Clarkson College
Clinical Education Handbook

Associate of Science
Physical Therapist Assistant Program
2020-2021
CAPTE Accreditation Statement
The A.S. Physical Therapist Assistant program at Clarkson College is accredited by (CAPTE) Commission on Accreditation in Physical Therapy Education, of the American Physical Therapy Association

CAPTE may be contacted at
1111 North Fairfax Street, Alexandria, VA 22314;
703-706-3245; accreditation@apta.org; www.capteonline.org.
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### SECTION 1.0 INTRODUCTION

#### 1.1 CLINICAL EDUCATION TEAM ROLES & RESPONSIBILITIES

The PTA Program Clinical Education Team is comprised of the Program Director, Director of Clinical Education (DCE), designated academic faculty (Course Coordinators), and the College Clinical Education Compliance Coordinators who, collectively, manage and facilitate the PTA clinical education program and provide communication and outreach to clinical education sites, Site Coordinators of Clinical Education (SCCEs), Clinical Instructors (CIs), and students.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica Niemann, PTA, MEd</td>
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</tr>
<tr>
<td></td>
<td>Course Coordinator- PTA Traditional and Transfer programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(first full-time clinical education experience)</td>
<td></td>
</tr>
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</tr>
<tr>
<td></td>
<td>Course Coordinator- PTA Traditional Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(intermediate and terminal clinical education experiences)</td>
<td></td>
</tr>
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</tr>
<tr>
<td></td>
<td>Course Coordinator- PTA Transfer Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(intermediate and terminal clinical education experiences)</td>
<td></td>
</tr>
<tr>
<td>Sharon Mantz and Alana Willand</td>
<td>Clinical Education Compliance Coordinator/s</td>
<td><a href="mailto:compliance@clarksoncollege.edu">compliance@clarksoncollege.edu</a></td>
</tr>
<tr>
<td></td>
<td>Clarkson College Compliance Office</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sharon Mantz: 402-552-6206</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alana Willand: 402-552-6285</td>
<td></td>
</tr>
</tbody>
</table>

The primary roles of the DCE includes serving as the primary contact between Clarkson College’s PTA program and clinical education sites, establishing/updating clinical affiliation agreements, student clinical placements, and ensuring compliance in all health, safety, and additional onboarding requirements prior to attending any clinical experience. The DCE is also the Course Coordinator for PTA 125: Clinical Practicum I.

The primary roles of the Course Coordinator is serving as the primary contact for SCCEs, CIs, and students for PTA 220, PTA 240, and PTA 245 (Clinical Practicum II, III, and IV, respectively), scheduling and completing midterm site visits/calls, assisting with, reviewing, and tracking data for the PTA Clinical Internship Evaluation Tool (CIET) assessment, and final grading of the designated clinical practicum course. All clinical education sites will receive electronic notification with the Course Coordinator’s name and contact information for any given clinical experience prior to the student’s arrival.
The primary roles of the Clinical Education Compliance Coordinators is managing new and renewal clinical site affiliation agreements, maintaining a searchable database related to clinical sites, track data for College outcomes on clinical site location, active contracts, etc., complete attestation forms from clinical sites outside of the database/portal processes, serve as the primary contact for all questions from clinical sites related to the College’s clinical affiliation agreements and student health and safety, compliance, background checks, and drug screens, instruct all new students with the health and safety processes, and troubleshoot student issues in CastleBranch.

For questions regarding the Clarkson College PTA clinical education program, please contact the DCE.

1.2 PURPOSE OF CLARKSON COLLEGE PTA PROGRAM CLINICAL EDUCATION HANDBOOK

This handbook was developed as a guide to policies and procedures to aid students, academic faculty, Site Coordinators of Clinical Education (SCCE), and Clinical Instructors (CI) in the Clarkson College Physical Therapist Assistant (PTA) program. It should be used as a guide to understand the academic and clinical policies of the program. Students will be required to submit an Acknowledgement of Reading and Receipt of Clinical Education Handbook form (Appendix C) or complete an online attestation and review the most current Clinical Education Handbook prior to all subsequent clinical experiences.

