

SPC PTA Clinical Experience Handbook

*Policies are subject to change at any time during the program. Students will be notified of any changes in writing.

An addendum
of the South
Plains College
Student Guide

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**South Plains College
Physical Therapist Assistant Program**

FORWARD

This Handbook has been designed to serve as a guide for students and Clinical Instructors during the clinical education portion of the SPC PTA Program. Students and Clinical Instructors will find information regarding policies and general practice to be followed while students are attending clinical experiences.

The Physical Therapist Assistant (PTA) is an important member of the dynamic profession of physical therapy. Prior to graduating from the PTA program and obtaining a license to practice as a PTA, student PTAs must complete a series of clinical experiences as part of a comprehensive PTA education. Student PTAs will be required to complete experiences in a variety of settings that will cumulatively provide exposure to a diverse population of patient/client conditions. This handbook will help to guide both the student PTA and the Clinical Instructor through each clinical experience.

Each student PTA will be held responsible for all parts of the PTA Program Clinical Site Handbook as well as the South Plains College Student Handbook and the PTA Student Handbook. Should program policies change during enrollment in the PTA Program, each student will be given a copy of the change/revision. Policies may change at any time during the program.

NON-DISCRIMINATION AND ANTI-HARASSMENT STATEMENT

The South Plains College Physical Therapist Assistant Program is committed to a learning environment in which all individuals are treated with respect and dignity. Each individual has the right to learn in an atmosphere that prohibits discriminatory practices, including harassment. Therefore, the Program expects that all relationships among persons on campus and in the clinical environment will be business-like and free of bias, prejudice and harassment.

It is the expectation of the Program that Program faculty, clinical faculty, and students will conduct themselves without discrimination or harassment on the basis of race, color, national origin, religion, sex (with or without sexual conduct), age, disability, alienage or citizenship status, marital status, creed, genetic predisposition or carrier status, sexual orientation or any other characteristic protected by law. The Program prohibits and will not tolerate any such discrimination or harassment.

South Plains College Physical Therapist Assistant Program at South Plains College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave Suite 100 Alexandria, VA 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.

**South Plains College
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Clinical Site Selection Policy

When a clinical facility is surveyed by the ACCE to join the SPC PTA Program, they must meet or exceed the following criteria:

1. The clinical education site's philosophy for patient care and clinical education is compatible with those of the Program.
2. The clinical education program provided by the individual clinical facility is planned to meet the objectives of the Program, its individual students, and the physical therapy service.
3. The physical therapy staff practices ethically and legally as outlined by:
 - a. state standards of practice
 - b. clinical center policy
 - c. the APTA Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide to PT Practice and the policy and positions of the APTA.
4. The clinical education site is committed to the principle of equal opportunity and affirmative action as required by federal legislation.
5. The clinical education site demonstrates administrative support of physical therapy education.
 - a. Each site agrees to sign and renew as needed a written agreement in a format acceptable to both parties. A corporate clinical education agreement with an academic program may exist to cover multiple clinical education sites.
 - b. Each site promotes participation of its staff as a SCCE and as clinical instructors.
 - c. Each clinical site provides educational opportunities related to clinical education.
6. Each clinical education site has a variety of learning experiences appropriate to the setting available to students. These learning experiences are varied and include education, administration, and social responsibility and advocacy.
7. The clinical education site provides an active, stimulating environment appropriate for the learning needs of students.
 - a. Each site agrees to review the SPC PTA Program curriculum plan, objectives, and clinical education policies and procedures.
 - b. Each site agrees to complete and review at midterm and final appropriate written evaluation forms with its students.
 - c. Each site agrees to complete and forward all clinical education forms and evaluations in a timely manner.
8. Selected support services are available to students that may include, but are not limited to: emergency medical care, library facilities, email, internet, educational media and equipment, duplicating services, and parking.
 - a. Support services will be provided for special learning needs of students with reasonable accommodation and in accordance with ADA guidelines.
9. The roles of physical therapy personnel are clearly defined and distinguished from one another.
 - a. Current job descriptions exist and are available for all levels of physical therapy personnel which are consistent with the respective state practice act and rules and regulations.
 - b. Each site has available a physical therapy organizational chart and policies and procedures manual.
10. The physical therapy staff is adequate in number to provide an educational program for students.
 - a. Adequate staff exists to provide supervision for each student PTA in the ratio of one student to one supervisor unless previously discussed with the ACCE.
 - b. Each clinical education site designates individuals as Clinical Instructors (CIs)
 - i. each CI must be a licensed PT or PTA possessing a minimum of one year of continuous clinical experience

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- ii. each CI must be interested in and willing to work with student PTAs
11. Each clinical facility agrees to designate a Site Coordinator of Clinical Education (SCCE) who is responsible for coordinating the assignments and activities of students at the clinical facility.
 12. The clinical education site encourages clinical educator (CI and SCCE) training and development including the completion of the APTA CI Education and Credentialing Program.
 13. The clinical education site actively facilitates staff development through on-the-job training, in-service education, continuing education, and post-professional study.
 14. The physical therapy staff is active in professional activities, such as :
 - a. self-improvement activities
 - b. professional enhancement activities
 - c. membership in professional associations
 - d. professional activities relating to offices or committees
 - e. papers, verbal presentations
 15. Each clinical education site in its offering of physical therapy service has an active and viable process of internal evaluation of its own affairs and is receptive to the procedures of review and audit approved by appropriate external agencies and consumers

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Clinical Site Affiliation Contract Policy

- 1 Clinical Sites will be contacted by ACCE or Program Director to initiate the process of establishing an affiliation agreement for placement of student PTAs for the clinical experience portions of the PTA Program.
 - 1.1 ACCE or Program Director will obtain verbal or written agreement to initiate the process.
 - 1.2 Written affiliation contract will be approved and signed by clinical site representative(s) and SPC representative(s).
 - 1.2.1 South Plains College and the contracted clinical site will each maintain a copy of written affiliation contract with original signatures. (Electronic affiliation contract in PDF (or print-out thereof) will be considered “original”.)
 - 1.3 Contracts will be reviewed in March of each year prior to request for clinical experience placements.
 - 1.3.1 If affiliation contract is not self-renewing, the affiliation contract will indicate the date that the contract ends, the “Contract Date” cell on the “Clinical Site Information” spreadsheet will be filled with the expiration date of the affiliation contract, this cell will be shaded red, and a calendar reminder will be established for one month prior to affiliation contract expiration.
 - 1.3.2 The ACCE is responsible for ensuring contract review is completed prior to request of clinical experience placements.
 - 1.3.3 Any clinical site with an expired affiliation contract will be not be considered “available” until new contract can be established.
 - 1.4 Anticipated clinical slot requests will be made by ACCE in March for the three clinical experiences of the class of student PTAs that started in January of the current year.
 - 1.5 Wording of established self-renewing contracts will be reviewed on a 3-5 year cycle to ensure the needs of all parties are met and to meet the expectations of the profession, the College, and the clinical sites. Review will be completed by program faculty and advisory board at regularly-scheduled meetings.

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Clinical Site Assignment Policy

1. Clinical Site Assignment
 - 1.1 Each student's array of clinical site placements will provide a variety of settings that will cumulatively provide exposure to a diverse population of patient/client conditions.
 - 1.2 Students will choose 3 clinical site options from the list of available contracted clinical sites during the first Spring semester of the PTA Program.
 - 1.2.1 The student is advised to review the available information about each site including location, patient population, staffing, housing, parking, etc.
 - 1.2.2 The student is advised to consult with ACCE and other PTA faculty members during the selection process.
 - 1.2.3 The student must provide a rationale that clearly delineates the reasons why the student has selected each site.
 - 1.2.4 Site selection choices with rationale for each choice should be submitted by the deadline established by the ACCE.
 - 1.3 Attempt will be made to assign the student to his/her first choice for a given clinical experience, but if the clinical site does not have available clinical slots, the student will be assigned to an alternate site.
 - 1.3.1 The program cannot guarantee that all needs will be met at all times.
 - 1.3.2 The academic needs of the student represent the FIRST PRIORITY in the final decision for clinical site assignment. Each student's array of clinical site placements will provide a variety of settings that will cumulatively provide exposure to a diverse population of patient/client conditions.
 - 1.3.3 Sites will be assigned by the ACCE.
 - 1.4 Due to the limited number of clinical sites in Levelland, Texas, students will be expected to attend clinical sites in the surrounding areas. Students can expect to attend one clinical site outside the immediate area of Levelland and Lubbock, but within the local area (a 90-mile radius from Lubbock is considered to be local).
 - 1.5 Students will not be placed in a PT clinic in which they have ever been employed.
 - 1.6 Clinical sites will be contacted by ACCE to assure available slots for student prior to making clinical site assignments. Students will be provided contact information for the clinical site.
 - 1.7 It is the student's responsibility to contact the clinical site prior to the beginning of the clinical experience and arrange to complete any site-specific requirements prior to the beginning of the clinical experience (orientation to the facility, drug test, etc.).
 - 1.8 The ACCE and student will be responsible for providing the clinical site with any site-specific documentation (i.e. shot record, proof of negative TB test or chest x ray, proof of CPR, Criminal Background Check Statement, and SPC Confidentiality Statement).

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Clinical Instructor Qualifications and Responsibilities Policy

1. An SPC PTA Program Clinical Instructor must be a licensed PT, or a licensed PTA supervised by a licensed PT.
 - 1.1 Clinical Instructor must have a minimum of one (1) year of clinical experience prior to accepting a student PTA.
 - 1.2 Upon accepting a student PTA, the ACCE will provide each Clinical Instructor (and the clinical site's SCCE) with the following information :
 - 1.2.1 Written Program expectations and clinical objectives
 - 1.2.2 Student Info Sheet
 - 1.2.3 If the Clinical Instructor has not completed the PTA CPI training, detailed instructions for completion of the PTA CPI training
 - 1.3 Clinical Instructor will have access to ACCE and/or Program Director at all times while student PTA is under their supervision.
 - 1.3.1 Minimum expected contact will be at mid-term and end-of-experience.
 - 1.3.2 Forms of contact possible: PTA CPI, telephone (806-716-2518), e-mail (kbeaugh@southplainscollege.edu), and /or site visit.
 - 1.4 ACCE will assign student PTAs to clinical sites
 - 1.4.1 SCCE of clinical site will be provided notification of student assignment at a minimum of 4 weeks prior to the beginning of the clinical experience when possible.
 - 1.4.1.1 Notification of site-specific requirements will be requested at the time of notification of assignment to allow sufficient time for student and/or ACCE to comply with clinical site requirements.
 - 1.5 Clinical Instructor will be asked for input about clinical education experience through written survey or phone conference as part of the PTA Program quality improvement plan.
 - 1.6 Clinical Instructor will be provided a clinical site handbook prior to arrival of student PTA.
 - 1.7 Student PTA will contact Clinical Instructor prior to beginning of clinical experience
 - 1.7.1 Student PTA will request any site-specific requirements at the time of initial contact with CI.
 - 1.8 Clinical Instructor will ensure student PTAs are introduced to patients, caregivers, and other staff members as a "Student Physical Therapist Assistant" to ensure full disclosure and informed consent.
 - 1.9 Clinical Instructor will ensure that the patient's right to refuse any treatment provided by a student is protected.
 - 1.10 Clinical Instructor will ensure and maintain student's privacy and confidentiality.

