

CHAPTER 5

Standards of Behavior and Conduct

Carmen arrived for the laboratory orientation session early. She waited in the second row for the professor to enter the room. Professor Landau started the lecture by handing out a

paper outlining standards of expected conduct in the laboratory.

Standards of Conduct

What are standards of conduct? Perhaps one of the first places that many students are overtly exposed to standards of conduct is in the laboratory, where safety, ethical, and liability issues demand that specific rules be established and followed. Both legal and ethical issues govern the proper handling of human anatomical materials.

Consider the guidelines shown in [Table 5-1](#), which are excerpted from an anatomy course syllabus. These guidelines provide clear expectations of student conduct in relation to conduct in and around the anatomy laboratory.

Behavior and Conduct in Physical Therapy

Standards of conduct commonly address attributes such as dependability, appearance and presentation, initiative, empathy, cooperation and conflict resolution, and verbal and written communication. May et al² labeled a set of these behaviors as *generic abilities*.

Many physical therapist assistant programs incorporate and assess such 10 behaviors for students within the curriculum. These behaviors, defined in [Table 5-2](#), represent the behaviors expected of students entering the physical therapy profession. These behaviors have recently been studied, revised, and reordered to reflect 21st century practice, and they represent the critical attributes of behavior for the physical therapist.³ Although not all may apply

to physical therapist assistant practice in the same way as they do for the physical therapist, they continue to be widely used in physical therapist assistant education.

More recently, the American Physical Therapy Association (APTA) Advisory Panel of Physical Therapist Assistants developed a new document, *Values-Based Behaviors for the Physical Therapist Assistant*⁴ ([Appendix 9](#)), to describe the core values of the physical therapist assistant. That document describes 8 values-based behaviors that are considered to reflect the critical values and attributes of the contemporary physical therapist assistant. That document is the companion to *Professionalism in Physical Therapy: Core Values*⁵ ([Appendix 10](#)), which defines and describes “professionalism” for the physical therapist. The behaviors for the physical therapist assistant are shown in [Table 5-3](#).

Codes of Behavior

Acceptable behavior of students is defined in similar ways by many professions and disciplines. Academic institutions often publish student codes of conduct, and the underlying principles are usually similar. Every academic institution provides examples of acceptable student conduct, often including issues such as cheating and plagiarism, disorderly conduct, abusive behavior, sexual harassment, and other acts of discrimination.

Professions also establish their own explicit code of conduct, or *code of ethics*, that serves to protect the public and provides standards of expected behavior by its members. Students entering into a health profession must embrace the values of that profession and practice according to its explicit standards and laws. The APTA defines the guidelines for expected conduct of

its members by the *Standards of Ethical Conduct for the Physical Therapist Assistant* and the *Code of Ethics for the Physical Therapist*, as exhibited in [Appendices 2](#) and [3](#), respectively. The following excerpt of the student Code of Conduct refers both to institutional policies as well as 2 physical therapy core documents, the *Standards of Practice for Physical Therapy* ([Appendix 4](#)), and the *Standards of Ethical Conduct for the Physical Therapist Assistant* ([Appendix 2](#)).

TABLE 5-1
SAMPLE GUIDELINES FOR STUDENT CONDUCT¹
<i>STANDARDS OF STUDENT CONDUCT ANATOMY LABORATORY</i>
The cadaver that you have the opportunity to dissect is the responsibility of the Anatom-

ical Board. Students will observe the following standards of conduct while in the laboratory:

1. Cadavers must be maintained under locked conditions. Only students who have been programmed in the central computer and issued an ID card are allowed access to the dissection laboratory. No food or drink is allowed in the laboratory.
2. Cadavers must be treated with respect at all times. This is only logical and consistent with respect to the individual who has provided you with the opportunity to learn from his or her remains.
3. Expose only the part of the cadaver on which you are working. At the end of each laboratory period, ensure that the cadavers are wrapped in their sheets and lowered into the tank until totally submerged.
4. All tissue removed from the cadaver must be returned with the dissected remains for cremation. Buckets are provided for accumulation of

removed tissue. No tissue or organs may be removed from the dissection laboratory.

5. Because of the nature of the work being done, the laboratory must be maintained in a state of healthy, clean working conditions. If a clean laboratory cannot be maintained, specific cleaning duties will be assigned.

Reprinted with permission from Garrison D. *Course Syllabus. AHS 8415 Anatomy*. Norman, OK: University of Oklahoma Health Sciences Center; Summer 2011.

