clinical rotation or repeating the entire clinical education experience in order to successfully complete all content areas to a level of performance as per clinical grading POLICY CLIN.ED.12

Repeating the Clinical Rotation – The student must successfully complete 160 hours of clinical rotation for Clinical Education 1 or 240 hours of clinical rotation for Clinical Education 2 or Clinical Education 3.

Upon completion of the preceding requirements, a grade will be awarded to the student that is 10 percentage points below the grade received by the clinical instructor for the retake of the clinical experience. This grade must be at least at the 75th percent level of proficiency to pass the clinical.

Revised 06/30/10, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
NEW CLINICAL SITE DEVELOPMENT
POLICY CLIN.ADM.1

POLICY:
Clinical sites are extremely valuable resources because they are the foundation of the clinical education component of the Program. The criteria for the development of new clinical education sites is based up the “Guidelines for Clinical Education Sites” from the Clinical Education Guidelines and Self-Assessments and the “Assessment of a Physical Therapy Clinical Education Center” published by the APTA.

PROCEDURE:
The PTA Program utilizes the following process in the development of a new clinical site:

After receiving a request for a clinical site from a student, the student and ACCE work together to obtain phone numbers and a contact person for that particular site or area in which the student would like to affiliate. Program Facility reserves the right to refuse a request if circumstances warrant.

The ACCE places an initial phone call to the site and screens the site using the Clinical Site Development Questionnaire established by the APTA.

If the site appears to meet the Program’s criteria as described in the documents listed above, a completed Clinical Site Information Form (CSIF) is requested.

At the same time, negotiations begin to obtain a signed clinical agreement between the Program and the affiliation site.

The CSIF is reviewed for the following items:

Clinical site accreditation/ownership

Staffing

Available learning experiences

Clinical instructor experience and appropriateness

If all Program criteria are met, the site is added to the reference file of clinical sites located in the ACCE’s office and students may be placed at that site.

Utilization of the site will be monitored per the Program’s quality improvement plan.

It is the policy of The University of Pittsburgh at Titusville’s PTA Program, as per American Physical Therapy Association (APTA) recommendations, that clinical site agreements will not be established with Physician Owned Physical Therapy Services (POPTS). Student requests for new clinical site agreements with such entities will be denied.

Revised 12/08/05, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
POLICY:
Written agreements between the University of Pittsburgh at Titusville PTA Program and the clinical facility exist for the provision of off-campus clinical experiences.

PROCEDURE:
Affiliation sites have the option of signing the University of Pittsburgh at Titusville’s Physical Therapist Assistant Program’s written agreement drafted by the University’s Office of General Council or submitting their own agreement to the PTA Program ACCE who forwards it to the Office of General Council for approval. The ACCE verifies that all Program and CAPTE requirements are maintained when the written agreement is generated by the clinical facility. Any contracts that do not meet CAPTE or the Program’s criteria are brought to the attention of the Program Director. The agreements, which delineate both facilities responsibilities, are kept in locked files in the PTA Program Office and are maintained by the following procedures:

The ACCE verifies there is an agreement on record for the clinical site prior to placement of a student.

Upon placement of the student, the clinical site is asked to review the Affiliation Agreement and to contact the Program immediately if there need to be any changes.

The clinical site files are categorized into four divisions: “Current” for those currently being utilized, “Active” for facilities used within the last two years, “Dormant” for sites used more than 2 years ago, “Suspended” for sites that are no longer utilized. Only the “Current” clinical files must have an updated agreement.

As clinical sites are moved from the “Active” or “Dormant” status to “Current”, the written agreement is brought up to date and the site is re-evaluated by the ACCE to make sure that it still meets the Program’s criteria.

The content of the written clinical agreement is reviewed at least annually by the ACCE and Program Director as part of the quality improvement plan. A check off list of current and active clinical sites will be utilized to assure annual review of clinical site agreements. Any adjustments to the contract must be approved by University of Pittsburgh General Counsel prior to implementation.

Revised 11/5/02, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
POLICY:
An important part of the quality improvement plan at UPT’s PTA Program is the evaluation of clinical sites and field instructors after each clinical experience. Evaluation procedures are based on material from the APTA including Clinical Education Guidelines and Self-Assessments.

PROCEDURE:
Clinical instructors and clinical sites are evaluated on an ongoing basis using the following data:
- Evaluations of students conducted at midterm and final.
- Evaluations of clinical instructors conducted at the completion of the affiliation.
- Evaluations of the facility conducted by the student at the conclusion of the affiliation.
- Information obtained by the on-site visits during middle of the affiliation.
- Communications between the Program and the clinical site.

Clinical Debriefing Form

APTA’s PTA Student Evaluation: Clinical Experience & Clinical Instruction

The data sources above are evaluated to assure that the students:
- Receive appropriate supervision during the clinical experiences.
- Have the variety of experiences necessary to meet the Program’s goals and objectives for clinical education and to achieve the expected complexity of clinical problem solving.
- Have opportunities for direct patient care and teaching.
- Have opportunities to observe and participate in other aspects of clinical practice such as billing, quality assurance, interaction with other disciplines, etc.
- Develop clinical competency in performing data collection and interventions per the plan of care.

