

Nash Community College
Physical Therapist Assistant Program



Clinical Education Handbook

2023 - 2024

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Revised: August 2023

Nash Community College
Physical Therapist Assistant Program
Clinical Education Handbook

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Disclaimer

The Nash Community College Physical Therapist Assistant Program provides an annual Clinical Education Handbook as a general information reference guide for PTA students, Site Coordinators of Clinical Education (SCCE) and Clinical Instructors (CIs). This handbook contains information about the Nash Community College Physical Therapist Assistant (PTA) Program, including the mission, philosophy, goals, curriculum, evaluation tools, forms and clinical information pertaining to policies, procedures and expectations of clinical faculty and students. The provisions of the handbook do not constitute a contract between students and Nash Community College Physical Therapist Assistant Program. The Physical Therapist Assistant Program reserves the right to change any provisions, policies, procedures, rules, regulations and information in this handbook at any time. Every effort is made to minimize the inconvenience such changes might create for students. This handbook is a general information publication only, and is not intended to nor does it contain all regulations that relate to students.

PTA PROGRAM CONTACT INFORMATION

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INTRODUCTION

Clinical Education is a vital part of the PTA Program curriculum as it prepares students for entry level Physical Therapist Assistant practice. The clinical experiences take the student out of the classroom and into a patient care setting. The student learns to apply his or her newly acquired knowledge and skills to patient care. The PTA students will learn and practice interventions carried out by a physical therapist assistant, follow a plan of care developed by a physical therapist, and learn responsibilities associated with working as part of a health care team during their three clinical experiences.

The PTA program requires three clinical learning experiences in the second year of the program. Clinical facilities are located throughout Central, Northern, Southern, and Eastern NC and require approximately 40 contact hours per week that may include weekends, holidays and early evening hours. Students can expect to have additional costs for uniforms, meals, and travel or housing to complete the clinical components of the PTA curriculum. **Reliable transportation is critical!**

Formal documentation indicating the successful completion of the three clinical experiences and indication of entry-level competencies in all areas evaluated is required prior to graduation from the program.

The Nash Community College Physical Therapist Assistant Program faculty and students sincerely thank our clinical faculty and sites for providing clinical education opportunities and quality learning experiences. The Nash Community College Physical Therapist Assistant Program's success relies on the support of our clinical education sites and clinical instructors

GENERAL INFORMATION

Nash Community College (NCC) is located on 125 acres midway between Nashville and Rocky Mount, North Carolina, less than a mile off US Highway 64 and US Interstate 95. The NCC PTA program is a five-semester curriculum (Appendix A) that awards its graduates with an Associate in Applied Science degree in Physical Therapist Assistant. The program involves a core of professional courses complemented by general education courses such as English, Mathematics, Biology, Computers and Psychology. NCC PTA graduates are eligible to take the National Physical Therapist Assistant licensing examination (NPTE-PTA) developed, maintained administered by the Federation of State Boards of Physical Therapy (FSBPT) and required by the North Carolina Board of Physical Therapy Examiners (NCBPTE) to practice as a physical therapist assistant.

ACCREDITATION

The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) accredits Nash Community College. The SACSCOC is located at 1866 Southern Lane, Decatur, Georgia 30033-4097, or 404-679-4500. The PTA program received initial accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE) and graduated its first class in 1989, and received reaffirmation in 2022. The Commission of Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association is located at 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085, or 703-706-3245.

AFFIRMATIVE ACTION STATEMENT

Nash Community College does not unlawfully discriminate in the recruitment of students or employees or with respect to employment terms and conditions on the basis of an individual's race, color, national origin, sex, sexual orientation, gender, gender expression, gender identity, genetic information, disability, age, religion, or veteran status. (Academic Catalog)

NON-DISCRIMINATION STATEMENT

Nash Community College does not unlawfully discriminate in offering equal access to its educational programs and activities or with respect to employment terms and conditions on the basis of an individual's race, color, national origin, sex, sexual orientation, gender, gender expression, gender identity, genetic information, disability, age, religion, or veteran status. (Academic Catalog)

STUDENTS WITH SPECIAL NEEDS

Nash Community College is committed to making reasonable accommodations for individuals with documented, qualifying disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. (Academic Catalog)

PTA PROGRAM MISSION

The Physical Therapist Assistant program at Nash Community College provides an affordable opportunity for students to gain the knowledge and skills, and develop the professional behaviors necessary to earn the Associate in Applied Science degree in Physical Therapist Assistant. The program is dedicated to developing graduates with an awareness of diversity who are competent and caring entry-level physical therapist assistants who will provide evidence-based physical therapy services under the direction and supervision of a physical therapist and are committed to lifelong learning.

PTA PROGRAM PHILOSOPHY

The Physical Therapist Assistant program supports the mission and goals of Nash Community College. The faculty promote high standards of ethics and professionalism as they strives to meet the following commitments to students, community partners, the public and the College:

1. To assist qualified students to meet their individual goal of becoming a Physical Therapist Assistant.
2. To prepare individuals to competently practice physical therapy at the Associate Degree level.
3. To serve the needs of the public by providing skilled, licensed physical therapy personnel.
4. To contribute to fulfillment of the College mission by meeting the needs of its students and the surrounding communities.

PTA PROGRAM GOALS

The PTA program at Nash Community College will:

1. Identify, recruit, and accept qualified applicants by providing accurate information to students and the public that is sufficient to make informed decisions.
2. Provide an organized, contemporary and comprehensive curriculum integrating academic and clinical education experiences to prepare students as entry-level physical therapist assistants.
3. Promote high academic, clinical and professional standards that foster the development of problem solving, critical thinking, and effective communication.
4. Graduate entry-level physical therapist assistants capable of gaining licensure and prepared to work safely and effectively in the best interest of the public under the direction and supervision of a physical therapist as part of a dynamic healthcare team.

PTA GRADUATE GOALS

Graduates of the Nash Community College Physical Therapist Assistant program will be able to:

1. Gain licensure and employment as an entry-level physical therapist assistant.
2. Work collaboratively with physical therapy professionals and other healthcare providers in a variety of clinical settings in the best interest of the public
3. Demonstrate entry-level professional, safe, and effective physical therapy services under the direction and supervision of a licensed physical therapist
4. Uphold the ethical and legal standards of the profession by complying with national and state regulations regarding the practice of physical therapy in all practice settings.
5. Recognize the need for continued personal and professional growth through self-assessment and a commitment to lifelong learning to remain current in physical therapy practice.

PTA STUDENT GOALS

Students of the Physical Therapist Assistant program at Nash Community College will be able to:

1. Communicate verbally, non-verbally, and in written form in an effective, respectful, and timely manner in ways that congruent with situational needs
2. Identify, respect and act with consideration for patients' / clients' differences, values preferences, and expressed needs in all program related activities
3. Seek current knowledge and theory in contemporary practice

PTA CORE FACULTY GOALS

Core Faculty of the Physical Therapist Assistant program at Nash Community College will:

1. Function as an integral part of the College by faculty participation in committee assignments, professional development, and recruitment activities.
2. Model professional and ethical behaviors to students in both the academic and clinical settings

PROTECTED HEALTH INFORMATION POLICY

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates that any information regarding a patient is private and only entities directly involved in the care of the patient are entitled to protected health information. This includes all verbal and written communications. Students in the PTA program are required to adhere to HIPAA regulations during all clinical learning experiences or observations. Clinical facilities will provide students with their specific policies regarding protected health information (PHI) and security of that information. More information regarding HIPAA and PHI is available at <http://www.hipaa.com>.

Failure to comply with federal, state and institutional policies regarding protected health information may result in dismissal from the program.

ACADEMIC COORDINATOR OF CLINICAL EDUCATION (ACCE) ROLE

The Academic Coordinator of Clinical Instruction (ACCE) is an academic program faculty member. The ACCE is responsible for planning, coordinating, facilitating, administering, and monitoring cooperative clinical education activities on behalf of the academic program and in coordination with academic and clinical faculty.

1. Coordinate, plan, develop, facilitate, administrate, assess, implement, and monitor the clinical education component of the curriculum within established institutional and program policies, regulatory standards and guidelines, and established criteria of the Commission on Accreditation of Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA).
2. Communicate and coordinate student assignments with clinical representatives based on established course objectives and developed criteria for clinical site selection and utilization
3. Evaluate the effectiveness of clinical education component through student and facility feedback, on-site visits, and other forms of communication or observation
4. Monitor, assess, and assign grade for student performance toward established objectives and expectations.
5. Promote, coordinate, collaborate, plan, and provide clinical faculty professional development activities based on assessment outcomes or as requested by clinical facility representatives.
6. Establish, develop, assess, and maintain an adequate number of clinical education sites that demonstrate sound healthcare management strategies, staff professionalism, and currency in physical therapy practice for effective clinical learning experiences that promote entry-level skill acquisition of program graduates.
7. Mentor students and faculty (academic and clinical) regarding their roles and responsibilities, current trends in health care, assessment tools, and performance expectations as related to clinical education.

SITE COORDINATOR OF CLINICAL EDUCATION (SCCE) ROLE

The site coordinator of clinical education (SCCE) coordinates and manages the student learning experience at the clinical site, including facility orientation and safety policies or procedures. The SCCE may be involved in the supervision of the student as a clinical instructor (CI) or assign the student learning experience to another qualified clinical instructor. The SCCE should be available to the student, the CI and the ACCE to promote a quality clinical learning experience.

The SCCE accepts the responsibilities described in the APTA's *Guidelines and Self-Assessment for Clinical Education, Revision 2004*, and corresponds with the ACCE to:

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1. Determine the availability for clinical rotations. The ACCE will distribute clinical slot reservation forms in March for the next calendar year clinical placements. The SCCE will confirm the number of students and area of experience reserved at their facility for student education experiences.
2. Develop, renew or update clinical agreements. The SCCE and ACCE work collaboratively to ensure clinical education agreements or contracts are in place for student clinical learning experiences.
3. Complete the Clinical Site Information Form (CSIF). The CSIF is available from the ACCE, in hard copy or electronic format, or at www.apta.org. The recommendation is for annual completion of this form by the SCCE; however, based on the type of facility or frequency of changes, updating the forms can occur more or less frequently. The SCCE and ACCE will negotiate the expectations for the SCCE to complete this form. Students are expected to assist with information collection and data input into the PTA CPI Web for the SCCE
4. Provide specific facility policies required for student participation. The SCCE will provide specific policies or procedures that may restrict student participation. For example, required criminal background checks, drug screens, or immunizations policies that may differ from the North Carolina Community College System general guidelines.
5. Promote staff development for quality clinical learning experiences. The SCCE and ACCE will work collaboratively to determine and provide adequate staff development for clinical instructors. The PTA program encourages and financially supports (on a limited basis) participation in the APTA Clinical Instructor Credentialing Program (CICP). The SCCE will assist the ACCE in identifying clinical instructors that will benefit from this credentialing program or other professional development activities.

The PTA program recommends the completion of the Self-Assessments for Clinical Education Sites and Self-Assessments for Site Coordinators of Clinical Education, both available at www.apta.org (from APTA's *Guidelines and Self-Assessment for Clinical Education, Revision 2004*).

CLINICAL INSTRUCTOR (CI) ROLE

The clinical instructor (CI) provides direct supervision and instruction for the PTA student, and may be a licensed physical therapist or physical therapist assistant. If the CI is a PTA, the supervision and direction must occur within state and national regulations regarding the PT-PTA relationship, as well as other agency regulations such as insurance companies. Clinical Instructors accept the responsibilities described in the APTA's *Guidelines and Self-Assessment for Clinical Education, Revision 2004*.

Summarized below.

The clinical instructor:

1. has a minimum of one year of clinical experience and demonstrated clinical competence
2. has a desire to work with students and willingness to develop the knowledge and skills needed for clinical teaching.
3. is responsible for ensuring the patient's informed consent when a student is involved in services.
4. plans and evaluates the clinical education experience based on the site and academic objectives.
5. promotes the PT-PTA relationship as a good role model for students.
6. demonstrates effective time management skills, APTA core values and ethical behaviors.
7. demonstrates effective communication skills in relation to performance expectations, goals and objectives, verbal and written feedback, active listening, student and/or public privacy, and is capable of being clear and concise in difficult or confrontational situations.
8. is approachable by students and other clinical and academic colleagues.
9. collects information through direct observation and discussion with students, review of the student documentation, observations made by others, and student self-assessments.
10. provides frequent, positive, constructive, and timely feedback.

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11. is familiar with the CPI prior to the clinical education experience and provides evaluations at least at midterm and at the completion of the clinical education experience, including student self-assessments.
12. recognizes and documents student progress, identifies area of entry-level competence, areas of distinction, and areas of performance that are unsafe or ineffective.
13. is aware 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.

The PTA program encourages the completion of the APTA Self-Assessments for Clinical Instructors available at www.apta.org (APTA's *Guidelines and Self-Assessment for Clinical Education, Revision 2004*).

CI FEEDBACK

During clinical experiences, frequent feedback to students is important. Allow students time to correct weaknesses by bringing deficiencies out into the open as early as possible. Students exhibiting major deficiencies should be brought to the attention of the ACCE as early as possible. This is very important for everyone involved. Clinical staff feedback is needed to identify major deficits in technical or interpersonal skills that suggest the need for consideration of remedial measures. Failure to address weaknesses early on, or allowing a poor or irresponsible student to "slide" through an affiliation, may result in more significant issues developing at later points in the curriculum or upon the graduate entering the profession

PRIVACY AND CONFIDENTIALITY OF STUDENT INFORMATION

It is the responsibility of the SCCE and CI to ensure that any information that the College provides the clinical site shall be treated according to the following guidelines. The clinical agency must also comply with student privacy and confidentiality in the sharing of information to any individuals not directly involved in the educational learning experience.

"In compliance with the Family Educational Rights and Privacy Act of 1974 as amended, Nash Community College may release public directory information relating to a student. Directory information at NCC includes the name, address, telephone number, email, major field of study, dates of attendance, and degrees and awards received. A student may request in writing the Registrar not release directory information.

A student's record, other than directory information, shall not be made available without the written consent of the student except in certain cases noted in the Family Educational Rights and Privacy Act Procedures of Nash Community College. This document may be obtained from the Registrar.

A student at NCC shall have the right to inspect his individual educational records upon request to the Registrar. The procedure for inspecting records and for requesting amendment of records is published in the Family Educational Rights and Privacy Act Procedures of Nash Community College.

A student who feels the College has failed to comply with the requirements of the in the Family Educational Rights and Privacy Act may file a complaint with the U.S. Department of Education."