Information regarding Clarkson College’s PTA Clinical Education program, along with the Clinical Education Handbook, can be found on the Clinical Education Program Overview webpage, PTA Resources tile in Canvas, and on the web-based clinical management system, Exxat public website. Students will be provided with a copy of the most current version of the Clinical Education Handbook at the beginning of PTA 125: Clinical Practicum I.

The handbook is reviewed annually by the Clinical Education Team and published at the beginning of each academic year. Any recommendations for changes are welcomed from Administration, academic and clinical faculty, and students. The PTA faculty members reserve the right to update and make policy and procedure changes when necessary.

1.3 ACCREDITATION

Clarkson College is accredited by the North Central Association of Colleges & Schools (NCACS) and The Higher Learning Commission (HLC).

The Clarkson College PTA Programs are accredited by Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

1.4 CLARKSON COLLEGE POLICIES AND PROCEDURES

The PTA program abides by all Clarkson College Policies and Procedures. It is recognized that this document may not contravene any policy of the College or laws of the state of Nebraska, or any rules, regulations, or policies of any state the student may be active in the capacity of receiving clinical education.

Other student policies, and all College student policies referenced and reiterated in this document, may be found in the most current edition of the Clarkson College Academic Catalog and the Academic Policies and Procedures webpage; note that PTA Program Handbook-related policies may follow stricter guidelines. Students are advised to become familiar with these policies (accessible through the link above or clicking directly on the individual policy links below), including:
1. Progression Policy (AA-2)
2. Admissions Policy / Conditional Admitted Status (AD-1 and AA-57)
3. Last Date of Attendance Policy (AA-63)
4. Public Complaint Policy (OG-20)
5. Social Media Policy (OG-28)
6. Family Education Right and Privacy Act (FERPA) Policy (SS-9)
7. Notice of Non-Discrimination Policy (SW-1)
8. Right of Students with Disabilities (SW-2)
9. Health and Safety Requirements Policy (SW-7)
10. Liability Insurance Policy (SW-12)
11. Student Grievance Policy (SW-14)
12. Drug & Alcohol Policy (SW-15)
13. Code of Conduct Policy (SW-18)
14. Background Checks and Drug Screening for Students Policy (SW-23)
15. Clarkson College Behavioral Intervention Team Policy (SW-24)
16. Academic Integrity Policy (SW-25)
17. Sexual Misconduct Policy (SW-27)

1.4.1 Family Educational Right and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) affords eligible students certain rights with respect to their education records. In accordance with the amendment of 1976, a student’s education records are maintained as confidential by Clarkson College and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student’s prior written consent. A student may grant permission to authorized personnel of the College to release some or all of that student’s education and/or health and safety records to clinical agencies, as requested or required by the clinical affiliation agreement.

Pursuant to the provisions of the Family Educational Rights and Privacy Act (FERPA) (20 USC Par. 1232g), 34 CFR Par. 99.1 et seq

1.4.2 Right of Students with Disabilities

Clarkson College’s Right of Students with Disabilities policy (SW-2), in accordance with The Americans with Disabilities Act (ADA) of 1990 as amended (2008) and Section 504 of the Rehabilitation Act of 1973, states that no qualified person with a disability can be excluded from, denied the benefits of, or be subjected to discrimination under any academic institution/program. Collectively, these Federal statutes require institutions of higher education to provide equal access to educational opportunities to otherwise qualified individuals with disabilities.

1.5 TERMINOLOGY/TITLES USED IN CLINICAL EDUCATION

The following list of terms and abbreviations are used throughout the Clarkson College Clinical Education Handbook, in forms and affiliation agreements used for clinical education experiences, and in the program curricula. Definitions are adapted from “Recommendations from the Common Terminology Panel of the American Council of Academic Physical Therapy” (Erickson, et al, 2018).
1.5.1 Clinical Education Infrastructure