Student Conduct

The students in the Physical Therapist Assistant Program are expected to adhere to the Code of Student Conduct as stated in the College Student Handbook. This code applies for both academic and fieldwork experiences. The faculty and students are also expected to follow the Standards of Practice for Physical Therapy and Standards of Ethical Conduct for the Physical Ther-

apist Assistant. Failure to adhere to these principles will result in immediate removal from the program with a grade of “F” for all courses enrolled in that semester.⁶

Appearance and Dress

It had been a rough morning. Dawn forgot that today was dress code day—a guest speaker was coming to her Orthopedics class. She was the only student in class in cut-off jeans and sandals. Should she stay for the lecture or go home and change? She felt embarrassed as she tried to hide in the far corner of the classroom.

You have only a few seconds to make a first impression. The way that you appear may determine whether patients and clients trust you, feel that they will be safe with you, disclose con-

fidential information, or even consent to receiving services. Although it seems unfair, your appearance even influences whether other professionals will respect your opinion and may influence whether you land a job or get a raise.

Although the standard “daily uniform” may be jeans with an old T-shirt or sweatshirt, professional dress requires attention not only to what you wear but to personal hygiene, hair, nails, and identification. Take a look at the sample dress code in [Table 5-4](#).

Language and Conversations

The student physical therapist assistant list serve had been up and running for a few months. Eddie posted an ethnic joke, poking fun at a common accent. May (a fellow student) was irate. She wrote on the list serve, “I don’t think that joke is funny, nor do I think it belongs on a list serve that represents

our future profession.” What do you think? Is May overreacting?

Although Eddie’s intention was not to offend May or to behave in an irresponsible way, his communication does not show sensitivity to others. The ensuing discussion after this event created ample opportunity to explore cultural biases and establish proper conduct for internet use.

The language we use is another example of expected behavior. Whether speaking or writing, make an effort to use appropriate language and use good judgment as to whether a topic of conversation, joke, or random thought is appropriate for the context. It is critical to remember that when posting on any form of social media, whether personally on your own time or more formally, you are representing your college, your program, and the profession of physical therapy.


TABLE 5-2

**PROFESSIONAL BEHAVIORS
FOR THE 21ST CENTURY³**

<i>PROFESSIONAL BEHAVIOR</i>	<i>DEFINITION</i>
1. Critical thinking	The ability to question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument and to identify and determine the impact of bias on the decision making process.
2. Communication	The ability to communicate effectively (ie, verbal, nonverbal, reading, writing, and listening)



	for varied audiences and purposes.
3. Problem solving	The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
4. Interpersonal skills	The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.
5. Responsibility	The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.
6. Professionalism	The ability to exhibit appropriate professional conduct and to represent the profession effectively, while promoting the growth and development of the physical therapy profession.
7. Use of constructive feedback	The ability to seek out and identify quality sources of feedback, re-



	flect on and integrate the feedback, and provide meaningful feedback to others.
8. Effective use of time and resources	The ability to manage time and resources effectively to obtain the maximum possible benefit.
9. Stress management	The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies to interactions for self, patient/clients and their families, members of the health care team, and in work/life scenarios.
10. Commitment to learning	The ability to self-direct learning to include the identification of needs and sources of learning and to continually seek and apply new knowledge, behaviors, and skills.



Reprinted with permission from *Professional behaviors for the 21st century: 2009-2010*. Milwaukee, WI: Marquette University. <http://www.marquette.edu/physical-therapy/documents/ProfessionalBehaviors.pdf>. Accessed July 18, 2013.

“Whose business is it here at school what I post on my personal Facebook page?” remarked Grant defiantly. “It is simply unacceptable to make any negative remarks about anyone in the physical therapy community or a patient!” Deby, the Academic Coordinator of Clinical Education answered. “Do you understand why your clinical instructor might be upset when they read how ‘lame’ you think she is?”


Social networks (Facebook, Twitter, YouTube) have become “virtual water coolers” where people congregate online.⁸ Social network sites are popular ways for people with similar interests, hobbies, passions, medical conditions, professional backgrounds—the list is endless—to connect. Professional networking sites facilitate the sharing of health care news, discussion forums, clinical insights, and job postings.

Although social networks have seemingly endless potential benefits to allow people to “be connected” and share information at speeds never before imagined, there are potential pitfalls. [Table 5-5](#) presents guidelines related to professional boundaries and conduct in relation to your presence on social networking sites.

TABLE 5-3

VALUES-BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT⁴

<i>CORE VALUE</i>	<i>DEFINITION</i>
Altruism	Altruism is the primary regard for or devotion to the interests of the patient/client, assuming responsibility of placing the needs of the patient/client ahead of the physical therapist assistant’s self interest.



