

2019-2020
Physical Therapist Assistant
Program

**Accredited by the Commission on Accreditation for Physical
Therapy Education**

Program Handbook
(for students beginning
the PTA Program Fall
2019)

Rev. 1/2019

TO: Enrolling Physical Therapist Assistant Students

FROM: Heather Mehlhaff, PT, MPT
PTA Program

Welcome to Western Iowa Tech Community College's Physical Therapist Assistant program.

The admissions information included in this booklet will guide you through your application for admission to the Physical Therapist Assistant program. This information is to be used in conjunction with the WITCC college catalog.

Admissions information specific to the Physical Therapist Assistant program is presented here. You may find that there are still questions not specifically covered in this booklet. Please contact the PTA program advisors to assist you with your questions or concerns.

We strive to create a supportive and challenging environment to enable our students to gain the knowledge and skills necessary to become competent Physical Therapist Assistants. We are here, willing and eager, to assist you to master the program objectives and competencies necessary for **your** successful completion of the physical therapist assistant program. Please feel free to contact us if you have questions at 1-800-352-4649 or 712-274-6400.

Heather Mehlhaff, PTA Program Director & Instructor
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Revised Spring 2019. This booklet is subject to change.

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Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. The catalog is available online at www.witcc.edu.

Mission Statement

The mission of the Physical Therapist Assistant program at Western Iowa Tech Community College is to educate physical therapist assistants to play an active role in expanding quality physical therapy services under the direction of a licensed physical therapist. The PTA program incorporates the mission of WITCC, which is . . .

“ . . . to provide quality education and to economically enhance the communities we serve.”

Preparation includes a two-year curriculum leading to an associate degree. The curriculum includes classroom and laboratory work at the College with clinical affiliations in a variety of settings.

Philosophy

The faculty and administration of the Physical Therapist Assistant program are committed to the beliefs of the mission statement of the PTA Program integrated under the mission of Western Iowa Tech Community College.

All values and guiding principles of WITCC are adopted, specifically the following are the PTA program beliefs and commitments:

- We believe in the uniqueness and inherent worth and dignity of students, faculty, staff, clinicians, and patients. Each individual brings characteristics that strengthen the program. We recognize that individuals also have spiritual, intellectual, social, physiological, and psychological needs. Diversity is a strength of this institution. *(Student Learning, Diversity, Access)*
- We believe that lifelong learning will help assure individual and societal stability in terms of continued competence of a professional who delivers physical therapy services under the supervision of the physical therapist. *(Lifelong Learning)*
- We believe that the Physical Therapist Assistant must be an integral and contributing member of the community and that activities outside the profession enhance the individual's ability to function in the professional and public community. *(Lifelong Learning, Shared Governance, Dedication)*
- The faculty serve as facilitators in the learning process, and this process is continuous from simple to complex learning. The learner, as the focus of the educational process, has the right and responsibility to be an active participant in the learning process. Through the multiplicity of structured experiences at Western Iowa Tech Community College and affiliating agencies, the learner has exposure to varied and selected learning experiences that allow direct application of knowledge. Physical Therapist Assistant education and selected arts and sciences courses contribute to the growth of the learner. This education involves the promotion of learning through the application of theory and skills to prepare the graduate for entry level practice under the direction of a physical therapist in a varied work environment. *(Quality, Academic Freedom)*
- The faculty believes the educator is a multifaceted individual who is a transmitter of knowledge, a resource person, an evaluator, and a role model who possesses empathy and a sense of humor. The educator is also responsible for remaining current in practice and education. *(Professional Integrity, Quality, Dedication)*
- The commitment of faculty is to (1) excellence in teaching and (2) service resulting in an environment that encourages students to achieve excellence in their performance. *(Professional Integrity, Efficiency, Effectiveness)*

Accreditation

The PTA program at Western Iowa Tech Community College is accredited by the Commission on Accreditation in Physical Therapy Education. The Commission is recognized as the accrediting body for educational programs in Physical Therapy by the U.S. Department of Education and the Council on Postsecondary Accreditation. The Commission therefore has the responsibility for establishing standards of quality for educating the physical therapist assistant.