[Academic Catalog](#)

CLINICAL EDUCATION CONTRACTS

The Physical Therapist Assistant Program has signed clinical education contracts with clinical sites primarily in North Carolina. The contracts are reviewed, approved by NCC Administration (i.e. Chief Academic Officer and College President) and are established for a period of one year or longer. Presently the PTA Program does not affiliate with clinical education sites outside of the United States. The PTA Program does not assign students to clinical sites without an active clinical education contract/agreement between the clinical site and Nash Community College PTA Program. The PTA Program will execute contractual clinical education agreements with clinical facilities who:

- Are willing to provide clinical learning experiences to Nash Community College PTA students
- Offer an adequate variety of learning experiences
- Have qualified clinical instructors
- Meet clinical criteria to the satisfaction of Academic Coordinator of Clinical Education (ACCE)

The criteria for determining if a potential clinical site is acceptable are based on the APTA Guidelines for Clinical Education Sites. The evaluation is based on but not limited to the following information:

- Does the site have a SCCE
- What type of setting(s) does the facility offer (acute, inpatient, outpatient, home health)
- Is the clinical site open for 35 hours or more a week
- Is there an established formal student program
- How many Physical Therapists and Physical Therapist Assistants work at the site
- Do all CIs have a minimum of one year clinical experience and an active PT or PTA license
- How many CIs are credentialed by the APTA
- Is the clinical facility willing and able to complete the PTA CPI Web assessment tool

The ACCE and CO-ACCE are responsible for maintaining current contractual arrangements between the College and the clinical facility. Please contact the ACCE with concerns regarding the contract. The standardized Clinical Site Information Form (CSIF), must also be kept up to date.

STUDENT CLINICAL EDUCATION PLACEMENT

The sites provide students with access to patients that are representative of those commonly seen in practice in a variety of healthcare settings. Students are required to complete clinical hours in both the Inpatient, Outpatient settings. Clinical hours for a third placement are areas of special interest (other settings). Students can chose a placement from each category below.

- Inpatient Setting: Long-term care, sub-acute, rehabilitation or acute care. Patients in these facilities are temporary residents for one day to six or more weeks dependent on the severity of their diagnosis. The diagnoses may include neurological, orthopedic, cardiopulmonary, medical/surgical and vascular disorders. The students can experience different aspects of PT including patient care, discharge planning, equipment needs, billing, interdisciplinary/interprofessional teams and administrative processes.
- Outpatient/ Ambulatory Care Settings: Patients are scheduled as needed in the clinic and do not reside at the facility. The diagnoses may include neurological, orthopedic, cardiopulmonary, medical/surgical and vascular disorders. The student focus in on patient care, discharge planning, billing and incorporating community resources as needed.
- Other Settings: Special interests the student may have such as pediatrics, women's health, aquatics, spinal cord injury (SCI), traumatic brain injury (TBI), intellectual/developmental disabilities, home health, school based care, cardiopulmonary, orthopedics or lymphedema. The special interest can occur in either the inpatient or the outpatient setting. The goal is for a student to select a site that allows exposure to a setting they have not experienced in previous clinicals.

STUDENT HEALTH

The College requires that all students involved in patient care activities receive a comprehensive medical examination prior to enrollment in the PTA program and on an annual basis thereafter.

Students are not able to attend clinical education experiences without current and annual documentation of CPR, tuberculosis screening, physical examination and flu vaccine. Students must meet all other clinical facility health requirements including required vaccinations. Each student should receive the Hepatitis-B vaccine as soon as possible. If the student elects to decline the Hepatitis-B vaccine, a waiver must be signed by established deadlines. Not receiving this vaccine may put the student health at risk, as well as limit the available clinical experiences. Students should expect to receive the seasonal influenza vaccination in order to complete clinical experiences.

Each student must maintain current

- American Heart Association (AHA) Basic Life Support Provider CPR certification
- Annual medical examinations
- TB testing (2 step TB skin testing or 1 step blood titer)
- Immunizations and vaccines required by clinical site. Including but not limited
 - Hepatitis B (series)
 - MMR
 - Tdap /Td
 - Varicella
 - COVID (not required at all clinical sites. Some clinical sites accept medical or religious exemption requests)
 - Submit **copies (keep your originals)** of all health, immunization and CPR forms to the Health Sciences Admissions Coordinator for review
- Upload all health, immunization and CPR forms to the Vendor approved document tracker
- The student, ACCE, and Health Sciences Admissions Coordinator are responsible for maintaining current health and immunization documentation
- The program utilizes the requirements identified by the North Carolina Consortium for Clinical Education & Practice. The elements as specified on the CCEP Clinical Passport document serve as the minimum requirements for health science student participation in a clinical setting of the participating agencies. This list represents the highest standards as evaluated by the CCEP Committee. Note that clinical agency contracts may specify additional requirements based on the areas in which students are placed, or regulations established by the agency or health system <https://www.cdc.gov/vaccines/schedules/index.html>
- Specific requirements on the part of the clinical facility should be included in the clinical education contract.

If a student is injured outside of Nash Community College or has a medical condition (new onset or past history), including pregnancy that may affect participation in classroom activities, laboratory skills or clinical performance, the student will be required to present written documentation to continue and/or return to classroom, laboratory or clinical. Any time missed will result in an absence and the attendance policy will be in effect. The student will be expected to meet the stated objectives that are required of all students.

Clinical Guidelines for Exposure to Blood and Body Fluids:

Students are at risk for exposure to blood and body fluids that may be contaminated with the hepatitis B virus, the hepatitis C virus, the human immunodeficiency virus (HIV) and other potentially harmful or contagious pathogens while in the clinical setting. Information about Bloodborne pathogens and how to protect against associated risks of exposure are taught before the student's first clinical experience. The education on Bloodborne pathogens and standard precautions will be reviewed annually and may be a

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part of the facility orientation. It is important for students to always follow standard precautions when working with patients in any type of clinical setting.

In the event of exposure to blood or body fluids, it is the responsibility of the student to arrange and pay for initial and post-exposure medical follow-up and care, and follow the College's "Student Accident Insurance" policy and procedures.

Following exposure to blood or body fluids, the student should take the following steps IMMEDIATELY:

1. Clean area thoroughly depending on the area exposed:
 - a. Skin exposure with blood - Wash area with antimicrobial soap and water for at least 15 seconds.
 - b. Contaminated needle stick or contaminated puncture or cut with sharp object - Wash area with antimicrobial soap and water for at least 15 seconds.
 - c. Eye exposure - Rinse/flush eye with 1000 mL of water, sterile saline, eye irrigate for at least 15 minutes.
 - d. Mucus membranes (mouth or nose) - Rinse/flush area with water.
2. Report the exposure to the clinical instructor immediately after taking the above preventative measures.
3. Determine the nature of the exposure and determine if there was exposure to body fluids. Assess the integrity of skin exposed to body fluids or blood.
4. Follow the agency policy for occupational exposure, testing, or post-exposure medications as indicated. If the clinical agency does not provide baseline testing and/or prophylaxis, the student will need to call his/her primary care provider or an urgent care facility, immediately.
5. Complete appropriate incident reports or post-exposure reports with the assistance of the instructor or employee health nurse.
6. Further testing, medical follow-up and post-exposure medications will be with the student's primary physician at the student's initial expense.
7. Notify the ACCE and/or Program Director for guidance on following College policy for procedures and documentation required under the "Student Accident Insurance" policy.

STUDENT ACCIDENT INSURANCE

The NCC Academic Catalog states that all students registered in "curriculum classes are insured for accidental injuries occurring in class or on college sponsored activities". This includes clinical education experiences for the PTA program. Injuries during commute to and from the clinical site are not included. If a student is injured during the clinical affiliation, the CI and student should notify the SCCE, who will notify the ACCE. An incident report must be filed immediately and forwarded to the ACCE. If facility policy prohibits the release of the incident report, the ACCE will complete the NCC incident report. The incident report will be forwarded to Student and Enrollment Services. The student is responsible to maintain and provide all documents needed that relate to services and costs for care received as a result of an injury.

Should the injury include exposure to an infectious disease, the student should follow the facilities infectious/communicable disease exposure policies, in addition to the College's accidental health insurance policy, for emergent and follow-up care.

LIABILITY INSURANCE

The PTA students are covered for professional liability under the College's blanket liability enrollment administered by Nurses Service Organization (NSO). This plan covers all students and faculty in the allied healthcare curricula. A copy of the Certificate of Insurance will accompany all student clinical education packets sent prior to the start of the clinical affiliation.

STUDENT ASSIGNMENT

Students receive notification of the available clinical site placement options for each clinical experience in the third semester (summer) after the program's clinical partners return the annual clinical placement slot requests. Students are encouraged to perform independent research to learn about each available placement. Additional clinical site information is available through the PTA Program Clinical Site Information Database and the Clinical Site Information Forms found on the Learning Management System.

PTA students answer a clinical education interest form annually after successful completion of their first technical semester. Students provide the following information:

- Selection of a minimum of three (3) separate clinical education regions in the state (northern, southern, eastern, western, or central) for potential placement of any of the three clinical experiences
- Clinical site name(s), setting(s) and locations of physical therapy observation hours
- Employer name(s), setting(s), location, time frame, positions held for employment in a medical setting
- Clinical education special interest area or specific clinical site of interest

PTA students answer a clinical education placement survey after successful completion of their second technical semester. Students provide the following information:

- Students select clinical sites where they request a clinical experience on the placement form
- A student decision for requesting potential placement at a clinical site should take into consideration area of interest, driving distance or ability to temporarily relocate, and any potential conflict of interest (employer, family member employment, observation hours site)

Student agreement to a specific clinical education site slot does not guarantee future placement.

The ACCE applies the information obtained from the student responses collected during second and third technical semesters to assist with student placement decisions. The ACCE will determine the placement of each student based on site availability, consideration of student preference, breadth and depth of learning opportunities available, student goals, geographical area of residence and healthcare related experience. Students receive information about the clinical education process through PTA information packet, admission requirements for the program, program orientation (before start of technical phase), PTA Program Student and Clinical Handbook, and course assignments. The ACCE coordinates the clinical education placement reservations up to one year in advance. Although the program makes an effort to accommodate the student's preference, the student agrees to accept the clinical education placement assignments made by the ACCE at any of the affiliated clinical facilities. It is always possible that unforeseen circumstances will arise during the program that would limit the number of available clinical education placements. If insufficient clinical education site placements are available to accommodate all students in a given semester or a mass clinical education hold is implemented, selection of students for placement will be made based upon the students' following:

1. Completion of required clinical education documentation (physical exam, immunizations/ vaccinations /TB testing, CPR certification, personal health insurance, Criminal background check, urine drug screen, Core Orientation, document tracker and clinical site onboarding material)
2. Previously scheduled student placements are honored as the clinical education site allows for a delayed student return to the clinical environment
3. Student placement at an available clinical education site opening must be appropriate for student's needs such as setting (meet required breadth / depth of student clinical experience), travel distance, approved CI and caseload volumes
4. If a previously scheduled clinical education site notifies the ACCE that they are unable to honor a delayed student return to the clinical environment, the student is placed on a waiting list for an available placement opening

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5. If a previously scheduled student placement clinical education site announces a return to clinical start date that is later than the student wishes, the student is placed on a waiting list for an available placement opening
6. Students on a clinical education waiting list for available site placement opening will be assigned in order of:
 - a. meet required breadth / depth of student clinical experiences, travel distance, approved CI and caseload volumes
 - b. facilitate student graduation and licensure
 - c. current student GPA and course average at time of assignment
7. When possible, students will not be placed in a clinical facility where the student has employment history as a physical therapy technician, a considerable amount of observation was completed in preparation for applying to the PTA program, has a contractual agreement for future employment or completed more than one clinical experience at any one facility affiliated group, unless there are no other alternatives.
8. Although the program makes an effort to accommodate the student's preference, a student is informed and acknowledges the right to decline a clinical education placement during the program and therefore is not guaranteed an alternate placement site that will delay graduation and potential progression through the PTA Program
9. If a clinical placement is cancelled or terminated due to no fault of the student as determined by the ACCE, all attempts will be made by the program to assign the student to a supplemental site.

Assignment to a clinical site is final, and may not be changed by the student. Failure to accept a clinical placement may result in removal from the PTA program. Every attempt will be made to place students left without clinical education assignments into a facility as earliest as possible in the following semester, but this cannot be guaranteed. Students would have preference for placement in the following semester or a placement in the next program admission cohort

CRIMINAL BACKGROUND CHECK AND DRUG SCREENS

Criminal background checks and drug screens are not required for admissions to the Physical Therapist Assistant (PTA) program. Once admitted to the program, however, students can expect to submit to criminal background checks (state and/or federal, which may also include fingerprint, national sex offender search, social security verification/trace, and health care fraud and abuse) and drug screens in order to meet regulatory criteria of facilities participating in the clinical education component of the PTA program. The PTA faculty recognizes and is supportive of clinical facilities mandating criminal background checks and/or drug screens on students in the program.

If a clinical facility prohibits a student in the PTA program from participating at the facility based on the results of the criminal background check and/or drug screen, the student will be dismissed from the PTA program. There will be **No** alternative clinical experience arrangement on behalf of the student, resulting in the inability of the student to meet the curriculum requirements of the PTA program. Students are encouraged to follow the due process procedures should they feel ineligibility was determined based on false or inaccurate information. Students can expect to absorb all costs related to criminal background checks and/or drug screens. Specific procedures will be provided to students in the PTA program upon acceptance and enrollment. Students should also expect to submit to a FBI criminal background check and fingerprinting when seeking eligibility for licensure in North Carolina at the cost of the student.

CRIMINAL BACKGROUND and DRUG SCREEN DUE PROCESS

The following procedures have been established for students who feel information contained on the criminal background check or drug screen is false or inaccurate which results in the inability to participate in a clinical education experience, and therefore dismissal from the program due to failure to progress:

1. Students will notify the Program Director, in writing, of their intent to initiate an investigation into the information they believe to be false or inaccurate within 24 hours of being notified of the dismissal.
2. The student will provide the Program Director with evidence that supports the information contained was false or inaccurate within one week (7 days) and which supports dismissal is not warranted based on the new information.
3. Students will sign a consent form to release this new information to a clinical agency for their determination of eligibility to complete the clinical learning experience. Students must understand that the timeframe for the learning experience may be adjusted to reflect the contact hours needed to complete the experience.
4. Students who fail to provide this evidence within one week can follow the College's due process as stated in the Academic Catalog.

CLINICAL ELIGIBILITY

Students are assigned to facilities that have a current clinical education agreement with the PTA program at Nash Community College. If an assigned clinical facility prohibits a student in the PTA program from participating in or completing the clinical learning experience due to reasons related to the student, no alternative clinical experience will be arranged on behalf of the student. This will result in the student being unable to meet the curriculum requirements of the PTA program and, ultimately, being dismissed from the program. Examples (not inclusive) of situations, which may lead to a clinical facility's decision to prohibit or terminate a student's clinical experience, are:

1. Results of a background check or drug screen (including all forms listed in the Criminal Background Check and Drug Screen policy);
2. Inability to demonstrate current American Heart Association (AHA) Basic Life Support (BLS) Provider CPR certification, physical examination, health insurance and required immunizations / vaccines (including but not limited to annual influenza);
3. Issues surrounding a student's previous employment at the facility;
4. Significant concerns or issues identified by representatives of the clinical facility relating to unsafe, unethical, illegal, or generally unprofessional conduct of the student;
5. Non-adherence to the facility's personnel and dress code policies, which includes the appearance or visibility of body art and piercings.