Pertinent information that is assessed for assuring that the field faculty is an appropriate choice for a PTA instructor and is a good role model includes, but is not limited to:
- Professionalism
- Clinical competence
- Effective communication
- Interpersonal skills
- Instructional skills
- Supervisory skills
- Safety

The Program Director and the ACCE will review the above information as part of the Program’s quality improvement program. Clinical sites and instructors that provide appropriate learning environments will be continued. The PTA Program faculty will work with field faculty and/or clinical sites that are found to have deficiencies until the clinic/instructor meets Program standards. Development activities for clinical faculty may also include training to meet updates in the clinical education component for the Program as they develop.

If deficiencies cannot be resolved, the affiliation agreement will be terminated.

Revised 7/12/04, Reviewed 12/11/11. 12/31/12, 12/30/13, 12/16/14, 12/28/15
CLINICAL FACULTY

POLICY CLIN.ADM.4

POLICY:
Field Faculty are those faculty that provide clinical instruction during the clinical component of the PTA Program.

PROCEDURE:
The ACCE is responsible for reviewing the qualifications of the clinical faculty through review of the CSIF, phone interview and interview with the CCCE and/or on-site interview to assure that the clinical faculty are competent and prepared to assume clinical teaching responsibilities.

The ACCE is responsible for monitoring the activities of the clinical faculty while the student is in the clinical education experience and to provide assistance as needed to the clinical faculty.

The ACCE is responsible for ongoing review of the clinical faculty when they are teaching the PTA students. Additionally, the ACCE reviews the performance of the clinical faculty upon completion of the clinical experience. Faculty that is found to have deficits, are counseled by the ACCE and/or CCCE.

The relationship of field faculty members to the University is documented in the Faculty Handbook. Essential information is found in the Faculty Handbook of the University of Pittsburgh at http://www.provost.pitt.edu/handbook/handbook.html

Rights, privileges and responsibilities of the faculty are detailed in the University Policy and Procedure Manuals. Clinical faculty have access to the PTA faculty for mentoring and in-services, and are eligible to serve on the UPT PTA Advisory and Clinical Advisory Committees.

Clinical faculty is encouraged to become certified clinical instructors through the APTA. Periodically, the University provides scholarships for the APTA Clinical Instructor Credentialing Program.

Revised 6/30/11, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
ASSESSMENT OF SKILLS TAUGHT IN THE CLINIC

POLICY CLIN.ADM.5

POLICY:
It is the policy of the University of Pittsburgh at Titusville PTA Program that all techniques the students learn will be assessed through competency testing prior to application on patients. For those skills and techniques that are learned in the clinic and not in the classroom, it falls upon the clinical instructor to insure student competency in these areas. Skills must not be beyond entry-level expectations as defined by CAPTE or beyond the scope of practice for a PTA.

PROCEDURE:
After instruction in a clinical skill that was not part of the student’s didactic training, the clinical instructor will be sure to assess the student’s competency prior to permitting the student to perform the intervention or skill on the patient. The clinical instructor should document in the student’s mid-term or final evaluation competency and skills learned in the clinic.

Revised 12/08/05, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
STUDENT POLICIES AND PROCEDURES

STUD.1 Student Dress Code
STUD.2 PTA Student Organization
STUD.3 Emergency Information
STUD.4 Professional Demeanor
STUD.5 Substance Abuse
STUD.6 Job Placement
STUD.7 Body Piercing & Body Art
STUDENT DRESS CODE

POLICY STUD.1

POLICY:
It is the policy of the PTA Program of the University of Pittsburgh at Titusville to assure that PTA students are dressed appropriately in the lecture room, laboratory and the clinic. Professional dress is an important goal for each student as first impressions are sometimes critical in the health care field and appropriate professional attire is required.

PROCEDURE:

Lecture Room

Students may dress in a semi-casual manner for lectures that are being given on campus. Students are not permitted to wear torn or tattered clothing, T-shirts with vulgarities or advertising of controlled substances, etc., short shorts, or mid-drift shirts in the lecture room. Students are encouraged to maintain proper hygiene.

Laboratory

Students will dress as instructed by the laboratory instructor for lab session. Due to the nature of the material being taught, it is not uncommon to require bathing suits, shorts, or halter-tops for laboratory sessions. Hospital gowns are available for draping. Normal laboratory attire is shorts, T-shirt, socks, and athletic shoes. Students will wear clinic attire for some competency examinations as determined by the PTA Program Director.

Clinic

Students will follow the dress code of the clinic in which they are participating for clinical education. In general, appropriate attire in the clinic will include comfortable, quiet shoes. Tennis shoes may be worn as long as they are completely white and clean. Slacks that allow freedom of movement should be worn in the clinic. Skirts and ties are not permitted in the clinic unless required by the facility. Students will wear their name badge identifying them as a student in the clinic. It is recommended that hair not be in the face or hanging where it might be bothersome to the patient. Good hygiene is a must for in the clinic. Nails should be kept short, neat and free of polish. The wearing of perfume and cologne is strictly prohibited. Tattoos must be covered. Body piercing is limited to earrings only (see policy STUD.7).

Off-Campus Activities

The PTA faculty will advise students of appropriate dress according to the activity being attended. Generally this will be the UPT PTA shirt and khaki-colored pants (not jeans).

If a question regarding appropriate dress arises, the PTA Program Director will have final say in determining whether or not dress is appropriate for the situation. Students who fail to comply with the dress code may be asked to leave the lecture, lab or clinic to change their clothes. Failure to return will constitute an unexcused absence. Repeated failure to follow the clinic or university dress code will result in verbal warning, written warning and finally dismissal from the program. Counseling will be offered as needed per discretion of the PTA faculty.