Physical Therapist Assistant

Overview

Physical therapist assistants work under the supervision of a physical therapist. The duties of the PTA include assisting the physical therapist in implementing treatment programs according to the plan of care, supervising patients in exercises and activities of daily living, conducting treatments using special equipment, administering modalities and other treatment procedures, and reporting to the physical therapist on the patient's response to such interventions.

Career Outlook

Employment opportunities for the Physical Therapist Assistant exist nationwide. Hospitals, nursing homes, private practices, and rehabilitation centers are some of the areas where PTAs are needed.

Program Objectives

The PTA student will be able to:

- Practice under the supervision of a physical therapist or physical therapist assistant in a variety of settings.
- Make clinical decisions under the supervision of a physical therapist or physical therapist assistant.
- Use effective written and verbal communication.
- Function as part of an interdisciplinary team in a variety of settings.
- Be involved in professional activities.
- Be knowledgeable about ongoing research and its application to physical therapy practice.
- Educate patients, caregivers, technicians, the public, and students under the supervision of a physical therapist or physical therapist assistant.

Program Outcomes

Upon successful completion of the Physical Therapist Assistant program graduates:

- Will be academically and clinically prepared to practice under the supervision of a physical therapist in a variety of settings.
- Will be involved in professional activities.

Professionalism in Physical Therapy: Core Values

- Accountability
- Altruism
- Compassion/Caring
- Excellence
- Integrity
- Professional Duty
- Social Responsibility

PTA Admission Requirements

All students must submit the following items for application to the program to be considered:

- A copy of a Final Official High School, GED or HSED transcript with date of graduation. For applicants currently in high school, please present a current high school transcript and then later submit the Final Official High School Transcript with the date of graduation.
- Official college transcripts of previously attended institutions.
- ACT Scores (if completed) listed on HS Transcript or other official documentation.

All students must meet the following criteria for admission/acceptance into the PTA program:

Verification of high school, GED or HSED graduation

All students must meet one of the following criteria for admission/acceptance into the PTA program:

Criteria 1 for Acceptance:

1. Submitted documentation of composite ACT score of at least 22 or higher.

OR Criteria 2 for Acceptance:

1. ALEKS score of 30 or higher or Math ACT 22

OR Criteria 3 for Acceptance:

1. Associate's Degree or higher degree.

OR Criteria 4 for Acceptance

1. Anatomy and Physiology I and II with B- or higher AND
2. Intermediate Algebra or Math equivalent with C or higher

PTA Program Admission—Select One For Admission Fall 2019

Criteria List	Completed/Met	Date
Criteria 1: 1. Submitted documentation of composite ACT score of at least 22 or higher.		
Criteria 2: 1. ALEKs 30 or higher or ACT Math 22		
Criteria 3 1. Associate's degree or higher		
Criteria 4 1. Anatomy and Physiology I and II with B- or higher AND 2. College Algebra or Math equivalent with C or higher		

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Complaints about the PTA Program and/or its students or faculty from Clinical Sites, Public or Employers

The process for filing a complaint by clinical education sites, employers of graduates, and the general public regarding clinical experiences, didactic content, or the overall program is:

1. When a complaint is received, the division chair and PTA program faculty will meet with the individual(s). Together, they will determine actions to resolve the complaint and document the action, expected outcomes, and a timeline to accomplish the resolution. There will be no retaliation against the person for filing the complaint.
2. If the complaint/situation has not been resolved in the agreed upon timeframe, the PTA program faculty will meet again with the individual(s) to follow up. If the parties do not believe they can come to resolution, the issues will be presented to the Dean of Instruction Chief Academic Officer (CAO).
3. If the party filling the complaint is still not satisfied with the outcome, they may meet with the Executive Vice President and she/he will make a determination.
4. All documentation of a program complaint will be filed in a secure place in the division chair's office or maintained electronically for three years.

Enrollment Information

1. To apply for financial aid, visit the website www.fafsa.gov (WITCC school code 004590).
2. Students who wish to transfer credits from another college must submit official transcripts directly to the Admissions Office, Western Iowa Tech Community College, P.O. Box 5199, Sioux City, Iowa 51102-5199. Transfer forms are available from the Admissions Office and the Student Success Center. Students are responsible for requesting credits be transferred to WITCC. Students who enroll and complete at least one credit course each regular fall and spring semester (excluding summer sessions) are considered continuing students and may enroll for succeeding terms without reapplying.
3. Students who have not maintained continuous enrollment are readmitted to the college under the catalog program requirements in effect at the time of readmission.