STUDENT EXPECTATIONS

Clinical Policies: The student affiliate will

1. Adhere to all professional, legal and ethical regulations regarding the physical therapy profession (i.e.: state scope of practice, patient confidentiality, Code of Ethics and Standards of Ethical Conduct for the PTA, Value-Based Behaviors of the PTA).
2. Adhere to facility policies and procedures (dress code, billing, emergency/fire, tobacco use, food/beverages, etc.).
3. Avoid personal, non-emergency phone calls or texting (made or received) during clinical hours. Personal cell phones should not be present during the clinical learning experience. To avoid the appearance of inappropriate or unprofessional cell phone usage, please provide family and /or friends with the facility's phone number to best reach you in the case of an emergency.
4. Identify yourself by name and title during all interactions.

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5. Students are expected to wear a name tag clearly stating the name of the student and their title as a "student physical therapist assistant". Students are to introduce themselves by their name and title as a student physical therapist assistant to patients, families, and other healthcare workers. Please remember that a patient or family may refuse to have a student participate in services provided. The student should not take offense or in any way demonstrate unprofessional behavior to a patient or family who makes such a request.
6. Report to assigned area on time. It is recommended that students plan to arrive 15 minutes early to avoid situations that could result in tardiness.
7. Avoid chewing gum during all interactions within the clinical facility.
8. Accept assigned responsibilities within the physical therapy scope of practice. Students must use sound judgment regarding their ability to carry out a procedure or treatment they are unfamiliar with, and openly discuss concerns with the clinical instructor. A student shall never perform a procedure they are unsure of.

CLINICAL READINESS

Clinical learning is organized to allow each student to maximize opportunities for clinical competency, practice under the supervision of a physical therapist, observe and model professional behavior, and communicate effectively with patients and colleagues. Core Faculty are responsible for evaluating a student's readiness for the clinical education experience. The core faculty evaluate each student's essential skills safety and competence based on expectations for a first, intermediate or final clinical experience. Formative and Summative assessment tools provide core faculty with information regarding a student's readiness and safety to perform in the clinical education environment. Core faculty and the student will work together to ensure completion of all academic and non-academic requirements prior to starting the clinical education portion of the program.

Core Faculty discuss each student's performance in the PTA course for the semester. If safety or performance deficits are present, core faculty, determine and implement a corrective action plan to improve student's preparedness for the clinical education environment

An important aspect of this readiness assessment is determining if the student is safe for clinical practice. Safety in regards to patient care is a priority of this program. In order to ensure that the student will be able to perform in a safe manner that minimizes risk to patient, self, and others, the PTA faculty will consider all of the areas listed below.

The core faculty assess each student's readiness prior to each clinical experience. The student will either be placed or not be placed in the clinic based on this assessment. Considerations will include, but not be limited to the following areas:

1. Skill competency demonstrated on practical exams
2. Competency Skill Checks
3. Professional Behaviors status
4. Prior or current probationary status
5. Clinical evaluations and performance from completed clinical experiences
6. Ability to perform in a safe manner.

Students should monitor Learning Management System (Moodle), program emails, and other announcements for reminders and deadlines related to clinical placement.

Students with disabilities should meet with the ACCE prior to receiving their assigned clinical sites so there is adequate support to coordinate resources and accommodations, as needed, for successful clinical experiences.

RESPONSIBILITY FOR STUDENT SAFETY

Academic Faculty (ACCE and CO-ACCE) are ultimately responsible for determining student competence in clinical skills, based on information provided by clinical instructors through the CPI

The CI (clinical faculty) is responsible for determining that the student is safe when he/she instructs a student in a data collection skill or an intervention technique that has not been presented and practiced in the academic setting. The clinical facility is responsible for student safety by confirming to facility and equipment safety standards (JCAHO, CARF, OSHA, e.g.), and by ensuring the student practices in accordance with the same safety guidelines mandated for employees.

STUDENT CLINICAL PERFORMANCE ASSESSMENT

PTA program uses the Clinical Performance Instrument (PTA CPI Web), developed by the APTA, as its clinical education assessment instrument. The SCCE and CI should become familiar with this tool, including terminology and criteria by completing the online training and assessment program. Please contact the ACCE with any questions regarding the CPI. The ACCE and Program Director will be gladly assist with the clinical staff regarding its use.

Both the CI and student complete the evaluation form at the halfway point (midterm) and at the conclusion (final) of all clinical experiences. This provides a status report for the student. It also allows the CI and the student to appropriately measure progress made during the affiliation. Keep in mind that it is often the supportive comments—especially when citing specific examples—that prove most helpful to the student and the ACCE.

GRADING

Clinical education performance is evaluated by the clinical instructor (CI), using the CPI. The CI will complete the CPI rater assessment at midterm and final. The PTA Program ACCE will review the completed following the affiliation and the ACCE will determine a grade based on the following criteria:

1. The “Red Flag” items. Difficulty satisfying these criteria may necessitate remediation or produce a grade of U for the course, regardless of the quality of performance on other criteria:
 - Safety
 - Clinical Behaviors
 - Accountability
 - Communication
2. The CPI final CI assessment rating of each 11 performance criteria.
3. Each performance criteria scored Beyond Entry Level is considered in overall student performance
4. The cumulative balance of strengths and areas for development comments from the CI is considered in the overall student performance.
5. Meeting the minimum required clinical hours. Failure to meet the minimum required clinical hours or frequency of absences is considered in the overall student performance. Unexcused absences or failure to meet the clinical contact hours may result in a failing (unsatisfactory) course grade.
6. If a student did not participate in a specific activity or section of the criteria outlined in CPI Web, it is permitted to not score that activity or section, and it will not negatively impact the student’s progression. It is important to consider all methods in which student performance can be assessed such as simulation, case scenarios and role playing
7. Satisfactory submission of all required paperwork as assigned by the ACCE and clinical site
8. **Program requires entry level clinical performance by last clinical experience**

The final course grade is determined by the following:

S (Satisfactory):

CPI criteria:

Student performance satisfactory ratings between designated anchors specific to the initial, intermediate or final clinical experience in all identified CPI criteria and have no areas of significant concern or deficiency, and satisfactory submission of all required paperwork throughout and at the end of the clinical experience. Failure to meet the above criteria will be considered unsatisfactory and may result in failure to pass the course and progress within the program.

U (Unsatisfactory):

Failure to meet the performance expectations described for satisfactory clinical performance results in the grade of unsatisfactory (U) for PTA clinical education course. Students are unable to progress in the PTA program with an unsatisfactory grade for clinical learning experiences

Required Paperwork:

- Clinical Orientation Checklist: CI and student to complete within first three days of clinical and submit by College Learning Management System (Moodle) at the end of first clinical week
- Weekly Assessment and Planning form: The student and CI will discuss the plan for the clinical week, complete the form per discussion results and provide feedback weekly to compare individual assessments. Student will submit by College Learning Management System (Moodle) at the end of each clinical week
- Student Reflective Daily Journal: The student will apply conscious consideration and analysis of beliefs and actions for the purpose of learning by the development of critical thinking skills and improved performance. The expectation is for journals to be descriptive, specific and insightful for the student, CI and ACCE. Student will submit daily journal entries to College Learning Management System (Moodle) each week
- Student Midterm Feedback Form: Student to complete at midterm and submit to College Learning Management System (Moodle) prior to midterm site visit / meeting
- CI Midterm Feedback Form: CI to complete at midterm and provide to student to allow submission to College Learning Management System (Moodle) prior to midterm site meeting.
- Electronic PTA CPI Web: CI to electronically document student performance at midterm and final clinical experience assessment. Students will electronically document self-assessment performance rating at midterm and final clinical experience. CPI must be signed off by both the CI and student for ACCE to access student assessment.
- Physical Therapist Assistant Student Evaluation of Clinical Experience and Clinical Instruction: The student will complete Section 2 (PTA Student Assessment of Clinical Instructor) on p. 7 at both Midterm and Final and share information with the Clinical Instructor. The student will complete all sections of the form including Section 1 (PTA Student Assessment of Clinical Instructor) at the conclusion of the clinical experience submit to College Learning Management System (Moodle)
- Student Time Log: Student to complete daily, review with CI. CI required signatures weekly and student to upload into LMS Moodle at the end of each week. Final completed time log signed by both student and CI Student submit to College Learning Management System (Moodle).
- In service Evaluation form: Students will be required to provide an in-service to the therapy staff at a minimum of once during the three clinical experiences. The student and the CI will decide the topic. Students will use the grading rubric provided by the ACCE. Upon completion of the in-service, the CI will fill out and sign the rubric. The student will submit to College Learning Management System (Moodle).

CLINICAL EDUCATION ATTENDANCE POLICY

1. Clinical assignments are an essential part of the physical therapist assistant curriculum. There are NO "built in" off days during clinical assignments. Students should have contingency plans to handle situations such as vehicle breakdowns, traffic, or sick children.
2. In the event of illness or unavoidable delay, the student will inform the clinical instructor and the ACCE no later than the appointed starting time for that day. Failure to notify ACCE of absence (as specified) will result in a verbal warning.
3. Students must make up hours or days missed, at a mutually agreed upon time and day by the CI, SCCE, and ACCE.
4. The student will follow the work schedule of assigned CI. If that schedule does not calculate to 40 hours per week, CI has scheduled time off or is absent, the student will make up the time by alternative methods. Approved alternative methods can include accompanying another therapist, weekend schedule, surgical observation, meeting attendance (discharge planning/ family conference / team-rounds), case studies and project assignments. Project assignments should be approved by the ACCE. All make up hours must be reflected on the student time log.
5. During inclement weather, the student and CI will need to discuss a plan for clinical attendance. Students should not attend clinical experiences if area closures are in effect due to inclement weather that would constitute a hazard or risk to the student's health and safety. A student should always contact the ACCE if there are questions regarding clinical attendance.
6. If a student completes the required number of clinical contact hours prior to the scheduled end date, the student should continue to attend the clinical experience unless approved by the ACCE
7. Unexcused absences or failure to meet the clinical contact hours may result in a failing (unsatisfactory) course grade.
8. After a tardiness occurrence, the student will meet with the clinical instructor to discuss the behavior and determine a plan for compliance.

RIGHTS AND PRIVILEGES OF CLINICAL FACULTY

Clinical Faculty are entitled to:

1. use of resources available through Nash Community College's library.
2. use of PTA program facilities when not in conflict with ongoing didactic or laboratory activities.
3. use of PTA program instructional resources when not in conflict with ongoing didactic or laboratory activities.
4. professional development activities developed and/or presented by the program faculty for the development of clinical education knowledge and skills. The PTA program will sponsor (on a limited annual basis) clinical instructor participation in the Credentialed Clinical Instructor Program (CCIP) based on CI interest, identified professional development needs, and fund availability.

The SCCE or CI should contact the ACCE for specific procedure or process information, or for scheduling any of the above activities. The ACCE encourages a supportive and collaborative relationship between clinical agencies and Nash Community College. Please contact the ACCE to request professional development activities that you believe may benefit the clinical education learning experience at the facility. The ACCE will work with clinical staff individually or group settings.

CLINICAL SITE VISITS

Communication between the CI, SCCE, and ACCE is essential to a strong clinical education program. Clinical site visits are one important part of this communication process.

The Academic Faculty benefits from the site visit through:

1. familiarization with the physical setting of the facility
2. observation of the student in patient treatment situations

Both Academic and Clinical Faculty benefit through:

1. discussions of philosophy, procedures, and program content
2. exchange of information concerning clinical practice and clinical education
3. review of student performance.

The ACCE makes every attempt to visit a student during a minimum of two of the three scheduled clinical affiliations; however, the SCCE or CI should not hesitate to contact the ACCE or Program Director at any point they feel a clinical site visit would benefit the clinical experience. The ACCE will use alternate methods of telecommunication when unable to visit the clinical site in person.

PHOTOGRAPHIC and VIDEO RELEASES

In accordance with policy, Nash Community College does not collect photographic/video release forms. The College does however use faculty, staff, and students as the best resource for marketing. All students and visitors should be advised that campus events are regularly photographed and videotaped. NCC cannot guarantee any individual will be excluded from media coverage. Additionally, as a public campus, NCC cannot be responsible for content obtained or disseminated by any individual or group.

During activities associated with the clinical component of the program, the student will follow the approved clinical institution's photo and/or video release process. If a photo / video release form is required by the facility, a student signed copy will be submitted to the ACCE.

PERSONAL POLICIES

The following guidelines are summarized from the PTA Program Student Handbook. These are our policies as presented to the students. Students are instructed that policies of the clinical facility may differ from, and supersede, these policies.

1. College approved nametag with name and student physical therapist assistant identification status.
2. Sleeved dress or casual blouse or shirt with no cleavage or midriff exposure. Shirt tail should be long enough to tuck in pants. Polo and Oxford style shirts are generally accepted in all clinical environments. No exposed undergarments with attire at any time
3. Dress or casual slacks (earth-tone colors) with waist no lower than the ASIS. A belt to secure the position on the waist is recommended due to excessive bending, squatting and reaching activities during clinical learning experiences. No exposed undergarments with attire at any time.
4. Shoes are to be rubber-soled with full foot enclosure (no open-heels or open-toes), conservative in appearance, and in good repair. Athletic (walking or running) shoes are generally accepted but should not be garish in design. Avoid bright, non-traditional color combinations.

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5. Rings should be limited to a wedding ring set. It is recommended stones are not worn when possible. Dangling earrings and necklaces are not allowed. No exposed body art or piercings other than lower ear lobe are allowed. (no belly button or gauge piercings)
6. Students are encouraged to wear watches identifying minutes and seconds but care should be taken for a snug fit around the wrist.
7. Fingernails should not extend past the fingertips. Nails should be smooth and clean. Acrylic nails are not allowed in any circumstance. Painted nails are discouraged.
8. Hair should be of natural colors (black, brown, blonde, red, grey or white) and should be secured in such a way that it does not fall over the shoulder or into the eyes during interactions with healthcare colleagues or the public.
9. Daily hygiene includes wearing clean, wrinkle-free clothes, antiperspirant or deodorant, and washing body and hair. Perfume, cologne, and scented lotions are not allowed. The face should be freshly shaved, facial hair trimmed, groomed neatly and close to the face.

The student should review the CSIF for specific facility dress code policies. The SCCE or CI are encouraged to detail expected dress code policy to the student prior to the clinical affiliation, especially if requirements significantly differ from those mentioned above, or require the student to purchase specific color combinations or uniforms.

Clinical faculty who have suggestions about these or any other program policies and procedures should feel free to contact the ACCE or program director.

STUDENT DISCIPLINARY DUE PROCESS

Clinical faculty should be aware that the [Academic Catalog](#) and the PTA Student Handbook describes specific procedures to be followed by students in the event of conflicts related to grades, dismissal or expulsion, and readmission to the program. Academic Faculty are also bound to these guidelines in determining the student's status.

COMPLAINTS

The Program has established policies and procedures to manage complaints regarding the Program that fall outside the scope of due process. Clinical faculty should feel free to communicate any complaints to the ACCE or Program Director.

CAPTE considers written complaints about programs that are accredited. Information regarding filing a complaint about the Program's compliance with one or more of CAPTE's Evaluative Criteria or Standards and Required Elements is available at www.capteonline.org/Complaints.