See also Policy CLIN.ED.5

Revised 12/08/06, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
PTA STUDENT ORGANIZATION

POLICY STUD.2

POLICY:
In order to advance the professional development of its students, the Physical Therapist Assistant Program at the University of Pittsburgh at Titusville strongly encourages membership in the American Physical Therapy Association and the Student Physical Therapist Assistant Club on campus.

PROCEDURE:
Students are provided with applications to the American Physical Therapy Association in the first semester of the Program. They are educated as to the benefits of the APTA as well as their responsibilities as affiliate members. While membership is voluntary, it is strongly encouraged by the PTA faculty.

The students in the PTA Program are automatically members of the Student Physical Therapist Assistant Club on campus. This is organized under the Student Affairs Office. It is considered a club on the campus and follows the guidelines as mandated by the Student Government Association in the Student Affairs Office.

The SPTA elects their own officers and has by-laws. These are available from the Student Affairs Office. Their purpose is to develop professional skills and to provide service to UPT and the Titusville area. The SPTA will meet at least monthly to organize events.

The PTA faculty serves as advisors to the club and assists in guiding the activities of the club. At least one advisor must be present during a SPTA activity. All funds raised and spent by the organization must be cleared through the PTA Program Director. The PTA Program Director has final say so in all activities of the SPTA.

A component of the SPTA Club is fund raising for many components of the program including; outside the classroom educational activities, SPTA Club lunch meetings, partial funding of PTA student clinical shirts and attendance at the PPTA Annual Conference. All students are encouraged to join the SPTA Club and participate in fund raising activities. Students choosing not to join/participate will be required to personally fund some of these activities. Fund raising activities must be approved by the UPT Student Affairs Office before implementing the activity.

Elected officers will resign from their position if academic circumstances warrant (i.e. probation)

See policy ACAD.24

Revised 12/08/05, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
EMERGENCY INFORMATION

POLICY STUD.3

POLICY:
The PTA Program will maintain accurate records regarding emergency information for the safety of the students.

PROCEDURE:
All students must complete an emergency information form at orientation. The faculty is responsible to collect changes in emergency information at the beginning of each term.

The Program Secretary will update the Emergency Information in the PTA database.

No medical records will be kept for the student in the PTA Program office. All medical records must be submitted to the University nurse.

Revised 3/17/04, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
PROFESSIONAL DEMEANOR

POLICY STUD.4

POLICY:
The students in the PTA Program not only represent themselves, but also the Program, University and the profession. As such, the students will demonstrate professional attitudes and behaviors at all times including while in the classroom, laboratory, clinic and off-campus educational events.

PROCEDURE:
The student will:

Be attentive in class
Be punctual
Wear appropriate attire
Demonstrate initiative, enthusiasm, and professional curiosity
Accept criticism and respond in a manner which reflects an understanding of constructive criticism
Demonstrate active listening that shows that the student is receptive to learning
Accept responsibility for learning
Participate in class
Show respect for others
Express a positive attitude which reflects cooperation
Willingly accommodate to changing situations
Demonstrate an awareness of own strengths and weaknesses and actively seek to improve self
Observe health and safety regulations
Adhere to the policies and procedures described in the UPT Student Handbook and the PTA Student Handbook
Not utilized electronic devices during lectures, labs, clinical experiences or outside the classroom educational events

Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 9/9/15
SUBSTANCE ABUSE
POLICY STUD.5

POLICY:
To protect the safety of the students, faculty, staff and patients, drug and/or alcohol abuse will not be permitted among PTA students.

PROCEDURE:
Students in the Physical Therapist Assistant Program at the University of Pittsburgh at Titusville who are suspected of drug and/or alcohol abuse will be promptly referred to the student counselor via the Early Alert Program. This program allows the faculty to refer students who they feel may possibly be having a drug and alcohol problem so that they can get the necessary counseling.

Students who are found to have a drug and/or alcohol problem are then referred to the Crawford County Drug and Alcohol Program.

In the event that a student has a drug and/or alcohol problem, the student will be required to take a medical leave of absence until they have received sufficient counseling and feel capable of returning to the rigors of the PTA Program.

Any student demonstrating indications of causing or receiving abusive treatment will be referred to the Counseling and Development Office immediately where a plan of action will be developed.

Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
JOB PLACEMENT

POLICY STUD.6

POLICY:
The University of Pittsburgh at Titusville does not have a job placement center. However, there are many programs that physical therapist assistant students may take advantage of in the area of job placement.

PROCEDURE:
Students should check the following information when looking for a job:

The job posting bulletin board is located outside the PTA Program Office. As job postings are forwarded to the PTA Program Office, they are promptly posted on this board.

The Office of Student Development has credential packets. Students are encouraged to complete these because that office will match students to potential jobs.

Job Fairs are available at the Oakland Campus and other colleges in the region.

Students are encouraged to utilize available resources through the APTA and the Internet regarding job availability. This includes PT Bulletin, Advance for Physical Therapy, and other periodicals. It also includes the APTA website, www.apta.org.

Students receive instruction in resume writing and interviewing during PTA Principles and Procedures 3.

The Program Director and the Director of Student Development will work cooperatively to promote these programs as well as develop other programs as the need arises.