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical education</strong></td>
<td>A formal supervised experiential learning, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before beginning independent practice.</td>
</tr>
<tr>
<td><strong>Clinical education/affiliation agreement</strong></td>
<td>A formal and legally binding agreement that is negotiated between academic institutions and clinical education sites that specifies each party's roles, responsibilities, and liabilities relating to student clinical education.</td>
</tr>
<tr>
<td><strong>Clinical education curriculum</strong></td>
<td>The portion of the physical therapy education program that includes all part-time and full-time clinical education experiences as well as the supportive preparatory and administrative components.</td>
</tr>
<tr>
<td><strong>Clinical education experience</strong></td>
<td>Experiences that allow students to apply and attain professional knowledge, skills, and behaviors within a variety of environments. Experiences include those of short and long duration (e.g., part-time, and full-time), provide a variety of learning opportunities, and include physical therapy services for patients/clients across the lifespan and practice settings. Although the emphasis is on the development of patient/client physical therapy skills, experiences also may include interprofessional experiences and non–patient/client service delivery, such as research, teaching, supervision, and administration. Clinical education experiences are a part of the professional curriculum and include formal student assessment.</td>
</tr>
<tr>
<td><strong>Collaborative clinical education model</strong></td>
<td>A clinical education experience in which 2 (or more) physical therapist assistant students are assigned to 1 (or more) clinical instructor(s). The students work cooperatively under the clinical instructor(s). Examples include 2:1, 2:2, or 3:1 student to clinical instructor ratio. Students may be from the same or different programs and may be at the same or different levels of training.</td>
</tr>
<tr>
<td><strong>Didactic curriculum</strong></td>
<td>The component of the physical therapy education program that is comprised of the content, instruction, learning experiences, and assessment directed by the academic faculty.</td>
</tr>
<tr>
<td><strong>Full-time clinical education experience</strong></td>
<td>A clinical education experience in which a student is engaged for a minimum of 35 hours per week. An integrated clinical education experience may be a full-time clinical education experience.</td>
</tr>
<tr>
<td><strong>First full-time clinical education experience</strong></td>
<td>The first clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week.</td>
</tr>
<tr>
<td><strong>Intermediate full-time clinical education experience</strong></td>
<td>A clinical education experience designated to achieve the minimum number of weeks set forth by CAPTE in which a student engages for a minimum of 35 hours per week and returns to the academic program for further completion of the didactic curriculum.</td>
</tr>
<tr>
<td><strong>Terminal full-time clinical education experience</strong></td>
<td>A single, or set of, full-time clinical education experience(s) designated to achieve the minimum number of weeks set forth by CAPTE that occurs after the student has completed the didactic curriculum of a physical therapy education program. Students may return to the academic program for didactic instruction that does not require additional clinical education experiences. The expected outcome of the final, or terminal, experience is entry-level performance.</td>
</tr>
<tr>
<td><strong>Integrated clinical education (ICE)</strong></td>
<td>ICE is a curriculum design model whereby clinical education experiences are purposefully organized within a curriculum. Integrated experiences are coordinated by the academic program and are driven by learning objectives that are aligned with didactic content delivery across the curricular continuum. These experiences allow students to attain professional behaviors, knowledge, and/or</td>
</tr>
</tbody>
</table>
skills within a variety of environments. The supervised experiences also allow for exposure and acquisition across all domains of learning and include student performance assessment. For integrated clinical education experiences to qualify toward the minimum number of full-time clinical education weeks required by accreditation (CAPTE) standards, they must be full time and supervised by a physical therapist or physical therapist assistant, under the direction and supervision of the physical therapist, within a physical therapy workplace environment or practice setting.

**Learning experience**

Any experience that allows or facilitates a change in attitude or behavior. A planned learning experience includes a learner, an objective for the learner, a situation devised to produce a response that contributes to the objective, a response by the student, and reinforcement to encourage the desired response.

**Physical therapist assistant education program**

Education comprised of didactic and clinical education designed to assure that students acquire the knowledge, skills, and behaviors required for entry-level physical therapist assistant practice.

### 1.5.2 Clinical Education Sites

**Clinical education site**

A health service delivery agency or other setting in which clinical education experiences are provided for physical therapist assistant students. The clinical education site may be, but is not limited to, a hospital, agency, clinic, office, school, or home and is affiliated with the education program(s) through a contractual agreement.

