

**NORTHEASTERN OKLAHOMA A&M COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM**

**CLINICAL FACULTY HANDBOOK
2022 - 2023**

The regulations in this handbook are based on present conditions and are subject to change without notice. Northeastern Oklahoma A&M College and the Physical Therapist Assistant Program faculty reserve the right to modify any statement in accordance with unforeseen conditions and to update and make policy and procedure changes when necessary.

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INTRODUCTION

Northeastern Oklahoma A&M College is a two-year comprehensive college, situated in Miami, Oklahoma. The College offers an Associate in Applied Science degree in Physical Therapist Assistant.

This handbook was developed as a guide to policies and procedures to aid students, instructors, clinical coordinators, and clinical instructors in the Northeastern Oklahoma A&M College Physical Therapist Assistant Program. It should be used as a guide to understand the clinical policies of the program. The provisions of this publication do not represent, in any way, a contract between a student, prospective or otherwise, and the Boards or the College and should not be regarded as such.

The PTA faculty welcomes recommendations for changes from administration, academic and clinical faculty, and students. However, the PTA faculty members reserve the right to update and make policy and procedural changes when necessary. Administration, academic and clinical faculty, and students will be notified of any changes in policies and/or procedures in a timely manner.

In addition to the PTA program policies and procedures, PTA students must also comply with the policies and procedures of the College as stated in the College catalog and student handbook.

ACCREDITATION

Northeastern Oklahoma A&M College is accredited by the North Central Association of Colleges and Schools and the Oklahoma State Regents for Higher Education. The Physical Therapist Assistant Program at Northeastern Oklahoma A&M College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; telephone 703-706-3205; email: accreditation@apta.org; website: www.capteonline.org.

ADMINISTRATION AND ORGANIZATION

The Physical Therapist Assistant (PTA) program exists as an academic unit in the Allied Health Department. The PTA program director and faculty develop curriculum, teach, advise students, serve on institutional and program committees and participate in clinical and professional development activities.

The **Program Director** is responsible for the administration of the program and all program accreditation activities. In addition to these responsibilities, the program director also shares in teaching and advising.

The **Academic Coordinator for Clinical Education** (ACCE) is an academic faculty member with the responsibility for planning and coordinating clinical experiences, maintaining clinical site documentation and clinical affiliation agreements. Inquiries or concerns about the clinical portion of students in clinical experiences should be directed to the ACCE. In addition to these responsibilities, the ACCE also shares in teaching and advising.

NORTHEASTERN OKLAHOMA A&M COLLEGE MISSION STATEMENT

NEO Mission: Northeastern Oklahoma A&M College is dedicated to providing opportunities that promote excellence in learning, service and leadership in a global society.

PHYSICAL THERAPIST ASSISTANT PROGRAM MISSION STATEMENT

Mission statement: In keeping with the mission of Northeastern Oklahoma A&M College, the Physical Therapist Assistant program is dedicated to our students learning the theory and clinical skills necessary to serve the community as competent, quality-oriented physical therapist assistants and to be leaders in the health care field.

The PTA program supports and helps the institution meet its mission in the following ways:

1. *The PTA program promotes “excellence in learning” by preparing graduates who are “quality-oriented”.*
2. *The PTA program promotes “service” by preparing graduates to “serve the community” within the health care field.*
3. *The PTA program promotes “leadership” by preparing graduates to be “leaders in the health care field”.*

PROGRAM GOALS

Program Goals incorporate the concepts of excellent and quality.

1. To provide up-to-date information to the community and to prospective students, regarding the practice of physical therapy and the role of the physical therapist assistant in health care delivery. *(student & program goals)*
 - a. The information can be a service to the community as well as to the students interested in the program, and the clinical world about the appropriate role/scope of work of the PTA
 - b. This information serves as a means to advocate for the health care needs of others.
2. To maintain a faculty of physical therapy educators who are committed to the education of the physical therapist assistant student and who are qualified to teach in an educational institution. *(faculty goals)*
 - a. Faculty in the program will strive to provide students with learning experiences that reflect the prevalent practice of physical therapy.
 - b. Faculty will be self-motivated to remain current with the practice of physical therapy through clinical practice, or review of the literature, or continuing education, and or involvement with the professional association.
 - c. Faculty will employ planning and evaluation using research and assessment to determine fiscal and program needs and goals.
 - d. Faculty will provide classroom, laboratory, and learning resource facilities to enhance the student’s attainment of the knowledge and skills needed for graduation from the program and licensure.

- e. Faculty will maintain sites for clinical education giving the student the appropriate environment to attain competence in the day-to-day work of the physical therapist assistant.
- 3. To graduate individuals who under the direction and supervision of the physical therapist: (*graduate goals*)
 - a. carry out technical aspects of clinical work in a safe, efficient manner;
 - b. are able to communicate orally and in writing in a clear and understandable manner;
 - c. conduct themselves in a truthful and ethical manner with patients and other health professionals;
 - d. recognize their personal qualities and limitations; and seek out avenues in which to broaden and expand their professional roles to more adequately serve the health care field;
 - e. are active participants in health care field who demonstrate behaviors, conduct, actions, attitudes, and values consistent with the roles, responsibilities, and tasks of the physical therapist assistant.