Revised 5/17/02, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
BODY PIERCING & BODY ART

POLICY STUD.7

POLICY:
The purpose of this policy is to assist the physical therapist assistant student in the development of appropriate and acceptable professional appearance in the medical community.

While the faculty of the PTA program recognize the student’s right to express his/her individuality, it also recognizes that body piercing and body art are not accepted professional presentation in the medical environment. To prepare students for entry into the medical community, the following rules must be observed.

PURPOSE:
In the PTA classroom and lab, educational outings, and clinic, visible body piercing is limited to earrings only. All other body piercing must not be visible, including tongue piercing.

Additionally, all body art is not to be visible in lecture, off-campus educational events, or in the clinic. Students will make every effort to minimize the visibility of body art in the PTA lab.

Students who do not comply with this policy will be subject to disciplinary action, which may include failure of the PTA core course or dismissal from the PTA Program.

Revised 8/16/03, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
OPERATIONAL POLICIES AND PROCEDURES

OP.1 Infection Control
OP.2 Equipment Safety and Use
OP.3 Safety
OP.4 Office Hours
INFECTION CONTROL

POLICY OP.1

POLICY:
The PTA Program students and faculty will teach and adhere to the regulations regarding universal precautions and infection control.

PROCEDURE:
Students will be instructed in universal precautions through the University’s annual training program and as part of the PTA curriculum. Further instruction may be offered during the clinical affiliation.

The clinical laboratory will be kept in a neat and orderly fashion. The table tops and equipment will be cleansed with an anti-bacterial on a daily basis. Universal precautions as mandated by the University will be strictly adhered to in the clinical laboratory.

Please see attached University-wide policies and procedures also found at

http://www.bc.pitt.edu/policies/index.html#hea1

Policy on Blood borne Pathogens:  http://www.bc.pitt.edu/policies/policy/06/06-01-03.html

Exposure Control Plan:  http://www.bc.pitt.edu/policies/policy/06/06-01-03.html

Revised 2/21/11, Reviewed 12/11/11, 12/31/12, Revised 12/30/13, 12/16/14, 12/28/15
POLICY ON BLOODBORNE PATHOGENS

UNIVERSITY OF PITTSBURGH POLICY 06-01-03

CATEGORY: HEALTH AND SAFETY

SECTION: Health

SUBJECT: Blood borne Pathogens

EFFECTIVE DATE: January 31, 1995

PAGE(S): 2

It is the policy of the University of Pittsburgh to limit or prevent occupational or student exposure to blood and other potentially infectious materials (as defined below) and to provide certain treatment following any such exposure. This document serves to clarify the University program for education, prevention, post-exposure medical treatment and follow-up provided for employees and students who have been exposed to blood borne pathogens as a part of workplace or other programmed activity.

I. DEFINITIONS

Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of employees' duties or students' programmed activities.

Other Potentially Infectious Materials means:

the following human body fluids:

- semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

- any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and

blood, organs, or other tissues from experimental animals infected with HIV or HBV.

II. POLICY IMPLEMENTATION

The University shall provide education and prophylactic guidelines to employees and students who may be exposed to blood borne pathogens. This action shall be described in detail in the University’s Blood borne Pathogens Exposure Control Plan (ECP).

University employees and students shall have access to treatment and follow-up of exposure to blood borne pathogens. Employee treatment is specified by the OSHA standard 29 CFR 1910.1030 (f) (3), Workers' Compensation and the University Exposure Control Plan. Treatment costs will be subject to payment under the
University's Workers' Compensation policy and procedures.

Students who are not employees are not covered by OSHA standards or Workers' Compensation, but will have access to appropriate evaluation and treatment of exposures through referral centers identified below and at the student's or student's health insurer's expense. Students who enroll in a University programmed activity where exposure to human blood or Other Potentially Infectious Materials is probable or possible must carry health insurance validated each term that will cover payment of treatment and follow-up procedures.

With the exception of students enrolled in the Schools of the Health Sciences (Dental Medicine, Graduate School of Public Health, Medicine, Nursing, Pharmacy, and Health and Rehabilitation Sciences), the use of unpreserved human blood and/or Other Potentially Infectious Materials and primate blood and/or Other Potentially Infectious Materials shall be excluded from all undergraduate courses and laboratory work. Petitions for exemptions from this rule can be made by the course instructor to the Biohazards Committee.

**HBV IMMUNIZATION AND PREVENTIVE TRAINING**

Before engaging in a University programmed activity where exposure to human blood and/or Other Potentially Infectious Materials is probable or possible, each employee and each student must present either evidence of HBV immunization or serologic evidence of a protective antibody titer against hepatitis B virus disease (HBV) and undergo training to prevent or minimize exposure. Hepatitis B immunization is available to University employees without charge. Students should check with their health insurers about coverage of, or reimbursement for, HBV immunization. Employees or students who want to forego such immunization must sign a formal disclaimer statement.

**EXPOSURE FOLLOW-UP**

Any University employee or student who believes that he or she may have had an exposure to blood, body fluids, or Other Potentially Infectious Materials should:

Promptly report to one of the designated referral centers approved by the Occupational and environmental Medicine Clinic, University of Pittsburgh and listed in the University Exposure Control Plan;

Provide information to the licensed health care provider at the referral center about the circumstances under which the possible exposure occurred; and

Complete and submit the appropriate accident and/or Workers' Compensation report in accordance with University policy.

Evaluation of the exposure and recommendations for follow-up will be provided at the referral centers. Any questions should be directed to the Environmental Health and Safety Office, telephone 624-9544.