**Clinical education environment**

The physical space(s) and/or the structures, policies, procedures, and culture within the clinical education site.

### 1.5.3 Clinical Education Stakeholders

**Academic faculty**

Educators and scholars within the academic institution dedicated to preparing students with the skills and aptitudes needed to practice physical therapy.

**Academic institution**

University or college through which an academic degree is granted.

**Clinical education consortia**

National and regional groups that include academic and clinical education faculty for the purpose of sharing resources, ideas, and efforts.

**Clinical education faculty**

The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either site coordinators of clinical education (SCCEs), preceptors, or clinical instructors (CIs). Although the academic institution does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services.

**Clinical instructor (CI)**

The physical therapist or physical therapist assistant, under the direction and supervision of the physical therapist, responsible for the physical therapist assistant student and for directly instructing, guiding, supervising, and formally assessing the student during the clinical education experience. When engaged in full-time clinical education designated to meet the minimum number of weeks required by CAPTE, the clinical instructor must be a licensed physical therapist or physical therapist assistant with a minimum of one year of full-time (or equivalent) post-licensure clinical experience.

**Course Coordinator**

Academic faculty at Clarkson College responsible for preparing, managing, and grading designated clinical courses, for intermediate and terminal, full-time clinical education experiences. A Course Coordinator is assigned to each PTA program (Traditional and Transfer) and serves as the point of contact for that clinical experience.

*Term designated by Clarkson College PTA program.*
Director of clinical education (DCE)  
Academic faculty member who is responsible for planning, directing, and evaluating the clinical education program for the academic institution, including facilitating clinical site and clinical faculty development. *Also referred to as Academic Coordinator of Clinical Education (ACCE) in some programs.

Physical therapist assistant student  
Student enrolled in a CAPTE-accredited or CAPTE-approved developing physical therapist assistant education program. Students should not be referred to as “physical therapy (assistant) students.”

Site coordinator of clinical education (SCCE)  
A professional who administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience. In addition, this person determines the readiness of people to serve as preceptors and clinical instructors for students, supervises preceptors and clinical instructors in the delivery of clinical education experiences, communicates with the academic program regarding student performance, and provides essential information to academic programs.

1.5.4 Clinical Education Assessment

Clinical performance assessment  
Formal and informal processes designed to appraise physical therapist and physical therapist assistant student performance during clinical education experiences. Assessment may be formative or summative in nature and performed for the purposes of providing feedback, improving learning, revising learning experiences, and determining successful attainment of student performance expectations during clinical education experiences.

Clinical performance evaluation tool  
A valid, reliable, and multidimensional clinical performance assessment tool utilized to determine if, and how well, a student meets established objectives during clinical education experiences.

Entry-level physical therapist/assistant clinical performance  
Performance that demonstrates knowledge, skills, and behaviors consistent with effective, efficient, and safe patient/client management to achieve optimal outcomes.

Supervision  
Guidance and direction provided to a physical therapist or physical therapist assistant student by the preceptor or clinical instructor. This varies based on the complexity of the patient/client or environment, jurisdiction and payer rules and regulations, and abilities of the physical therapist or physical therapist assistant student.

“This glossary of terms was developed after a review of the physical therapy literature, extensive discussion and debate by the American Council for Academic Physical Therapy (ACAPT) Common Terminology Panel, and engagement of key stakeholders within the physical therapist clinical education community. The glossary is divided into major categories and, as applicable, definitions are referenced. © American Council of Academic Physical Therapy (ACAPT) 2018. Used with permission.”

SECTION 2.0 CLARKSON COLLEGE PTA PROGRAM MISSION, GOALS & CURRICULUM

2.1 MISSION & PHILOSOPHY

The Physical Therapist Assistant (PTA) program at Clarkson College utilizes high quality, well-integrated, contemporary curricula to prepare students to deliver professional, ethical, competent, and compassionate health care.
Physical Therapy (PT) is a healing profession. It focuses on the restoration of function, the promotion of physical wellness, and a commitment of service to others. Physical therapist assistants are individuals who play an integral role as part of the healthcare team by assisting the physical therapist in patient care. Involvement with patient care in physical therapy requires an educated individual who demonstrates compassion for others and who places a strong moral value on human life. Physical therapist assistants are influential professionals who advance the field of physical therapy through lifelong learning as clinic administrators, faculty members, clinical instructors, clinicians and by participating in professional organizations at the state and national levels. They are educationally and technically trained health care professionals concerned with improving the well-being of all and empowered to make a positive difference.