Compassion and caring	Compassion is the desire to identify with or sense something of another's experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
Continued competence	Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.
Duty	Duty is the commitment of meeting one's obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.
Integrity	Integrity is the steadfast adherence to high ethical principles or standards; truthfulness, fairness, doing what you say you will do, and "speaking forth" about why you do what you do.
Physical therapist/	The physical therapist/phys-



physical therapist assistant collaboration	ical therapist assistant team works together, within each partner's respective role, to achieve optimal patient/client care and to enhance the overall delivery of physical therapy services.
Responsibility	Responsibility is the active acceptance of the roles, obligations, and actions of the physical therapist assistant, including behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.
Social responsibility	Social responsibility is the promotion of a mutual trust between the physical therapist assistant, as a member of the profession, and the larger public that necessitates responding to societal needs for health and wellness.



Adapted from American Physical Therapy Association. *Values-Based Behaviors for the PTA*. 2011. <http://www.apta.org/ValuesBasedBehaviors/>. Accessed July 18, 2013.

TABLE 5-4

SAMPLE DRESS CODE⁷

DRESS CODE FOR CLINICAL AND OFF-CAMPUS TOURS

It is mandatory for students in their 2nd year to wear the program-approved uniform to all clinicals and off-campus tours. The uniform consists of plain, khaki-colored, twill pants/slacks (preferably no-wrinkle) and a navy blue polo-style short-sleeved shirt. Pants cannot be cargo, low-rise, jean material, capris (or other short lengths), or extreme bell-bottom/flared pant legs. The shirt is special-ordered because of embroidered lettering. The student is also required to purchase a plain white, hip-length lab coat. Shoes must be mostly white and provide the student with good arch support—no open toe or slides; no sandals, including “croc-style.” Women are allowed to wear a maximum of two stud earrings in each ear (no bars) and

men may not wear earrings at all. No other visible piercings (including tongue) are allowed.

Adapted from Pool J. *Physical Therapist Assistant Application Information Packet 2010*. Fort Worth, TX: Tarrant County College. <http://www.tccd.edu/Documents/Courses%20and%20Programs/PTA/Information%20Packet%20PTA%202010>. Accessed October 20, 2010.

TABLE 5-5

GUIDELINES FOR PROFESSIONAL CONDUCT ON SOCIAL NETWORKING SITES⁸

SOCIAL NETWORKING DO'S AND DON'TS

Follow these 6 tips to safeguard your reputation and protect your career from being tarnished.

1. **Keep protected health information private.** Do not divulge information about the patients you have seen. It may be possible to identify someone even without giving

a patient's name or social security number. It is both a legal and ethical responsibility to safeguard protected health information.

2. **Follow policies on conduct.** Use your best judgment to follow your school's policy on online conduct and code of professional behavior. It is never a good idea to criticize your school, professors, and/or classmates online.
3. **Consider what you write.** Think twice, even 3 times about everything that you write online. It cannot be undone. Even posts and comments that you delete are likely archived and accessible in future searches. If you would be embarrassed to have your school's director and faculty read a comment you have written, you should just not write it in the first place.
4. **Consider short- and long-term fixes for your Facebook page.** Do not use a profile picture of you party-

ing. Future employers often check Facebook to screen and identify acceptable job candidates. Although the privacy settings may provide some protection, remember that such controls are not a guarantee of your anonymity. In addition, take the time to “untag” yourself from photos or ask your friends to take compromising photos of you down.

5. **Don't joke around.** Your humor may be considered inappropriate and offensive by others. Limit your posting of jokes on social networking sites, unless you are sure that all future employers will also find them funny.
6. **Avoid “friending” your patients.** Be very careful about “friending” patients on social networks. Although your page can be a valuable marketing tool, your awareness of professional boundaries is important. If well-meaning family and friends post

private information on your Facebook wall, delete it immediately.

Adapted from Wynn P. Brave new world of social media: Social networking is transforming the way medical students communicate with one another, but is online content meeting professional standards? *The New Physician*. 2010;59(1). <http://www.amsa.org/AMSA/Homepage/Publications/TheNewPhysician/2010/0110SocialMedia.aspx>. Accessed Nov 1, 2010.

Confidentiality

The instructor gave an example of a problem employee, without using the employee's name or making any reference to a facility or point in time. Frances thought the situation sounded vaguely familiar, and she knew that the instructor was a district supervisor of the same company for which she worked. She went to work the next afternoon and asked her fellow employees at the clinic about the case the in-

structor used. They gossiped about the details of why a former colleague was fired. Who has breached confidentiality here?