__________________________

1Post-exposure medical treatment and follow-up as defined in the OSHA Standard.

Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
EXPOSURE CONTROL PLAN

University of Pittsburgh Blood borne Pathogens Exposure Control Plan
Department of Environmental Health and Safety Revision Date: April 2001

I. INTRODUCTION

In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910.1030, the following Exposure Control Plan (ECP) has been developed for the University of Pittsburgh. The ECP is designed to minimize exposure to blood borne pathogens (BBP), which are defined as: Pathogenic microorganisms that are present in human blood, human body fluids, human tissues or other potentially infectious material.

The ECP covers faculty, staff and students that may reasonably anticipate skin, eye, mucous membrane, or parenteral (under the skin) contact with blood or other potentially infectious materials during the performance of their job duties at the University of Pittsburgh.

In addition to blood, other potentially infectious materials are:

The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

Any unfixed tissue or organ other than intact skin from a human (living or dead);

Human cell cultures, human tissue cultures, human organ cultures;

BBP containing culture medium or other solutions; and

Blood, body fluids or other tissues from non-human primates

Blood, body fluids or other tissues from experimental animals infected with BBP.

The ECP will be reviewed and updated annually by the University of Pittsburgh. Implementation of the ECP is monitored and coordinated by the University Department of Environmental Health and Safety. The University Bio-safety Officer manages and oversees compliance of the University’s Blood borne Pathogens program. Additional information can be found in the University Bio-safety Manual and the webpage of the University Department of Environmental Health & Safety (www.ehs.pitt.edu). Questions or concerns can be addressed to the University Bio-safety Officer at (412) 624-8919.
II. BBP EXPOSURE DETERMINATION

OSHA 29 CFR 1910.1030 requires employers to perform a BBP Exposure Determination for employees that may experience occupational exposure to blood or other potentially infectious materials. This exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). The purpose of this exposure determination is to identify the University job classifications that are required to comply with this ECP.

A. List of Job Classifications for University Employees That May Experience Occupational Exposure to Blood borne Pathogens

Each University unit must develop a list of job classifications under their supervision that may have occupational exposure to blood borne pathogens. This list must be submitted to the Department of Environmental Health and Safety.

B. List of Tasks or Procedures for University Employees That May Experience Occupational Exposure to Blood borne Pathogens

Not all employees in these job classifications are expected to experience occupational exposure to blood borne pathogens, thus specific tasks or procedures must be identified. Each University unit must develop a list of tasks or procedures performed by personnel under their supervision in which employees have occupational exposure to blood borne pathogens. This list must be submitted to the Department of Environmental Health and Safety.
III. COMPLIANCE METHODOLOGY

OSHA 29 CFR 1910.1030 requires that this ECP include a schedule and method of implementation for the various requirements of the standard:

A. Universal Precautions: Universal Precautions will be observed at the University of Pittsburgh in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious.

B. Exposure Control Plan: Employees covered under this Exposure Control Plan receive an explanation of this Exposure Control Plan during their initial training session. It will also be reviewed in their annual refresher training. All employees have the opportunity to review this plan at any time during their work shifts by visiting www.ehs.pitt.edu/biosafety/ecp.htm. If requested by an employee, a copy of the exposure control plan will be provided, free of charge. The University of Pittsburgh Department of Environmental Health and Safety is responsible for reviewing and updating the Exposure Control Plan annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

C. Engineering Controls and Equipment: Engineering controls and equipment will be utilized to eliminate or minimize exposure to employees at this facility. Where potential for occupational exposure still exists after implementation of these controls, personal protective equipment shall also be utilized. The University of Pittsburgh will identify the need for changes in engineering controls and work practices through reviews of the Sharps Injury Log with follow-up exposure investigation and through discussion with the University Biohazards Committee of available safety procedures.

1. Sharps Containers: The person disposing of sharps is responsible to monitor if the container is two-thirds full and replace it when it is two-thirds full. The container is to be closed when not in use and securely closed for disposal in a waste stream designated for bio-hazardous waste. Only approved sharps containers as determined by EHS are to be utilized.

2. Bio-safety Cabinets: The person working in the cabinet will disinfect the work surface of the Bio-safety Cabinet after each use. If the cabinet has a front drain, it will be checked monthly, disinfected and drained if required. The cabinet will have an annual performance certification that the Principal investigator is responsible for arranging.

3. Sharps with Engineered Sharps Injury Protections: These devices are needle-less or otherwise altered with a built-in feature or mechanism that effectively reduces the risk of an exposure incident. These devices will be utilized whenever they are judged to be appropriate, commercially available and effective at reducing the risk of an exposure incident. It is the responsibility of those with supervisory or managerial duties at the University of Pittsburgh to solicit input from their non-managerial employees with direct patient care duties in the identification, evaluation and selection of safety devices. A list of available devices by product class and product type is available from the International Health Care Worker Safety Center at the University of Virginia Health System at the following website address: http://www.med.virginia.edu/medcntr/centers/epinet/products.html. Supervisors of employees with direct patient care duties may visit the Environmental Health and Safety Website at www.ehs.pitt.edu (Bio-safety page) to download evaluation forms for various classes of safety devices. Supervisors should utilize these forms to solicit input from the non-managerial employees with respect to the selection of safety devices. The supervisors must then submit the names of those individuals that have performed the evaluations to:
Department of Environmental Health and Safety
B-50 Benedum Hall
624-8524 (fax)
(email) safety@ehs.pitt.edu

The Department of Environmental Health and Safety will maintain a list of those employees that have been involved in the evaluation of safety devices.