POLICIES AND PROCEDURES FOR PROCESSING COMPLAINTS

Where institutional policies and procedures exist to cover a particular complaint, those policies and procedures take priority over Program policies and procedures. Written complaints should be submitted to the Program Director or ACCE as described in policies. The Program Director or ACCE is responsible for consulting with appropriate individuals to develop a response to the complaint. A written response will be made to a signed written complaint within 15 working days of receiving the complaint. If the response is unsatisfactory, the complainant may contact the Health Sciences Department Chair and then Vice President of Instruction. Records of complaints are maintained in the Director's office for a period of five years from the time of receipt.

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1. Complaints regarding clinical affiliations should be presented to the ACCE
2. Complaints regarding a student during clinical experience should be presented to the ACCE
3. Complaints regarding the actions of the ACCE should be directed to the ACCE involved. If the complainant feels uncomfortable with this, the Program Director should be contacted. If the complaint concerns the Program Director, contact the Health Sciences Dept. Chair. If Program Director and Health Sciences Department Chair are the same person, contact Vice President of Instruction
4. Complaints regarding the PTA curriculum or its policies and procedures should be presented to the Program Director.
5. Complaints from individuals outside the Program should be presented to the Program Director or refer to the Student and Public Grievance/Complaint Procedure in the Academic Catalog.
6. The PTA Program prohibits any form of retaliation against any party making a complaint against the program, its faculty or its students.

Term 4
5 weeks
Allied Health Department

Course Prefix and Number: PTA 245

Course Title: PTA Clinical III (first full-time clinical experience)

Course Hours: Lecture: 0, Lab: 0, Clinic: 12 Credits: 4 Contact: 192 hours

Course Schedule: Monday-Sunday 7:00am – 6:59pm

Note to Students: Students are required to follow the schedule of the assigned clinical instructor, which may include Saturday, Sunday, College recognized holidays, or student breaks.

Course Format Explanation:

It is the intention of the College and the instructor that this course will meet in a face-to-face setting (clinical site) at the times and location (clinical site) appointed in Self-Service for the duration of the course. However, instructional modality could change to a live virtual or a fully online format in an emergency which includes, but is not limited to, instructor illness/injury, exposure requiring quarantine, or executive order of the Governor

Course Prerequisites: PTA 145 and PTA 235

Required Materials

Clinical attire to include Nash CC student name badge, facemasks and goggles/face shields
Medical immunization/ vaccination records and other onboarding forms as requested
PTA CPI Web

Texts: None required; recommend students review and have access to texts, student notes and therapy apps from PTA 110, 125, 135, 145, 222, 225, 235.

Course Description: This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

Student Learning Outcomes:

Upon completion of the clinical experience, the student should meet the following Clinical Performance Instrument (CPI) criteria with a performance of **moderate clinical supervision / guidance and may approach entry-level**

Objectives 1-6 correspond to the performance "red flag" items. Please contact the ACCE immediately if a student is having difficulty achieving any of these objectives:

1. Practices according to the Standards of Ethical Conduct; demonstrates respect for self, the patient/client and colleagues in all situations. (CPI 1)
2. Practices according to the legal and professional standards, including all federal, state, and institutional patient/client care and fiscal management. (CPI 2)
3. Accepts and is receptive to feedback; participates in planning and / or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks opportunities to improve knowledge and skills. (CPI 3)

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4. Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist regarding patient/client care. (CPI 4)
5. Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). (CPI 5)
6. Ensures patient/client safety during the episode of care. (CPI 6)

Upon completion of clinical experience, the student should be able to meet the following CPI criteria, with **moderate to maximal clinical supervision/guidance**:

7. Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgment while supporting the physical therapist with clinical activities; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interpersonal colleagues). (CPI 6)
8. Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner. (CPI 7)
9. Applies selected mechanical and electrotherapeutic modalities in a competent manner. (CPI 8)
10. Performs functional training in self-care and home management, including therapeutic activities; performs application and adjustment devices and equipment in a competent manner. (CPI 9)
11. Produces quality documentation that includes changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. (CPI 10)
12. Participates in the efficient delivery of physical therapy services; demonstrates appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services. (CPI 11)

Entry-Level Physical Therapist Assistant Data Collection Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to measure, recognize, identify, describe, observe, administer, and/or inspect:

Aerobic Capacity and Endurance	<ul style="list-style-type: none"> • standard vital signs • response to positional changes or activities • thoracoabdominal movements and breathing pattern
Anthropometric Characteristics	<ul style="list-style-type: none"> • height, weight, length • edema
Arousal, Mentation, Cognition	<ul style="list-style-type: none"> • changes in arousal, mentation, and cognition
Assistive, Adaptive, Orthotic, Prosthetic Supportive, Protective Devices	<ul style="list-style-type: none"> • patient/caregiver ability to care for device • patient/caregiver ability to don/doff device • changes in skin condition associated with device • measurement, alignment and fit of device • safety factors when using
Gait, Locomotion, Balance	<ul style="list-style-type: none"> • safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management, and mobility • gait deviation description and effects on locomotion
Integumentary Integrity, Sensation, and Pain	<ul style="list-style-type: none"> • absent or altered sensation • normal and abnormal skin changes • standardized questionnaires, graphs, and scales • activities, positions, postures, devices and equipment aggravating or relieving pain, or altered sensations • activities, positions, postures, devices and equipment that can produce

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	<ul style="list-style-type: none"> • associated skin trauma • viable versus nonviable tissue
Joint Integrity and Range of Motion	<ul style="list-style-type: none"> • normal and abnormal joint movement • functional range of motion • goniometric range of motion
Muscle Performance	<ul style="list-style-type: none"> • manual muscle testing, muscle mass, muscle length, muscle tone
Neuromotor Development	<ul style="list-style-type: none"> • gross and fine motor milestones • developmental reflexes, righting and equilibrium reactions
Posture	<ul style="list-style-type: none"> • alignment of trunk and extremities during static postures and dynamic activities
Self-care, Home Management, Community/Work Re-integration	<ul style="list-style-type: none"> • physical space/environment • safety and barriers in home, community or work environments • functional level in home, community or work environments • standardized questionnaire
Ventilation, Respiration, Circulation	<ul style="list-style-type: none"> • activities aggravating or relieving edema, pain, dyspnea, cyanosis, or other symptoms • chest wall expansion and excursion • cough and sputum characteristics
Functional Training	<ul style="list-style-type: none"> • Activities of daily living • Assistive/adaptive devices • Body mechanics • Developmental activities • Gait and locomotion training • Injury prevention and reduction • Prosthetics and orthotics • Wheelchair management skills
Infection Control Procedures	<ul style="list-style-type: none"> • Isolation techniques • Sterile technique
Manual Therapy Techniques	<ul style="list-style-type: none"> • Passive range of motion • Soft tissue mobilization • Therapeutic massage
Physical and Mechanical Agents	<ul style="list-style-type: none"> • Athermal agents • Biofeedback • Compression therapies • Cryotherapy • Electrotherapeutic agents • Hydrotherapy • Thermal agents (superficial and deep) • Traction
Therapeutic Exercise	<ul style="list-style-type: none"> • Aerobic conditioning • Balance and coordination training • Breathing, coughing and relaxation techniques • Conditioning/reconditioning • Neuromuscular education or reeducation • Posture awareness training • Range of motion exercises (assisted, active, resisted) • Stretching exercises • Strengthening exercises
Wound management	<ul style="list-style-type: none"> • Application and removal of dressings or agents (including precautions dressing removal)

Course Grade:

Clinical education performance is evaluated by the clinical instructor (CI), using the CPI. The CI will complete the CPI rater assessment at midterm and final. The PTA Program ACCE will review the completed CPI following the clinical experience and the ACCE will determine a grade based on the following criteria:

1. The CPI "Red Flag" items. Difficulty satisfying these criteria may necessitate remediation or produce a grade of U for the course, regardless of the quality of performance on other criteria:
 - Safety
 - Clinical Behaviors
 - Accountability
 - Communication
2. The CPI final CI assessment rating of each 11 performance criteria.
3. Each performance criteria scored Beyond Entry Level is considered in overall student performance.
4. The cumulative balance of positive and negative comments from the CI is considered in the overall student performance.
5. Meeting the minimum required 192 clinical hours. Failure to meet the minimum required clinical hours or frequency of absences is considered in the overall student performance. Unexcused absences or failure to meet the clinical contact hours may result in a failing (unsatisfactory) course grade.
6. If a student did not participate in a specific activity or section of the criteria outlined in CPI Web, it is permitted to not score that activity or section, and it will not negatively impact the student's progression. It is important to consider all methods in which student performance can be assessed such as simulation, case scenarios and role playing
7. Satisfactory submission of all required paperwork as assigned by the ACCE and clinical site

The final course grade is determined by the following:

S (Satisfactory):

CPI criteria:

Student performance satisfactory ratings at a minimum "Beginning Performance / Advanced Beginner" in all 11 CPI criteria and have no areas of significant concern or deficiency, and satisfactory submission of all required paperwork throughout and at the end of the clinical experience. Failure to meet the above criteria will be considered unsatisfactory and may result in failure to pass the course and progress within the program.

Rating Scale Anchors

Beginning to Advanced Beginner Performance

A student who requires clinical supervision 75-100% of the time managing patients/clients with non-complex conditions, and 100% of the time managing patients/ clients with more complex conditions. The student may not carry a caseload or may begin to share the patient care workload with the clinical instructor.

Required Paperwork:

- Clinical Orientation Checklist: CI and student to complete within first three days of clinical and submit to College Learning Management System (Moodle) at the end of the first clinical week
- Weekly Assessment and Planning form: The student and CI will discuss the plan for the clinical week, complete the form per discussion results and provide feedback weekly to compare individual assessments. Student will submit to College Learning Management System (Moodle) at the end of each clinical week.

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- Student Reflective Daily Journal: The student will apply conscious consideration and analysis of beliefs and actions for learning by the development of critical thinking skills and improved performance. The expectation is for journals to be descriptive, specific and insightful for the student, CI and ACCE. Student will submit daily journal entries College Learning Management System (Moodle) at the end of each clinical week
- Student Midterm Feedback Form: Student to complete at midterm and submit by to College Learning Management System (Moodle) prior to ACCE midterm site visit / meeting
- Electronic PTA CPI Web: CI to electronically document student performance at midterm and final clinical experience assessment. Students will electronically document self-assessment performance rating at midterm and final clinical experience. CPI must be signed off by both the CI and student for ACCE to access student assessment.
- Physical Therapist Assistant Student Evaluation of Clinical Experience and Clinical Instruction:
The student will complete Section 2 (PTA Student Assessment of Clinical Instructor) on p. 7 at both Midterm and Final and share information with the Clinical Instructor. The student will complete all other sections of the form including Section 1 (PTA Student Assessment of Clinical Instructor) at the conclusion of the clinical experience and submit to College Learning Management System (Moodle)
Student Time Log: Student to complete daily, review with CI. CI required signatures weekly and student to upload into LMS Moodle at the end of each week. Final completed time log signed by both student and CI. Student submit to College Learning Management System (Moodle)
Inservice Evaluation form: Students will be required to provide an in-service to the therapy staff at a minimum of once during the three clinical experiences. The topic will be decided between the student and the CI. Students will use the grading rubric provided by the ACCE. Upon completion of the in-service, the CI will fill out and sign the rubric. The student will submit to College Learning Management System (Moodle) at the conclusion of the clinical experience.

U (Unsatisfactory):

Failure to meet the performance expectation described for satisfactory clinical performance results in the grade of unsatisfactory (U) for PTA clinical education course. Students are unable to progress in the PTA program with an unsatisfactory grade for clinical learning experiences.

Terminal Competency: Upon completion of this course the student will, in accord with ethical and legal guidelines and to a degree appropriate for an initial clinical experience, demonstrate appropriate professional attitudes and behaviors; safely execute selected components of physical therapy interventions; accurately execute selected physical therapy data collection skills; and demonstrate the ability to provide required documentation.

Course/Program Policies:

Academic Policy:

1. The student overall grade point average must meet or exceed a 2.0 to remain in satisfactory academic standing for progression through the program.

Attendance Policy: Clinical Education

1. Clinical assignments are an essential part of the physical therapist assistant curriculum. There are NO "built in" off days during clinical assignments. Students should have contingency plans to handle situations such as car breakdowns, traffic, or sick children.
2. In the event of illness or unavoidable delay, the student will inform the clinical instructor and the ACCE no later than the appointed starting time for that day. Failure to notify ACCE of absence (as specified) will result in a verbal warning.

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3. Students must make up hours or days missed, at a mutually agreed upon time and day by the CI, SCCE, and ACCE.
4. The student will follow the work schedule of assigned CI. If that schedule does not calculate to 40 hours per week, CI has scheduled time off or is absent; the student will make up the time by alternative methods. Approved alternative methods can include accompanying another therapist, weekend schedule, surgical observation, meeting attendance (discharge planning/ family conference / team-rounds), case studies and project assignments. Project assignments should be approved by the ACCE. All make up hours must be reflected on the student timesheet
5. During inclement weather, the student and CI will need to discuss a plan for clinical attendance. Students should not attend clinical experiences if area closures are in effect due to inclement weather that would constitute a hazard or risk to the student's health and safety. A student should always contact the ACCE if there are questions regarding clinical attendance.
6. If a student completes the required number of clinical contact hours prior to the scheduled end date, the student should continue to attend the clinical experience unless approved by the ACCE
7. Unexcused absences or failure to meet the clinical contact hours may result in a failing (unsatisfactory) course grade.
8. After a tardiness occurrence, the student will meet with the clinical instructor to discuss the behavior and determine a plan for compliance.

Policies:

Students must adhere to all policies and procedures as explained in the PTA program's *Student Handbook* and *Clinical Education Handbook*.

Student Conduct Statement:

Students at Nash Community College are expected to conduct themselves as responsible adults in accordance with generally accepted standards of morality and decency at all times. The Conduct Code and Internet Use policies are printed in the [Academic Catalog](#)

A violation of any of the listed behaviors will warrant immediate disciplinary action and may result in dismissal from the program, as well as suspension from the College.

For more information, please review the Attendance Policy and Withdrawal Policy in the [Academic Catalog](#)

[Nash Community College Regulations & Expectations](#)

[Nash Community College Resources](#)

Other:

This course utilizes Learning Management System (Moodle) for communications and sharing course related materials

Syllabus or Agenda items subject to change. Syllabus changes will be communicated through written notification. Agenda changes or due dates will be communicated through written communication.