2.2 PROGRAM OUTCOMES

Upon completion of the Associate of Science degree in Physical Therapist Assistant, graduates will:

1. Work within the legal guidelines and professional standards for the physical therapist assistant in the delivery of high-quality health care under the direction and supervision of a licensed physical therapist. (CC.05 Professional Behavior)**

2. Implement treatment plans and PT interventions under the direction and supervision of a physical therapist. (CC.03 Technology)**

3. Show sensitivity to cultural, ethnic, gender and lifestyle differences. (CC.04 Diversity)**

4. Possess the ability to effectively translate theory into practice to meet the demands of a dynamic health care system. (CC.02 Critical Thinking)**

5. Contribute to the advancement of the profession by participating in research, teaching, continuing education and serving on professional organizations. (CC.05 Professional Behavior)**

6. Always exhibit good moral and ethical judgment in health care practice and uphold confidentiality of all persons. (CC.01 Communication)**

The program will:

1. Integrate service learning in coursework to serve community needs and prepare students for interactions with various populations. (CC.04 Diversity)**

2. Review student feedback of general education and PTA curriculum for each semester in areas including methodology, organized and integrated learning experiences, student and faculty performance and achievement. (CC.01 Communication)**

**Categories denoted in the parentheses represent relationship to Clarkson College’s student success skills, which are our institutional student learning outcomes, and include Communication, Technology, Critical Thinking, Diversity, and Professionalism (Assessment of Student Success Skills Policy, OG-23).

2.3 PTA PROGRAM CURRICULA

The Clarkson College PTA curriculum awards graduates an Associate of Applied Science in Physical Therapist Assistant. There are two different Associate’s program options, both of which are lock-step, integrated education models; the Traditional Program is designed to be completed in six semesters (two of which are summer sessions); the Transfer Program is an accelerated curriculum and is designed to be completed in four semesters (which includes one summer session).
The links provided below outline the Clarkson College PTA curriculum and course descriptions for both Associate degree options, as well as the Bachelor of Science in Physical Therapist Assistant (BS PTA) degree program:

2.3.1 Traditional Program Option

2.3.2 Transfer Program Option

2.3.3 BS PTA Degree

*If there is a break in the links above please review information at our website at http://www.clarksoncollege.edu/physical-therapist-assistant/program-options/

2.4 CLINICAL EDUCATION CURRICULUM

2.4.1 Purpose of Clinical Education

The purpose of clinical education is to provide a formal, supervised experiential learning experience, focused on development and application of patient/client-centered skills and professional behaviors. It is designed so that students gain substantial, relevant clinical experience and skills, engage in contemporary practice, and demonstrate competence before practicing as a licensed physical therapist assistant, under the direction and supervision of a physical therapist.

2.4.2 Curriculum

The clinical education curriculum includes 15 weeks/600 hours, integrated throughout the course of the PTA program. Students complete a total of four (4) full-time clinical experiences, in which students interact with patients/clients from across the lifespan, in a variety of settings that encompass a range of conditions, from acute to chronic.

Students complete a one-week first time clinical experience (PTA 125), three-week intermediate clinical experience (PTA 220), and two terminal clinical education experiences, of which one is 5-weeks and the other is 6-weeks (PTA 240 and PTA 245, respectively). The terminal clinical experiences are completed consecutively, within the final academic semester, in different settings.