4. Hand Washing Facilities: Are also available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after exposure. At this facility hand washing facilities are located either in the room or on the same floor. After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

D. Work Area Controls and Procedures: Work Area Controls and Procedures will be utilized to eliminate or minimize exposure to employees at this facility. Where potential for occupational exposure still exists after implementation of these controls and procedures, personal protective equipment shall also be utilized.

1. Work Area Restrictions - General: In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees should comply with the following work area restrictions:

   No eating, drinking, applying cosmetics or lip balm, smoking, or handling contact lenses;

   Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present;

   Mouth pipetting is prohibited; automatic or manual pipetting devices should be provided.

   All procedures will be conducted in a manner that will minimize splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials.

2. Work Area Restrictions for Research Facilities: This section applies to research laboratories engaged in the culture, concentration, experimentation and manipulation of potentially infectious materials.

   Laboratory doors shall be kept closed when work with potentially infectious material is in progress;

   Access to the work area shall be restricted to authorized personnel. Only personnel trained on the potential hazards of BBP and who comply with the entry and exit procedures shall be allowed to enter;

   Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters that are checked twice a year and replaced as necessary;

   Each laboratory shall contain a facility for hand washing and an eye wash station

3. Needles: Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared or purposely broken. If no alternative is feasible, then the recapping or removal of the needle must be accomplished using a mechanical device or the one-handed technique.

4. Containers for Reusable Sharps: Contaminated sharps that are reusable are to be placed immediately or as soon as feasible after use, into appropriate containers. At the University of Pittsburgh these containers are puncture resistant, labeled with a biohazard symbol, and are leak proof on the sides and bottom.
5. **Specimen Containers:** Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during the collection, handling, processing, storage and transport of the specimens. The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard. Any specimens that could puncture a primary container will be placed within a secondary container that is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport or shipping of the specimen.

6. **Contaminated Equipment:** Equipment that has become potentially contaminated with blood or other potentially infectious materials shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. If decontamination of equipment or portions thereof is not feasible, then readily observable labels shall be attached to equipment which remains contaminated. The labels shall state which portions remain contaminated. The equipment should also be wrapped or contained to prevent exposure to contaminants.

7. **Personal Protective Equipment:** All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The University of Pittsburgh Bio-safety Manual and the EHS office are available for consultation on selection of appropriate personal protective equipment. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used. All personal protective equipment will be cleaned, laundered and disposed of by the employer at no cost to employees. The employer at no cost will make all repairs and replacements to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area involved. It shall then be placed in an appropriately designated container or area for storage, washing, decontamination or disposal. Employees must not wear or take home personal protective clothing that is visibly contaminated or thought to be contaminated with blood or other potentially infectious materials. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other PPE.

8. **Housekeeping:** All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

The disinfecting agent should be selected based on the area or substance to be decontaminated as well as the suspected agents to be destroyed. Information concerning the utility and selection of disinfectants may be obtained by visiting the EPA Antimicrobial Information Network at http://ace.orst.edu/info/nain/

All bins, pails and similar receptacles shall be inspected and decontaminated on at least a monthly basis. Any broken glassware that may be contaminated will not be picked up directly with the hands. Large pieces are to be picked up with forceps and the small pieces swept into a dustpan with a dust broom designated for this use only.

9. **Regulated Waste Disposal:** Includes liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials if compressed, items caked with dried blood or other potentially infectious materials and are capable of releasing these infectious agents during handling and sharps.

All sharps shall be discarded as soon as feasible in sharps containers that are located in the facility. The sharps containers will be labeled with the biohazards symbol. Containers must be puncture-resistant and leak resistant.
Regulated solid wastes shall be placed in red polyethylene biohazard bags that are at least 3-mil thick. All solid wastes suitable for autoclaving (121 Degrees C, 60 - 90 minutes) should be treated this way prior to removal from the premises. Disposal is accomplished by placing the red biohazard bag in a labeled biohazard box, seal the box with tape, and place the sealed box in the designated area of the building for pickup. The box must be labeled with the University of Pittsburgh Bio-Hazardous Waste Label.

Regulated liquid wastes should be carefully poured into the appropriate disinfectant to inactivate the bio-hazardous agent. Following sufficient contact time, the disinfected liquid may be disposed of in the sanitary sewer. This should be done carefully to avoid aerosol generation and splashing. Afterwards the drain should be flushed with disinfectant of sufficient volume to fill the trap.

Note: More information on compliance methods can be found in the University of Pittsburgh Bio-safety Manual (www.ehs.pitt.edu/biosafety/BSM.HTM).

10. Laundry Procedures: Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use. All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

IV. HEPATITIS B VACCINATION PROGRAM

All University personnel (staff, students, faculty), who have been identified as having exposure to blood or other potentially infectious materials, must sign a University of Pittsburgh Consent to Vaccinate with Recombinant Hepatitis B Vaccine form within 10 working days of their initial assignment to work. This form verifies that personnel were informed of the potential health hazards that Hepatitis B virus represents in their work environment. In addition, the form records the individual's choice to either consent to receive Hepatitis B vaccine, to decline, or to attest to prior Hepatitis B immunization.