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Course Content Schedule:

Date/Week	Content	Resource	Due
Week 1	First Clinical Day <ul style="list-style-type: none"> • Arrive a minimum 15 mins early prior to arranged start time • Document daily clinical hours on timesheet. CI to sign at the end of each week 	Week 1 assignments <ul style="list-style-type: none"> • Site Orientation checklist • Weekly Assessment/ Plan form • Daily Reflective journals • CSIF completion - discuss • Objectives – site / PTA program • Goals – student • Complete week 1 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 245 • upload to Moodle PTA 245 • upload to Moodle PTA 245 • CSIF CPI Web by student • upload to Moodle PTA 245
Week 2	Midterm meeting planning <ul style="list-style-type: none"> • Options <ul style="list-style-type: none"> ○ site visit ○ virtual meeting ○ telephone conference 	Week 2 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • Provide ACCE with 2-3 days/ time for midterm meeting • Schedule midterm meeting • CSIF completion /updating • Complete week 2 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 245 • upload to Moodle PTA 245 • email ACCE • confirm w/ ACCE • CSIF CPI Web by student • Upload to Moodle PTA 245
Week 3	Midterm meeting preparation <ul style="list-style-type: none"> • Midterm Meetings 	Week 3 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • CI /student completes midterm feedback forms • CI /student to complete CPI midterm assessment • Select Inservice Topic • CSIF completion /updating • Complete week 3 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 245 • upload to Moodle PTA 245 • upload to Moodle PTA 245 • CPI Web- Midterm for CI and student • email ACCE • CSIF CPI Web by student
Week 4	<ul style="list-style-type: none"> • Midterm Meetings 	Week 4 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • Student Midterm Feedback form • Student Timesheet to date • Student midterm Eval of CI/Site • CSIF completion /updating • Complete week 4 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 245 • CSIF CPI Web • Upload to Moodle PTA 245
Week 5	<ul style="list-style-type: none"> • Prepare for completion of clinical experience 	Week 5 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • Student Inservice Presentation • CSIF Completion • CI /student complete/ review / sign off CPI final assessment • Student final Eval of CI/Site • Finalize/sign Timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 245 • upload to Moodle PTA 245 • CI completes Inservice form • CSIF CPI Web by student • CPI Web- Final for CI and student • upload to Moodle PTA 245 • upload to Moodle PTA 245

Term 5
5 weeks
Allied Health Department

Course Prefix and Number: PTA 255

Course Title: PTA Clinical IV (second full-time clinical experience)

Course Hours: Lecture: 0, Lab: 0, Clinic: 12, Credits: 4 Contact: 192 hours

Course Schedule: Monday-Sunday 7:00am – 6:59pm

Note to Students: Students are required to follow the schedule of the assigned clinical instructor, which may include Saturday, Sunday, College recognized holidays, or student breaks.

Course Format Explanation:

It is the intention of the College and the instructor that this course will meet in a face-to-face setting (clinical site) at the times and location (clinical site) appointed in Self-Service for the duration of the course. However, instructional modality could change to a live virtual or a fully online format in an emergency which includes, but is not limited to, instructor illness/injury, exposure requiring quarantine, or executive order of the Governor

Course Prerequisites: PTA 212 and PTA 215

Required Materials

Clinical attire to include Nash CC student name tag, face masks and goggles / face shields
Medical immunization/ vaccination records and other onboarding forms as requested
PTA CPI 3.0 Web

Texts: None required; It is recommended that students review and have access to texts from PTA 110, 125, 135, 145, 212, 215, 222, 225, and 235.

Course Description: This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

Student Learning Outcomes:

Upon completion of the clinical experience, the student should meet the following Clinical Performance Instrument (CPI) criteria with a performance of **minimal clinical supervision/ guidance and approaches entry-level**.

Objectives 1-6 correspond to the "red flag" items. Please contact the ACCE immediately if a student is having difficulty achieving any of these objectives:

1. Practices according to the Standards of Ethical Conduct; demonstrates respect for self, the patient/client and colleagues in all situations. (CPI 1)
2. Practices according to the legal and professional standards, including all federal, state, and institutional patient/client care and fiscal management. (CPI 2)
3. Accepts and is receptive to feedback; participates in planning and / or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks opportunities to improve knowledge and skills. (CPI 3)

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4. Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist regarding patient/client care. (CPI 4)
5. Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). (CPI 5)
6. Ensures patient / client safety during the episode of care. (CPI 6)

Upon completion of clinical experience, the student should be able to meet the following CPI criteria, with **moderate clinical supervision/guidance**:

7. Strategically gathers interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgment while supporting the physical therapist with clinical activities; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interpersonal colleagues). (CPI 6)
8. Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner. (CPI 7)
9. Applies selected mechanical and electrotherapeutic modalities in a competent manner. (CPI 8)
10. Performs functional training in self-care and home management, including therapeutic activities; performs application and adjustment devices and equipment in a competent manner. (CPI 9)
11. Produces quality documentation that includes changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. (CPI 10)
12. Participates in the efficient delivery of physical therapy services; demonstrates appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services. (CPI 11)

Entry-Level Physical Therapist Assistant Data Collection Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to measure, recognize, identify, describe, observe, administer, and/or inspect:

Aerobic Capacity and Endurance	<ul style="list-style-type: none"> • standard vital signs • response to positional changes or activities • thoracoabdominal movements and breathing pattern
Anthropometric Characteristics	<ul style="list-style-type: none"> • height, weight, length • edema
Arousal, Mentation, Cognition	<ul style="list-style-type: none"> • changes in arousal, mentation, and cognition
Assistive, Adaptive, Orthotic, Prosthetic, Supportive, Protective Devices	<ul style="list-style-type: none"> • patient/caregiver ability to care for device • patient/caregiver ability to don/doff device • changes in skin condition associated with device • measurement, alignment and fit of device • safety factors when using
Gait, Locomotion, Balance	<ul style="list-style-type: none"> • safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management, and mobility • gait deviation description and effects on locomotion
Integumentary Integrity, Sensation, and	<ul style="list-style-type: none"> • absent or altered sensation

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Pain	<ul style="list-style-type: none"> • normal and abnormal skin changes • standardized questionnaires, graphs, and scales • activities, positions, postures, devices and equipment aggravating or relieving pain or altered sensations • activities, positions, postures, devices and equipment that can produce associated skin trauma • viable versus nonviable tissue
Joint Integrity and Range of Motion	<ul style="list-style-type: none"> • normal and abnormal joint movement • functional range of motion • goniometric range of motion
Muscle Performance	<ul style="list-style-type: none"> • manual muscle testing, muscle mass, muscle length, muscle tone
Neuromotor Development	<ul style="list-style-type: none"> • gross and fine motor milestones • developmental reflexes, righting and equilibrium reactions
Posture	<ul style="list-style-type: none"> • alignment of trunk and extremities during static postures and dynamic activities
Self-care, Home Management, Community/Work Re-integration	<ul style="list-style-type: none"> • physical space/environment • safety and barriers in home, community or work environments • functional level in home, community or work environments • standardized questionnaires
Ventilation, Respiration, Circulation	<ul style="list-style-type: none"> • activities aggravating or relieving edema, pain, dyspnea, cyanosis, or other symptoms • chest wall expansion and excursion • cough and sputum characteristics
Functional Training	<ul style="list-style-type: none"> • Activities of daily living • Assistive/adaptive devices • Body mechanics • Developmental activities • Gait and locomotion training • Injury prevention and reduction • Prosthetics and orthotics • Wheelchair management skills
Infection Control Procedures	<ul style="list-style-type: none"> • Isolation techniques • Sterile technique
Manual Therapy Techniques	<ul style="list-style-type: none"> • Passive range of motion • Soft tissue mobilization • Therapeutic massage
Physical and Mechanical Agents	<ul style="list-style-type: none"> • Athermal agents • Biofeedback • Compression therapies • Cryotherapy • Electrotherapeutic agents • Hydrotherapy • Thermal agents (superficial and deep) • Traction
Therapeutic Exercise	<ul style="list-style-type: none"> • Aerobic conditioning • Balance and coordination training • Breathing, coughing and relaxation techniques • Conditioning/reconditioning • Neuromuscular education and reeducation • Posture awareness training • Range of motion exercises (assisted, active, resisted) • Stretching exercises • Strengthening exercises
Wound management	<ul style="list-style-type: none"> • Application and removal of dressings or agents (including precautions dressing removal)

Course Grade:

Clinical education performance is evaluated by the clinical instructor (CI), using the CPI. The CI will complete the CPI rater assessment at midterm and final. The PTA Program ACCE will review the completed following the affiliation and the ACCE will determine a grade based on the following criteria:

1. The "Red Flag" items. Difficulty satisfying these criteria may necessitate remediation or produce a grade of U for the course, regardless of the quality of performance on other criteria:
 - Safety
 - Clinical Behaviors
 - Accountability
 - Communication
2. The CPI final CI assessment rating of each 11 performance criteria.
3. Each performance criteria score Beyond Entry Level is considered in overall student performance.
4. The cumulative balance of strengths and areas for development comments from the CI is considered in the overall student performance.
5. Meeting the minimum required 192 clinical hours. Failure to meet the minimum required clinical hours or frequency of absences is considered in overall student performance. Unexcused absences or failure to meet the clinical contact hours may result in a failing (unsatisfactory) course grade
6. If a student did not participate in a specific, activity or section of the criteria outlined in CPI Web, it is permitted to not score that activity or section, and it will not negatively impact the student's progression. It is important to consider all methods in which student performance can be assessed such as simulation, case scenarios and role playing
7. Satisfactory submission of all required paperwork as assigned by the ACCE and clinical site
8. **Program requires entry-level clinical performance by last clinical experience**

The final course grade is determined by the following:

S (Satisfactory):

CPI criteria:

Student performance satisfactory ratings at a minimum "Intermediate Performance / Advanced Intermediate Level Performance" in all 11 CPI criteria and have no areas of significant concern or deficiency, and satisfactory submission of all required paperwork at the end of the affiliation. Failure to meet the above criteria will be considered unsatisfactory and may result in failure to pass the course and progress within the program.

Rating Scale Anchors

Intermediate to Advanced Intermediate performance

A student who requires clinical supervision less than 50% of the time managing patients/clients with non-complex conditions, and 25 -75% of the time managing patients/clients with patients complex conditions. The student maintains at least 50 – 75% of a full-time, entry -level physical therapist assistant's patient workload.

Required Paperwork:

- Clinical Orientation Checklist: CI and student to complete within first three days of clinical and submit to College Learning Management System (Moodle) at the end of the first clinical week
- Weekly Assessment and Planning form: The student and CI will discuss the plan for the clinical week, complete the form per discussion results and provide feedback weekly to compare individual assessments. Student will submit to College Learning Management System (Moodle) at the end of each clinical week
- Student Reflective Daily Journal: The student will apply conscious consideration and analysis of beliefs and actions for the purpose of learning by the development of critical thinking skills and improved performance. The expectation is for journals to be descriptive, specific and insightful for the student, CI and ACCE. Student will submit daily journal entries to College Learning Management System (Moodle) at the end of each clinical week
- Student Midterm Feedback Form: Student to complete at midterm and submit to College Learning Management System (Moodle) prior to midterm site visit / meeting
- Electronic PTA CPI Web: CI to electronically document student performance at midterm and final clinical experience assessment. Students will electronically document self-assessment performance rating at midterm and final clinical experience. CPI must be signed off by both the CI and student for ACCE to access student assessment.
- Physical Therapist Assistant Student Evaluation of Clinical Experience and Clinical Instruction: The student will complete Section 2 (PTA Student Assessment of Clinical Instructor) on p. 7 at both Midterm and Final and share information with the Clinical Instructor. The student will complete all other sections of the form including Section 1 (PTA Student Assessment of Clinical Instructor) at the conclusion of the clinical experience and submit to College Learning Management System (Moodle)
- Student Time Log: Student to complete daily, review with CI. CI required signatures weekly and student to upload into LMS Moodle at the end of each week. Final completed time log signed by both student and CI. Student submit to College Learning Management System (Moodle)
- Inservice Evaluation form: Students will be required to provide an in-service to the therapy staff at a minimum of once during the three clinical experiences. The topic will be decided between the student and the CI. Students will use the grading rubric provided by the ACCE. Upon completion of the in-service, the CI will fill out and sign the rubric. The student will submit to College Learning Management System (Moodle) at the conclusion of the clinical experience

U (Unsatisfactory):

Failure to meet the performance expectation described for satisfactory clinical performance results in the grade of unsatisfactory (U) for PTA 255. Students are unable to progress in the PTA program with an unsatisfactory grade for clinical learning experiences.

Terminal Competency: Upon completion of this course the student will, in accord with ethical and legal guidelines and to a degree appropriate for an intermediate clinical experience, demonstrate appropriate professional attitudes and behaviors; safely execute selected components of physical therapy interventions; accurately execute selected physical therapy data collection skills; and demonstrate the ability to provide required documentation.

Academic Policy:

1. The student overall grade point average must meet or exceed a 2.0 to remain in satisfactory academic standing for progression through the program.

Attendance Policies: Clinical Education

1. Clinical assignments are an essential part of the physical therapist assistant curriculum. There are NO "built in" off days during clinical assignments. Students should have contingency plans to handle situations such as car breakdowns, traffic, or sick children.
2. In the event of illness or unavoidable delay, the student will inform the clinical instructor and the ACCE no later than the appointed starting time for that day. Failure to notify ACCE of absence (as specified) will result in a verbal warning
3. Students must make up hours or days missed, at a mutually agreed upon time and day by the CI, SCCE, and ACCE.
4. The student will follow the work schedule of assigned CI. If that schedule does not calculate to 40 hours per week, CI has scheduled time off or is absent, the student will make up the time by alternative methods. Approved alternative methods can include accompanying another therapist, weekend schedule, surgical observation, meeting attendance (discharge planning/ family conference / team-rounds), case studies and project assignments. Project assignments should be approved by the ACCE. All make up hours must be reflected on the student timesheet
5. During inclement weather, the student and CI will need to discuss a plan for clinical attendance. Students should not attend clinical experiences if area closures are in effect due to inclement weather that would constitute a hazard or risk to the student's health and safety. A student should always contact the ACCE if there are questions regarding clinical attendance.
6. If a student completes the required number of clinical contact hours prior to the scheduled end date, the student should continue to attend the clinical experience unless approved by the ACCE
7. Unexcused absences or failure to meet the clinical contact hours may result in a failing (unsatisfactory) course grade.
8. After a tardiness occurrence, the student will meet with the clinical instructor to discuss the behavior and determine a plan for compliance.

Policies:

Students must adhere to all policies and procedures as explained in the PTA program's *Student Handbook* and *Clinical Education Handbook*.

Student Conduct Statement:

Students at Nash Community College are expected to conduct themselves as responsible adults in accordance with generally accepted standards of morality and decency at all times. The Conduct Code and

Internet Use policies are printed in the [Academic Catalog](#). A violation of any of the listed behaviors will warrant immediate disciplinary action and may result in dismissal from the program, as well as suspension from the College.

For more information, please review the Attendance Policy and Withdrawal Policy in the [Academic Catalog](#).

[Nash Community College Regulations & Expectations](#)

[Nash Community College Resources](#)

Other:

This course utilizes Learning Management System (Moodle) for communications and sharing course related materials

Syllabus or Agenda items subject to change. Syllabus changes will be communicated through written notification. Agenda changes or due dates will be communicated through written communication.