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Program Expectations of Clinical Instructors

1. THE CLINICAL INSTRUCTOR (CI) DEMONSTRATES CLINICAL COMPETENCE, AND LEGAL AND ETHICAL BEHAVIOR THAT MEETS OR EXCEEDS THE EXPECTATIONS OF MEMBERS OF THE PROFESSION OF PHYSICAL THERAPY.
 - a. One year of clinical experience
 - b. The CI is a competent physical therapist or physical therapist assistant.
 - i. The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the Guide to Physical Therapist Practice
 - ii. The CI uses critical thinking in the delivery of health services
 - iii. Rationale and evidence is provided by:
 1. The physical therapist for examination, evaluation, diagnosis, prognosis, interventions, outcomes, and re-examinations
 2. The physical therapist assistant for directed interventions, data collection associated with directed interventions, and outcomes
 - iv. The CI demonstrates effective time-management skills.
 - v. The CI demonstrates the core values associated with professionalism in physical therapy
 - c. The CI adheres to legal practice standards.
 - i. The CI holds a valid license
 - ii. The CI provides physical therapy services that are consistent with the respective state/jurisdictional practice act and interpretive rules and regulations
 - iii. The CI provides physical therapy services that are consistent with state and federal legislation, including, but not limited to, equal opportunity and affirmative action policies, HIPAA, Medicare regulations regarding reimbursement for patient/client care where students are involved, and the ADA
 1. The CI is solely responsible for ensuring the patient/client is aware of the student status of any student involved in providing physical therapy services
 - d. The CI demonstrates ethical behavior
 - i. The CI provides physical therapy services ethically as outlined by the clinical education site policy and APTA's Code of Ethics, Standards of Ethical Conduct for the Physical Therapist Assistant, Guide for Professional Conduct, Guide for Conduct of the Physical Therapist Assistant, and Guide to Physical Therapist Practice.
2. THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE COMMUNICATION SKILLS
 - a. The CI uses verbal, nonverbal, and written communication skills and information technology to clearly express himself or herself to students and others
 - i. The CI and student(s) collaborate to develop mutually agreed-on goals and objectives for the clinical education experience

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- ii. The CI provides feedback to students
 - iii. The CI demonstrates skill in active listening
 - iv. The CI provides clear and concise communication
 - b. The CI is responsible for facilitating communication
 - i. The CI encourages dialogue with students
 - ii. Provide dedicated time to review goals and provide feedback
 - 1. The CI provides time and a place for ongoing dialogue to occur
 - 2. The CI provides dedicated time to review the PTA CPI at the midterm and completion of the clinical experience
 - iii. The CI initiates communication that may be difficult or confrontational
 - iv. The CI is open to and encourages feedback from students, clinical educators, and other colleagues
- 3. THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE BEHAVIOR, CONDUCT, AND SKILL IN INTERPERSONAL RELATIONSHIPS
 - a. The CI forms a collegial relationship with students
 - i. The CI models behaviors and conduct, and instructional and supervisory skills that are expected of the physical therapist/physical therapist assistant and demonstrates an awareness of the impact of this role modeling on students
 - ii. The CI promotes the student as a colleague to others
 - iii. The CI demonstrates cultural competence with respect for and sensitivity to individual and cultural differences
 - iv. The CI is willing to share his or her strengths and weaknesses with students
 - b. The CI is approachable by students
 - i. The CI demonstrates unconditional positive regard for the student
 - ii. The CI assesses and responds to student concerns with empathy, support or interpretation, as appropriate
 - c. The CI represents the physical therapy profession positively by assuming responsibility for career and self-development and demonstrates this responsibility to the students
 - i. The CI participates in activities for development, such as continuing education courses, journal clubs, case conferences, case studies, literature review, facility-sponsored courses, post-professional/entry-level education, area consortia programs, and active involvement in professional associations including APTA
- 4. THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE INSTRUCTIONAL SKILLS
 - a. The CI demonstrates a desire to work with students by pursuing learning experiences to develop knowledge and skills in clinical teaching.
 - b. The CI collaborates with students to plan learning experiences
 - i. Based on that plan, the CI implements, facilitates, and evaluates learning experiences with students
 - ii. Learning experiences should include both patient/client interventions and patient/client practice management activities (such as documentation, scheduling, billing, etc.)
 - c. The CI demonstrates knowledge of the student's academic curriculum, level of didactic preparation, current level of performance, and the goals of the clinical education experience
 - d. The CI recognizes and uses the entire clinical environment for potential learning experiences, both planned and unplanned

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- e. The CI integrates knowledge of various learning styles to implement strategies that accommodate students' needs
 - f. The CI sequences learning experiences to promote progression of the students' personal and educational goals
 - i. The CI monitors and modifies learning experiences in a timely manner based on the quality of the student's performance
5. THE CLINICAL INSTRUCTOR DEMONSTRATES EFFECTIVE SUPERVISORY SKILLS
- a. The CI supervises the student in the clinical environment by clarifying goals, objectives, and expectations
 - i. The CI presents clear performance expectations to students at the beginning and throughout the learning experience
 - ii. Goals and objectives are mutually agreed-on by the CI and student
 - b. Feedback is provided both formally and informally
 - i. To provide student feedback, the CI collects information through direct observation and discussion with students, review of the students' patient/client documentation, available observations made by others, and students' self-assessments
 - ii. The CI provides frequent, positive, constructive, and timely feedback
 - iii. The CI and students review and analyze feedback regularly and adjust the learning experiences accordingly
 - c. The CI performs constructive and cumulative evaluations of the students' performance
 - i. The CI and students both participate in ongoing formative evaluation
 - ii. Cumulative evaluations are provided at least at midterm and at the completion of the clinical education experience and include student self-assessments
 - d. The CI participates in planning/modifying the internship when student is not meeting or is exceeding clinical performance expectations
 - i. When indicated, the CI uses adjunct documentation to describe student's performance, such as weekly/summary planning forms, anecdotal record, critical incident report, and learning development plans
 - ii. The CI contacts the SCCE and/or ACCE when there are concerns with a student's clinical performance
6. THE CLINICAL INSTRUCTOR DEMONSTRATES PERFORMANCE EVALUATION SKILLS
- a. The CI articulates observations of students' knowledge, skills, and behavior as related to specific student performance criteria
 - i. The CI completes PTA CPI training prior to beginning of clinical experience
 - ii. The CI familiarizes herself or himself with the student's evaluation instrument prior to the clinical education experience
 - iii. The CI recognizes and documents students' progress, identifies areas of entry-level competence, areas of distinction, and specific areas of performance that are unsafe, ineffective, or deficient in quality
 - iv. Based on areas of distinction, the CI plans, in collaboration with the SCCE and the ACCE, when applicable, activities that continue to challenge students' performance
 - v. Based on the areas identified as inadequate, the CI plans, in collaboration with the SCCE and ACCE, when applicable, remedial activities to address specific deficits in student performance

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- b. The CI demonstrates awareness of the relationship between the academic program and clinical education site concerning student performance evaluations, grading, remedial activities, and due process in the case of student failure
- c. The CI demonstrates a constructive approach to student performance evaluation that is educational, objective, and reflective and engages students in self-assessment (e.g., problem identification, processing, and solving) as part of the performance evaluation process
- d. The CI fosters student evaluations of the clinical education experience, including learning opportunities, CI and SCCE performance, and the evaluation process.

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Clinical Instructor Rights and Privileges and Development

1. Clinical Instructor Rights and Privileges

- 1.1 Through Cooperation, SPC and the Clinical Facility will promote and develop excellence in patient care and education.
- 1.2 The educational program at SPC will be enhanced through the use of staff, resources, and facilities at the Clinical Facility.
- 1.3 The Clinical Facility will benefit through stimulus of association with the college, its faculty members, PTA Library Resources, and its students.
- 1.4 PTA Students shall not, under any circumstances, be considered employees of the Clinical Facility. The relationship between the Clinical Facility and the students shall be educational only.
- 1.5 Clinical Facility Employees shall not, under any circumstances, be considered employees of the College. The relationship between the Clinical Facility and South Plains College shall be educational only.
- 1.6 ACCE will communicate SPC PTA Program information of interest, upcoming pertinent CEU courses, and other SPC information of interest to Clinical Instructors through electronic or written format in a timely manner.
- 1.7 Per the Texas PT Practice Act; Section 341.3 (F) Clinical Instructors for full time clinical education experiences will be eligible for CCUs for the purpose of relicensing. Please see Texas Practice Act for further details.
 - 1.7.1 ACCE will provide CI with documentation of Clinical Education experience.

2. Clinical Instructor Training and On-Boarding Development

- 2.1 ACCE will train and develop each Clinical Instructor based on Clinical Instructor request during any on-site clinical visit or as needed in-person and/or via phone or email.
- 2.2 Clinical Instructor will be provided directions and assistance to complete initial training for PTA CPI tool prior to accepting a SPC PTA student on second or third clinical experience.
- 2.3 ACCE will train and develop each Clinical Instructor based on results of the Clinical Instructor evaluation forms (see “Assessment of Clinical Site/SCCE and Clinical Instructor”).

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Clinical Experience Information Packet

1. The following documents will be sent before every clinical experience. Every clinical site will receive this information for every student placed at the clinical site and every clinical experience.
 - 1.1 SPC PTA Program Curriculum Plan
 - 1.2 SPC PTA Clinical Experience Handbook
 - 1.3 PTA CPI Training Instructions for CIs
 - 1.4 SPC PTA Clinical Expectations and Objectives
 - 1.5 PTA CPI Grading Rubric
 - 1.6 SPC PTA Program Malpractice Liability Insurance
 - 1.7 SPC PTA Student Information Sheet
 - 1.8 SPC PTA Clinical Skills Checklist

2. Other documents are available to be sent if requested (not limited to...) :
 - 2.1 SPC PTA Student Criminal Background Check
 - 2.2 SPC PTA Student Physical Form
 - 2.3 SPC PTA Student Immunization Record (including flu and COVID)
 - 2.4 Proof of Current TB Test
 - 2.5 SPC PTA HIPAA Training Verification

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Assessment of Clinical Site/SCCE and Clinical Instructor Policy

1. The following procedure for assessment of Clinical Instructors and Clinical Sites is anticipated to address the following general guidelines:
 - 1.1 The clinical education courses are sequenced appropriately in the curriculum to meet the goals and objectives of the clinical education program.
 - 1.2 The clinical education courses are of appropriate duration and length to meet the goals and objectives of the clinical education program.
 - 1.3 The number and variety of the clinical education sites is sufficient to meet the goals and objectives of the clinical education courses in the curriculum.
 - 1.4 Clinical teaching has been effective.
 - 1.5 Communication with the clinical education sites is sufficient and effective.

2. Clinical Instructor and Clinical Site assessment is multi-faceted. Various documents (listed below, and included in the Appendix) will be completed by ACCE and students to provide a multidimensional tableau with which to determine teaching and opportunity effectiveness.
 - 2.1 Midterm Site Visit Worksheet (see Appendix A) will be completed by the ACCE during a face-to-face or telephone visit with the CI and with the student. The ACCE will indicate determination of effectiveness of both CI and Clinical Site (based on these two discussions) by completing “ACCE Assessment” section of the Midterm Site Visit Worksheet.
 - 2.1.1 The midterm “grade” for the CI will be recorded in the “Clinical Instructor Gradebook” by the end of each clinical experience.
 - 2.1.2 The midterm “grade” for the Clinical Site will be recorded in the “Clinical Site Gradebook” by the end of each clinical experience.
 - 2.1.3 The ACCE will also compile, analyze, summarize, and discuss results with Program Director and faculty as appropriate.
 - 2.2 APTA “Clinical Experience and Clinical Instruction Evaluation Form” (see Appendix A) will be completed by the student at the end of each clinical experience.
 - 2.2.1 The ACCE will calculate effectiveness of CI based on student scores entered in Section 1 Item 9 (using formula “([Sum of Scores Entered] * 3) / 8”) and Section 2 Item 22 (using formula “([Sum of Scores Entered] * 2.5) / 21”) using formula “[Sum of Sections] / 12”. The ACCE will record this final “grade” for the CI in the “Clinical Instructor Gradebook” by the end of each clinical experience.
 - 2.2.2 The ACCE will calculate the effectiveness of the Clinical Site based on student scores entered in Section 1 Item 8 (using formula “([Sum of Scores Entered] / 20”) using the formula “[Section Total] * 10”. The ACCE will record this final “grade” for the Clinical Site in the “Clinical Site Gradebook” by the end of each clinical experience.
 - 2.3 Clinical Instructor Assessment (see Appendix) will be completed by the student and ACCE at the end of each clinical experience. The ACCE will determine the extent to which CIs meet the Program’s expectations (as outlined on pages 9-12).

The ACCE will compile, analyze, summarize and discuss results with the Program Director as appropriate.

3. Clinical Instructor Development

3.1 Clinical Instructor Development can be triggered by any/all of the following :

3.1.1 CI has earned a grade of C+ (6) or below as indicated in the “Clinical Instructor Gradebook”.

3.1.2 Midterm Site Visit with ACCE reveals issues as indicated in “Follow-Up” section.

3.2 The ACCE will initiate Clinical Instructor Development using the following methods :

3.2.1 Issues that arise during the Midterm Site Visit that can be resolved with point-of-contact counseling/discussion will be treated accordingly. This will be documented on the “Follow-Up” section of the Midterm Site Visit Worksheet and on the “Clinical Instructor/Site Development Tracker”.