Employees (faculty and staff) consenting to vaccination will receive the Hepatitis B vaccine at no cost. Vaccinations are provided through Concentra Medical Services. Employees who initially decline the HBV vaccine, but later wish to have it may then have the vaccine provided at no cost. The Environmental Health and Safety Department maintains the inoculation records and consent forms.

Students consenting to vaccination must arrange for the HBV vaccination independently. Students declining the HBV vaccination must present a waiver from their academic department verifying their knowledge of this decision.

V. PROCEDURE FOLLOWING EXPOSURE TO BLOODBORNE PATHOGENS

A blood borne pathogen exposure incident is eye, mouth, other mucous membrane, skin, or parenteral (under the skin) contact with blood or other potentially infectious agent that results from the performance of an employee's duties.

University employees should follow the following procedure in the event of exposure to blood borne pathogens:

Immediately wash or rinse the exposed area for 10 to 15 minutes.

Immediately following washing, the injured employee should contact medical providers for post-BBP exposure evaluation and/or medical treatment provided in Section V.A. Post-Blood borne Pathogens Exposure Evaluation;

Employees should notify their supervisor immediately after the BBP exposure incident and provide detailed information about the incident. The Supervisor will submit the requisite forms to Workers' Compensation according to Section V.B. Procedures for Evaluating the Circumstances of a BBP Exposure Incident.
A. POST-BLOODBORNE PATHOGENS EXPOSURE EVALUATION

Immediately following washing, employees should contact the following medical providers for post-BBP exposure evaluation and/or medical treatment:

Monday through Friday (7:30 AM to 4:00 PM)

- UPMC Work Partners-Oakland
  (412) 647-3695

All Other Times and Holidays

- Presbyterian University Hospital Emergency Department
  (412) 647-3333

The following physicians have been designated to conduct post-BBP exposure evaluations, provide medical treatment, and maintain medical records for University of Pittsburgh employees:

- Joseph Schwerha, M.D.
  Chief of Occupational and Environmental Medicine
- Jay Harper, M.D.
  Clinical Director of Occupational and Environmental Medicine

Post BBP-Exposure Evaluation will include the following:

Documentation of the route of exposure and the circumstances related to the incident;

The employee will be offered the option of having blood collected for testing of the employees HIV/HBV/HCV serological status. The blood sample will be preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV status. However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded;

If necessary, the identification of the source individual and, if possible, the status of the source individual will be determined. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV/HCV infectivity;

Results of testing of the source individual will be made available to the exposed employee but the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual will be strictly followed.

Current Pennsylvania law concerning disclosure of the HIV status of an individual without consent is governed by the requirements of the Pennsylvania Confidentiality of HIV Related Information Act. This law provides that an employee who has been notified of the identity and test result status of the source individual must not divulge this information to others unless the source individual signs a special written consent.

The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illness to be alert for and to report experiences to appropriate personnel.
B. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES OF A BBP EXPOSURE INCIDENT

Employees should notify their supervisor immediately after the exposure incident. The supervisor records the details of the exposure incident including the route of exposure, the infective agent and an estimate of the dosage.

The Supervisor will submit the requisite forms to Workers’ Compensation and record the details of the BBP exposure incident including the route of exposure, the infective agent, and an estimate of the dosage. Forms and detailed reporting procedures are provided on the University Workers Compensation Website at www.bc.pitt.edu. (“Faculty and Staff...On-the-Job Injuries”) or by calling 412-624-1198.

If the exposure involves a sharp, the supervisor will also collect and provide the following information regarding the exposure on the EH&S “SHARPS INJURY REPORT”:

Employee Name;
Social Security Number;
Date of Incident (mm/dd/yy);
Occupation;
Department;
Building;
Type / Brand of Device;
A brief description of how the injury occurred, including the task which was being performed as well as any protective equipment worn or utilized;
Was an animal involved?
Was immediate treatment sought? If so, where;
Recommendation for preventing recurrence;
Supervisor’s Name;
Date.

This online “Sharps Injury Report” form is located on the EH&S website at www.ehs.pitt.edu (Bio-safety page). A paper copy can be obtained from EH&S by calling 412-624-9505.

The Department of Environmental Health and Safety compiles these “Sharps Injury Report” forms into a “Sharps Injury Log” for the recording of percutaneous injuries from contaminated sharps as required by OSHA. The Department of Environmental Health and Safety will annually review the Sharps Injury Log to determine if changes are necessary to the procedures outlined in the Exposure Control Plan and to ensure that appropriate changes are implemented.

VI. TRAINING PROGRAM

Training for all employees will be conducted for employees prior to initial assignment to tasks where occupational exposure to blood borne pathogens may occur. The Environmental Health and Safety Department conducts BBP training monthly. Dates and times may be obtained by calling 412-624-9505 or visiting the EH&S webpage at www.ehs.pitt.edu. (Training Page). All employees will receive annual refresher training.

Training for employees includes the following:
Overview of blood borne pathogens;
Epidemiology, symptoms, and routes of transmission of blood borne pathogens;
Prevention techniques;
Explanation of the use of and limitations of engineering controls, work practices and personal protective equipment;
Spill cleanup procedures;
Accident and Exposure follow-up procedures;
Elements of 29 CFR 1910.1030;
Exposure Control Plan, HBV vaccinations, Methods of compliance, Hazard Communication, Record Keeping; and

VII. RECORDKEEPING PROGRAM
The following University units will maintain all records required by the OSHA standard:
• University Employee Training records, Sharps Injury Log, and HBV inoculation records:
  Department of Environmental Health and Safety - B-50 Benedum Hall, (412) 624-9505
University Employee Medical Records:
  University Occupational and Environmental Medicine - (412) 624-3155

Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
EQUIPMENT SAFETY AND USE

POLICY OP.2

POLICY:
All equipment in the Physical Therapist Assistant Program will be kept in good working order.