PROGRAM OUTCOMES

1. There will be a 25% or less attrition rate during the program due to academic reasons, and less than 40% for any reason.
2. Ninety percent of students will complete their clinical education with a minimum grade of C per the syllabus for each clinical rotation.
3. There will be an 80% first-time pass rate and an 85% ultimate pass rate on the licensure examination by graduates for the program over a two- year average.
4. Ninety percent of graduates will be employed as physical therapist assistants within 12 months of graduation.
5. The Employer/Clinical Instructor Program Evaluation tool will have 85% above average ratings of the students including that they would hire a graduate from the program by the end of the last clinical rotation.
6. Faculty will attend continuing education courses in physical therapy to meet the requirements set forth by the state of Oklahoma to maintain licensure.
7. The program will be 100% compliant in the timely submission of required fees and documentation related to accreditation by the Commission on Accreditation of Physical Therapy Education.

STUDENT LEARNING OUTCOMES

The comprehensive curriculum plan of our PTA program includes an organized and sequential series of integrated student-oriented learning experiences. The experiences are structured to facilitate attainment of the knowledge, skills and behaviors required to function as an integral member of the health care team within the contemporary health care delivery system.

Performance Outcomes

Graduates are prepared to provide quality physical therapy services as directed by a physical therapist. Program graduates will:

- A. Implement a comprehensive plan of care as directed by a physical therapist in a safe and effective manner including the application and progression of the following therapeutic procedures:
 - 1. Activities of daily living and functional training
 - 2. Assistive/adaptive devices
 - 3. Balance and gait training
 - 4. Biofeedback
 - 5. Developmental activities
 - 6. Electric current
 - 7. Electromagnetic radiations
 - 8. External compression
 - 9. Hydrotherapy
 - 10. Orthoses and prostheses
 - 11. Patient/family education
 - 12. Postural training and body mechanics
 - 13. Pulmonary hygiene techniques
 - 14. Standard precautions/infection control
 - 15. Therapeutic exercise
 - 16. Therapeutic massage
 - 17. Thermal agents
 - 18. Traction
 - 19. Ultrasound
 - 20. Wound care
- B. Communicate on a timely basis with the supervising physical therapist about the patient's status.
- C. Perform appropriate intervention related data collection techniques to guide the PTAs clinical decision making process. These techniques identify the patient's status with respect to:
 - 1. Architectural barriers and environmental modifications
 - 2. Endurance
 - 3. Flexibility/joint range of motion and muscle length
 - 4. Functional activities
 - 5. Gait and balance
 - 6. Pain
 - 7. Posture
 - 8. Righting and equilibrium reactions
 - 9. Segmental length, girth, and volume
 - 10. Skin and sensation
 - 11. Strength
 - 12. Vital signs
- D. Interact with patient and families in a manner that provides the desired psychosocial support, including the recognition of cultural and socioeconomic differences.
- E. Participate in the teaching of other health care providers, patients, and families.
- F. Document relevant aspects of patient interventions and data collection.
- G. Participate in discharge planning and follow-up care.

- H. Demonstrate effective written, oral, and nonverbal communication with patients and their families, colleagues, health care providers, and the public.

Behavioral Outcomes

It is important for graduates to value the roles and responsibilities of both the physical therapists and physical therapist assistants within the physical therapy delivery and to value the PT/PTA team. Physical therapist assistants interact with health care professionals and should effectively represent the profession and their roles and responsibilities. Toward this end program graduates will:

- I. Work under the supervision of a physical therapist in an ethical, legal, safe, and effective manner, including:
 - 1. Adhering to the Standards of Practice for Physical Therapy, the Standards for Ethical Conduct for the Physical Therapist Assistant, and the Guide for Conduct of the Physical Therapist Assistant;
 - 2. Complying with applicable state and federal laws;
 - 3. Demonstrating Values Based Behaviors;
 - 4. Working within the scope of their knowledge and abilities in the delivery of care.
- J. Display an appreciation for the levels of authority and responsibility; planning, time management, supervisory process, performance evaluations, policies and procedures; fiscal considerations for physical therapy providers and consumers; and, continuous quality improvement.
- K. Read and incorporate findings from professional literature into their clinical work.
- L. Reflect upon their clinical knowledge and skills and seek out opportunities for continued development in areas of need.
- M. Serve the profession and the community, including activities occurring in conjunction with work or outside of work.