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Course Content Schedule:

Date/Week	Content	Resource	Due
Week 1	First Clinical Day <ul style="list-style-type: none"> • Arrive a minimum 15 mins early prior to arranged start time • Document daily clinical hours on timesheet. CI to sign at the end of each week 	Week 1 assignments <ul style="list-style-type: none"> • Site Orientation checklist • Weekly Assessment/ Plan form • Daily Reflective journals • CSIF completion - discuss • Objectives – site / PTA program • Goals – student • Complete week 1 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 255 • upload to Moodle PTA 255 • upload to Moodle PTA 255 • CSIF CPI Web by student • upload to Moodle PTA 255
Week 2	Midterm meeting planning <ul style="list-style-type: none"> • Options <ul style="list-style-type: none"> ○ site visit ○ virtual meeting ○ telephone conference 	Week 2 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • Provide ACCE with 2-3 days/ time for midterm site visit • Schedule midterm site visit • CSIF completion /updating • Complete week 2 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 255 • upload to Moodle PTA 255 • email ACCE • confirm w/ ACCE • CSIF CPI Web by student • upload to Moodle PTA 255
Week 3	Midterm meeting preparation <ul style="list-style-type: none"> • Midterm Meetings 	Week 3 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • CI /student completes midterm feedback forms • CI /student to complete CPI midterm assessment • Select Inservice Topic • CSIF completion /updating • Complete week 3 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 255 • upload to Moodle PTA 255 • upload to Moodle PTA 255 • CPI Web- Midterm for CI and student • email ACCE • CSIF CPI Web by student • upload to Moodle PTA 255
Week 4	Midterm Meetings	Week 4 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • Student Midterm Feedback form • Student midterm Eval of CI/Site • CSIF completion /updating • Complete week 4 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 255 • CSIF CPI Web by student • upload to Moodle PTA 255
Week 5	Prepare for completion of clinical experience	Week 5 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • Student Inservice Presentation • CSIF Completion • CI /student complete/ review / sign off CPI final assessment • Student final Eval of CI/Site • Finalize/sign Timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 255 • upload to Moodle PTA 255 • CI completes Inservice form • CSIF CPI Web by student • CPI Web- Final for CI and student • upload to Moodle PTA 255 • upload to Moodle PTA 255

Term 5
6 weeks
Allied Health Department

Course Prefix and Number: PTA 155 -185

Course Title: PTA Clinical I, II (final full-time clinical experience)

Course Hours: Lecture: 0, Lab: 0, Clinic: 15 (6/9), Credits: 5 (2/3) Contacts: 96 /144 (240 hours)

Course Schedule: Monday-Sunday 7:00 am – 6:59 pm

Note to Students: Students are required to follow the schedule of the assigned clinical instructor, which may include Saturday, Sunday, College recognized holidays, or student breaks.

Course Format Explanation:

It is the intention of the College and the instructor that this course will meet in a face-to-face setting (clinical site) at the times and location (clinical site) appointed in Self-Service for the duration of the course. However, instructional modality could change to a live virtual or a fully online format in an emergency which includes, but is not limited to, instructor illness/injury, exposure requiring quarantine, or executive order of the Governor

Course Prerequisites: PTA 255

Required Materials

Clinical attire to include Nash CC student name tag, face masks and goggles / face shields
Medical immunization/ vaccination records and other onboarding forms as requested
PTA CPI Web

Texts: None required; It is recommended that students review and have access to texts from PTA 110, 125, 135, 145, 212, 215, 222, 225, and 235.

Course Description: This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

Student Learning Outcomes:

Upon completion of this experience, the student should meet the following Clinical Performance Instrument (CPI) criteria with a performance that is **at Entry-Level**.

Objectives 1-5 correspond to the "red flag" items. Please contact the ACCE immediately if a student is having difficulty achieving any of these objectives:

1. Practices according to the Standards of Ethical Conduct; demonstrates respect for self, the patient/client and colleagues in all situations. (CPI 1)
2. Practices according to the legal and professional standards, including all federal, state, and institutional patient/client care and fiscal management. (CPI 2)
3. Accepts and is receptive to feedback; participates in planning and / or self-assessment to improve clinical performance; contributes to the advancement of the clinical setting through educational opportunities; seeks opportunities to improve knowledge and skills. (CPI 3)
4. Demonstrates professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/interprofessional colleagues); adapts to diverse verbal and nonverbal communication styles during patient/client interactions; utilizes communication resources (e.g., interpreters) as appropriate; incorporates appropriate strategies to engage in challenging encounters with patients/clients and others; facilitates ongoing communication with physical therapist regarding patient/client care. (CPI 4)

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5. Delivers physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity; provides equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status). (CPI 5)
6. Strategically gathers, interprets, and synthesizes information from multiple sources to make effective clinical judgments; applies current knowledge and clinical judgment while supporting the physical therapist with clinical activities; ensures patient/client safety during the episode of care; presents a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/interpersonal colleagues). (CPI 6)
7. Performs selected therapeutic exercises, manual therapy techniques, airway clearance, and integumentary repair and protection techniques in a competent manner. (CPI 7)
8. Applies selected mechanical and electrotherapeutic modalities in a competent manner. (CPI 8)
9. Performs functional training in self-care and home management, including therapeutic activities; performs application and adjustment devices and equipment in a competent manner. (CPI 9)
10. Produces quality documentation that includes changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers; maintains organization of patient/client documentation. (CPI 10)
11. Participates in the efficient delivery of physical therapy services; demonstrates appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services. (CPI 11)

Entry-Level Physical Therapist Assistant Data Collection Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to measure, recognize, identify, describe, observe, administer, and/or inspect:

Aerobic Capacity and Endurance	<ul style="list-style-type: none"> • standard vital signs • response to positional changes or activities • thoracoabdominal movements and breathing pattern
Anthropometric Characteristics	<ul style="list-style-type: none"> • height, weight, length • edema
Arousal, Mentation, Cognition	<ul style="list-style-type: none"> • changes in arousal, mentation, and cognition
Assistive, Adaptive, Orthotic, Prosthetic, Supportive, Protective Devices	<ul style="list-style-type: none"> • patient/caregiver ability to care for device • patient/caregiver ability to don/doff device • changes in skin condition associated with device • measurement, alignment and fit of device • safety factors when using
Gait, Locomotion, Balance	<ul style="list-style-type: none"> • safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management, and mobility • gait deviation description and effects on locomotion
Integumentary Integrity, Sensation, and Pain	<ul style="list-style-type: none"> • absent or altered sensation • normal and abnormal skin changes • standardized questionnaires, graphs, and scales • activities, positions, postures, devices and equipment aggravating or relieving pain or altered sensations • activities, positions, postures, devices and equipment that can produce associated skin trauma • viable versus nonviable tissue
Joint Integrity and Range of Motion	<ul style="list-style-type: none"> • normal and abnormal joint movement • functional range of motion • goniometric range of motion
Muscle Performance	<ul style="list-style-type: none"> • manual muscle testing, muscle mass, muscle length, muscle tone
Neuromotor Development	<ul style="list-style-type: none"> • gross and fine motor milestones • developmental reflexes, righting and equilibrium reactions

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Posture	<ul style="list-style-type: none"> • alignment of trunk and extremities during static postures and dynamic activities
Self-care, Home Management, Community/Work Re-integration	<ul style="list-style-type: none"> • physical space/environment • safety and barriers in home, community or work environments • functional level in home, community or work environments • standardized questionnaires
Ventilation, Respiration, Circulation	<ul style="list-style-type: none"> • activities aggravating or relieving edema, pain, dyspnea, cyanosis, or other symptoms • chest wall expansion and excursion • cough and sputum characteristics

Entry-level Physical Therapist Assistant Intervention Skills (adopted from APTA's *A Normative Model of Physical Therapist Assistant Education: Version 2007*)

The ability of the student to demonstrate competence in selected procedural interventions including:

Functional Training	<ul style="list-style-type: none"> • Activities of daily living • Assistive/adaptive devices • Body mechanics • Developmental activities • Gait and locomotion training • Injury prevention and reduction • Prosthetics and orthotics • Wheelchair management skills
Infection Control Procedures	<ul style="list-style-type: none"> • Isolation techniques • Sterile technique
Manual Therapy Techniques	<ul style="list-style-type: none"> • Passive range of motion • Soft tissue mobilization • Therapeutic massage
Physical and Mechanical Agents	<ul style="list-style-type: none"> • Athermal agents • Biofeedback • Compression therapies • Cryotherapy • Electrotherapeutic agents • Hydrotherapy • Thermal agents (superficial and deep) • Traction
Therapeutic Exercise	<ul style="list-style-type: none"> • Aerobic conditioning • Balance and coordination training • Breathing, coughing and relaxation techniques • Conditioning/reconditioning • Neuromuscular education and reeducation • Posture awareness training • Range of motion exercises (assisted, active, resisted) • Stretching exercises • Strengthening exercises
Wound management	<ul style="list-style-type: none"> • Application and removal of dressings or agents (including precautions dressing removal)

Course Grade:

Clinical education performance is evaluated by the clinical instructor (CI), using the CPI. The CI will complete the CPI rater assessment at midterm and final. The PTA Program ACCE will review the completed following the affiliation and the ACCE will determine a grade based on the following criteria:

1. The "Red Flag" items. Difficulty satisfying these criteria may necessitate remediation or produce a grade of U for the course, regardless of the quality of performance on other criteria:
 - Safety
 - Clinical Behaviors
 - Accountability
 - Communication
2. The CPI final CI assessment rating of each 11 performance criteria.
3. Each performance criteria scored Beyond Entry Level is considered in overall student performance.
4. The cumulative balance of strengths and areas for development comments from the CI is considered in the overall student performance.
5. Meeting the minimum required 240 clinical hours. Failure to meet the minimum required clinical hours or frequency of absences is considered in the overall student performance. Unexcused absences or failure to meet the clinical contact hours may result in failing (unsatisfactory) course grade
6. If a student did not participate in a specific activity or section of the criteria outlined in CPI Web, it is permitted to not score that activity or section, and it will not negatively impact the student's progression. It is important to consider all methods in which student performance can be assessed such as simulation, case scenarios and role-playing
7. Satisfactory submission of all required paperwork as assigned by the ACCE and clinical site
8. **Program requires entry-level clinical performance by completion of clinical experience**

The final course grade is determined by the following:

S (Satisfactory):

CPI criteria:

Student performance satisfactory ratings at Entry-level performance in all 11 CPI criteria and have no areas of significant concern or deficiency, and satisfactory submission of all required paperwork at the end of the terminal clinical experience. Failure to meet the above criteria will be considered unsatisfactory and may result in failure to pass the course and progress within the program.

Rating Scale Anchors

Entry-level performance

A student who is capable of working independently under the direction/ supervision of the Physical Therapist while managing patients/clients with non-complex and complex conditions. The student is capable of maintaining 100% of a full-time, entry-level physical therapist assistant's caseload.

Required Paperwork:

- Clinical Orientation Checklist: CI and student to complete within first three days of clinical and submit to College Learning Management System (Moodle) at the end of the first clinical week
- Weekly Assessment and Planning form: The student and CI will discuss the plan for the clinical week, complete the form per discussion results and provide feedback weekly to compare individual assessments. Student will submit to College Learning Management System (Moodle) at the end of each clinical week
- Student Reflective Daily Journal: The student will apply conscious consideration and analysis of beliefs and actions for the purpose of learning by the development of critical thinking skills and improved performance. The expectation is for journals to be descriptive, specific and insightful for the student, CI and ACCE. Student will submit daily journal entries to College Learning Management System (Moodle) at the end of each clinical week

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- Student Midterm Feedback Form: Student to complete at midterm and submit to College Learning Management System (Moodle) prior to midterm site visit / meeting
- Electronic PTA CPI Web: CI to electronically document student performance at midterm and final clinical experience assessment. Students will electronically document self-assessment performance rating at midterm and final clinical experience. CPI must be signed off by both the CI and student for ACCE to access student assessment.
- Physical Therapist Assistant Student Evaluation of Clinical Experience and Clinical Instruction: The student will complete Section 2 (PTA Student Assessment of Clinical Instructor) on p. 7 at both Midterm and Final and share information with the Clinical Instructor. The student will complete all other sections of the form including Section 1 (PTA Student Assessment of Clinical Instructor) at the conclusion of the clinical experience and submit to College Learning Management System (Moodle)
- Student Time Log: Students to complete daily, review with CI. CI required signatures weekly and student to submit to College Learning Management System (Moodle). Final completed time log signed by both student and CI Student submit to College Learning Management System (Moodle)
- Inservice Evaluation form: Students will be required to provide an in-service to the therapy staff at a minimum of once during the three clinical experiences. The topic will be decided between the student and the CI. Students will use the grading rubric provided by the ACCE. Upon completion of the in-service, the CI will fill out and sign the rubric. The student will submit to College Learning Management System (Moodle) at the conclusion of the clinical experience

U (Unsatisfactory):

Failure to meet the performance expectation described for satisfactory clinical performance results in the grade of unsatisfactory (U) for PTA 155-185. Students are unable to progress in the PTA program with an unsatisfactory grade for clinical learning experiences.

Terminal Competency: Upon completion of this course the student will, in accord with ethical and legal guidelines and to a degree appropriate for final clinical experience, demonstrate appropriate professional attitudes and behaviors; safely execute selected components of physical therapy interventions; accurately execute selected physical therapy data collection skills; and demonstrate the ability to provide required documentation.

Academic Policy:

1. The student overall grade point average must meet or exceed a 2.0 to remain in satisfactory academic standing for progression through the program.

Attendance Policies: Clinical Education

1. Clinical assignments are an essential part of the physical therapist assistant curriculum. There are NO "built in" off days during clinical assignments. Students should have contingency plans to handle situations such as car breakdowns, traffic, or sick children.
2. In the event of illness or unavoidable delay, the student will inform the clinical instructor and the ACCE no later than the appointed starting time for that day. Failure to notify ACCE of absence (as specified) will result in a verbal warning
3. Students must make up hours or days missed, at a mutually agreed upon time and day by the CI, SCCE, and ACCE
4. The student will follow the work schedule of assigned CI. If that schedule does not calculate to 40 hours per week, CI has scheduled time off or is absent; the student will make up the time by alternative method. Approved alternative methods can include accompanying another therapist, weekend schedule, surgical observation, meeting attendance (discharge planning/ family conference / team-rounds), case studies and project assignments. Project assignments should be approved by the ACCE. All make up hours must be reflected on the student timesheet.

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5. During inclement weather, the student and CI will need to discuss a plan for clinical attendance. Students should not attend clinical experiences if area closures are in effect due to inclement weather that would constitute a hazard or risk to the student's health and safety. A student should always contact the ACCE if there are questions regarding clinical attendance.
6. If a student completes the required number of clinical contact hours prior to the scheduled end date, the student should continue to attend the clinical experience unless approved by the ACCE
7. Unexcused absences or failure to meet the clinical contact hours may result in a failing (unsatisfactory) course grade.
8. After a tardiness occurrence, the student will meet with the clinical instructor to discuss the behavior and determine a plan for compliance.

Policies: Students must adhere to all policies and procedures as explained in the PTA program's *Student Handbook* and *Clinical Education Handbook*.