Receipt of application for admission, and meeting one of four admission criteria categories. A maximum of twenty-four (24) students are admitted yearly. In the event that the class is full, you'll be assigned to the next available start date and contacted if a spot opens up. Contact Fran DeJong for your admission standing (extension 4213).

Service Learning

During one semester of the PTA program, students are required to participate in a service learning project (integration of community service within the PTA curriculum).

Course of Study

While general education courses may be taken ahead of time, courses in the PTA program are hierarchical in nature. Students must follow the sequence as outlined, meeting all pre- and co-requisites for the program. **All courses must be completed prior to Clinical Affiliation I and Seminar.**

Time Limit

The entire work for the PTA program must be completed within three years of beginning the program (per CAPTE Accreditation guidelines).

Clinical Education

Clinical education opportunities exist primarily in Iowa, Nebraska, South Dakota, and Minnesota. Students are responsible for all costs such as transportation and/or housing should distant sites be utilized. Travel may be required for some clinical placements. Prior to their first clinical education experience, students will receive the WITCC PTA Program Clinical Education Handbook. Final clinical affiliation assignments will be made by the Academic Coordinator of Clinical Education, for all developmental and full-time experiences.

Academic Advising

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

A Physical Therapist Assistant advisor is assigned upon enrollment in your first physical therapist assistant course. Students will continue to have the same advisor throughout the program.

Students wishing to schedule an appointment during the summer are asked to call the WITCC Enrollment Services Office, Sioux City, at (712) 274-6403 or 1-800-352-4649.

Role of Student in Advising

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisors for efficiency in scheduling. Physical Therapist Assistant faculty are available to meet new students prior to registering.

Students admitted to the program must obtain advisor signatures on all course schedules, drop/add slips, transfer of program credit forms, and form for withdrawal from programs or the college.

The student must successfully pass all courses with a grade of “C” or better in order to graduate. Students must pass both practical and theoretical aspects of PTA courses. **Students may repeat a failed course one time and may re-enroll in the program one time.** The student is ultimately responsible to meet **all** requirements for graduation.

Physical Therapist Assistant Program Advisors:

Heather Mehlhaff, PT MPT, Program Director, 712-274-8733, Extension 2363

Linda Mercer, M.P.T., Academic Coordinator of Clinical Education, 712-274-8733, Extension 1451

PTA Dress Code

Students in Physical Therapist Assistant courses will be required to follow the clinical education handbook regarding dress code while caring for patients.

Students in PTA specific classes will be required to be appropriately attired for lab per course syllabi.

Uniform Purchase/Dress Code

Students may wear polo shirts with WITCC logo available from the WITCC Bookstore.

Photo ID badges will be ordered during your first week of the second semester. There is a small fee for name tags if they are lost. See PTA clinical education handbook for details.

Grading

The specific grading scale for all Physical Therapist Assistant courses is determined by the course instructors. The grading scale, and requirements to achieve desired grades, will be explained at the beginning of each course. All students must earn a “C” (2.0) or better in all courses. Students must pass both theoretical and practical components of PTA courses including Kinesiology. *Students may re-enroll only once in any PTA specific course.*

Graduation

WITCC Physical Therapist Assistant students must meet the graduation requirements as set forth in the general WITCC College Catalog and the WITCC Student Handbook. Clinicals must be completed within eighteen (18) months of academic preparation. Students taking PTA specific courses do so on a full-time basis, sequentially. Students are responsible for meeting all requirements for graduation.

Program Costs, Retention, Graduation Rates

Please see the PTA Program web page.

Other Information

For additional information for academic policies, housing, security, student rights and responsibilities, including Code of Conduct and Due Process, please see the current College Handbook.

Student Organizations

PTA students are encouraged to participate in college-wide organizations and specific program organizations within the PTA program:

Student Senate – The Student Senate represents the student body in contacts with faculty and administration. Representatives to the Student Senate are elected from the various programs of instruction. These representatives are the voting members of the Senate, providing the students with a voice in college affairs. The Senate organizes and underwrites many special events planned for students. PTA students may elect one representative.

Student Insurance Overview

Malpractice Insurance – Students are highly encouraged to obtain their own individual coverage.