NEO PTA PROGRAM CORE FACULTY

Dawn Smathers, PT, DPT Faculty Member since 2012
 Program Director & Lead Program Instructor

Klayton Bridges, PTA, MS Faculty Member since 2019
 Academic Coordinator of Clinical Education

PLAN OF STUDY

PREREQUISITES (32 weeks)

Freshman Comp I	1113	Government	1113
		General Psychology	1113
Freshman Comp II	1213	Intro to Physics	1024
		Anatomy & Physiology	2114
American History	1483 or 1493	Medical Terminology	1113

PTA PROGRAM COURSES (completed upon acceptance into the program)

SUMMER (4 weeks)

Introduction to Physical Therapy	1113
Physical Therapy Procedures I	1292

FALL (16 weeks – 12 weeks didactic/4 weeks clinical)

Physical Therapy Procedures II	2343
Orthopedic Rehabilitation	2388
Pathology for the PTA	2432
Clinical Preparation I	2321
Clinical Experience I	2333

SPRING (16 weeks didactic – 5 weeks clinical)

Rehabilitation	2414
Selected Topics in Physical Therapy	2473
Kinesiology for the PTA	2363
Neurology & Pathology	2353
Clinical Experience II	2434

SUMMER (5 weeks clinical)

Clinical Experience III	2534
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PTA COURSE DESCRIPTION

Summer 1 PHTA 1113 Introduction to Physical Therapy (3 weeks) Class 3, Cr. 3
Includes history, philosophy, ethics, settings, and trends in Physical Therapy. Delineation of roles of health care team and of Physical Therapy personnel with interpersonal skills needed to function as a health care provider and team member is explored. Principles and procedures of basic patient care skills and documentation are covered. Introduction to basic anatomical terminology common in Physical Therapy. Entry-level descriptions of primary practice areas.

Summer 1 PHTA 1292 Physical Therapy Procedures I (3 weeks) Class 1, Lab 3, Cr. 2
Principles, techniques, and laboratory practice of positioning, draping, pain assessment, body mechanics, transfers, assistive device measuring with gait training, superficial heat, cryotherapy, handwashing, vital signs, and documentation. Initiate techniques for interviewing patients, caregivers, and family for medical history.

Fall PHTA 2343 Physical Therapy Procedures II (12 weeks) Class 2, Lab 3, Cr. 3
Theory, physiology, and application of heat, cold, light, electricity, mechanical compression/distraction in therapeutic treatment, measurement of joint range of motion (goniometry) and manual muscle testing.

Fall PHTA 2388 Orthopedic Rehabilitation (12 weeks) Class 6, Lab.6, Cr.8
A study of selected anatomical, physiological, and pathological factors, which relate to specific clinical conditions seen in orthopedic physical therapy. This will include the application of orthopedic assessment strategies and therapeutic exercise interventions. Clinical focus includes designing, implementing, and modifying a treatment plan with appropriate time management and documentation.

Fall PHTA 2432 Pathology for the PTA (12 weeks) Class 2, Cr 2
This course is the study of diseases and medical conditions that are common comorbidities in individuals receiving physical therapy. Students will learn the pathophysiology of the disease and the impact of selected medical or surgical conditions with emphasis on improving the impairments and functional limitations of patients who receive physical therapy services. Topics will include pathologies of the cardiovascular, pulmonary, integumentary, metabolic, endocrine, gastrointestinal, genitourinary, and lymphatic systems.

Fall PHTA 2321 Clinical Preparation I (12 weeks) Class 1, Cr 1
This course is designed to provide tools for students and practitioners as they confront ethical dilemmas, moral controversy, function as a member of the health care team and face the challenges that the Physical Therapist Assistant and all health care professionals face in day to day clinical practice. This course also focuses on developing communication skills with staff and patients as well as developing career readiness within the health care profession.

End Fall Semester (All Orthopedic Outpatient courses completed) (4 weeks)
PHTA 2333 Clinical Experience I Lab 9, Cr. 3
Supervised clinical experience including application of physical therapy services primarily in an outpatient orthopedic setting.

Spring PHTA 2353 Neurology & Pathology (16 weeks) Class 3, Cr. 3
A study of the clinical relevance of neuroanatomy and physiology including the organization and function of the human nervous system.

Spring PHTA 2363 Kinesiology for the PTA (16 weeks) Class 2, Lab 3, Cr. 3
A study of anatomical structures and movement as related to physical therapy procedures. Explores basic principles of the relationship between joint motion and mechanical action. Clinical focus is application of principles with emphasis on the analysis and biomechanics of all human motion. Addresses the study and analysis of joint mobilization techniques.

Spring PHTA 2414 Rehabilitation (16 weeks) Class 2, Lab 6, Cr. 4
Examine common neurological conditions encountered in general clinical practices. Also includes common pediatric conditions treated by physical therapy and knowledge of normal human development and primitive reflexes. Identify assessment and general treatment strategies for improving motor control, motor learning, balance, gait, and posture. Relates proper use of prosthetics, orthotics, and the prescriptive wheelchair. Includes knowledge and application for assessment of the environment for accessibility.

Spring PHTA 2473 Selected Topics in Physical Therapy (16 weeks) Class 3, Cr. 3
Study and/or analysis of selected topics in physical therapy, including cardiovascular and pulmonary diseases and treatments, obstetrics, burns, arthritis, wound care, standard precautions & sterile technique, identifying inpatient & ICU equipment, recognizing & reporting critical changes in patient symptoms, aquatic physical therapy, development of professional presentation of chosen physical therapy project, and development of orthopedic training to nursing students.

All coursework completed PHTA 2434 Clinical Experience II (5 weeks) Lab 12, Cr. 4
Supervised clinical experience including application of physical therapy services primarily in an Inpatient (acute, inpatient rehab) or Skilled Nursing setting. Other settings such as pediatrics, home health, and outpatient neuro settings can be approved by the ACCE if appropriate.