3.2.2 Issues that arise from the repeated low performance on item indicators of the APTA “Clinical Experience and Clinical Instruction Evaluation Form” and/or “Clinical Instructor Assessment” will be addressed by ACCE with CI through appropriate means (i.e. e-mail, telephone, or face-to-face discussion; provision of resource material). This will be documented on the “Clinical Instructor/Site Development Tracker”.

3.2.3 If a CI earns a CI Development-triggering grade, the ACCE will review recently completed versions of APTA “Clinical Experience and Clinical Instructor Evaluation Form”, “Clinical Instructor Assessment”, and “Midterm Site Visit Worksheet”, and will follow process outlined in item 2.2.2 above.

4. The “Clinical Site Gradebook” will be used to determine appropriateness of sites for future student placement.

4.1 Clinical Site Development can be triggered by any/all of the following :

4.1.1 Clinical Site has earned a grade of C- (6) or below as indicated in the “Clinical Site Gradebook”.

4.1.2 Midterm Site Visit with ACCE reveals issues as indicated in “Follow-Up” section.

4.2 The ACCE will initiate Clinical Site Development using the following methods :

4.2.1 Issues that arise during the Midterm Site Visit that can be resolved with point-of-contact counseling/discussion with SCCE will be treated accordingly. This will be documented on the “Follow-Up” section of the Midterm Site Visit Worksheet and on the “Clinical Instructor/Site Development Tracker”.

4.2.2 Issues that arise from the repeated low performance on item indicators of the APTA “Clinical Experience and Clinical Instruction Evaluation Form” will be addressed by ACCE with SCCE through appropriate means (i.e. e-mail, telephone, or face-to-face discussion; provision of resource material). This will be documented on the “Clinical Instructor/Site Development Tracker”.

4.2.3 If a Clinical Site earns a Clinical Site Development-triggering grade, the ACCE will review recently completed versions of APTA “Clinical Experience and Clinical Instructor Evaluation Form” and “Midterm Site Visit Worksheet”, and will follow process outlined in item 3.2.2 above.

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5. Clinical Instructor/Site Development will be considered successful if CI, SCCE, and ACCE indicate satisfaction with the Clinical Instructor/Site Development during a “Follow Up” discussion. This will be documented in the “Follow Up” section of the “Clinical Instructor/Site Development Tracker”. The CI and/or SCCE will also be requested to complete the “CI Assessment of the SPC PTA Program” survey. The ACCE will compile, analyze, summarize and discuss the results of this survey with the Program Director, and will also document in the “Follow Up” section of the “Clinical Instructor/Site Development Tracker”.

6. If Clinical Instructor/Site Development strategies are unsuccessful (as determined by dissatisfaction of Clinical Instructor, SCCE, and/or ACCE in the “Follow-Up” stage of Clinical Instructor/Site Development), students will not be assigned to the Clinical Instructor or Clinical Site until further Clinical Instructor/Site Development activities are developed, completed, and assessed. This may result in temporary or permanent non-use of the Clinical Instructor or Clinical Site, and this will be indicated on the “Clinical Site Information” database.

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Physical Therapist Assistant

Clinical Safety Policy

Safe clinical practice is imperative and necessary in the provision of health care. Safe clinical practice helps to ensure the health and well-being of the patient, the student PTA, and other individuals within the clinic setting. This policy will cover safe clinical practice at clinical sites.

1. A student may be removed from the clinical site for any unsafe/unsatisfactory clinical performance. Any incident of unsafe/unsatisfactory clinical performance may result in failure of clinical experience. (see Readmission Policy in PTA Student Handbook)
2. The Clinical Instructor/SCCE/ACCE may remove the student from the clinical setting if the student demonstrates the following unsafe/unsatisfactory clinical performance:
 - a) It is determined that the student placed a patient in physical or emotional jeopardy.
 - b) The student assumes inappropriate independence in actions or decisions.
 - c) The student fails to recognize his/her own limitations, incompetence and/or ethical legal responsibilities.
3. Any student found in noncompliance with program clinical requirements and criteria may be suspended from the program and/or declared ineligible for continuation in the program.(see Readmission Policy in the PTA Student Handbook)
4. Clinical Instructors will be responsible for orienting the student to site-specific safety protocols.
 - a) Clinical Instructors will notify ACCE of any safety concerns with student PTA.
 - b) ACCE, Clinical Instructor and student will meet to discuss concerns.
 - c) A learning contract will be established to remediate areas of concern not requiring immediate removal from clinical site.
5. Supervision
 - a) Appropriate supervision of the student PTA by a Clinical Instructor will be maintained at all times
 - i) The primary Clinical Instructor is expected to maintain direct, 1:1 supervision of student PTA during initial time period of clinical experience
 - ii) After agreement between the primary Clinical Instructor and student PTA, and in accordance with applicable Medicare and other guidelines, supervision can be modified to line-of-sight, with ready availability of CI when student PTA needs it
 - iii) After agreement between the primary CI and student PTA, and in accordance with applicable Medicare and other guidelines, supervision can be modified to on-site, with ready availability of CI when student PTA needs it
 - iiii) If the primary Clinical Instructor is unavailable to provide currently agreed-upon level of supervision of the student PTA, an alternate CI can be identified on a temporary basis
 - b) In a situation where appropriate supervision is not occurring, the student PTA WILL NOT PROVIDE TREATMENT and will contact the ACCE immediately.

**South Plains College
Physical Therapist Assistant Program**

Student Illness/Injury Policy

In the case that the SPC student PTA becomes ill or is injured during academic classes, labs, or while completing a clinical rotation, the SPC PTA Program policy is:

1. Emergency care should be immediately provided as the situation requires.
2. If the situation is a non-emergency the student should be referred to their own personal medical provider or if outside of their home area to a medical provider in the area of the clinical affiliations. Cost for medical care will be at the student's own expense.
3. Notification
 - 3.1 Instructors should notify Program Director as soon as reasonably possible.
 - 3.2 Clinical Instructor should notify the ACCE (806-716-2518) of the event as soon as is reasonably possible.
 - 3.2.1 Contact report (see Appendix A) will be created, and arrangement for continuing of or termination of clinical rotation will be made at this time.
 - 3.2.2 If medical provider recommends partial or complete relief of duties, then student will follow guidelines of the facility.
 - 3.2.2.1 Student will need to present doctor's clearance for full return to work prior to continuing the clinical experience.
 - 3.2.2.2 Student will need to perform a non-patient competency recheck prior to working with any patient.

**South Plains College
Physical Therapist Assistant Program**

Exposure Policy

The following policy is to be followed in the event a student experiences an exposure (needle stick, blood, body fluids or respiratory) while participating in any clinical activity.

1. The student will report the incident to the Clinical Instructor. The Clinical Instructor will then contact ACCE and/or Program Director.
2. Exposure will be treated immediately using the following CDC guidelines:
 - a. Wash needle sticks and cuts with soap and water
 - b. Flush splashes to the nose, mouth, or skin with water
 - c. Irrigate eyes with clean water, saline, or sterile irrigants.
3. Notify the appropriate clinical site representative and complete the appropriate work.
4. Each person is encouraged to initiate testing for blood borne disease within 1 hour of exposure. (This may be done with a health care provider of choice. If the individual has no designated health care provider, an appropriate referral will be made.)
5. The exposed student will initiate follow-up care with health care provider of choice as soon as possible. Recommended time is within 1 hour of exposure for initiation of prophylactic treatment.
6. The student is responsible for all costs associated with his/her testing and follow- up.
7. Because of each person's right to privacy, one may decide whether to be tested and whether to disclose test results to others.
8. If the source person decides not to be tested or does not disclose test results, the Center for Disease Control guidelines recommend:
 - a. HIV and Hepatitis testing be done on the exposed person immediately post-exposure and three, six and twelve months post-exposure.
 - b. Beginning prophylactic treatment within one hour, or as soon as possible.
9. Each individual is encouraged to follow the advice given by the health care provider.
10. South Plains College reserves the right to deny clinical privileges to any individual whose health status poses a risk to others.
11. An Exposure Report (see Appendix A) will be completed by ACCE.

**South Plains College
Physical Therapist Assistant Program**

Latex Allergy Policy

Goal: To identify students who are allergic to latex, or at high risk to develop a latex allergy, and to educate them of risk factors and ways to prevent negative outcomes.

Policy: Latex-sensitive students will use only non-latex supplies. Latex-free gloves will be made available to students.

All students who are latex-sensitive must have a letter from a physician stating the treatment that will be required in the event of an adverse reaction. The student must keep emergency medications with them at all times when involved with school-related functions/activities.

Questionnaires will be administered by faculty to all incoming students to determine the risk or presence of latex-related allergies.

Procedure:

1. Identification of known or suspected latex-sensitive students is accomplished through the use of latex allergy questionnaire at the time of acceptance in the program that becomes part of the student's permanent record.
2. All students will be provided information regarding the health risks associated with latex including the prevalence of latex sensitization, risk factors for sensitization, mechanism to report potential problems with latex, and basic management for latex-sensitive students. This education will be provided to all students at Orientation.
3. All students with evidence of latex sensitivity by questionnaire, medical history, or physical examination will be directed to a physician.
4. **All students with evidence of latex sensitivity will be responsible for obtaining and wearing a medical alert bracelet, informing Clinical Instructor of need for non-latex gloves, and emergency medical instructions to include emergency medications, if applicable. This will be required prior to admission to the Clinical Settings.**
5. Faculty will be responsible for counseling students on the potential for latex sensitivity and identifying latex-containing items so that the student can avoid them whenever possible.
6. Latex-free gloves will be available to latex-sensitive students.

**South Plains College
Physical Therapist Assistant Program**

Student Requirements to Participate in Clinical Experiences

1. Grade Point Average : the student must maintain a cumulative grade point average of a 2.0 or higher
 - a. The student must satisfactorily perform PTA Program Skills to the level indicated on Skill Sheets (see Appendix C)
2. HealthCare Provider CPR Certification : the student must have current certification of HealthCare Provider CPR
3. Malpractice Liability Insurance
 - a. Malpractice liability insurance is required for all SPC PTA students
 - b. SPC carries a blanket malpractice insurance policy on student PTAs. The policy covers the time period from mid-September of each year until mid-September of the following year.
 - c. At the time of registration each Spring semester, student PTAs will be charged for this malpractice insurance. Malpractice insurance is not refundable. Any unusual circumstances involving refund must be approved by the Director of the PTA Program and the Dean of Students.
 - d. A certificate for Proof of Insurance will be provided to each clinical site upon renewal each year, and upon request by the clinical site.
4. Criminal Background Check
 - a. Each student will request and pay for a criminal background check through CastleBranch prior to attending the PTA Program Orientation and any PTA Program classes.
 - b. Each student will request and pay for a criminal background re-check in January prior to the start of Clinical 2.
 - c. The student is responsible for requesting and paying for any additional criminal background checks as required by the clinical site to which they are assigned.
 - i. On a case-by-case basis, PTASA may reimburse the student for the costs incurred for additional criminal background re-checks
5. Drug Screen
 - a. Each student will obtain and pay for a 10-panel drug screen through CastleBranch in January prior to the start of Clinical 2.
 - b. The student is responsible for obtaining and paying for any additional drug screens as required by the clinical site to which they are assigned.
 - i. On a case-by-case basis, PTASA may reimburse the student for the costs incurred for additional drug screens
6. TB Test
 - a. Each student is required to show proof of a negative TB test (not older than 1 year) prior to attending the PTA Program Orientation and any PTA Program classes.
 - b. Each student will receive and pay for a two-step TB skin test in January, to be completed prior to the start of Clinical 2.
7. Vaccinations : Students are expected to follow all clinical site policies, including vaccination requirements. Many clinical sites require vaccinations (e.g. flu, hepatitis B, COVID-19). If the

Clinical Experience Handbook

student wishes to seek an exemption from clinical site vaccination requirements, the student is responsible for asking the clinical site if the clinical site will allow an exemption. If the clinical site allows exemptions, the student will complete the clinical site's exemption process prior to clinical start.

1. Student is responsible for immediate communication with ACCE if either the exemption is denied by the clinical site, or if the clinical site does not accept exemptions.
2. Failure to complete vaccination requirements or a clinical site's exemption process may delay the student's clinical experience(s) and graduation from the PTA Program.