Student Conduct Statement:

Students at Nash Community College are expected to conduct themselves as responsible adults in accordance with generally accepted standards of morality and decency at all times. The Conduct Code and Internet Use policies are printed in the [Academic Catalog](#). A violation of any of the listed behaviors will warrant immediate disciplinary action and may result in dismissal from the program, as well as suspension from the College.

For more information, please review the Attendance Policy and Withdrawal Policy in the [Academic Catalog](#).

[Nash Community College Regulations & Expectations](#)

[Nash Community College Resources](#)

Other:

This course utilizes Learning Management System (Moodle) for communications and sharing course related materials

Syllabus or Agenda items subject to change. Syllabus changes will be communicated through written notification. Agenda changes or due dates will be communicated through written communication.

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Course Content Schedule:

Date/Week	Content	Resource	Due
Week 1	First Clinical Day <ul style="list-style-type: none"> • Arrive a minimum 15 mins early prior to arranged start time • Document daily clinical hours on timesheet. CI to sign at the end of each week 	Week1 assignments <ul style="list-style-type: none"> • Site Orientation checklist • Weekly Assessment/ Plan form • Daily Reflective journals • CSIF completion - discuss • Objectives – site / PTA program • Goals – student • Complete week 1 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 155 • upload to Moodle PTA 155 • upload to Moodle PTA 155 • CSIF CPI Web by student • upload to Moodle PTA 155
Week 2	Midterm meeting planning <ul style="list-style-type: none"> • Options <ul style="list-style-type: none"> ○ site visit ○ virtual meeting ○ telephone conference 	Week 2 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • Provide ACCE with 2-3 days/ time for midterm site visit • Schedule midterm site visit • CSIF completion /updating • Complete week 2 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 155 • upload to Moodle PTA 155 • email ACCE • confirm w/ ACCE • CSIF CPI Web by student • upload to Moodle PTA 155
Week 3	Midterm meeting preparation	Week 3 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • CI /student completes midterm feedback forms • CI /student to complete CPI midterm assessment • Select Inservice Topic • CSIF completion /updating • Complete week 3 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 155 • upload to Moodle PTA 155 • upload to Moodle PTA 155 • CPI Web- Midterm for CI and student • email ACCE • CSIF CPI Web by student • upload to Moodle PTA 155
Week 4	<ul style="list-style-type: none"> • Midterm Meetings 	Week 4 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • Student Midterm Feedback form • Student Timesheet to date • Student midterm Eval of CI/Site • CSIF completion /updating • Complete week 4 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 155 • CSIF CPI Web by student • upload to Moodle PTA 155
Week 5		Week 5 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • CSIF Completion • Complete week 5 timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 155 • upload to Moodle PTA 155 • CSIF CPI Web by student • upload to Moodle PTA 155
Week 6	Prepare for completion of clinical	Week 6 assignments <ul style="list-style-type: none"> • Weekly Assessment/ Plan form • Daily Reflective journals • Student Inservice Presentation • CSIF Completion • CI /student complete/ review / sign off CPI final assessment • Student final Eval of CI/Site • Finalize/sign Timesheet 	<ul style="list-style-type: none"> • upload to Moodle PTA 155 • upload to Moodle PTA 155 • CI completes Inservice form • CSIF CPI Web by student • CPI Web- Final for CI and student • upload to Moodle PTA 155 • upload to Moodle PTA 155

Appendix A

PTA Course Sequence and Technical Course Summaries

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**Curriculum Sequence Checklist
Physical Therapist Assistant – A45640**

Course and Hour Requirements:

				<u>Class</u>	<u>Lab</u>	<u>Clin/Exp</u>	<u>Credit</u>
First Semester (Fall)							
ACA	115	Success & Study Skills		0	2	0	1
BIO	168	Anatomy & Physiology I		3	3	0	4
CIS	110	Intro. to Computers		2	2	0	3
ENG	111	Expository Writing		3	0	0	3
MAT	171	Precalculus Algebra		3	2	0	4
PSY	150	General Psychology		3	0	0	<u>3</u>
Semester Total							18
Second Semester (Spring)							
BIO	169	Anatomy & Physiology II		3	3	0	4
HUM/FA		Hum/Fine Arts Elective		3	0	0	3
COM	231	Public Speaking		3	0	0	3
ENG	111	Expository Writing		3	0	0	3
PTA	110	Intro to Physical Therapy		2	3	0	3
PTA	125	Gross & Functional Anatomy		3	6	0	<u>5</u>
Semester Total							18
Third Semester (Summer)							
PTA	135	Pathology		4	0	0	4
PTA	222	Professional Interactions		2	0	0	2
PTA	225	Intro to Rehabilitation		3	3	0	<u>4</u>
Semester Total							10
Fourth Semester (Fall)							
PTA	145	Therapeutic Procedures		2	6	0	4
PTA	235	Neurological Rehab		3	6	0	5
PTA	245	PTA Clinical III		0	0	12	<u>4</u>
Semester Total							13
Fifth Semester (Spring)							
PTA	212	Health Care Resources		2	0	0	2
PTA	215	Therapeutic Exercise		2	3	0	3
PTA	255	PTA Clinical IV		0	0	12	4
PTA	155*	PTA Clinical I		0	0	6	2
PTA	185*	PTA Clinical II		0	0	9	<u>3</u>
Semester Total							14
Total Hours for Graduation							73

*PTA 155 and PTA 185 are combined into one clinical experience the final six weeks of the semester

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Academic Program Course Summaries

PTA 110 Introduction to Physical Therapy:

History, standard of practices, basic treatment techniques (draping, bed mobility, positioning, wheelchair fitting/equipment, transfers, gait training, gait patterns, assistive devices, infection control, isolation precautions), medical equipment commonly encountered, basic postural assessment.

PTA 125 Gross & Functional Anatomy:

In-depth, clinical orientation to gross and functional anatomy, concentrating on musculoskeletal, nervous, and circulatory system structures and clinical biomechanics. Skills demonstrated are goniometric measurement, basic manual muscle testing, and observation/description of normal gait, posture and function.

PTA 135 Pathology:

Principles of pathology, process of diseases, inflammation, aging, common disease processes seen by PT including cancer, genetic and developmental disorders, circulatory diseases, respiratory diseases, bone and joint diseases, neuromuscular diseases, mental illness, endocrine disorders, and infectious diseases

PTA 145 Therapeutic Procedures:

Specific treatment procedures, physiological responses to treatment. Treatment procedures include superficial modalities, ultrasound, e-stim, ROM, stretching, massage, diathermy, traction, Intermittent Pneumatic Compression, ultraviolet, infrared, wound care and hydrotherapy, biofeedback

PTA 155 Clinical Education I: (combined with PTA 185 into final 6 week affiliation)

This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

PTA 185 Clinical Education II: (combined with PTA 155 into final 6 week affiliation)

This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation.

PTA 212 Health Care Resources:

This course provides an overview of various aspects of health care delivery systems and the interrelationships of health care team members. Topics include health agencies and their functions, health care team member roles, management, and other health care issues. Upon completion, students should be able to discuss the functions of health organizations and team members and aspects of health care affecting physical therapy delivery.

PTA 215 Therapeutic Exercise:

This course introduces basic concepts of strengthening, endurance and flexibility exercise and balance, gait, and posture training. Emphasis is placed on applying techniques to the treatment of orthopedic conditions. Upon completion, the student should be able to safely and effectively execute basic exercise programs, balance, gait, and posture training.

PTA 222 Professional Interactions:

Students develop baseline for effective interpersonal skills when dealing with patients, families, the public, and other health care provider. Students are expected to demonstrate positive helping and communication skills, appropriate assertiveness, and respectful, legal, and ethical professional interactions.

PTA 225 Introduction to Rehabilitation:

General rehab techniques and disease processes including cardiopulmonary rehab, burn rehab, amputee, prosthetics and orthotics, arthritis and allied conditions (gout, SLE), aquatic therapy, peripheral neuromuscular diseases, common gait deviations (and possible causes), PVD, obstetrics.

PTA 235 Neurological Rehabilitation:

General overview of neurological and neuromuscular disorders across the lifespan (pediatric to adult), emphasizing pathologies/prognoses and treatment rationales. Topics include normal development, normal and abnormal muscle tone, common adult neurological disorders (CVA, TBI, SCI, MS, PD) and common pediatric neurological/neuromuscular disorders (High Risk Infant, CP, SB, MD, Down Syndrome, JRA, CF).

PTA 245 Clinical Education III:

This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation. (first clinical experience for 2nd year students)

PTA 255 Clinical Education IV:

This course provides the opportunity to gain clinical experience and apply academic skills and knowledge to patient care. Emphasis is placed on performing patient care skills, observation and measurement, and professional and patient interaction. Upon completion, students should be able to demonstrate safe and effective clinical practice as measured by a standardized performance evaluation. (second clinical experience for 2nd year students)

Appendix B

PHYSICAL THERAPIST ASSISTANT CLINICAL PERFORMANCE INSTRUMENT PTA CPI 3.0

The Physical Therapist Assistant Clinical Performance Instrument (PTA CPI) is a standardized, validated instrument used to assess student performance during clinical education experiences. Clinical instructors will access the CPI online to assess student performance during and at the end of the clinical education experience.

Anyone using the CPI must first pass the required free training (APTA CPI 3.0-CI/SCCE Training) available through the APTA Learning Center. Successful completion of this training and assessment program (passing 100%) is required for all users to access the PT and PTA CPI 3.0. The training course is specific to a user role and are required before one can access CPI 3.0 platform. The APTA CPI 3.0-CI/SCCE Training course is for the Cis and SCCEs. It addresses both PT and PTA student assessments. APTA membership is not required for the course or CPI access.

Read the APTA instructions below.

- [APTA CPI 3.0 - CI/SCCE Training](#)

Accessing PT and PTA CPI 3.0

Once you have successfully completed the required APTA CPI online training, you will then be required to login to CPI 3.0 (with your APTA login credentials) to complete the CPI assessment. The DCE associated with an affiliated program will also need to assign an individual's user role, educational program name or clinical site prior to being granted access to the CPI 3.0 system.

CPI 3.0 Getting Started Guides

- [CI/SCCE Getting Started Guide](#)
- [PTA Student Getting Started Guide](#)

CPI 3.0 User Guides

- [Clinical Instructor User Guide](#)
- [PT-PTA Student User Guide](#)
- [SCCE User Guide](#)

PT and PTA CPI - Paper Version

Access PT and PTA CPI FAQs

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Appendix C

Student Evaluation of Clinical Learning Experience (APTA – 2003)

**PHYSICAL THERAPIST ASSISTANT
STUDENT EVALUATION:**

**CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 10, 2003



**American Physical Therapy Association
Department of Physical Therapy Education
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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 (CCCEs), 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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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 _____

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

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9. During this experience, how frequently did staff (ie, CI, CCCE, 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	Rating
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
- 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. _____

Nash Community College
Physical Therapist Assistant Program
Clinical Education Handbook
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*

Provision of Clinical Instruction	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 _____

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.

Appendix D

Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level

Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level
 Re-formatted from APTA's BOD G11-08-09-18, 12/5/08, last updated 8/01/12

PTA Skill Category	Description of Minimum Skills for PTA
<p>Plan of Care Review</p> <ul style="list-style-type: none"> • Review of physical therapy documents • Review of medical records • Identification of pertinent information • Identification of indications, contraindications, precautions, safety considerations, and expected outcomes • Access to related literature • Match patient goals to selected interventions • Identification of the role in patient care • Identification of items to be communicated to the physical therapist 	<ol style="list-style-type: none"> 1. Read all physical therapy documentation, including initial examination and plan of care. <ol style="list-style-type: none"> A. Note indications, contraindications, precautions and safety considerations for the patient. B. Note goals and expected outcomes. C. Seek clarification from physical therapist, as needed. 2. Review information in the medical record at each visit, including: <ol style="list-style-type: none"> A. Monitor medical record for changes in medical status and/or medical procedures. B. Collect data on patient's current condition, compare results to previously collected data and safety parameters established by the physical therapist, and determine if the safety parameters have been met. C. Seek clarification from appropriate health professions' staff for unfamiliar or ambiguous information. 3. Identify when the directed interventions are either beyond the scope of work or personal scope of work of the PTA. 4. Communicate to the physical therapist when there are significant changes in the patient's medical status, physician referral, or when the criticality and complexity of the patient is beyond the knowledge, skills and abilities of the PTA. 5. Explain the rationale for selected interventions to achieve patient goals as identified in the plan of care.
<p>Provision of Procedural Interventions</p> <ul style="list-style-type: none"> • Compliance with policies, procedures, ethical standards, etc. • Risk management strategies • Protection of patient privacy, rights, and dignity • Competent provision of interventions, including: <ul style="list-style-type: none"> ▪ Therapeutic exercise ▪ Functional training ▪ Manual therapy techniques ▪ Application and adjustments of devices and equipment ▪ Airway clearance techniques ▪ Integumentary repair and protection techniques ▪ Electrotherapeutic modalities 	<ol style="list-style-type: none"> 1. Provide interventions compliant with federal and state licensing requirements, APTA standards documents (e.g., Guide for Conduct for the PTA, Code of Ethics), and facility policies and procedures. 2. Assure safety of patient and self throughout patient care. <ol style="list-style-type: none"> A. Identify the need for and take action when safety of patient or self may be at risk or has been compromised. B. Utilize risk management strategies (e.g., universal precautions, body mechanics). 3. Assure patient privacy, rights, and dignity. <ol style="list-style-type: none"> A. Follow HIPAA requirements and observe Patient Bill of Rights. B. Position/drape to protect patient modesty. 4. Provide competent provision of physical therapy interventions, including: <ul style="list-style-type: none"> ▪ <u>Therapeutic exercise</u>

<ul style="list-style-type: none"> ▪ Physical agents and mechanical modalities ▪ Assessment of patient response ▪ Clinical problem solving ▪ Ability to modify techniques 	<ul style="list-style-type: none"> A. Aerobic Capacity/Endurance Conditioning or Reconditioning <ul style="list-style-type: none"> 1. Increase workload over time 2. Movement efficiency and energy conservation training 3. Walking/wheelchair propulsion programs B. Balance, coordination, and agility training <ul style="list-style-type: none"> 1. Developmental activities training 2. Neuromuscular education or reeducation 3. Postural awareness training 4. Standardized, programmatic, complementary exercise approaches (protocols) 5. Task-Specific Performance Training (e.g. transfer training, mobility exercises, functional reaching) C. Body mechanics and postural stabilization <ul style="list-style-type: none"> 1. Body mechanics training 2. Postural stabilization activities 3. Postural awareness training D. Flexibility exercises <ul style="list-style-type: none"> 1. Range of motion 2. Stretching (e.g., Passive, Active, Mechanical) E. Gait and locomotor training <ul style="list-style-type: none"> 1. Developmental activities training 2. Gait training (with and without devices) 3. Standardized, programmatic, complementary exercise approaches 4. Wheelchair propulsion and safety F. Neuromotor development training <ul style="list-style-type: none"> 1. Developmental activities training 2. Movement pattern training 3. Neuromuscular education or reeducation G. Relaxation <ul style="list-style-type: none"> 1. Breathing strategies (with respect to delivery of an intervention) 2. Relaxation techniques (with respect to delivery of an intervention) H. Strength, power, and endurance training for head, neck, limb, trunk, and ventilatory muscles <ul style="list-style-type: none"> 1. Active assistive, active, and resistive exercises, including concentric, dynamic/isotonic, eccentric, isometric, diaphragmatic breathing, and low-level plyometrics (e.g., kicking a ball, throwing a ball) <p><u>Functional training in self-care and home management</u></p> <ul style="list-style-type: none"> A. Activities of daily living (ADL) training <ul style="list-style-type: none"> 1. Bed mobility and transfer training 2. Activity specific performance training B. Device and equipment use and training <ul style="list-style-type: none"> 1. Assistive and adaptive device or equipment training during ADL C. Injury Prevention or reduction <ul style="list-style-type: none"> 1. Injury prevention education during self-care and home management 2. Injury prevention or reduction with use of devices and equipment 3. Safety awareness training during self-care and home management
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Manual therapy techniques