All coursework completed PHTA 2534 Clinical Experience III (5 weeks) Lab 12, Cr. 4
Supervised clinical experience including application of physical therapy services primarily in an Inpatient (acute, inpatient rehab) or Skilled Nursing setting. Other settings such as pediatrics, home health, and outpatient neuro settings can be approved by the ACCE if appropriate.

CLINICAL CURRICULUM

The clinical education program is designed to provide the student with observation, supervised treatment, independent treatment and teaching opportunities. Clinical instructors are encouraged to structure learning experiences based upon the strengths of their facility, the skills and competencies outlined in the course syllabi, and the clinical notebook. The intent is to provide all students experience in acute care, outpatient, and rehabilitation settings. Every effort will be made to place the students in a variety of settings; however, this will depend in part on the availability of clinical sites.

Clinical Experience I is designed to allow students to gain competencies in outpatient orthopedic. The clinical course will allow the student to practice basic skills in patient care in addition to assisting with modalities, massage, basic exercise, and assistive device gait training.

Clinical Experience II and Clinical Experience III are designed to allow the student to practice skills and integrate patient care management techniques learned throughout the curriculum. These clinical experiences are designed to allow the student to be scheduled in a dedicated rehabilitation unit or hospital for one rotation and in a general hospital, skilled nursing unit, or outpatient facility for the other rotation.

Experience with special populations such as geriatrics, developmental disabilities, sports, and home health is integrated throughout the curriculum. Specialty affiliations during the full-time clinical experiences including but not limited to pediatrics, home health, and outpatient neuro rotations can be provided if the student is deemed appropriate by the ACCE. The student is still required to complete an inpatient and/or rehabilitation setting to maintain the philosophy of the program to educate and train a generally prepared physical therapist assistant.

CLINICAL AFFILIATION AGREEMENT PROCEDURE

The college will maintain written agreements between the college and all clinical education facilities. These agreements delineate the responsibilities of the cooperating agencies. Agreements will contain the following information:

1. The purpose of the affiliation.
2. General objectives of the affiliation.

3. Responsibilities of the college including but not limited to:
 - a. Acquainting clinical facilities with written information concerning the program.
 - b. Assigning students and clinical dates,
 - c. Providing students with professional liability coverage.
 - d. Designating a member of the college faculty as the Academic Coordinator of Clinical Education.
 - e. Determining the student's final grade for the clinical experience.
4. Responsibilities of the clinical facility will include, but are not limited to,
 - a. Accepting students.
 - b. Providing the college with a list of current personnel.
 - c. Designating a staff member to be responsible for the coordination of clinical education.
 - d. Providing an orientation to acquaint students with the facilities policies and procedures.
 - e. Maintaining confidentiality of all student college records.
 - f. Maintaining responsibility for all patient care.
 - g. Ensuring the patients know they are receiving care by a student.
 - h. Ensuring patients the right to refuse care by a student.
5. There are also mutual responsibilities in which both parties must agree upon. They include, but are not limited to:
 - a. Review of student progress.
 - b. Removal of a student,
 - c. Nondiscrimination.
 - d. Termination of agreement.

All agreements will be reviewed and approved by the legal counsel. A standard agreement will be used for all facilities unless the facility has policies that dictate otherwise. In the event that the clinical facilities agreement is used the above content must be delineated in the agreement.

The following procedure will be followed in setting up new affiliation agreements and in maintaining accurate and current written agreements with all facilities.

Initial phone contacts are made with clinical sites by the ACCE to obtain basic information and request participation as a clinical site.

Upon receipt of the signed agreement the college will request the facility to submit a current completed Clinical Site Information Form. A digital copy of the program clinical education handbook will be made available to the facility on the program website (www.neo.edu/pta/).

Prior to a student being assigned to the clinical site the ACCE will verify that a current signed clinical agreement is on file.

Review of the clinical agreement wording and content will occur at a minimum every five years. An earlier review can be initiated based upon the program's assessment processes. Examples can include new federal policies that require amendments, or issues that arise with increased frequency in the clinical education program (i.e. request for drug screens). The review will occur during an advisory committee meeting to ensure clinician feedback is included. If revision is deemed necessary new clinical

agreements will be drawn up and sent out with a letter delineating the changes made and the reasons for the changes. If no revision is deemed appropriate, a letter will be sent out stating the college has reviewed the agreement and requesting the facility review their copy. If all concur the agreement still meets the needs a letter of agreement to continue the relationship will be signed by the Academic Coordinator of Clinical Education and the Center Coordinator of Clinical Education.

CLINICAL ASSIGNMENTS

Students are assigned to clinical sites by the Academic Coordinator of Clinical Education. The Center Coordinator of Clinical Education may request changes to the proposed assignments. The primary consideration will be to provide each student experience in acute care, outpatient, and rehabilitation care settings. Geographic convenience will be considered but not guaranteed.

CLINICAL FACULTY

Clinical Faculty are the personnel of clinical education sites who teach and supervise students in the practice setting. Two levels of clinical faculty are recognized: the Center Coordinator of Clinical Education (CCCE) and the Clinical Instructor (CI).