South Plains College
Physical Therapist Assistant Program

Clinical Behavior Guidelines

1. Students are to report to the Clinical Instructor prior to leaving and upon returning to the clinical site.
2. Students are not to make personal telephone calls while in the clinical area. Cell phones may be used only during official breaks and NEVER in patient care areas. Students must wear a watch during clinical experiences to monitor time.
3. The student should notify his/her family and childcare providers that in case of an emergency, they should contact the ACCE (806-716-2518) or Program Director (806-716-2470). Contacted person (ACCE or Program Director) will contact the student through the clinical site.
4. No tobacco products are allowed while in attendance at the clinical site.
5. A student is not to visit units other than the one assigned UNLESS it has been approved by the Clinical Instructor.
6. It is the student's responsibility to follow the clinical site's policies and procedures. A policies and procedures manual is available at every clinical site and must be reviewed at the beginning of the clinical experience.
7. The student may only perform procedures in which he/she has had classroom instruction and which he/she has practiced and received check-off in Skills Lab.
8. Students are not permitted to take a doctor's verbal order. The student is expected to instruct the doctor he/she is not permitted to do so and locate a qualified person to take the order. Students are not permitted to give information over the telephone concerning a patient/client's condition.
9. Time management and effective use of time is expected in all clinical settings.
10. Confidentiality must be maintained at all times. Public discussion of clinical experiences is not permissible. (including all electronic media)
11. While in the SPC PTA Program uniform, there will be no consumption of alcohol. Any reports of this behavior will be subject to disciplinary action including possible dismissal from the program. REMEMBER YOU ARE REPRESENTING SOUTH PLAINS COLLEGE.
12. Students will not transport patients or clinical staff in their private vehicle.
13. Drug testing will be completed as described in the Drug Testing Policy.

**South Plains College
Physical Therapist Assistant Program**

Drug Testing Policy

Due to the nature of all Health Science programs and the responsibility that the student has in the safe provision of physical therapy, the Program must ensure that students do not utilize illicit substances/drugs while enrolled within the PTA Program.

1. All students accepting a position in the PTA Program will complete a drug screening prior to matriculation into the Program, and again immediately prior to Spring clinicals.
 - a. Please note that there are many products on the market that can have an impact on drug testing which includes hemp/CBD products that are gummies, oils, vape, bath products, lotions, etc. Hemp is defined as any part of a cannabis plant that contains no more than 0.3% THC. CBD products made from hemp could have small amounts of THC in them even if the label doesn't say so. **This means that people using CBD regularly could build up high enough THC levels in their body to test positive.**
2. If a student is arrested for any drug/alcohol offense while in the Physical Therapist Assistant Program, the student may be immediately withdrawn from the Program. The student will be referred to the ECPTOTE to determine eligibility for licensure. If withdrawn, the student may request readmission into the Program.
 - a. The request for readmission will go before the Health Sciences Academic Standards Committee for a final decision.
3. All students may be subject to random drug testing at any time while in the Program.
4. Any time there is a complaint or report of a student suspected of being impaired, the student will be required to undergo drug testing for probable cause at the expense of the student and will be observed during the testing process. This process may be done by a urinalysis or by hair sample.
 - a. Faculty will complete a Program Director Referral Form for behavioral issues that signal suspected impairment.
 - b. Program Director will meet with the student and make appropriate referral for drug screen for cause.
 - c. If suspected of being under the influence during class, lab, or clinical, the student will not be allowed to leave the facility to drive to another location. The student will contact someone to provide them with transportation at the student's expense.
5. Should a student refuse to be tested, this will be considered a positive screen and treated in the same manner as an actual positive screen. Should a student leave the premises of the clinical site or class session and not complete the test then this will be considered a positive screen and be treated in the same manner as an actual positive screen. A drug screen which shows the presence of an adulterant will be considered a positive screen. Any of these circumstances may result in immediate dismissal from the Program.
6. If the student tests positive at any point and the lab determines the positive result is not related to currently prescribed medication, the student may be immediately dismissed from the Program and will not be allowed readmission consideration.

South Plains College
Physical Therapist Assistant Program

Confidentiality Policy

1. Confidentiality Policy
 - 1.1 Student will read and sign the “SPC Confidentiality Acknowledgement and Agreement” (see Appendix A) as well as any separate site-specific confidentiality statements. A permanent copy will be kept in the student’s permanent file held in the PTA department.
 - 1.2 There shall be **NO** discussion of clinical experiences or patients in social conversation or in any form of outside discussion, verbal or written, including electronic media (i.e. Facebook, Twitter, SnapChat, Instagram, text message, e-mail, voice mail). This list is NOT inclusive.
 - 1.3 The clinical experience will not be discussed outside of the clinical site, with the exception of a discussion with your Clinical Instructor, course instructor at a post-clinical conference, or through written coursework and mediated classroom discussion as a part of an educational experience. Personal identifiers will not be used in classroom discussion.
 - 1.4 No copies of patient records may be removed from clinical site.
 - 1.5 Any copies used during clinical experience must be returned to the Clinical Instructor prior to leaving the clinical site.
 - 1.6 No copies may be made or taken from the medical record.
 - 1.7 Any breach of confidentiality or HIPAA violations of any type will be grounds for immediate dismissal from the PTA Program with no opportunity for readmission to the PTA Program at South Plains College.

**South Plains College
Physical Therapist Assistant Program**

Attendance Policy

1. Attendance Policy for Clinical Experiences

1.1 Students are expected to attend all scheduled days of all clinical experiences “full-time” in order to successfully complete each clinical experience. “Full-time” is defined as at least Monday through Friday, for all hours that the student’s clinical instructor (or designated alternate clinical instructor) are in attendance (minimum expectation is that this will be from 8A-12noon and from 1P-5P), for a total minimum of 112 hours for Clinical 1, 272 hours for Clinical 2, and 272 hours for Clinical 3. An alternate clinical instructor may be designated if the primary clinical instructor’s schedule for the day does not provide for at least 8 working hours.

1.2 An excused absence is an absence of any amount of time that has been arranged prior to the event with the Clinical Instructor and ACCE, or is the result of an illness or travel difficulties from inclement weather or car trouble, etc. in which the Clinical Instructor and ACCE have been notified prior to the student’s morning work start time at the clinical site. **IT IS THE STUDENT’S RESPONSIBILITY** to notify the Clinical Instructor and ACCE of any excused absence.

1.2.1 The maximum number of excused absences allowed for this course is two; more than two excused absences can be grounds for removal from the clinical experience. A plan to make-up time missed due to excused absences must be discussed and developed with both the Clinical Instructor and the ACCE.

1.2.2 Making Up Excused Absences

1.2.2.1 The student can make up the first excused absence time of up to 8 hours by accumulating extra time by arriving early, working through lunch, or staying late, as long as this time is spent on clinical-related activities. A maximum of 8 hours can be “made up” this way. This must be arranged with the Clinical Instructor and the ACCE.

1.2.2.2 The student must make up excused absences in addition to the first 8 hours by arranging with the Clinical Instructor and the ACCE for an additional day (weekend day(s) or day(s) after original clinical end date).

1.3 An unexcused absence is an absence of any amount of time in which the student has failed to notify the Clinical Instructor and ACCE in advance, such as an illness, travel difficulties from inclement weather or car trouble, etc. without notification of the Clinical Instructor and ACCE prior to the student’s morning work start time, or an absence in which the Clinical Instructor and/or ACCE denied permission. **IT IS THE STUDENT’S RESPONSIBILITY** to notify the Clinical Instructor and ACCE of any unexcused absence.

1.3.1 ALL unexcused absence time will require the student to work additional hours/days in the amount of the missed time at the discretion of the Clinical Instructor and/or ACCE.

1.3.2 ALL unexcused absences must be reported by the student to the ACCE immediately.

1.3.3 Making Up Unexcused Absences

1.3.3.1 The student can make up the first unexcused absence by accumulating extra time by arriving early, working through lunch, or staying late, as long as this time is spent on clinical-related activities. A maximum of one 8-hour day can be “made up” this way. This must be arranged with the Clinical Instructor and the ACCE.

1.3.3.2 The student must make up unexcused absences in addition to the first by arranging an additional day (weekend day(s) or day(s) after original clinical end date) with the Clinical Instructor and ACCE.

1.4 Students are required to follow the clinical site’s policy regarding return to work after an illness.

1.5 If a student misses a week of clinical (including a week that includes holiday day(s)) due to failure to complete the facility’s on-boarding process, the student must make up this missed time by arranging an additional full week after original clinical end date with the Clinical Instructor and ACCE.

1.6 Students may not attend clinical during a College holiday, even if the student’s clinical site does not observe that holiday. Students will not be required to make-up missed time from a College holiday that occurs during the clinical experience’s scheduled time. A College holiday day may not be used to make-up missed time.

1.7 Clinical attendance on inclement weather days will be determined by the Clinical Instructor, ACCE and/or Program Director, as needed. Students do not need to make-up missed time if the student’s clinical site is not open due to inclement weather.

1.8 Excessive clinical absences (more than 2 excused absence days that are not made up or any unexcused absence time that the student is unwilling to make up) will lead to failure of the clinical experience, and require readmission to the PTA Program in order to complete prescribed clinical experiences. (See Readmission Policy of PTA Student Handbook).

1.9 A student is considered tardy if the student arrives any time after the clinical instructor has indicated the student should arrive or does not return from an approved break by the time indicated by the clinical instructor.

1.9.1 Having more than one tardy will result in initiation of a learning contract to plan against future tardies.

1.9.2 Failure to follow the learning contract and/or failure to avoid further tardies may result in discontinuation or failure of clinical experience and need to remediate.

**South Plains College
Physical Therapist Assistant Program**

Dress Code

Reasonable standards of decency and professionalism apply to the PTA Program. The PTA student should dress in a manner which does not distract from the patient care atmosphere. Revealing attire or clothing carrying obscene or offensive slogans **are not** permitted.

1. Clinical Experience Dress Code - Students are expected to attend clinical experiences and represent the PTA program, SPC, and the PT profession in a professional manner. Dress code for clinical experiences will be the approved SPC PTA polo shirt, and khaki/black slacks; or dress required/preferred by the facility. Name tag or badge will be worn as required by the facility. Shoes must be clean and neat, closed-toe and closed-heel and worn with socks (no sandals, flip flops, etc.). No visible body piercing including tongue will be allowed at the clinical site.
2. Hygiene – Hair should be clean and neat (long hair should be pulled back). Strong colognes and perfumes should not be worn. Fingernails should be short and clean (no artificial nails may be worn). Jewelry should be kept to a minimum. Tattoos should be covered in accordance to clinical site guidelines.
3. Appropriate undergarments should be worn at all times.

**South Plains College
Physical Therapist Assistant Program**

Clinical Education Objectives

The general learning objectives for Clinical Experiences include:

1. Observation of Physical Therapy services offered in a variety of settings under the direction and supervision of licensed PT/PTA staff members.
2. Progression from observation to hands-on supervised practice of clinical skills offered in the distinctive clinical setting to which the student is assigned.
3. By the end of the final full-time clinical experience, the student should demonstrate an entry level skill set as described by the APTA (Essential Functions of the Physical Therapist Assistant (see Appendix C) and Minimum Required Skills of the Physical Therapist Assistant) and Generic Abilities (see Appendix C).

The Learning Objectives for Clinical Experience 1 include :

1. Demonstrate correct/safe patient handling techniques as directed by CI.
2. Teach patient functional skills as directed by CI.
3. Adhere to regulations, and laws pertaining to physical therapy.
4. Recognize economic, environmental, social, and cultural needs of patients, care givers, and peers within the physical therapy clinic setting.
5. Explain outcome assessment related to course content.
6. Apply generic abilities related to course content.
7. Describe basic concepts related to the APTA *Guide to Physical Therapist Practice*.

The Learning Objectives for Clinical Experiences 2 and 3 include :

1. Demonstrate correct/safe patient handling techniques as directed by CI.
2. Teach patient functional skills as directed by CI.
3. Adhere to regulations, and laws pertaining to physical therapy.
4. Recognize economic, environmental, social, and cultural needs of patients, care givers, and peers within the physical therapy clinic setting.
5. Explain outcome assessment related to course content.
6. Apply generic abilities related to course content.
7. Describe basic concepts related to the APTA *Guide to Physical Therapist Practice*.
8. Demonstrate correct/safe use of physical agents as directed by CI.
9. Formulate therapeutic exercise programs as directed by CI.
10. Design therapeutic interventions based on plan of care as directed by CI.