Student Accident and Health Insurance – From the Student Handbook: “WITCC does not have a compulsory insurance plan, but the College recommends that students enroll in a voluntary group accident and/or health insurance plan available through commercial insurance companies.” Insurance information is made available to students attending orientation sessions and is available in Enrollment Services. College liability insurance is not a substitute for health or accident insurance. **It is highly recommended that students obtain their own health insurance coverage.**

Licensure*

Most states require licensure in order to participate. The student must contact the licensing board in the state they wish to practice. There is a fee for the licensing process.

** If you have been charged/convicted of a felony, you may not qualify for licensure.*

For Iowa contact:

**The Board of Physical and Occupational Therapy Examiners
Bureau of Professional Licensure
Iowa Department of Public Health
Des Moines, Iowa 50319-0075
Phone: (515) 281-4401**

To obtain information regarding licensure boards of other states call American Physical Therapy Association (APTA) at 1-800-999-2782.

Physical Therapist Assistant students must pass the national exam in order to practice. (States have specific requirements) This information is obtained from the licensing board. There will be fees both for the examination and licensure.

Examination and Licensure are the responsibility of the student.

Physical Therapist Assistant (PTA) Requirements Prior to Clinical Experience

1. CPR Certification – American Heart Association BLS Health Care Provider Course (infant, child, adult)*
2. Child Abuse – Mandatory Reporter Training*
3. Adult Abuse – Mandatory Reporter Training*
4. Health Evaluation – Completed health evaluation forms must be turned in by December 1, prior to the start of clinical. Send completed health evaluation forms by email to: Marilyn West, RN, BSN; Western Iowa Tech Community College; marilyn.west@witcc.edu.
5. Criminal and Abuse Background Checks – When a student starts the program, the College will initiate the background check process and the student must be cleared by the internal committee prior to clinical experience.

Photocopies of CPR, Child and Adult Abuse and Mandatory Reporter certifications must be provided to Linda Mercer, PTA program instructor, prior to a student's entering the clinical rotations. Clinical practice begins during the second semester within the PTA-170 Physical Therapy Science I course. Students participate in a clinical experience at an affiliating institution. If these requirements are not completed, students cannot be allowed to participate in the clinical rotations.

All requirements must be completed by December 1, prior to the first clinical.

*These courses are not part of the program requirements but must be taken before clinical assignments are made.

Cardiopulmonary Resuscitation

You are required to have a current CPR card and must have completed the American Heart Association *BLS Health Care Provider* course. This course is specifically for health professionals. If you now hold a card and it is due to expire halfway through the year, you should renew it early so that your card is current during the total clinical phase of the Physical Therapist Assistant course. We **do not** accept the American Red Cross CPR course.

Child and Adult Abuse – Mandatory Reporter Training

All health personnel are mandatory reporters of child and adult abuse. A short course, approximately three hours in length, is available to provide information on the law, recognition, documentation, and reporting of child and adult abuse. You can also take the course online or as a home study option. See WITCC's home page at www.witcc.edu for further details.

For information on the short course, contact WITCC Health Sciences Support Staff at 712-274-8733, Ext. 1471 or 1-800-352-4649, Ext. 1471.

Health Evaluation includes:

Health history, hearing, vision, immunization record, and physician physical.

Current Vaccinations

You must provide proof of your vaccinations with dates – just listing “current vaccinations” will not satisfy the requirements. If you are unsure of your immunization status, you should have your vaccinations updated. Siouxland Health Department, 205 Fifth Street, provides an immunization clinic and laboratory services.

Hepatitis B provide:

You must:

1. Provide documentation of receiving the Hepatitis B Vaccine (a series of three shots for the prevention of Hepatitis B, a disease of the liver) OR
2. A decline to Accept form
3. OR a copy of the consent verifying that you are currently receiving the series. If you are planning to start the vaccine at a later date, sign the Decline to Accept Form and submit it.

Tuberculosis Test

Each student is required to have an initial 2-step TB test. The T.B. skin test is valid for **one year**.

Completed Records

Please complete the health evaluation in its **entirety** and return a copy promptly by email to Marilyn West, RN, BSN; Western Iowa Tech Community College; marilyn.west@witcc.edu. Your health evaluation is considered current for two years. If the course of your education extends past two years, your health evaluation **must** be repeated.