Qualifications

The **Center Coordinator of Clinical Education (CCCE)** is responsible for coordinating the assignments and activities of students at the clinical facility. To qualify as CCCE, individuals should be experienced in clinical education; be interested in students; possess good interpersonal communication and organizational skills; be knowledgeable of the clinical facility and its resources; and serve a consultant in the evaluation process. In small facilities, the CCCE may serve as both the CCCE and CI. The CCCE may be a physical therapist, physical therapist assistant or other experienced person. If the CCCE is a non-therapist, a physical therapist or physical therapist assistant skilled clinician must be available for consultation.

The **Clinical Instructor (CI)** is the person responsible for direct clinical supervision of students and must be a physical therapist or physical therapist assistant. CI's must demonstrate willingness to work with students and an interest in developing clinical teaching skills. A minimum of one year of clinical experience is required for CI's. CI's should possess the ability to plan, conduct, and evaluate a clinical education experience based on sound educational principles.

Appointment – Term of Service

Center Coordinators of Clinical Education and Clinical Instructors are appointed by the clinical facility and serve until removed. Facility administrators should consider the *APTA Guidelines for Center Coordinators of Clinical Education and the APTA Guidelines for Clinical Instructors* when making appointments. The ACCE or the Program Director may make recommendations for clinical faculty appointments to facility administration.

Center Coordinators of Clinical Education shall be considered the primary clinical faculty member of the physical therapist assistant program and will be considered adjunct volunteer faculty in the physical therapist assistant program educational program.

Clinical Faculty Rights and Privileges

The clinical instructor has the right to use the facilities of NEO, including the library, the PTA laboratory, classroom, videotapes, and books. The clinical instructor may also obtain an NEO ID and be admitted to all campus facilities and events as an adjunct volunteer faculty. Upon request, the CI will receive a letter for their resume describing the clinical work with the students of the PTA program. Clinical Faculty have an open invitation to freely audit any PTA course. Those Clinical Instructors in states that allow CEUs for supervising PTA students will receive a certificate indicating the number of CEUs awarded for that clinical rotation.

Clinical Instructor's Responsibilities to the Student

The clinical instructor will communicate in a timely manner regarding the student's progress by:

1. Meeting or communicating with the ACCE during each clinical term in which the facility is participating.
2. Completing evaluation forms thoughtfully and thoroughly.
3. Contacting the ACCE to discuss any student or curriculum-related problems which occur between ACCE's visits/calls.
4. Providing information regarding the student necessary to plan an appropriate learning experience.
5. Providing appropriate information (i.e. suggested learning activities, copy of evaluation tools, etc.) prior to each clinical rotation in which the facility is participating.

Assessment Policy of Clinical Education Site and Clinical Instructors

- Students will assess the clinical experience and clinical instruction using the APTA "Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction" form.
- The ACCE will review each "Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction" form at the end of the clinical experience.
- Upon review of the "Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction" form, if question nine obtains an aggregate score of two or less and/or question 22 has an aggregate final score of two or less, then a meeting with the student will be completed for an in-depth discussion of the site.
- The concerns are tabulated and saved for future discussion with the site's Clinical Coordinator of Clinical Education (CCCE). Discussion with the site's CCCE will occur at least on a yearly basis. If the ACCE determines critical safety or ethical issues are the main concern, the ACCE will initiate a discussion with the site CCCE immediately after such issues have been identified.
- Each CI will be asked to complete a self-assessment on his/her performance at the end of the clinical rotation. Information gathered from this document will be used by the ACCE to assess the CI's self-reported instruction performance and aide in identifying areas of clinical education concern or weakness that may be improved through continued education offered by the college.
- The ACCE will complete a clinical site evaluation form during each visit when the student has a clinical at the site.

- The ACCE and Program Faculty will use the results of APTA “Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction” form completed by the student, self-assessment completed by the CI and the ACCE midterm site visit evaluation forms in:
 - assessment of the clinical instructor’s student instruction abilities
 - determination if the site CI would benefit from individual mentoring by the ACCE for future student instruction
 - aiding in determining future developmental areas for all clinical instructors associated with the college experience
- Each clinical facility will be evaluated:
 - during initial on-site visits performed by the ACCE
 - during on-site visits or phone calls performed by the ACCE during each clinical experience
 - during completion of the Clinical Assessment Tool (CAT) for each student performance
 - through information from the student-completed APTA “Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction” form
- A clinical facility may request a copy of the student critique of their facility from the ACCE.

PTA Clinical Education Assessment Policy

Assessment of all aspects of the PTA clinical education curricular component is performed throughout the year.