**South Plains College
Physical Therapist Assistant Program**

Clinical Grading Expectations

1. South Plains College student PTAs will use the PTA CPI as the clinical experience grading tool for all clinical experiences. See Appendix B for grading rubrics.
2. Students and Clinical Instructors must complete the PTA CPI training. This is offered by the APTA's Learning Center (learningcenter.apta.org). The training is required once for each user (student or Clinical Instructor).
3. SPC PTA Program expects (at a minimum) a weekly conference between the student and Clinical Instructor to discuss the student's progress and goals for the clinical experience.
4. ACCE will determine overall grade for each clinical experience from the data collected from the PTA CPI that has been entered by the Clinical Instructor and student throughout the clinical experience.
5. SPC PTA Program also requires that certain clinical skills be demonstrated to entry-level competence. See Appendix B's "Clinical Skills Checklist" for specific skills required.

**South Plains College
Physical Therapist Assistant Program**

**Grading Policy and Guidelines for Full-Time Clinical Experiences
(PTHA 2260, 2461 and 2462)**

1. The Academic Coordinator of Clinical Education (ACCE) will determine the final grade for each clinical experience, and will determine if the student is “entry-level” (considering the CI’s Final CPI assessment of the student, midterm clinic visit, and other communication with CI and student)
2. Students will demonstrate competence of clinical skills as indicated by Clinical Skills Checklist (see Appendix B).
3. Students will successfully complete Clinical Education courses PTHA 2260, 2461 and 2462 with a grade of 75% or higher. Students who fall below passing requirements will not be allowed to continue in the PTA Program.
 - 3.1. “A” = 90-100%
 - 3.2. “B” = 80-89%
 - 3.3. “C” = 75-79%
 - 3.4. “F” = below 75%
4. Grade will be calculated based on : Attendance, Clinical Performance Instrument (CPI) Ratings, Clinical Experience Assignment(s), Pre-Clinical Assignment(s), and Post-Clinical Assignment(s).
 - 4.1 Clinical Performance Instrument (CPI) Ratings (see Appendix B for grading rubrics)
 - 4.1.1 PTHA 2260 : Students will achieve ratings of “Intermediate Performance” to “Entry-Level Performance” for performance criteria #1-5 (Ethical Practice, Legal Practice, Professional Growth, Communication, Inclusivity) by the completion of this experience.
 - 4.1.2 PTHA 2461: Students will achieve ratings of “Intermediate Performance” to “Entry-Level Performance” for all applicable performance criteria by the completion of this experience.
 - 4.1.3 PTHA 2462: Students should achieve ratings of “Entry-Level Performance” for all applicable performance criteria by the completion of this experience.
 - 4.2 Additionally, it is expected that all assignment(s) requested by CI are completed satisfactorily and on time
5. Failure of the clinical experience may result from any of the following:
 - 5.1. Failure to complete required paperwork and/or assignments
 - 5.2. Significant concerns noted by CI or ACCE that were not corrected satisfactorily by the student during the clinical experience
 - 5.2.1. Safety : CIs have the authority and the responsibility to remove any student from the clinical site who is demonstrating behaviors that are a safety risk to the student, self, or others. These decisions may be based on suspected or observed behaviors that may indicate the student is not adequately prepared and/or is unable to provide safe patient care. Any CI decision to remove a student results in an unexcused absence. A student who is permanently excluded from the clinical experience for unsafe or inappropriate behaviors shall be ineligible for a passing grade in that course.
 - 5.3. Any behavior that would result in failure of an on-campus course as noted in the PTA Program Student Handbook and/or the SPC Student Handbook
 - 5.4. Other reasons for failure and/or termination of the clinical experience may be determined at any time during the clinical experience by agreement of the CI, SCCE, and ACCE

**South Plains College
Physical Therapist Assistant Program**

Remediation Policy

The following procedure(s) will be followed in the event that the student PTA demonstrates unsafe/unsatisfactory performance during the clinical experience as determined by the Clinical Instructor or ACCE :

1. First Occurrence : the first occurrence of unsafe or unsatisfactory performance will result in correction by the Clinical Instructor
 - a. If student PTA does not respond to this feedback appropriately, the CI will contact the ACCE, and the procedure for a Second Occurrence will be initiated
2. Second Occurrence : the second occurrence of the same unsafe or unsatisfactory performance will result in correction by Clinical Instructor followed by contact with ACCE
 - a. Contact of the ACCE initiated by Clinical Instructor will result in formulation of a learning contract/success plan with the participation of the Clinical Instructor, student PTA, and ACCE (in person if necessary)
3. Third Occurrence : the third occurrence of the same unsafe or unsatisfactory performance will result in removal of the student PTA from the clinical experience.
4. Exception for Egregious Safety Concern : see also Grading Policy 5.2.1
 - a. CIs have the authority and the responsibility to remove at any time any student from the clinical site who is demonstrating behaviors that are a safety risk to the student, self, or others.

The following procedure(s) will be followed in the event that the student PTA fails any component of the clinical experience (e.g. has excessive absences, removal for unsatisfactory performance, failure to demonstrate clinical skill(s) to entry-level – see Section 5 of Grading Policy) not related to safety :

1. If a required skill is not achieved due to lack of availability at the student's assigned clinical site, the student can request that the ACCE make arrangements with either clinical education faculty at a different clinical site or Program faculty for demonstration of skill in question.
2. If a required skill is not achieved due to insufficient demonstration of skill, the student may request that the ACCE make arrangements with either clinical education faculty at a different clinical site (including a repeat of the clinical experience) or Program faculty for demonstration of skill in question.
3. If student fails to demonstrate entry-level competence of skill after demonstration arranged by ACCE, or student does not request or follow-through with such arrangement, or the student has excessive absences, student will not pass the clinical education component of the Program, and will be dismissed from the Program (see Readmission Policy of PTA Student Handbook).

**South Plains College
Physical Therapist Assistant Program**

Clinical Continuation Policy

The SPC student PTA who requires additional time to successfully complete one or both final clinical experiences can continue the clinical experience(s) in the following manner :

1. Identification of Need For Continuation
 - a. Student PTA will discuss with ACCE the reason for needing additional time
 - (a) Valid reasons include (but not limited to) temporary medical issue, irreconcilable student-CI differences
 - (b) Invalid reasons include (but not limited to) absences, critical safety issue
 - b. Student will receive an “I” for “Incomplete” as the grade for the unfinished clinical experience
2. Completion of Continuation of Clinical Experience
 - a. ACCE will assign student PTA to a different clinical site for a timeframe that falls within the Summer semester
 - b. Student PTA is expected to complete the clinical experience as arranged by ACCE
 - (a) Access to the Blackboard course will be granted so student PTA can complete all applicable assignments and activities
 - c. Student PTA will accept/decline Accident Insurance coverage using “Accident Insurance Coverage for Continuation of Clinical Experience” Form
 - (a) Student PTA will continue to be covered by Professional Liability Insurance
3. Post-Completion of Continuation of Clinical Experience
 - a. ACCE will submit a grade change form after continuation of clinical experience is completed
 - b. Upon successful completion of all clinical experiences, Student PTA will be eligible to sit for the next available licensing exam

SPC
PTA
Clinical
Experience
Hand
Book

Appendix
A
Forms

**South Plains College
Physical Therapist Assistant Program**

Confidentiality Acknowledgment and Agreement

NAME: (PLEASE PRINT) _____

During the course of your clinical experiences, you may have access to information which is confidential and may not be disclosed except as permitted or required by law. In order to properly care for patients and engage in successful clinical planning, certain information must remain confidential. Improper disclosure of confidential information can cause irreparable damage to the patient. Confidential information includes, but is not limited to:

1. Medical and certain other personal information about patients.
2. Medical and certain other personal information about employees.
3. Medical Staff records and committee proceedings.
4. Reports, marketing or financial information, and other information related to the business or services which have not previously been released to the public at large.

By signing this Confidentiality Agreement, you acknowledge and agree that:

1. All medical information is confidential.
2. Other confidential information includes medical staff and personnel records, committee proceedings, and non-public financial and marketing information.
3. **You are obligated to hold confidential information, whether oral, written, computerized, or other, in the strictest confidence and not to disclose the information to any person or in any manner which is inconsistent with federal or state law.**
4. Impermissible disclosure of confidential information about a person may result in legal action being taken against you by or on behalf of that person.
5. You understand that licensed health care providers are subject to sanctions for impermissible disclosure under federal and state privacy laws.
6. Your confidentiality obligation shall continue indefinitely, including at all times after your association with clinical sites.

I have read this confidentiality agreement, understand it, have had my questions fully addressed, and have a copy for my permanent personal records.

Signature

Date

Print Name

**South Plains College
Physical Therapist Assistant Program**

**STATEMENT OF UNDERSTANDING
CAMPUS CONCEALED CARRY**

Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in South Plains College buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun, a qualified law enforcement officer or those who are otherwise authorized. Pursuant to Penal Code (PC) 46.035 and South Plains College policy, license holders may not carry a concealed handgun in restricted locations. For a list of locations, please refer to the SPC Campus Carry page at <http://www.southplainscollege.edu/campuscarry.php>.

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all South Plains College campuses. Report violations to the College Police Department at 806-716-2396 or 9-1-1.

The following Penal Code pertains to all hospital owned property such as clinics, physician’s offices, ambulances, and ambulance stations.

Texas Penal Code - PENAL § 30.06. Trespass by License Holder with a Concealed Handgun states that an individual cannot carry a handgun (concealed or open carry) on the premises of a hospital licensed under Chapter 241, Health and Safety Code, or on the premises of a nursing facility licensed under Chapter 242, Health and Safety Codes, unless the license holder has written authorization of the hospital or nursing facility administration.

Texas Penal Code - PENAL § 30.07. Trespass by License Holder with an Openly Carried Handgun states that an individual cannot carry a concealed handgun on the premises of a hospital licensed under Chapter 241, Health and Safety Codes, or on the premises of a nursing facility licensed under Chapter 242, Health and Safety Codes, unless the license holder has written authorization of the hospital or nursing facility administration.

- ☛ I am aware of the Texas Senate Bill – 11, Campus Concealed Carry law
- ☛ I have read both § 30.06 and § 30.07 of the Texas Penal Code regarding hospital/clinical Campus Concealed Carry
- ☛ I understand that concealed means that it is not seen, it is not noticeable, it is not touched by another, nor is it talked about
- ☛ I understand that it is **legal** to conceal a handgun on a South Plains College campus with a proper license. I understand that it is **illegal** to conceal a handgun at the clinical sites (hospitals & clinics) regardless of license status.
- ☛ I understand that if the weapon becomes non-concealed that the SPC Campus Police will be called and the situation will be handled by the SPC Campus Police

Student Name (Print)

Student’s Signature

Date

**South Plains College
Physical Therapist Assistant Program**

Injury/Illness Clinical Contact Report

Each individual should retain a copy of this completed form for his/her personal records and is strongly encouraged to share the information regarding this incident with his/her Health Care Provider.

Faculty member: Please assist the student completing this form, make 2 copies of completed form, and deliver the original completed form to the PTA Program office with a copy to the facility and a copy to the student.

STUDENT NAME _____

FACILITY/FACULTY REPRESENTATIVE _____

ATTENDING FACULTY MEMBER _____

DATE OF INCIDENT _____

DESCRIBE INCIDENT/ INJURY

FACULTY SIGNATURE

DATE

AGENCY SIGNATURE

DATE

I have read and been informed of the South Plains College Illness/Injury Policy. I have been strongly advised to seek medical attention. I understand all financial obligations regarding testing and follow-up care is my responsibility. I understand I have a right to privacy. I have been encouraged to share any further information regarding this incident/injury to the appropriate faculty.

STUDENT SIGNATURE

DATE

Clearance for full return work received []

CI verified competency to return to work []

**South Plains College
Physical Therapist Assistant Program**

EXPOSURE REPORT

Each individual should retain a copy of this completed form for his/her personal records and is strongly encouraged to share the information regarding this incident with his/her health care provider.

Clinical Site Representative: Please assist the individuals completing this form and deliver the original completed form to the PTA Program office for the student file, deliver a copy to the clinical site, and provide a copy to the student.

EXPOSED INDIVIDUAL _____

FACILITY REPRESENTATIVE _____

ATTENDING FACULTY MEMBER _____

DATE OF INCIDENT _____

DESCRIBE EXPOSURE INCIDENT

FACULTY SIGNATURE

DATE

CLINICAL SITE REPRESENTATIVE SIGNATURE

DATE

I have read and been informed of the South Plains College Exposure Policy. I have been strongly advised to seek medical attention. I understand all financial obligations regarding testing and follow-up care is my responsibility. I understand I have a right to privacy. I have been encouraged to share any further information regarding this exposure to the appropriate faculty.