- A. Therapeutic Massage
- B. Soft Tissue mobilization
- C. Passive range of motion

Application and adjustment of devices and equipment

- A. Adaptive devices
 - 1. Hospital Beds
 - 2. Raised Toilet Seats
- B. Assistive devices
 - 1. Canes
 - 2. Crutches
 - 3. Long-handled reachers
 - 4. Walkers
 - 5. Wheelchairs
- C. Orthotic and prosthetic devices
 - 1. Braces
- D. Protective devices
 - 1. Braces
- E. Supportive devices, such as:
 - 1. Compression garments
 - 2. Elastic wraps
 - 3. Soft neck collars
 - 4. Slings
 - 5. Supplemental oxygen

Breathing strategies/oxygenation

- 1. Identify patient in respiratory distress
- 2. Reposition patient to improve respiratory function
- 3. Instruct patient in a variety of breathing techniques (pursed lip breathing, paced breathing, etc.)
- 4. Administration of prescribed oxygen during interventions

Integumentary protection

- 1. Recognize interruptions in Integumentary integrity
- 2. Repositioning
- 3. Patient education
- 4. Edema management

Electrotherapeutic modalities, such as:

- 1. Electrotherapeutic delivery of medications
- 2. Electrical muscle stimulation
- 3. Electrical stimulation for tissue repair
- 4. Functional electrical stimulation
- 5. High-voltage pulsed current
- 6. Neuromuscular electrical stimulation
- 7. Transcutaneous electrical nerve stimulation

Physical agents

- 1. Cryotherapy (e.g., cold pack, ice massage, vapocoolant spray, hydrotherapy)
- 2. Ultrasound
- 3. Thermotherapy (e.g., dry heat, hot packs, paraffin baths, hydrotherapy)

	<p><u>Mechanical modalities</u></p> <ol style="list-style-type: none"> 1. Compression therapies 2. Mechanical motion devices 3. Traction devices <p>5. Determine patient’s response to the intervention:</p> <ol style="list-style-type: none"> A. Interview patient and accurately interpret verbal and nonverbal responses B. Identify secondary effects or complications caused by the intervention C. Determine outcome of intervention (positive or negative), including data collection and functional measures <p>6. Use clinical problem solving skills in patient care.</p> <ol style="list-style-type: none"> A. Determine if patient is safe and comfortable with the intervention, and, if not, determine appropriate modifications B. Compare results of interventions to previously collected data and determine if there is progress toward the expectations established by the PT or if the expectations have been met C. Determine if modifications to the interventions are needed to improve patient response <p>7. Modify interventions to improve patient response.</p> <ol style="list-style-type: none"> A. Determine modifications that can be made to the intervention within the plan of care B. Communicate with physical therapist when modifications are outside the scope of work or personal scope of work of PTA C. Select and implement modification D. Determine patient outcomes from the modification
<p>.Patient Instruction</p> <ul style="list-style-type: none"> • Application of principles of learning • Use of variety of teaching strategies • Methods to enhance compliance • Clarity in instructions • Assessment of patient response 	<ol style="list-style-type: none"> 1. Apply principles of learning using a variety of teaching strategies during patient instruction. 2. Provide clear instructions (e.g., verbal, visual). 3. Apply methods to enhance compliance (e.g., handouts, reporting forms). 4. Determine patient response/understanding of instruction.
<p>Patient Progression</p> <ul style="list-style-type: none"> • Competent patient progression • Communication of pertinent information • Relationships of psychosocial factors to progress • Clinical problem solving 	<ol style="list-style-type: none"> 1. Implement competent patient progression. <ol style="list-style-type: none"> A. Identify the need to progress via data collection. B. Determine what progression can be made within the plan of care. C. Identify possible progressions that will continue to advance patient response. D. Select and implement the progression of the intervention. E. Determine outcomes of the intervention.

	<ol style="list-style-type: none"> 2. Communicate pertinent information. <ol style="list-style-type: none"> A. Identify changes in patient response due to intervention. B. Describe adjustments to intervention within plan of care. C. Describe response to change in intervention. 3. Recognize when other variables (psychosocial, social, cultural, etc.) appear to be affecting the patient's progression with the intervention. 4. Determine if patient is progressing toward goals in plan of care. If no, determine if modifications made to the intervention are required to improve patient response.
<p>Data Collection</p> <ul style="list-style-type: none"> • Competent data collection • Interview skills • Accurate and timely • Clinical problem solving • Ability to modify techniques • Documentation and communication 	<ol style="list-style-type: none"> 1. Provide accurate, reproducible, safe, valid, and timely collection and documentation of data to measure the patient's medical status and/or progress within the intervention as indicated in the following categories: <ul style="list-style-type: none"> <u>Anthropometric characteristics</u> <ol style="list-style-type: none"> 1. Measure body dimensions (e.g., height, weight, girth, limb length). <u>Arousal, attention, and cognition</u> <ol style="list-style-type: none"> 1. Determine level of orientation to situation, time, place, and person. 2. Determine patient's ability to process commands. 3. Determine level of arousal (lethargic, alert, agitated). 4. Test patient's recall ability (e.g., short term and long term memory). <u>Assistive and adaptive devices</u> <ol style="list-style-type: none"> 1. Measure for assistive or adaptive devices and equipment. 2. Determine components, alignments and fit of device and equipment. 3. Determine patient's safety while using the device. 4. Monitor patient's response to the use of the device. 5. Check patient or caregiver's ability to care for device and equipment (maintenance, adjustment, cleaning). <u>Body mechanics</u> <ol style="list-style-type: none"> 1. Determine patient's ability to use proper body mechanics during functional activity. <u>Environmental barriers, self-care, and home management</u> <ol style="list-style-type: none"> 1. Identify potential safety barriers. 2. Identify potential environmental barriers. 3. Identify potential physical barriers 4. Determine ability to perform bed mobility and transfers safely in the context of self-care home management. <u>Gait, locomotion, and balance</u> <ol style="list-style-type: none"> 1. Determine patient's safety while engaged in gait, locomotion, balance, and mobility. 2. Measure patient's progress with gait, locomotion, balance, and mobility, including use of standard tests.

3. Describes gait deviations and their effect on gait and locomotion.

Integumentary integrity

1. Identify activities, positioning, and postures that may produce or relieve trauma to the skin.
2. Identify devices and equipment that may produce or relieve trauma to the skin.
3. Observe and describe skin characteristics (e.g., blistering, continuity of skin color, dermatitis, hair growth, mobility, nail growth, sensation, temperature, texture, and turgor).
4. Observe and describe changes in skin integrity, such as presence of wound, blister, incision, hematoma, etc.
5. Test for skin sensation and describe absent or altered sensation.

Muscle function

1. Perform manual muscle testing.
2. Observe the presence or absence of muscle mass.
3. Describe changes in muscle tone.

Neuromotor function

1. Identify the presence or absence of developmental reflexes, associated reactions, or abnormal tone.
2. Identify performance of gross and fine motor skills.

Orthotic and prosthetic devices and equipment

1. Check components, ensure alignment and fit of orthotic devices, braces, and/or splints.
2. Determine effectiveness of components (Is it working or not?), alignment, and fit of orthotic devices, braces, and splints during functional activities.
3. Determine patient/caregiver's ability to don/doff orthotic device, brace, and/or splint.
4. Determine patient/caregiver's ability to care for orthotic device, brace, or splint (e.g., maintenance, adjustments, and cleaning).

Pain

1. Define location and intensity of pain.

Posture

1. Determine postural alignment and position (static and dynamic, symmetry, deviation from midline).

Range of motion

1. Perform tests of joint active and passive movement, muscle length, soft tissue extensibility, tone and flexibility (goniometry, tape measure).
2. Describe functional range of motion.

Sensory response

1. Perform tests of superficial sensation (course touch, light touch, cold, heat, pain, pressure, and/or vibration).
2. Check peripheral nerve integrity (sensation, strength).

	<p><u>Vital Signs</u></p> <ol style="list-style-type: none"> 1. Monitor and determine cardiovascular function (e.g., peripheral pulses, blood pressure, heart rate). 2. Monitor and determine physiological responses to position change (e.g., orthostatic hypotension, skin color, blood pressure, and heart rate). 3. Monitor and determine respiratory status (e.g., pulse oximetry, rate, and rhythm, pattern). <ol style="list-style-type: none"> 2. Provide timely communication to the physical therapist regarding findings of data collection techniques. 3. Recognize when intervention should not be provided or should be modified due to change in patient status.
<p>Documentation</p> <ul style="list-style-type: none"> • Select relevant information • Accuracy • Ability to adapt 	<ol style="list-style-type: none"> 1. Document in writing/electronically patient care using language that is accurate, complete, legible, timely, and consistent with institutional, legal, and billing requirements. 2. Use appropriate grammar, syntax, and punctuation in communication. 3. Use appropriate terminology and institutionally approved abbreviations. 4. Use an organized and logical framework to document care. 5. Identify and communicate with physical therapist when further documentation is required.
<p>Safety, CPR, and Emergency Procedures</p> <ul style="list-style-type: none"> • Safety • Initiate emergency response system • CPR 	<ol style="list-style-type: none"> 1. Ensure safety of self and others in the provision of care in all situations. 2. Initiate and/or participate in emergency life support procedures (simulated or actual). 3. Initiate and/or participate in emergency response system (simulated or actual). 4. Maintain competency in CPR. 5. Prepare and maintain a safe working environment for performing interventions (e.g., clear walkways, equipment checks, etc.).
<p>Healthcare Literature</p>	<ol style="list-style-type: none"> 1. Reads and understands healthcare literature.
<p>Education</p> <ul style="list-style-type: none"> • Colleagues • Aides, volunteers, peers, coworkers • Students • Community 	<ol style="list-style-type: none"> 1. Instruct other members of the health care team, using established techniques, programs, and instructional materials, commensurate with the learning characteristics of the audience. 2. Educate colleagues and other health care professionals about the role, responsibilities, and academic preparation and scope of work of the PTA.

<p>Resource Management</p> <ul style="list-style-type: none"> • Human • Fiscal • Systems 	<ol style="list-style-type: none"> 1. Follow legal and ethical requirements for direction and supervision of other support personnel. 2. Select appropriate non-patient care activities to be directed to support personnel. 3. Identify and eliminate obstacles to completing patient related duties. 4. Demonstrate efficient time management 5. Provide accurate and timely information for billing and reimbursement purposes. 6. Adhere to legal/ethical requirements, including billing. 7. Maintain and use physical therapy equipment effectively.
<p>Behavioral Expectations</p> <ul style="list-style-type: none"> • Accountability • Altruism • Compassion and Caring • Cultural Competence • Duty • Integrity • Social Responsibility 	<p><u>Accountability</u></p> <ol style="list-style-type: none"> 1. Adhere to federal and state legal practice standards and institutional regulations related to patient care and fiscal management. 2. Act in a manner consistent with the <i>Standards of Ethical Conduct for the Physical Therapist Assistant</i> and <i>Guide of Conduct of the Physical Therapist Assistant</i>. 3. Change behavior in response to understanding the consequences (positive and negative) of the physical therapist assistant’s actions. <p><u>Altruism</u></p> <ol style="list-style-type: none"> 1. Place the patient/client’s needs above the physical therapist assistant’s self-interests. <p><u>Compassion and Caring</u></p> <ol style="list-style-type: none"> 1. Exhibit compassion, caring, and empathy in providing services to patients; promote active involvement of the patient in his or her care. <p><u>Cultural Competence</u></p> <ol style="list-style-type: none"> 1. Identify, respect, and act with consideration for the patient’s differences, values, preferences, and expressed needs in all physical therapy activities. <p><u>Duty</u></p> <ol style="list-style-type: none"> 1. Describe and respect the physical therapists’ and other team members’ expertise, background, knowledge, and values. 2. Demonstrate reliability in meeting normal job responsibilities (egg, attendance, punctuality, following direction). 3. Preserve the safety, security, privacy, and confidentiality of individuals. 4. Recognize and report when signs of abuse/neglect are present.

	<p>5. Actively promote physical therapy.</p> <p><u>Integrity</u></p> <ol style="list-style-type: none"> 1. Demonstrate integrity in all interactions. 2. Maintain professional relationships with all persons. <p><u>Social Responsibility</u></p> <ol style="list-style-type: none"> 1. Analyze work performance and behaviors and seek assistance for improvement as needed.
Communication	<p><u>Interpersonal Communication</u></p> <ol style="list-style-type: none"> 1. Develop rapport with patients/clients and others to promote confidence. 2. Actively listen and display sensitivity to the needs of others. 3. Ask questions in a manner to meet the needs of the audience, demonstrating respect for the knowledge and experience of others. 4. Modify communication to meet the needs of the audience, demonstrating respect for the knowledge and experience of others. 5. Demonstrate congruence between verbal and non-verbal messages. 6. Recognize when communication with the physical therapist is indicated. 7. Initiate and complete verbal and written communication with the physical therapist in a timely manner. 8. Ensure ongoing communication with the physical therapist for optimal patient care. 9. Recognize role and participate appropriately in communicating patient status and progress with the health care team. <p><u>Conflict Management/Negotiation</u></p> <ol style="list-style-type: none"> 1. Recognize potential for conflict. 2. Implement strategies to prevent and/or resolve conflict. 3. Seek resources to resolve conflict when necessary.
Promotion of Health, Wellness, and Prevention	<ol style="list-style-type: none"> 1. Demonstrate health promoting behaviors. 2. Recognize opportunities to educate the public or patients about issues of health, wellness, and prevention (e.g., benefits of exercise, prevention of falls, etc.) and communicate opportunity to the physical therapist.

	<ol style="list-style-type: none"> 3. Educate the public or patients about issues of health, wellness, and prevention (e.g., benefits of exercise, prevention of falls, etc.). 4. Recognize patient indicators of willingness to change health behaviors and communicate to the physical therapist.
Career Development	<ol style="list-style-type: none"> 1. Engage in self-assessment. 2. Identify individual learning needs to enhance role in the profession. 3. Identify and obtain resources to increase knowledge and skill. 4. Engage in learning activities (e.g., clinical experience, mentoring, skill development). 5. Incorporate new knowledge and skill into clinical performance.