Physical therapist assistant students frequently have access to confidential information about clients and patients. They may also have access to confidential information about colleagues, supervisees, other students, and faculty. Using good judgment requires thinking about the reasons why someone would need to know information.

Even if Frances could identify the employee and the situation in the situation indicated in the vignette with certainty, it serves no legitimate purpose for her to discuss the instructor's example with her colleagues. Avoid the temptation to enter into discussions of a colleague's situation or a patient's diagnosis, personal life, or other details, even in private.

Patients have rights to privacy and confidentiality. Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), only communication about patients that is necessary to provide, manage, and coordinate care is permitted.⁹

Avoid casual conversations about individual patients with clinical instructors and colleagues. Never engage in communication about individual patients in public places or with individuals who are not involved in providing care for that patient.

Keep in mind that physical therapist assistant students may have access to privileged information during their clinical coursework. Respect that privilege and do not abuse it.

Personal Space, Privacy and Modesty

Grant spoke with his elderly female patient's family about her seeming lack of "motivation" to begin walking after her hip fracture. She bitterly complained about her physical therapy appointments. Her daughter-in-law talked with her for a few minutes and returned to tell Grant that she was embarrassed to be lifted and touched by a young man.

Be aware that our concept of personal space is *culture specific*. We may feel uncomfortable being touched on certain body parts or by having people stand too close. This applies to working with both fellow students and patients.

With Other Students

Limits of personal space and modesty may vary widely among your classmates. There are many situations in the physical therapist assistant program where you will be well within the personal space of another student. Show sensitivity to issues of privacy and modesty. Your colleagues must give their permission for you to touch them. It is not your right. Be sure that you ask your colleague first and inform him or her about what to expect, just as you would a client or patient.

Allow instructors, students, and colleagues the opportunity to assist you in performing laboratory exercises that make you feel uncomfortable. If you have objections to others touching or practicing on you, inform the instructor or laboratory assistant. There are solutions that will meet everyone's needs.

With Patients and Clients

Physical therapy procedures often involve touching and treating body parts that go beyond normal social boundaries. You are allowed past these boundaries in your role as a physical therapist assistant. It is only in that role that you are accorded these privileges. Keep in mind that along with these privileges are stringent responsibilities to preserve patient dignity and privacy.

Be sure to observe draping guidelines and expose only those areas of the body necessary for treatment. Be sure to inform patients and clients about what you intend to do and the purpose of the procedure. Obtain consent before beginning. If you feel uncomfortable, ask another staff member to stay in the treatment area with you.

Sexual Harassment

Hannah finished the ultrasound treatment to the patient's upper thigh area. As she turned to put away the machine, the patient grabbed her hand and pressed it to his crotch and said, "Now that's more like it."

What should Hannah do or say?

The best approach is to be direct, simple, and clear. A statement such as, "Let go of my hand right now. Don't do that again. Is that clear?" would indicate that the behavior is unacceptable. She should request a change in staff if she continues to feel uncomfortable working with this patient.

Sexual harassment, unwanted sexual attention, sexual comments, or overt sexual behavior is never appro-

priate, yet it is fairly common in physical therapy.^{[10](#),[11](#)} Whether the source of sexual harassment is from patients or clients, other students, faculty, or clinical staff, deal with it directly. Indicate that it is unwanted and inappropriate. Do not keep it to yourself. Take action. Talk with a faculty member, supervisor, or clinical director about the proper channels for action.

Remain calm. Define unacceptable behavior clearly. Document the incident in writing through whatever procedures are appropriate at your college or clinical facility. Terminate any client who requests or initiates inappropriate touching, discussion, and/or behaviors and facilitate the transfer of the client to another counselor/therapist. Likewise, it is your duty to report any physical therapy provider who is engaging in such conduct.^{[12](#)}

Contact of a sexual nature during a physical therapy intervention is both illegal and unethical.^{[12](#)} In the event of

inappropriate feelings toward a patient/client, immediately obtain professional supervision and guidance from a clinical instructor or faculty member who can assist with facilitating the transfer of therapy.

Summary

Standards of conduct and behavior commonly address dependability, appearance and presentation, initiative, empathy, cooperation and conflict resolution, and verbal and written communication. Published codes of conduct define limits and boundaries of physical therapist assistant behavior.