STUDENT SIGNATURE

DATE

**South Plains College
Physical Therapist Assistant Program**

ACCIDENT INSURANCE COVERAGE FOR CONTINUATION OF CLINICAL EXPERIENCE

The SPC Accident Insurance policy provides coverage in the event that student incurs an injury deemed by the policy to be an accident. The student's accident insurance expires on the last day of the last clinical experience. The student will incur the cost of extending this coverage during a continuation of a clinical experience.

Accident Insurance is optional. Please choose one of the options below.

I agree to extend my Accident Insurance coverage to the last day of the continuation of the clinical experience(s). I understand that I will incur the cost of this coverage extension.

I agree to allow my Accident Insurance coverage to lapse, and will assume all risks (financial and otherwise) that this coverage protects against while pursuing the continuation of the clinical experience(s).

STUDENT PTA SIGNATURE

DATE

STUDENT PTA NAME (please print)

**South Plains College
Physical Therapist Assistant Program**

OUT-OF-AREA CLINICAL STUDENT AGREEMENT

Per student request, SPC faculty are allowing for scheduled clinical experience(s) to occur outside of the Levelland-Lubbock region.

_____ (SPTA) agrees to acceptance of all requirements and expectations for all PTA students, including but not limited to return to Levelland campus for PTHA 2339 mandatory meetings between and after clinical experiences. Failure to attend onsite class times for PTHA 2339 may result in failure of the class and dismissal from the PTA Program.

I, _____ (SPTA), understand that I am required to complete all mandatory clinical and didactic course work prior to graduation to graduate, schedule NPTE-PTA, and apply for licensure through ECPTOTE.

Student Signature _____

Date _____

Faculty Signature _____

Date _____



**PHYSICAL THERAPIST ASSISTANT STUDENT
EVALUATION:
CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 10, 2003
(updated 9/14/11)

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist assistant student assessment of the clinical experience and Section 2-Physical therapist assistant student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (SCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude is extended to all individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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Clinical Experience Handbook

GENERAL INFORMATION AND SIGNATURES

General Information

Student Name

Academic Institution

Name of Clinical Education Site

Address _____ City _____ State

Clinical Experience Number _____ Clinical Experience Dates

Signatures

I have reviewed information contained in this physical therapist assistant student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned

Highest degree earned _____ Degree area

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area

APTA Credentialed CI

Yes

No

Other CI Credential _____ State

Yes

No

Professional organization memberships

APTA

Other

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned

Highest degree earned _____ Degree area

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area

APTA Credentialed CI

Yes No

Other CI Credential _____ State

Yes No

Professional organization memberships

APTA Other

Clinical Experience Handbook

SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences provided at this clinical facility.

1. Name of Clinical Education Site

Address _____ City _____ State _____

2. Clinical Experience Number

3. Specify the number of weeks for each applicable clinical experience/rotation.

- | | |
|---|---|
| _____ Acute Care/Inpatient Hospital Facility | _____ Private Practice |
| _____ Ambulatory Care/Outpatient | _____ Rehabilitation/Sub-acute Rehabilitation |
| _____ ECF/Nursing Home/SNF | _____ School/Preschool Program |
| _____ Federal/State/County Health | _____ Wellness/Prevention/Fitness Program |
| _____ Industrial/Occupational Health Facility | _____ Other |

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No

5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No

6. What else could have been provided during the orientation?

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale. List the five (5) most common interventions that you provided to patients/clients during this clinical experience.

Components Of Care	Rating	Five Most Common Interventions
Data Collection		1.
Implementation of Established Plan of Care		2.
Selected Interventions		3.

Clinical Experience Handbook

• Coordination, communication, documentation		4.
• Patient/client related instruction		5.
• Direct Interventions		

9. During this experience, how frequently did staff (ie, CI, SCCE, and clinicians) maintain an environment conducive to your work and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	<i>Rating</i>
Providing a helpful and supportive attitude for your role as a PTA student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for your work and growth?

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments (Please specify _____)

12. Identify the ratio of students to CIs for your clinical experience:

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student; Describe

13. How did the clinical supervision ratio in Question #12 influence your learning experience?

14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/conferences/grand rounds
- Observed surgery
- Participated in administrative and business management
- Participated in providing patient/client interventions collaboratively with other disciplines (please specify disciplines)
- Participated in service learning

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- Performed systematic data collection as part of an investigative study
- Used physical therapy aides and other support personnel
- Other; Please specify

15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)

- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
- Time well spent; would recommend this clinical education site to another student.
- Some good learning experiences; student program needs further development.
- Student clinical education program is not adequately developed at this time.

17. What specific qualities or skills do you believe a physical therapist assistant student should have to function successfully at this clinical education site? _____

18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed.

19. What suggestions would you offer to future physical therapist assistant students to improve this clinical education experience?

20. What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for *this clinical experience*?

21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*?

SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

Information found in Section 2 is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in this section is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=*Strongly Disagree* 2=*Disagree* 3=*Neutral* 4=*Agree* 5=*Strongly Agree*

<i>Provision of Clinical Instruction</i>	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client interventions.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation

Clinical Experience Handbook

Final Evaluation

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments

Final Comments

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments

Final Comments

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

Clinical Instructor Assessment (page 1)

1/23/2017

Clinical Instructor Assessment

Clinical Instructor Assessment

This survey is an assessment by the student and the ACCE of the clinical instructor in relation to how well the clinical instructor met the expectations of the Program and the student. Responses are only given to the prompts that the student and/or ACCE directly observed or experienced. There are 7 sections, and a total of 59 possible responses in this survey.

1. Email address *

CI's Clinical Competence

This section addresses the CI's demonstration of clinical competence that the student and ACCE observed. There are 6 prompts in this section.

2. The CI has at least one year of experience working as a therapist

Mark only one oval.

- Yes
 No

3. The CI demonstrates a systematic approach to patient/client care using the patient/client management model described in the Guide to Physical Therapist Practice

Mark only one oval.

- Rarely/Never
 Sometimes
 Usually
 Always
 Is Exceptional

4. The CI uses critical thinking in the delivery of services

Mark only one oval.

- Rarely/Never
 Sometimes
 Usually
 Always
 Is Exceptional

MidTerm Site Visit Worksheet



Clinical Site Visit Evaluation Form

Student _____
 Facility _____
 Date of Site Visit April _____
 Clinical Experience : 1 2 3
 Dates of Clinical Experience : 3/23 - 5/23 Setting : _____
 Clinical Instructor(s) : _____
STUDENT SCHEDULE : Mon.-Fri. Other : _____
 Has the student missed any days? _____ Clock/Shark check: _____
 If so, when were they made up or when are they planned to be made up? _____
 How many patients is student exposed to on an average day? _____
 How many patients are treated by student as primary therapist on an average day? _____
 What types of patients are on student's/CI's caseload? _____

CLINICAL INSTRUCTOR COMMENTS

What concerns do you have about the student achieving entry-level by end of clinical?
 For which skills are you most concerned about the student not achieving entry-level?

STUDENT'S PROFESSIONAL BEHAVIORS

	Excellent	Very Good	Average	Below Average	Poor
Professional Communication					
Clinical Performance					
Safety					
Time Management					
Documentation					

Student's Professional Behaviors Comments _____
 Behavior/Attitude : _____
 Communication : _____
 Clin. Performance : _____
 Safety : _____
 Time Management : _____
 Documentation : _____

STUDENT'S STRENGTHS : _____

PLAN FOR REMAINDER OF CLINICAL EXPERIENCE :

Student's academic knowledge base prepared the student for this clinical experience.
 Strongly Agree Agree Disagree Strongly Disagree
 Comments : _____

Student's clinical skills base prepared the student for this clinical experience.
 Strongly Agree Agree Disagree Strongly Disagree
 Comments : _____

Student's performance compares favorably with previous PTA students of similar level of education.
 Strongly Agree Agree Disagree Strongly Disagree
 Comments : _____

Would you hire this student? _____

Comments on CPI : _____

Reminders : Clinical Skills Checklist password : _____

What can the SPC PTA Program do for the Clinical Instructor/facility's Clinical Education Program?
 SCCE/CI support ideas : pop-ins to advertise availability, series of facility-specific inservices or a recurring CCU course

STUDENT COMMENTS

CLINICAL INSTRUCTOR BEHAVIORS

	Excellent	Very Good	Average	Below Average	Poor
Orientation					
Supervision					
Feedback					

Clinical Instructor Behaviors Comments _____
 Orientation : _____
 Supervision : _____
 Feedback : _____

STUDENT'S SELF-ASSESSED STRENGTHS : _____

STUDENT'S SELF-ASSESSED AREAS OF NEED : _____

CLINICAL INSTRUCTOR'S STRENGTHS : _____

SUGGESTIONS FOR CLINICAL INSTRUCTOR DEVELOPMENT : _____

Student's academic knowledge base prepared the student for this clinical experience.
 Strongly Agree Agree Disagree Strongly Disagree
 Comments : _____

Student's clinical skills base prepared the student for this clinical experience.
 Strongly Agree Agree Disagree Strongly Disagree
 Comments : _____

Student was introduced to equipment that the student was unfamiliar with or did not learn about.
 Strongly Agree Agree Disagree Strongly Disagree
 Comments : _____

Student feels well-prepared (academic knowledge, clinical skills, confidence) for clinical environment.
 Strongly Agree Agree Disagree Strongly Disagree
 Comments : _____

Would you want to work as a PTA here? _____

Comments on CPI : _____

Reminders : Clinical Skills Checklist

ACCE ASSESSMENT

What challenges have arisen, and how have they been handled?

Are there any safety concerns?
 No Yes: _____

Are there any concerns from/about facility?
 No Yes: _____

Does facility provide adequate variety/opportunity for students to develop/demonstrate entry level skills in the facility's general setting (inpatient/outpatient/debility)?
 Yes: inpatient outpatient debility
 No

Are there any concerns regarding academic preparedness?
 No Yes: _____

ASSESSMENT OF STUDENT PERFORMANCE

Falling 1 2 3 4 5 6 7 8 9 10 Above Average

COMMENTS : _____

ASSESSMENT OF CLINICAL SITE

Do Not Use Again 1 2 3 4 5 6 7 8 9 10 Use Without Reservation

COMMENTS : _____

ASSESSMENT OF CLINICAL INSTRUCTOR

Training Needed Before Next Student 2 4 6 8 10 12 CI of The Year

COMMENTS : _____

ACTION PLAN

Required Action	Date Performed	Follow-Up Performed

SPC
PTA
Clinical
Experience
Hand
Book

Appendix
B
Grading

PTA CPI GRADING RUBRIC CLINICAL 1

PTA CPI GRADING RUBRIC CLINICAL 1								
points earned by clinical instructor's PTA CPI rating								
Skill #	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	Beyond Entry-Level	Points Earned	
	70%	80%	90%	100%	100%	105%		
1	233	266	300	333	333	350	Ethical Practice Legal Practice Professional Growth Communication Inclusivity	
2	233	266	300	333	333	350		
3	233	266	300	333	333	350		
4	236	268	302	335	335	350		
5	233	266	300	333	333	350		
	70%	100%	105%	105%	105%	105%		
6	233	333	350	350	350	350	Clinical Reasoning	
7-10	N/A	N/A	N/A	N/A	N/A	N/A		
TOTAL GRADE :							0	(out of 2000)
							0%	
minus 10% for late submission							0.00000%	

PTA CPI GRADING RUBRIC CLINICAL 2

PTA CPI GRADING RUBRIC CLINICAL 2								
points earned by clinical instructor's FINAL PTA CPI rating								
Skill #	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	With Distinction	Points Earned	
	0%	0%	60%	80%	100%	105%		
1	0	0	120	160	200	210	Ethical Practice Legal Practice Professional Growth Communication Inclusivity Clinical Reasoning	
2	0	0	120	160	200	210		
3	0	0	120	160	200	210		
4	0	0	120	160	200	210		
5	0	0	120	160	200	210		
6	0	0	120	160	200	210		
	60%	80%	90%	100%	100%	105%		
7	120	160	180	200	200	210	Modalities Equipment Documentation Resource Mgmt.	
8	120	160	180	200	200	210		
9	120	160	180	200	200	210		
10	120	160	180	200	200	210		
TOTAL GRADE :							0	0
							0	0
							0	0
(out of 2000)							(1 N/A)	(2 N/A)
							0.00%	0%
							0%	0%

* Midterm PTA CPI grading based on completion in a timely manner : 100% earned if submitted on time; 10% off for each day late

PTA CPI GRADING RUBRIC CLINICAL 3

PTA CPI GRADING RUBRIC CLINICAL 3							Points Earned		
points earned by clinical instructor's FINAL PTA CPI rating									
Skill #	Beginner	Advanced Beginner	Intermediate	Advanced Intermediate	Entry Level	With Distinction			
	0%	0%	60%	80%	100%	105%			
1	0	0	120	160	200	210		Ethical Practice	
2	0	0	120	160	200	210		Legal Practice	
3	0	0	120	160	200	210		Professional Growth	
4	0	0	120	160	200	210		Communication	
5	0	0	120	160	200	210		Inclusivity	
6	0	0	120	160	200	210		Clinical Reasoning	
7	0	0	120	160	200	210		Modalities	
8	0	0	120	160	200	210		Equipment	
9	0	0	120	160	200	210		Documentation	
10	0	0	120	160	200	210		Resource Mgmt.	
TOTAL GRADE :							0	0	0
* Midterm PTA CPI grading based on completion in a timely manner : 100% earned if submitted on time; 10% off for each day late							(out of 2000)	(1 N/A)	(2 N/A)
							0.00%	0%	0%

Clinical Skills Checklist

This document shows the clinical skills expected to be demonstrated during the clinical experience. Blue-shaded cells contain skills to be addressed during both Clinical 2 and Clinical 3; red-shaded cells contain skills to be addressed during either Clinical 2 or Clinical 3.