Mercy Business Health Services is available if you should have questions. If you need help finding a physician, you may contact Mercy Business Health Services at 233-5155, Monday through Friday, 8:00 a.m. to 4:30 p.m.

Health Evaluation Checklist

The following forms must be completed and turned in to Marilyn West by **December 1**:

- Acknowledgement of Receipt of Notice of Privacy Practices
- Mercy Medical Center – General Authorization for Disclosure of Health Information
- WITCC Clinical Health Evaluation – health history, physical, and immunizations
- Hepatitis B Vaccine Consent or Decline to Accept Form

Criminal Background - General Information

Pre Clinical

WITCC will complete criminal background checks on all health students. Based on the findings, a determination will be made if the student is eligible to participate in clinical activities. See program handbook for additional information.

Post Graduation Exams

Criminal charges/convictions, abuse charges (adult or child), or a substance abuse history may impact a graduate's ability to obtain registration or licensure in the graduate's profession. Each licensing board will make the determination if a criminal background check will be completed before the graduate is eligible to write licensing/registration exams. See program handbook for additional information.

Employment in Health Care Professions

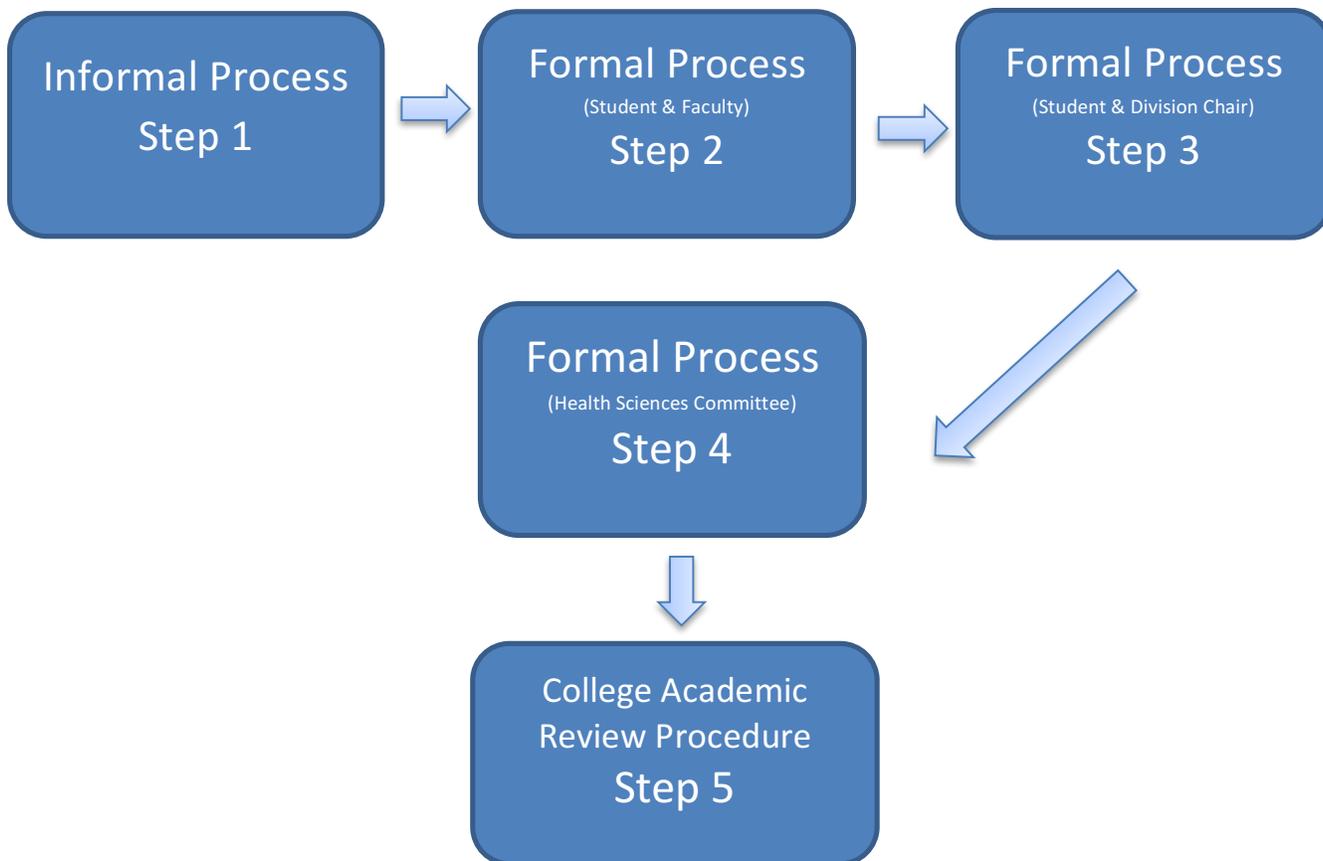
Employers have varied hiring policies based on their review of an applicants criminal background history. Graduates/students need to be aware that:

- * Clearance for clinical while a student
- * Graduation from the program
- * Successful passage of licensing or registration exams

does not guarantee graduates will be eligible for employment at some agencies. Employment eligibility is determined by the hiring policies at each health care agency.

Academic Review Procedure
Program/Course Appeal Process
Health Sciences Programs

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Nursing and Allied Health Departments. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.



Step 1: Informal Process:

- Students are encouraged to discuss specific concerns with the faculty involved within five (5) instructional days of issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process.
- Documentation of the discussion will be generated. (i.e. email, phone, verbal, etc.)

Adopted 12/10/2018

Rev. 1/2019

Step 2: Formal Process: (Student, Faculty)

- Student may initiate a formal appeal process in writing by completing and submitting the “Student Appeal Process Form” to the appropriate faculty.
 - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
 - Faculty will schedule meeting within five (5) instructional days.
- Faculty may initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
 - Schedule meeting with student within five (5) instructional days.
 - Documentation: “Student Conference Form”
- If the issue is not resolved, the student may initiate Step 3 of the appeal process.

Step 3: Formal Process: (Student, Department and/or Division Chair)

- If issue is not resolved between student and faculty, the student will request appointment with the respective department and/or division chair within five (5) instructional days.
 - The appeal process request will be submitted by the student in writing to the respective program department and/or division chair.
 - Department and/or division chair will schedule meeting within five (5) instructional days.
 - Documentation: “Student Conference Form”
- If the issue is not resolved, the student may initiate Step 4 of the appeal process.

Step 4: Formal Process (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of meeting with department and/or division chair.
 - Student will email request or schedule to meet with Health Sciences Review Committee within five (5) instructional days of meeting with department and/or division chair.
 - Student will submit all prior documentation related to the issue and complete an updated “Appeal Process” form with email request.
- Health Sciences Review Committee (Associate Dean of Career and Technical Education; Division Chair; 2 health faculty; 1 student)
 - Committee will convene meeting within five (5) instructional days of request.
 - Committee will review documentation and receive testimony from all parties.
 - Committee will render a decision and/or resolution within five (5) days
 - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure”

Step 5: Formal Process (College Academic Review Procedure)

- Students may initiate the college “Academic Review Procedure” For procedural step refer to the “College Catalog” and/or “Student Handbook.”

Adopted 12/10/2018



WITCC Clinical Health Evaluation

Name: _____
Last Name (Please Print) First Name Middle Initial

Date of Birth: _____ E-mail: _____ Program of Study: _____

Student Signature: _____ Date: _____

Health Care Provider Complete The Following

Immunizations:

MMR #1:	MMR #2:		
Measles titre results:	Mumps titre results:	Rubella titre results:	
Tetanus/Diphtheria/Pertusis (Tdap)		Date Given:	
Hepatitis B #1:	#2:	#3:	Hepatitis B titre results:
Chickenpox #1:	#2:	Chickenpox titre results:	

Titre results must include numerical value – not just “positive, negative, immune”.

#1 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____
PPD result (state reaction in mm): _____ Professional Signature: _____

#2 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: _____ Read: _____
PPD result (state reaction in mm): _____ Professional Signature: _____

Questions:

#1 - Have recommendations for limited physical activity been made? Yes No
If “Yes”, for how long and why? _____

#2 - Do you recommend this individual for full participation in clinical? Yes No
If “No,” please comment: _____

Health Care Provider Name (please print): _____

Health Care Provider Signature: _____ Date: _____

Address: _____ Phone #: _____

How to Submit WITCC Clinical Health Evaluation

Scan all information as a PDF document and e-mail to: Marilyn.West@witcc.edu. The weekly deadline is 12 noon Friday. All information received by the weekly deadline will be reflected in a class update sent to your instructor the following Monday morning.