PROCEDURE:
Equipment will be checked before and after each laboratory session by a member of the PTA Faculty.

Equipment will be checked on an annual basis by a biomedical engineer. Documentation of biomedical inspections will be maintained in the PTA Program Office. The Program Secretary will call to schedule inspections.

Any questions regarding the function or safety of a piece of equipment will require further investigation. Equipment may not be used again until it is deemed safe by the Program Director or the ACCE.

Rental equipment will have up-to-date biomedical inspections. This will also hold true for borrowed equipment. Rental equipment and borrowed equipment will be used only when the purchase of such equipment is not available to the PTA Program or when use of the equipment will further enhance the educational program. The PTA Program will obtain contractual agreements with all equipment providers to assure that the equipment is in good repair and available to the PTA Program for the time period described in the syllabus.

Students will receive safety instruction in lecture and laboratory regarding use of equipment. Students will practice in the presence of an instructor until they have been determined to be safe utilizing the equipment.

Revised 5/16/02, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
SAFETY

POLICY OP.3

POLICY:
The PTA Program will maintain patient, student and faculty safety at all times.

PROCEDURE:
Students will be instructed in safety precautions and safety measures to be taken on a regular basis. Safety will be an integral thread throughout the PTA curriculum.

The PTA faculty will be responsible for assuring safety in the clinical laboratory. Students may practice on only those pieces of equipment in which they have received safety training. They may practice only on other PTA students, PTA faculty, licensed PTs or PTAs.

Students will be supervised during laboratory patient simulations by the PTA faculty to assure that all skills are safely and appropriately implemented.

Visiting students and patients will be directly supervised by PTA faculty to assure safety and confidentiality while in PTA lecture or lab.

While in the clinic, the Clinical Instructor and Center Coordinator of Clinical Education will be responsible for assuring safety of both the patient and the student.

A student may be placed on academic probation for non-adherence to safety standards.

The student on probation will be prohibited from holding UPT-related elected or appointed positions. A remediation plan will be developed by the Program Director to remediate the area of deficiency. Academic probation will be permissible for one semester only during the PTA curriculum. Failure to achieve the goals of the remediation plan will lead to dismissal from the program.

See policy ACAD.24

Revised 7/02/04, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
OFFICE HOURS
POLICY OP.5

POLICY:
It is the intent of the Physical Therapist Assistant Program to be available to students as well as other campus personnel and the general public.

PROCEDURE:
The PTA Office will be open in general from 8:30 a.m. to 5:00 p.m. Monday through Friday. Other arrangements may be made for evening or weekend hours as needed.

PTA Faculty office hours are posted on faculty office doors each semester. Additional days/hours are available by appointment.

Revised 10/27/09, Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
The University of Pittsburgh, as an educational institution and as an employer, values equality of opportunity, human dignity, and racial/ethnic and cultural diversity. Accordingly, the University prohibits and will not engage in discrimination or harassment on the basis of race, color, religion, national origin, ancestry, sex, age, marital status, familial status, sexual orientation, disability, or status as a disabled veteran or a veteran of the Vietnam era. Further, the University will continue to take affirmative steps to support and advance these values consistent with the University’s mission. This policy applies to admissions, employment, access to and treatment in University programs and activities. This is a commitment made by the University and is in accordance with federal, state, and/or local laws and regulations.

For information on University equal opportunity and affirmative action programs and complaint/grievance procedures, please contact Karen Skinner, Chairperson for Affirmative Action at the Titusville Campus University of Pittsburgh, 504 East Main Street, Titusville, PA 16354. (814) 827-4467.

Reviewed 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15
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Revised 08/04/09, 12/11/11, 12/31/12, 12/30/13, 12/16/14, 12/28/15, 2/10/17
Approximate Costs of PTA Degree from UPT (2015/2016 full time traditional in state residential student)

1. Tuition (4 full time terms) $5377.00/term
2. Tuition (2 summer term courses) $3584.00
3. Double Room (3 terms) $2578.00/term
4. Board, unlimited (3 terms) $2385.00/term
3. University Fees (5 terms) $425.00/term
4. Liability insurance (5 terms) $12.00/term
5. Pennsylvania State Police Criminal Record (Act 34) $10.00
6. Pennsylvania Child Abuse History Clearance (Act 151) $10.00
7. PTA clinic shirts $20.00
8. SPTA name tag $15.00
9. CPR training/card $27.00
10. Drug Screening (as required by clinic) $60.00
11. Federal Criminal Background Clearance (Act 73) $33.00
12. Text/lab books $2100.00
13. PEAT Exam (Practice Exam & Assessment Tool) $90.00
14. National Physical Therapy Examination (NPTE) fee (after graduation) $400.00
15. Pennsylvania Physical Therapy Licensure/Registration fee (after graduation) $30.00
16. Prometric Test Center fee (after graduation) $70.00
17. UPT student parking permit (2 years) $20.00/year

Total: $45071.00

Revised 12/28/15