SOUTH PLAINS COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM CLINICAL SKILLS MASTER CHECKLIST

DESCRIPTION: This page automatically populates based on sheets for each individual clinical experience. The information shown on this sheet will be used to determine successful completion of required clinical skills for the Program. A "2" indicates entry-level skill achieved during Clinical 2. A "3" indicates entry-level skill achieved during Clinical 3. Clinical skills colored blue (indicating that entry-level performance is required for both Clinical 2 & 3) should have a "2" and "3" indicated. Clinical skills colored red (indicating that entry-level performance is required to be achieved during Clinical 2 OR 3) should have a "2" or "3" indicated. Uncolored skills are not required, and do not have to have an indication of "2" or "3".

ADULT	
ORTHOPEDIC DIAGNOSES	
Neck Injuries/Surgeries	
Back Injuries/Surgeries	
Hip Fractures/Injuries	
Total Hip Replacement	
Knee Injuries	
Total Knee Replacement	
Shoulder Injuries	
Total Shoulder Arthroplasty	
Degenerative Joint Disease(Arthritis)	
Post-Operative Care	
Amputations	
Multiple Trauma	
NEUROLOGIC DIAGNOSES	
Stroke	
Head Injury	
Spinal Cord Injury	
Cognitive Disorders	
Neuromuscular Disease	
OTHER DIAGNOSIS TYPES	
Deblity	
Chest PT	
Cardiac Rehab	
ICU Procedures	
Burn Management	
Work Hardening	
AGE-APPROPRIATE CARE	
Ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment – reflecting specific needs of the client and various age groups	
Newborn (birth-30 days)	
Infant (30 days – 1 year)	
Toddler (1 – 3 years)	
Preschooler (3 – 5 years)	
Adolescents (12 – 18 years)	
Young Adults (18 – 30)	
Middle Adults (30 – 54 years)	
Older Adults (54+ years)	

EXAMINATION	
Manual Muscle Testing	
Sensation Testing	
Goniometry	
Skin Examination	
Pain Examination	
Vital Signs	
Arousal, Attention, Cognition	
Neuromotor Function	
Functional Capacity Examination	
Work Capacity Examination	
Muscle Energy Techniques	
PROCEDURES	
Universal Precautions	
Isolation Procedures	
Personal Safety/Environ. Awareness	
Patient Handling Safety	
Documentation	
Clinical Problem Solving	
Patient Education	
Time Management	
Electrical Stim. for Strengthening	
Electrical Stimulation for Pain	
Ultrasound	
Thermotherapy	
Cryotherapy	
Manual Therapy (STM, massage)	
Therapeutic Pool	
Compression	
Cervical Traction	
Lumbar Traction	
Diathermy	
Whirlpool	
TREATMENT TECHNIQUES	
Mobility Training	
Transfer Training	
Gait Training	
Postural Training	
Balance Training	
ADL Training	
Adaptive Equipment Training	
Stretching	
Strengthening	
Endurance Training	
Neurodevelopmental Techniques	
Breathing Techniques	
Edema Management	

EQUIPMENT	
Adaptive Equipment	
Power Wheelchair	
CPM Machine	
Treadmill	
Exercise Equipment	
Tilt Table	
Standing Frame	
Manual Wheelchair	
Walkers	
Canes	
Crutches	
PROSTHETICS	
UE Prosthetics	
Above Knee Prosthetics	
Below Knee Prosthetics	
ORTHOTICS	
Ankle/Foot Orthosis	
Slings	
Wrist/Hand Splints	
Bracing for Spine	
PEDIATRIC	
ORTHOPEDIC DIAGNOSES	
Fracture	
Birth Defects	
Developmental Diseases of Bone	
NEUROLOGIC DIAGNOSES	
Head Injury	
Spinal Cord Injury	
Sensory Integration Deficits	
Visual-Perceptual Disorders	
Muscular Dystrophy	
Cerebral Palsy	
Spina Bifida	
Autism Spectrum Disorders	
Down Syndrome	

The information given has been verified and is true and accurate

* ACCE Name : _____

SPC
PTA
Clinical
Experience
Hand
Book

Appendix
C
Misc.

GENERIC ABILITIES

Generic Abilities are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. Ten generic abilities were identified through a study conducted at UW-Madison in 1991-92. The ten abilities and definitions developed are:

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

**Modified from the Physical Therapy Program, University of Wisconsin-Madison May et al. Journal of Physical Therapy Education. 9:1, Spring 1995.*

Essential Functions
Physical Therapist Assistant

For students to be successful in the Physical Therapist Assistant Program, they must possess or obtain the following qualities, abilities, or skills, with or without reasonable accommodation based on Clinical Instructor's ratings on clinical evaluation of performance and ACCE determination of competencies:

The ability to achieve entry level competency in all physical therapy procedures which include, but are not limited to:

- Demonstrate ability to adequately guard patients safely during ambulation/mobility activities on varied surfaces and with various assistive devices.
- Demonstrate ability to safely transfer dependent patients to and from various surfaces.
- Perform cleaning procedures for all physical therapy equipment.
- Perform aseptic, clean, Universal Precautions, and isolation procedures.
- Perform wound care techniques. (No sharps debridement)
- Communicate effectively with patient, caregiver, and other healthcare providers in a clear and concise manner.
- Demonstrate ability to apply therapeutic interventions in a safe and effective manner, including indications, contraindications, and precautions for each treatment.
- Demonstrate ability to grade muscle strength for the purpose of determining patient strength and applying exercise techniques for strengthening.
- Demonstrate safe and appropriate body mechanics during all activities.
- Demonstrate clinical reasoning and problem solving to set up and perform treatments.
- Ability to handle the stress of an intensive training program including academic classes, and clinical situations.
- Ability to work collaboratively with a variety of individuals with different moral, value, and cultural beliefs in both academic and clinical situations.

Modified from Chattanooga State Technical Community College PTA Program (1996).

SOUTH PLAINS COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
KEY TO TERMS ON SKILL SHEETS

COMPETENCE: Skill was covered in assigned reading, lecture, and demonstration by instructor. The student practiced the skill in the lab setting during class and on their own outside of class. Competence was determined by the student completing a required structured lab practical exam or skill-check.

DEMONSTRATION AND PRACTICE: Skill was covered in assigned reading, lecture and demonstration by instructor. The student practiced the skill in the lab setting during class and on their own outside of class. Competency was not determined by skill-checks or lab practical examination.

DEMONSTRATION ONLY: Skill was covered in assigned reading, lecture and demonstration. The demonstration was done by the instructor or through the use of technology. No competency check.

WRITTEN EXAM ONLY: Skill was covered in assigned reading and/or lecture only and tested in written form only. No demonstration or competency check.

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
DATA COLLECTION				
Goniometry and functional ROM for spine, UE, LE	X			
Goniometry: Fingers		X		
Gait Observation/Basic Gait Deviations		X		X
Postural Alignment	X			
Leg Length	X			
Muscle Length	X			
Girth	X			
Vital Signs (BP, HR, RR)	X			X
Sensation: Light touch	X			
Myotomes /MMT	X			
Deep tendon reflexes	X			
Balance	X			
Joint end feel		X		X
Palpation of bony landmarks	X			
Palpation of major tendons	X			

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
Identification of muscles UE, LE, Trunk	X			
Identification of bones of UE, LE and trunk		X		X
Arousal, mentation, cognition	X			

Grip-Prehension		X		
Height/weight		X		
Recognizes normal and abnormal integumentary changes	X			
Monitors breathing and thoracoabdominal movement	X			
Recognizes activities, positioning, and postures that aggravate or relieve pain, altered sensation, edema, dyspnea or can produce skin trauma	X			
Recognizes gross and fine motor milestones	X			
Recognizes righting and equilibrium reactions	X			
Recognizes functional level and weight bearing status	X			

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
Administers standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain	X			
Inspects physical environment and measures physical space	X			
Recognizes safety and architectural barriers	X			
DOCUMENTATION	X			

UNIVERSAL PRECAUTIONS/INFECTION CONTROL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
Hand washing	X			
Gown, glove, mask (sterile and clean)	X			
POSITIONING				
For treatment	X			
Bed	X			
W/C general guidelines	X			
Sitting	X			

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
PHYSICAL AGENTS				
Hot packs	X			
Cold pack/ice pack	X			
Paraffin	X			
Ice massage	X			
Ultrasound (thermal/athermal/US/ES)	X			
Phonophoresis		X		X
Hydrotherapy			X	X
Compression	X			
Measure for pressure garments			X	X
SW Diathermy				X
Infrared				X
Ultraviolet			X	X
Laser		X		
Spinal traction (cervical and lumbar)	X			

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
ELECTROTHERAPY				
NMES	X			
Iontophoresis	X			
Interferential	X			
TENS	X			
High Volt Galvanic	X			
Biofeedback	X			
Motor point stim			X	
MASSAGE – UE, LE, SPINE				
Effleurage	X			
Petrissage	X			
Friction	X			
Tapotement	X			
Soft tissue	X			
WOUND CARE				
Application/removal of dressings	X			

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
Pressure relieving devices			X	X
PERIPHERAL JOINT MOBILIZATION (basic glides)		X		X
TILT TABLE	X			
TRANSFERS				
Standing pivot	X			
Squat pivot	X			
Sliding board/draw sheet	X			
2-man and 4-man lift		X		
Hoyer lift		X	X	
BED MOBILITY				
Pt. w/ orthopedic disorders	X			
Pt. w/ neurological disorder	X			
General weakness	X			
BODY MECHANICS & SAFETY –PTA AND PATIENT	X			

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
GAIT TRAINING (includes fitting of assistive device – level & stairs)				
Parallel bars	X			
Walkers (PUW, FWW, hemiwalker)	X			
Crutches Axillary Forearm	X			
Canes (SPC & Quad)	X			
Falling, recovery, getting up	X			
WHEELCHAIRS				
Fitting		X		
Operation/safety/pt. education	X			
Curbs, fall recovery, uneven surfaces		X		
Seating Systems			X	X
THERAPEUTIC EXERCISE				
PROM, AROM, AAROM	X			
PRE	X			

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
PNF: D1, D2 diagonals UE, LE, scapula, pelvis	X			
PNF Techniques: Rhythmic initiation Rhythmic stabilization Slow reversal	X			
McKenzie back ex.	X			
William's Flexion ex.	X			
Lumbar spine stab	X			
Balance	X			
Closed kinetic chain	X			
Aerobic	X			
Aquatic		X		
Posture awareness training	X			
Stretching	X			
SPECIALIZED PROGRAMS				
TKR protocols/precautions	X			
THR protocols/precautions	X			
Hip fracture	X			

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
BKA& AKA exercises		X		
Lami/spinal fusion precautions	X			
Residual limb wrapping LE	X			
Amputee post-op positioning		X		X
Pelvic floor exercises		X		X
Lymphedema ex. (basic)		X		
Cardiopulmonary rehab	X (basic)	X		X
Breathing exercise	X			
Coughing	X			
Chest mobilization ex.		X		
Relaxation techniques		X		X