- Clinical Education Curriculum
 - PTA Advisory Council: The PTA Advisory Council will meet on an annual basis. During these meetings, the council will provide feedback on the ongoing progress of the clinical education component of the program.
 - Program faculty meetings will be conducted on monthly basis. Aspects of PTA clinical education will be addressed during these meetings as needed. Clinical feedback will be discussed regarding the curriculum preparation and progress of students on clinical experiences.
 - Student’s course evaluations for each clinical education course will be reviewed and analyzed by the CCCE.
 - Core program faculty: feedback provided during program faculty meetings regarding the curriculum and progress of students on clinical experiences
- Program & Clinical Education Faculty
 - Director of Physical Therapy Assistant Program
 - Annual faculty review
 - Academic Coordinator of Clinical Education (ACCE) – self-evaluation using APTA “ACCE/DCE Performance Assessment ACCE/DCE Self-Assessment and Academic Administrator Surveys” form

- Clinical education faculty
Feedback provided from contacts made throughout full time clinicals using the APTA “ACCE/DCE Performance Assessment Clinical Instructor and Center Coordinator of Clinical Education Surveys” form

CLINICAL INFORMATION FORMS

All clinical education sites are requested to complete the standard APTA Clinical Site Information Form (CSIF). The primary purpose of this form is for the PTA program to collect information about clinical facilities. The information is used to facilitate clinical site selection, student placement, and assessment of learning experiences and opportunities available to students through clinical practice. Other collection forms may be completed by the student assigned to the clinical site and updated as needed.

SUPERVISION OF STUDENTS

PTA students are to be supervised by either a registered physical therapist or a registered physical therapist assistant with a minimum of one-year clinical experience. A registered physical therapist must be accessible by telephone during clinical affiliations of physical therapist assistant students. A registered physical therapist or physical therapist assistant must accompany students on home health visits.

The clinical instructor will provide adequate and accessible supervision to students, supervising no more than two students at one time. If more than two students are affiliating at one time, supervision should be delegated to another PT or PTA, preferably one experienced in clinical education. The clinical instructor should orient the assisting clinical instructor to the NEO program’s curriculum, the progress and level of performance of the student, the supervision needs of the student and the requirements of the College regarding ACCE visitation and student evaluation.

The clinical instructor should maintain open communication with the student, providing feedback regarding his/her performance and input on ways to improve performance. The clinical instructor should:

1. Meet with the student on the first day of the clinical experience to orient the student to the surroundings, the facility’s policies and procedures, documentation methods, supervision arrangements, etc.
2. Meet with the student at the end of each day during Clinical Experience I and at least weekly during Clinical Experiences II and III.
3. Complete mid-rotation and final evaluation forms for all clinical rotations and discuss the evaluations with the student.
4. Schedule learning activities for the student to assist the student in reaching learning goals for the experience.

REGULATIONS REGARDING REIMBURSEMENTS FOR STUDENT SERVICES PROVIDED TO MEDICARE PATIENTS

Medicare Part A and Medicare Part B are two separate entities so they operate differently and have different rules.

These regulations are not legal issues – they are payment issues

1) Part A SNF

Services provided by students will be reimbursed BUT students must be under the “line-of-sight” supervision of the licensed PT or PTA. Patients in the acute care setting would also fall under these Part A regulations.

2) Part B Settings

Rehabilitation Agencies, Comprehensive Outpatient Rehabilitation Facilities (CORF), Private Practice Physical Therapy Offices, Outpatient Hospital Departments, SNF Part B (in circumstances under which patient does not qualify for Part A covered stay), Home Health Agencies Part B (in circumstances under which patient does not qualify for Part A covered stay)

In these settings that are reimbursed under Part B, Medicare reimburses for therapy services under the physician fee schedule that does not reimburse for medical students. Based on the fact that HCFA does not reimburse for services provided by medical students, it would appear unlikely that they would reimburse for therapy student services. This means that students cannot treat these patients independently or “in line of sight” because time with students cannot be billed.

Students may work alongside the CI either co-treating or as a second pair of hands, as long as the CI is the main person providing the treatment. Students cannot write a note that goes into a chart even if it is co-signed. Students cannot perform the treatment and have the CI write the note either – that would be considered fraud. Students can provide extra therapy once the patient’s treatment by the CI is finished, as long as this extra time with the patient is not billed.

3) Currently there are no regulations for the following settings, so until further notice, patients in these settings can be assumed to fall under Part A regulations:

- Rehabilitation Hospitals and units
- Home Health Agencies (Part A)
- Acute Inpatient units

The following strategies can be implemented by the clinical sites and students to help provide a quality educational experience. As APTA awaits clarification from HCFA, if there are any changes in the regulation these changes will be posted by APTA and strategies will be revised accordingly.

Strategies for student learning for addressing “line of sight” supervision of students when patient/client services are covered by Medicare Part A:

- Use open treatment areas and gyms
- Use alternative means of clinical education that do not involve patient care such as solving evidenced based patient problems or interacting with other disciplines.
- Student performs a portion of the intervention under the supervision of the CI when involved with multiple patients

These last 2 may help when constant “line of sight” supervision is not possible

Strategies for student learning when patient/client services are covered by Medicare Part B:

- Students take the initiative to check patient’s method of reimbursement by looking in the chart.
- Find out what the mix of patients is as far as insurance coverage to plan for the clinical experience.
- Value observational and “hand-off” learning experiences – record observations, analyze patient/client movement, suggest interventions, or ways to provide more efficient care.
- Students conduct comprehensive chart audits/reviews
- Students complete the clinic or hospital’s CSIF
- Students participate in patient satisfaction interview
- Students provide case study presentation to demonstrate critical thinking processes.
- Students provide prevention/screening for specific patient populations or groups
- Student and CI switch roles. Student directs CI in patient intervention, demonstrated clinical decision making and student “checks” CI. This ensures that the licensed professional provides direct patient care.