WITCC Clinical Health Evaluation approved in accordance with CDC guidelines by Mercy Business Health June 2017.

Mercy Business Health

To: All WITCC Health Sciences Students

From: Marilyn J. West RN BSN

To provide a safe and healthy environment for you and those you will come in contact with, you must submit a completed WITCC Clinical Health Evaluation **prior** to your first day of clinical. You will not be cleared to participate in clinical until your WITCC Clinical Health Evaluation is complete. Below are answers to the most commonly asked questions. If you have any further questions, please feel free to contact me at Marilyn.West@witcc.edu.

Student Information

Be sure to answer and then sign all personal information on the top of the WITCC Clinical Health Evaluation.

Health Care Provider Complete The Following

This part of your WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician's assistant. **No other forms will be accepted.**

Measles/Mumps/Rubella (MMR) – You will need to provide **one** of the following:

- two vaccination dates.
- positive titre for measles, positive titre for mumps and a positive titre for rubella.

Tetanus/Diphtheria/Pertusis (Tdap) – A Tdap is current for 10 years.

Chickenpox – You will need to provide **one** of the following:

- two vaccination dates.
- positive titre.

Hepatitis B (Hep B) – You will need to provide **one** of the following:

- vaccination dates.
- positive titre.
- signed decline form.

Tuberculosis - You will need to provide **one** of the following:

- Tuberculosis Skin Test (TST) – An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST as long as the first TST has not expired. A TST is current for one year. The first and second TST must be turned in before the start of clinical.
- If you have had a past positive TST, you will need to provide documentation of a negative chest x-ray. If the negative chest x-ray is more than one year old, you will also need to turn in a TB Symptom Assessment form.
- Negative TB QuantiFeron.

Please make sure that you keep a copy of your WITCC Clinical Health Evaluation for your own records. In the future, a copy *will not* be made available to you!

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Information about Hepatitis B Vaccine

NOTE: *This form should be discussed with the physician of your choice, signed and returned with all other health forms.*

The Disease

Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficiency in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.

Consent Form

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I **request** that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

	Date	Lot #	Site	Nurse
_____ Name of Person to Receive Vaccine (Please Print)	(1) _____	_____	_____	_____
_____ Signature of Person Receiving Vaccine	(2) _____	_____	_____	_____
_____ Date Signed	(3) _____	_____	_____	_____

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Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

The Vaccine

Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficacy in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Vaccine Side Effects

The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use.

You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.



Decline to Accept

I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and **I do not** wish to receive the vaccine.

Name of Person Declining Vaccine (Please Print)

Signature of Person Declining Vaccine

Date Signed

RETURN EMAIL TO:
Marilyn West, RN, BSN
Western Iowa Tech
Community College
marilyn.west@witcc.edu

Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience.

- **Students may be required to provide the following information to external affiliated agencies:**
 - * Health Screening/Immunizations
 - * CPR
 - * Mandatory Reporter
 - * Criminal and Abuse Background Checks
 - * Drug Test
- The student should maintain copies of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*
- **Drug Testing**
Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what other drugs may be screened.
- Unprofessional conduct, breach of confidentiality, or performing duties beyond the scope of practice or academic preparation is grounds for immediate removal from the clinical site. Removal will result in failing clinical and may include disciplinary action.

Revised 04/14/14

NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: _____

Student's Name

Program

Date

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> ☐ Identify changes in patient/client health status ☐ Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> ☐ Identify cause-effect relationships in clinical situations
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> ☐ Establish rapport with patients/clients and members of the healthcare team ☐ Demonstrate a high level of patience and respect ☐ Respond to a variety of behaviors (anger, fear, hostility) in a calm manner ☐ Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> ☐ Read, understand, write and speak English competently ☐ Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods ☐ Explain treatment procedures ☐ Initiate health teaching ☐ Document patient/client responses ☐ Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> ☐ Retrieve and document patient information using a variety of methods ☐ Employ communication technologies to coordinate confidential patient care