EXERCISE EQUIPMENT				
Theraband	X			
Cuff weights/dumbbells	X			
BAPS Board		X		
Body blade/ Foam rollers		X		

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
Rocker boards	X			
Bike/treadmill/UBE	X			
STRETCHING TECHNIQUES				
Active /Passive	X			
Contract/relax	X			
Self-stretching	X			
ORTHOTICS/PROSTHETICS				
Orthotic application (AFO, TLSO, Jewett)		X		X
Prosthetic application			X	X
Orthotic/prosthetic fitting/check			X	X
NDT TECHNIQUES				
NDT Mobilizations: Lumbar spine anteriorly Thoracic extension Scapula adduction Scapula elev/depression		X		

Clinical Experience Handbook

SKILL	COMPETENCE	DEMONSTRATION PRACTICE	DEMONSTRATION ONLY	LECTURE ONLY/WRITTEN EXAM
PNF/Functional Activities: Rhythmic stabilization (sitting, quadruped and half kneel) Rolling: Mass flexion Mass extension Head & neck Chopping/UE lifting LE component		X		
NDT Facilitation/Functional Activities: Trunk co-contraction Sit-liftoff-stand Scoot transfer Pre-gait step sequence	X			
Spinal Cord Injury: MMT and sensory testing Positioning W/C management	X	X X		
PROGRESSION OF ALL PT INTERVENTIONS	X			
COMMUNICATION	X			
CORROLATE GOALS AND INTERVENTIONS WITHIN THE POC	X			
PATIENT EDUCATION	X			

CRITICAL SAFETY ELEMENTS

- I. Data Collection Techniques [PTHA 1405, 1413, 2509, 1431, 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Inspects area for safety/physical barriers/hazards
 - d. Assists patient with good body mechanics
 - e. Offers assist getting patient in/out of positions
 - f. Stands by to assist even if not needed
 - g. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
 - h. Uses instruments/equipment in good working order
- II. Universal Precautions/Infection Control [PTHA 1405-Clinical 2462]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Correct use of personal protection devices
- III. Positioning [PTHA 1405-Clinical 2462]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Inspects area for safety/physical barriers/hazards
 - d. Ensures positioning surface is locked/secured
 - e. Assists patient with good body mechanics
 - f. Offers assist getting patient in/out of positions
 - g. Stands by to assist even if not needed
 - h. Uses equipment (w/c, transfer board, etc.) in good working order
 - i. Guards patient correctly to prevent fall or unsafe position
 - j. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
- IV. Physical Agents [PTHA 1431, 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Checks for contraindications
 - d. Inspects surrounding area for safety/physical barriers/hazards including all electric cords
 - e. Ensures positioning surface is locked/secured
 - f. Checks skin before and after application
 - g. Assists patient with good body mechanics
 - h. Offers assist getting patient in/out of positions
 - i. Stands by to assist even if not needed
 - j. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
 - k. Uses equipment in good working order
 - l. Positions equipment so as not to interfere with patient/therapist movement
 - m. Instructs patient on normal responses to treatment and to report any adverse reaction

V. Electrotherapy [PTHA 1431, 2435, Clinicals]

- a. Uses good body mechanics
- b. Demonstrates use of good hand hygiene/universal precautions for infection control
- c. Checks for contraindications
- d. Inspects surrounding area for safety/physical barriers/hazards including all electric cords
- e. Ensures positioning surface is locked/secured
- f. Checks skin before and after application
- g. Assists patient with good body mechanics
- h. Offers assist getting patient in/out of positions
- i. Stands by to assist even if not needed
- j. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
- k. Uses equipment in good working order
- l. Positions equipment so as not to interfere with patient/therapist movement
- m. Instructs patient on normal responses to treatment and to report any adverse reaction

VI. Massage [PTHA 1431, 2435, Clinicals]

- a. Uses good body mechanics
- b. Demonstrates use of good hand hygiene/universal precautions for infection control
- c. Checks for contraindications
- d. Inspects surrounding area for safety/physical barriers/hazards including all electric cords
- e. Ensures positioning surface is locked/secured
- f. Checks skin before and after treatment
- g. Assists patient with good body mechanics
- h. Offers assist getting patient in/out of positions
- i. Stands by to assist even if not needed
- j. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
- k. Asks patient about possible allergies to lubricating source
- l. Instructs patient to report any adverse reaction to treatment

VII. Wound Care [PTHA 1405, 2435, Clinicals]

- a. Uses good body mechanics
- b. Demonstrates use of good hand hygiene/universal precautions for infection control
- c. Correct use of personal protection devices
- d. Checks for contraindications
- e. Inspects surrounding treatment area for safety/physical barriers/hazards including all electric cords
- f. Ensures positioning surface is locked/secured
- g. Assists patient with good body mechanics
- h. Offers assist getting patient in/out of positions
- i. Stands by to assist even if not needed
- j. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
- k. Positions equipment so as not to interfere with patient/therapist movement
- l. Notifies supervising PT if there is a negative change in the status of wound bed or peri-wound area
- m. Applies dressing securely while maintaining circulation integrity

VIII. Tilt Table [PTHA 1405, 2435, Clinicals]

- a. Uses good body mechanics
- b. Demonstrates use of good hand hygiene/universal precautions for infection control
- c. Checks for contraindications
- d. Ensures table is locked and secured
- e. Applies any ordered compression garments (including abdominal binders)
- f. Guards patient correctly to prevent fall or unsafe position with transfer onto/off of tilt table
- g. Secures pt. onto table with safety straps/belts
- h. Monitors BP and HR, including use of dorsal/pedal pulse, as well as patient symptoms throughout procedure

IX. Transfers/Bed mobility [PTHA 1405-Clinical 2462]

- a. Uses good body mechanics
- b. Demonstrates use of good hand hygiene/universal precautions for infection control
- c. Inspects surrounding area for safety/physical barriers/hazards including all electric cords
- d. Positions equipment so as not to interfere with patient/therapist movement
- e. Ensures positioning/transfer surface is locked/secured
- f. Uses gait belt
- g. Utilizes appropriate footwear for the patient
- h. Assists patient with good body mechanics
- i. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
- j. Maintains correct weight-bearing status for diagnosis
- k. Guards patient correctly to prevent fall or unsafe position
- l. Demonstrates patient positioning and movement remains safe throughout intervention

X. Gait Training [PTHA 1405-Clinical 2462]

- a. Uses good body mechanics
- b. Demonstrates use of good hand hygiene/universal precautions for infection control
- c. Inspects surrounding area for safety/physical barriers/hazards including all electric cords
- d. Uses equipment in good working order
- e. Positions equipment so as not to interfere with patient/therapist movement
- f. Ensures positioning/transfer surface is locked/secured
- g. Uses gait belt
- h. Utilizes appropriate footwear for the patient
- i. Applies any orthosis, as ordered, prior to ambulation
- j. Assists patient with good body mechanics
- k. Offers assist getting patient in/out of positions
- l. Stands by to assist even if not needed
- m. Maintains correct weight bearing status for diagnosis
- n. Guards patient correctly to prevent fall or unsafe position
- o. Manages stair/curb negotiation with correct sequencing

XI. Wheelchairs [PTHA 1405, 2435, Clinicals]

- a. Uses good body mechanics
- b. Demonstrates use of good hand hygiene/universal precautions for infection control
- c. Secures stability of w/c by checking that w/c is fully opened and operational before use
- d. Ensures brakes are applied prior to transfer in/out of w/c
- e. Demonstrates appropriate positioning of leg rests and armrests for transfers into/out of w/c as well as for patient positioning in the w/c

- XII. Therapeutic Exercise/Exercise Equipment [PTHA 2509, 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Checks for contraindications
 - d. Assists patient with good body mechanics
 - e. Ensures patient positioning and movement remains safe throughout intervention
 - f. Uses equipment in good working order
 - g. Positions equipment so as not to interfere with patient/therapist movement including electric cords
 - h. Monitors pt.'s physiologic response to exercise including vitals and pt.'s symptoms
- XIII. Specialized Programs – Joint Replacement Protocols/Precautions and Hip Fractures [PTHA 2509, 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Assists patient with good body mechanics
 - d. Maintains correct weight-bearing status for diagnosis
 - e. Avoids movement precautions based on surgical approach
 - f. Instructs patient on movement precautions and weight-bearing restrictions
 - g. Applies any orthosis as ordered
 - h. Uses CPM for TKR per protocol ensuring equipment is in good working order
 - i. Instructs patient to report any adverse reactions to PT interventions
- XIV. Specialized Programs – Lami/Spinal Fusion Precautions [PTHA 2509, 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Assists patient with good body mechanics
 - d. Avoids movement restrictions/precautions based on surgical approach
 - e. Instructs patient on movement restrictions/precautions
 - f. Applies any orthosis as ordered
 - g. Positions patient appropriately to maintain precautions
- XV. Specialized Programs – LE Residual Limb Wrapping [PTHA 2435, clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Assists patient with good body mechanics
 - d. Checks skin before/after wrapping
 - e. Ensures sufficient tension of wrapping while maintaining limb circulation
 - f. Positions limb appropriately to prevent contractures and promote edema mgmt
 - g. Instructs pt. in appropriate positioning
- XVI. Specialized Programs – Pelvic Floor Exercises [PTHA 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Checks for contraindications
 - d. Ensures exercises performed without holding breath
 - e. Avoids contraindicated positions based on diagnosis
 - f. Monitors physiological responses to ther ex

- XVII. Specialized Programs – Lymphedema Exercises [PTHA 2509, 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Checks for contraindications
 - d. Inspects skin before/after exercise
 - e. Ensures wearing of compression garment with ther ex
 - f. Assists patient with good body mechanics
 - g. Avoids use of heavy weights
 - h. Monitors circulation
 - i. Positions limb for appropriate edema management after ther ex
- XVIII. Specialized Programs – Cardiopulmonary Rehab[PTHA 2509, 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Checks for contraindications
 - d. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
 - e. Monitors vitals (BP, HR, RR, O2 sats and perceived exertion) before, during and after interventions
 - f. Instructs patient to report any symptoms
 - g. Maintains cardiac precautions throughout session
 - h. Maintains sternal precautions, if indicated, with all mobility tasks
 - i. Educates patient on mobility precautions
- XIX. Specialized Programs – Breathing Exercises and Chest Mobilizations [PTHA 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Checks for contraindications
 - d. Does not allow patient to take a highly prolonged or forced expiration
 - e. Avoids prolonged periods of any form of resistance training for inspiratory muscles
 - f. Monitors oxygen saturation and respirations throughout
- XX. Specialized Programs – Coughing [PTHA 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Checks for contraindications
 - d. Ensures patient is in a somewhat erect or side-lying posture
 - e. Monitors that patient doesn't gasp in air
 - f. Avoids forceful coughing in patients' with a history of CVA or an aneurysm
 - g. With therapist-assisted technique, doesn't apply direct pressure on the xiphoid process
 - h. Monitors oxygen saturation and respirations
- XXI. Stretching Techniques [PTHA 2509, 2435, Clinicals]**
 - a. Uses good body mechanics
 - b. Demonstrates use of good hand hygiene/universal precautions for infection control
 - c. Checks for contraindications
 - d. Assists patient with good body mechanics
 - e. Ensures a joint is not passively forced beyond its normal ROM
 - f. Performs techniques avoiding full-range, ballistic movements
 - g. Instructs patient to report any adverse reaction to the intervention

XXII. NDT/PNF Techniques [PTHA 2509, 2435, Clinicals]

- a. Uses good body mechanics
- b. Demonstrates use of good hand hygiene/universal precautions for infection control
- c. Checks for contraindications
- d. Assists patient with good body mechanics
- e. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
- f. Guards patient correctly to prevent fall or unsafe position
- g. Ensures patient positioning and movement remains safe throughout intervention

XXIII. Spinal Cord Injury MMT and Sensory Testing [PTHA 2435, Clinicals]

- a. Uses good body mechanics
- b. Demonstrates use of good hand hygiene/universal precautions for infection control
- c. Uses good body mechanics
- d. Places patient in appropriate position/posture that does not promote/aggravate pain, altered sensation, edema, dyspnea or skin trauma
- e. Guards patient correctly to prevent fall or unsafe position
- f. Monitors patient's BP and symptoms with change in position