STUDENT EVALUATION

The **Clinical Assessment Tool (CAT)** is the primary tool utilized for student evaluation during **Clinical Experience I, II, and III**. The Clinical Instructor and student will complete the same copy of the CAT.

The following are guidelines for evaluating students during their clinical experience.

1. The student will bring the CI’s copy of the hard copy clinical information including the copy of the CAT on the first day of the clinical rotation.
 - a. The Clinical Instructor will assess a student’s performance and complete the instrument at midterm and final evaluation periods. Sources of information may include, but are not limited to, CIs, other PTs, PTAs, other professionals, patients, and students. Methods of data collection may include direct observation, videotapes, documentation review, role playing, interview, standardized practical activities, portfolios, journals, computer-generated tests, and patient and outcome surveys. Clinical educators should feel free to use multiple sources and methods to assess student clinical performance. The CI reviews the completed instrument formally with the student at midterm evaluation and at the end of the clinical experience and signs the signature page following each evaluation.
 - b. Students assess their own performance on the same copy of the instrument. The student reviews the completed form with the CI at midterm evaluation and at the end of the clinical experience and signs the signature page following each evaluation.
2. When determining a technical skill competency, the CI will refer to course syllabi per clinical experience. If the CI feels that a particular technical skill is not performed properly or is performed incompletely, the CI will note this in the **CAT** to be considered when determining appropriate ranking.
3. The student will return both copies of the **CAT** to the Academic Coordinator of Clinical Education.

CLINICAL GRADE

Although the evaluation of the student's clinical performance is the responsibility of the clinical instructor, the assignment of the final course grade is a responsibility reserved for the academic faculty. All information given to the College regarding the student's clinical performance is used to determine course grades. If any discrepancies with a clinical goal ranking and the comments and/or midterm visit discussion are observed, a phone call is made by the ACCE to the CI to clarify. The Performance Dimensions (meaning of each performance mark) descriptions are listed below.

Clinical Experience I:

C = Criteria 1- 6 Modified Independent
Criteria 7-8 10-12, 14, 19, 21, 23 SBA
No "significant concerns" boxes checked
x2 SMART goals completed
x2 SCRIPTS completed
x4 surveys completed (2-student 2-CI)

Clinical Experience II:

C = Criteria 1-6 All items (I)
Criteria 12-14 All items at SPV
Criteria 7-11 & 15-23: Of the 14 items; 10 at SPV and 4 at SBA
No "significant concerns" boxes checked
x2 SMART goals completed
x3 SCRIPTS completed
x3 surveys completed (1-student 2-CI)

Clinical Experience III

C = Criteria 1-6 All Items (I)
Criteria 12-14 All items Mod (I)
Criteria 7-11 & 15-23: Of the 14 items; >12 items ranked mod (I) and 2 ranked SPV
No "significant concerns" boxes checked
x2 SMART goals completed
x3 SCRIPTS completed
x4 surveys completed (2-student 2-CI)

Student: Max A Mod A Min A SBA SPV Mod (I) (I)

CI: Max A Mod A Min A SBA SPV Mod (I) (I) **With Distinction*

100% of the CAT is expected to be completed, either through patient interaction or through mock patients established with the clinical instructor. If an indicator in the CPI is not completed due to lack of patient/opportunity availability, it is the student's responsibility to ask the CI for mock patients/experiences to discuss treatments/precautions/interactions needed. If 100% of the CAT is not completed, it will be considered and discussed by the ACCE and clinical instructor for lack of opportunity or reason for non-completion.

Performance Dimensions

Supervision/guidance* refers to the level and extent of assistance required by the student to achieve entry-level performance. As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with customary direction and supervision by the physical therapist and may vary with the complexity of the patient or environment.

Quality* refers to the degree of knowledge and skill proficiency demonstrated. As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance of an intervention.

Complexity* refers to the number of elements that must be considered relative to the patient*, task, and/or environment. As a student progresses through clinical education experiences, the level of complexity of tasks, patient care, and the environment should increase, with fewer elements being controlled by the CI.

Consistency* refers to the frequency of occurrences of desired behaviors related to the performance criterion. As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.

Efficiency* refers to the ability to perform in a cost-effective and timely manner. As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.

Performance Scale Glossary for Student and CI

Maximal Assistance Max (A)*:

- A student who requires **direct personal supervision 100%** of the time working with patients with constant monitoring and feedback, even with patients with **simple conditions**.
- At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner.
- Performance reflects little or no experience in application of essential skills with patients.
- The student does not share the patient care workload with the clinical instructor.

Moderate Assistance Mod (A)*:

- A student who requires **direct personal supervision 75% – 90%** of the time working with patients with **simple conditions**, and **100%** of the time working with patients with more **complex conditions**.
- At this level, the student demonstrates consistency in developing proficiency with simple tasks (i.e., medical record review), clinical problem solving, interventions (i.e. monitoring therapeutic exercise), and related data collection (i.e., single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance.

Minimal Assistance*:

- A student who requires **direct personal supervision 50%** of the time working with patients with **simple conditions**, and **75%** of the time working with patients with **complex conditions**.
- At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection.