Students must be especially aware of the standards for behavior and conduct in clinical activities, including presentation and attire, language, confidentiality, and modesty. Because most state practice acts include requirements for students and licensees to uphold

the standards of care for the profession, students must uphold the ethical principles and behavioral conduct explicitly described in the *APTA Standards of Ethical Conduct for the Physical Therapist Assistant* ([Appendix 2](#)). Students should check institutional policies for other regulations that govern student conduct.

References

- [1.](#) Garrison D. *Course Syllabus. AHS 8415 Anatomy*. Norman, OK: University of Oklahoma Health Sciences Center; Summer 2011.
- [2.](#) May WW, Morgan BJ, Lemke JC, et al. Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*. 1995;9(1):3-6.
- [3.](#) *Professional behaviors for the 21st century: 2009-2010*. Milwaukee, WI: Marquette University.

<http://www.marquette.edu/physical-therapy/documents/ProfessionalBehaviors.pdf>. Accessed July 18, 2013.

4. American Physical Therapy Association. *Values-Based Behaviors for the PTA. 2011*. <http://www.apta.org/ValuesBasedBehaviors/>. Accessed July 18, 2013.
5. American Physical Therapy Association. *Professionalism in PT: Core Values. (BOD P05-04-02-03)*. Alexandria, VA: American Physical Therapy Association; 2004.
6. Student conduct. In *Physical Therapist Assistant Student Handbook 2010-2012*. Middletown, NY: Orange County Community College. <http://www.sunyorange.edu/pta/docs/PTASTUDENTHandbook2.pdf>. Accessed December 26, 2011.
7. Pool J. *Physical Therapist Assistant Application Information Packet 2010*. Fort Worth, TX: Tarrant County College. <http://www.tccd.edu/>

[Documents/Courses%20and%20Programs/PTA/Information%20Packet%20PTA%202010](#). Accessed October 20, 2010.

8. Wynn P. Brave new world of social media: Social networking is transforming the way medical students communicate with one another, but is online content meeting professional standards? *The New Physician*. 2010;59(1). <http://www.amsa.org/AMSA/Homepage/Publications/TheNewPhysician/2010/0110SocialMedia.aspx>. Accessed Nov 1, 2010.
9. *Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) Part 160 – General Information*. http://www.cms.gov/HIPAAGenInfo/02_TheHIPAALawandRelated%20Information.asp. Accessed: November 1, 2010.
10. O’Sullivan V, Weerakoon P. Inappropriate sexual behaviours of patients towards practising physiotherapists:

[Documents/Courses%20and%20Programs/PTA/Information%20Packet%20PTA%202010](#). Accessed October 20, 2010.

8. Wynn P. Brave new world of social media: Social networking is transforming the way medical students communicate with one another, but is online content meeting professional standards? *The New Physician*. 2010;59(1). <http://www.amsa.org/AMSA/Homepage/Publications/TheNewPhysician/2010/0110SocialMedia.aspx>. Accessed Nov 1, 2010.
9. *Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) Part 160 – General Information*. http://www.cms.gov/HIPAAGenInfo/02_TheHIPAALawandRelated%20Information.asp. Accessed: November 1, 2010.
10. O’Sullivan V, Weerakoon P. Inappropriate sexual behaviours of patients towards practising physiotherapists:

a study using qualitative methods.

Physiother Res Int. 1999;4(1):28-42.

11. deMayo RA. Patient sexual behaviors and sexual harassment: a national survey of physical therapists. *Phys Ther.* 1997;77(7):739-744.

12. California Department of Consumer Affairs. *Physical Therapy Never Includes Sex.* Sacramento: CA; Physical Therapy Board of California; 1997. http://www.ptbc.ca.gov/forms_pubs/pt_sex.pdf. Accessed December 26, 2011.

PUTTING IT INTO PRACTICE

1. Locate and make a copy of the pages of your student handbook or catalog that refer to student conduct. What aspects of conduct are covered by these policies? What are the consequences for failure to observe these standards of conduct?

2. How are students in your physical therapist assistant education program expected to dress for:

Daily classroom activities?

Guest speakers?

Laboratories?

Clinical experiences?

3. Suppose you find out that one of your classmates has been working as a physical therapy aide, often unsupervised, in a local physical therapy practice. You are aware that this practice is a violation of both state law and the APTA Code of Ethics. How would you handle the situation?

4. Why is it important that student physical therapist assistants observe standards of behavior and conduct? What are the ramifications of violations of these standards:

For the student?

For his or her classmates?

For the program academic or
clinical faculty?

For the educational program?

For the physical therapy profes-
sion?