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL I
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> ✦ The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> ✦ Position patients/clients ✦ Reach, manipulate, and operate equipment, instruments and supplies ✦ Electronic documentation/ keyboarding ✦ Lift, carry, push and pull ✦ Perform CPR
Hearing	Auditory ability to monitor and assess , or document health needs	<ul style="list-style-type: none"> ✦ Hears monitor alarms, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> ✦ Observes patient/client responses ✦ Discriminates color changes ✦ Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> ✦ Performs palpation ✦ Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> ✦ Move quickly and/or continuously ✦ Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> ✦ Adapt to rotating shifts ✦ Work with chemicals and detergents ✦ Tolerate exposure to fumes and odors ✦ Work in areas that are close and crowded ✦ Work in areas of potential physical violence ✦ Work with patients with communicable diseases or conditions

Reviewed & Updated April 2018

Confidentiality Agreement

Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- (1) client's name and other identifying information
- (2) client's diagnosis
- (3) type of care being provided
- (4) reason for seeking health care services, treatment, and response to treatment
- (5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.

Print name: _____

Student Signature: _____

Date: _____

Physical Therapist Assistant Program Curriculum

First Semester

<i>Course #</i>	<i>Course Name</i>	<i>Credits</i>
SDV 108	The College Experience	1
BIO-169	Human Anatomy and Physiology IA w/Lab.....	4
PTA-104	Introduction to Physical Therapy	1
PTA-130	Activities of Daily Living (ADL).....	4
HSC-114	Medical Terminology	3
ENG-105	Composition I.....	3
HSC-170	Health Care Interaction.....	2
First Semester Credits.....		18

Second Semester

BIO-174	Human Anatomy and Physiology IIA w/Lab	4
HSC-127	Kinesiology	4
PTA-170	Physical Therapy Science I	5
HSC-218	Clinical Pathology for Allied Health	3
Second Semester Credits.....		16

Third Semester

MAT-121	College Algebra	4
PSY-111	Introduction to Psychology	3
SOC-110	Introduction to Sociology	3
Third Semester Credits		10

Fourth Semester

PTA-270	Physical Therapy Science II	5
HSC-265	Clinical Neurology	2
PTA-189	Physical Agents.....	3
PTA-260	Management of Clinical Services.....	3
PSY-121	Developmental Psychology	3
Fourth Semester Credits		16

Fifth Semester

PTA-441	Clinical Affiliation I and Seminar	3
PTA-442	Clinical Affiliation II and Seminar	4
PTA-443	Clinical Affiliation III and Seminar	5
Fifth Semester Credits.....		12

PROGRAM TOTAL.....72

Updated 02/2016

WESTERN IOWA TECH COMMUNITY COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM

DOCUMENT OF INFORMED CONSENT

Student Participating as Subjects or as Patient Simulators (client/patient)

In simulated labs, students are expected to serve as the clinician and the client/patient. Students are advised that in participating in a course of this nature, there may be a need to expose the body to enhance learning. The dignity of students and faculty will be protected at all times.

- A safe environment must be maintained at all times
- Respect, dignity and confidentiality must be maintained at all times
- If a student is unable to perform as either a clinician or client/patient due to medical reasons, it is the student's responsibility to inform the Physical Therapist Assistant Program faculty. The student will still be responsible for learning the requisite material.

I hereby agree to the above stated terms.

Student Name (Print): _____

(Student Signature)

(Date)

Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation or clinical facility may be posted on any social media website. Social media outlets include but are not limited to: Facebook, LinkedIn, MySpace, YouTube, Twitter, Instagram or similar sites in the future. Student use of photography and/or recording devices is prohibited in all class room, laboratory and clinical sites, unless formal permission of the instructor of record is granted in advanced.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media sites. Students should not “follow” or become a patient’s “friend” on a social media site.

Any violation of this policy must be promptly reported to the program faculty. Disciplinary actions up to and including student removal will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Print name: _____

Signature: _____

Date: _____

Revised & Accepted 11/30/17

I have read and understand the grading and graduation policies, admission information booklet, of the Physical Therapist Assistant Program. The requirements for graduation from the PTA Program supersede the college requirements.

I agree to abide by these policies.

Please print:

Name:

Address:

Phone

#:

Signature

Date

*This form will be filled out and submitted the first day of class to your PTA instructor.
Please bring this handbook with you to the first day of your PTA class.*