Standby Assistance (SBA)*:

- A student who requires **clinical supervision 25%** of the time working with patients with **simple conditions**, and **50%** of the time working with patients with more **complex conditions**.
- At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection.

Supervision (SPV)*:

- A student who requires **clinical supervision less than 25%** of the time working with patients with simple conditions, and **less than 50%** of the time working with patients with more **complex conditions**.
- At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection.

Modified Independent Mod (I)*:

- A student who is capable of consistently and proficiently completing tasks, clinical problem solving, and interventions/data collection for patients with **simple conditions independently** as well as requiring **less than 25% supervision with complex conditions** within the PTA scope of practice under general supervision of the physical therapist.
- The student consults with others to resolve all unfamiliar or ambiguous situations.

Independent (I)*:

- A student who is capable of consistently and proficiently completing tasks, clinical problem solving, and interventions/data collection for patients with **simple or complex conditions independently** within the PTA scope of practice under general supervision of the physical therapist.
- The student consults with others to resolve unfamiliar or ambiguous situations.

With Distinction*

- A student exhibits exceptional skills of consistently and proficiently completing tasks, clinical problem solving, and interventions/data collection for patients with **simple and complex conditions independently** within the PTA scope of practice under general supervision of the physical therapist.
- The students is distinctly scoring above entry level status within a clinical goal.
- **Comments by the CI are required to provide explanation as to why the student is “With Distinction”.**

CONDUCT AND BEHAVIOR

In the Clinical Setting, each student should:

1. Be on time each clinical day.
2. Adhere to appearance and professional dress code requirements of the PTA program unless otherwise specified by the Clinical Instructor.
3. Take needed materials to clinical.
4. Be prepared to perform a variety of activities as directed by the Clinical Instructor.
5. Cooperate fully with clinical staff and accept direction from appropriate staff in addition to the Clinical Instructor.
6. Use learning opportunities independently.
7. Adhere to each facility’s regulations regarding release of information, photo releases, consent forms, confidentiality, documentation procedures, safety procedures, etc. Students should refer matters concerning any of the above information to their CI unless told otherwise by the CI.
8. Conduct himself/herself in a professional, appropriate manner at all times, putting the patient’s needs first and maintaining high quality performance at all times.
9. Recognize the patient’s rights to privacy, confidentiality, and dignity.
10. Demonstrate preservation of health, welfare, and safety of patients, clinical staff, instructor, other students and/or self.
11. Clearly identify himself/herself as a PTA student before initially treating a patient. They are instructed to ask the patient if they are aware of their PTA student status and ask if they agree to treatment or disagree.

Note: Students are responsible for assuring the rights and privacy of those people with whom they come in contact during their PTA education (other students, instructors, patients and their families, clinical staff, etc.)

Clinical Incidents/Dismissal

1. Any problem concerning student’s appearance, clinical performance, application of knowledge, interpersonal relations with staff or patients, tardiness, lack of adequate supervision, etc., should be discussed confidentially between the CI and the student.
2. Discussion of these problems should occur immediately if a potentially harmful situation exists. Otherwise, an appropriate time and place should be chosen to discuss problems, solutions, and goals as soon as possible.
3. If the CI or student deems necessary, a meeting with the ACCE may be scheduled.

4. Review of a clinical incident: A student, CCCE, and/or CI may request a review of incident which occurs in connection with a clinical laboratory experience. Some examples include but are not limited to inadequate clinical preparation, excessive fatigue, emotional lability, and failure to follow specific guidelines when absent from or late arriving at a clinical experience. Actions that may be taken as a result of a faculty review are:
 - a. Anecdotal Note to be Placed in Student's Record. The clinical instructor's documentation of the incident is placed in the student's permanent record.
 - b. Plan to Improve Clinical Performance. A written plan developed by the ACCE/CCCE/CI and student which describes specified objectives that the student is to complete within the specified time frame.
 - c. Unsatisfactory Clinical Performance/Incident. Three unsatisfactory clinical incidents will result in the student's dismissal from the PTA program.
 - d. Unsafe Clinical Performance/Incident. Defined as harming or threatening harm or danger to a client. Some examples include but are not limited to: student under the influence of drugs (including prescription) resulting in impaired functioning, and verbally or nonverbally threatening the client's physical or psychological well-being. One unsafe clinical incident may result in the student being dismissed from the PTA program.

Any student engaging in unethical, unprofessional conduct as described above, or exhibiting poor clinical performance may be placed on probation by the ACCE. The ACCE reserves the right to place the student on probation. If the student receives on unsafe clinical incident, the student will be placed on probation provided they are not dismissed from the PTA program.

One or two unsatisfactory clinical incidents may result in probation or dismissal.

Probation results in weekly phone or personal contact between the ACCE and CCCE/CI as well as the student. Probation will remain in effect for the rest of that particular rotation or until the ACCE removes the student from probation.

Students removed from a clinical site due to excessive clinical incidents, or poor clinical performance (a failing grade) will be required to repeat the complete rotation time in another facility following successful remediation by academic remediation activities, **removal from the program may occur.** All due process procedures will be available to the student in case of removal.