2.4.3 Clinical Education Outline

The Clarkson College PTA Program’s clinical education curricula is comprised of the following courses, credit hours, contact hours, and sequencing:
Full-Time Clinical Education Outline

<table>
<thead>
<tr>
<th>Clinical Practicum</th>
<th>Course Name</th>
<th>Credit Hours /# Weeks</th>
<th>Contact Hours (minimum)</th>
<th>Sequencing- Traditional Program</th>
<th>Sequencing- Transfer Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>PTA 125</td>
<td>1</td>
<td>40</td>
<td>Summer Semester- 1st yr.</td>
<td>Spring Semester- 1st yr.</td>
</tr>
<tr>
<td>II</td>
<td>PTA 220</td>
<td>3</td>
<td>120</td>
<td>Spring Semester- 2nd yr.</td>
<td>Summer Semester- 1st yr.</td>
</tr>
<tr>
<td>III</td>
<td>PTA 240</td>
<td>5</td>
<td>200</td>
<td>Summer Semester- 2nd yr.</td>
<td>Fall Semester- 2nd yr.</td>
</tr>
<tr>
<td>IV</td>
<td>PTA 245</td>
<td>6</td>
<td>240</td>
<td>Summer Semester- 2nd yr.</td>
<td>Fall Semester- 2nd yr.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>15</strong></td>
<td><strong>600</strong></td>
</tr>
</tbody>
</table>

* Clinical sites/instructors may wish to take note of which courses students have completed each semester, as well as the Achieved Academic Competencies and clinical objectives, outlined in the next section, to facilitate beneficial clinical learning experiences.

**2.4.4 Achieved Academic Competencies**

Students are required to successfully complete the “Achieved Academic Competencies” (see next page), prior to beginning any clinical experience. Clarkson College faculty have formally assessed PTA students on the performance of the activities described under the designated clinical objectives/experiences and have declared them competent in such skills. The purpose of the information listed below is to provide the SCCE/CI with an overview of the clinical abilities the student has obtained prior to each clinical experience noted.
**Achieved Academic Competencies**

<table>
<thead>
<tr>
<th>CP I - PTA 125 (1-week)</th>
<th>CP II - PTA 220 (3-week)</th>
<th>CP III and IV – PTA 240 and PTA 245 (5- and 6-week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic/functional anatomy/physiology (origin, insertion, innervation, action)</td>
<td>1. All skills noted in PTA 125</td>
<td>1. All skills noted in PTA 220</td>
</tr>
<tr>
<td>2. Manual muscle testing (MMT)</td>
<td>2. Study of pathological conditions</td>
<td>2. Advanced manual therapy techniques, including grade I-IV peripheral and spine joint mobilizations</td>
</tr>
<tr>
<td>3. Goniometry (UE, LE, spine)</td>
<td>3. Lymphedema-understanding of treatment</td>
<td>3. Pathology, tests/measures, and interventions for the following body systems/patient populations:</td>
</tr>
<tr>
<td>5. Proper body mechanics</td>
<td>5. Stretching techniques</td>
<td>b. Amputations (prosthetics/ orthotics)</td>
</tr>
<tr>
<td>6. Patient draping and positioning techniques (preventative, protective)</td>
<td>6. Strengthening ex (isometric, isotonic, isokinetic)</td>
<td>c. Burn/wound</td>
</tr>
<tr>
<td>8. Bed mobility and transfers (including mechanical lifts)</td>
<td>8. Geriatric population; dementia</td>
<td>e. Wellness/prevention</td>
</tr>
<tr>
<td>10. Universal precautions/PPE</td>
<td>10. Orthotics</td>
<td>g. Sports medicine injuries</td>
</tr>
<tr>
<td>12. Assessment of vital signs</td>
<td>12. Modalities (both program cohorts):</td>
<td>i. Women's health</td>
</tr>
<tr>
<td>14. Postural assessment/dysfunction (therapeutic interventions)</td>
<td>b. Phonophoresis</td>
<td></td>
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<tr>
<td>15. Gait analysis, deviations, patterns; stair training; fit/training assistive devices</td>
<td>c. Ultrasound/E-stim combo</td>
<td></td>
</tr>
<tr>
<td>16. Balance and gait assessments (TUG, Berg, Tinetti, etc.)</td>
<td>d. Biofeedback</td>
<td></td>
</tr>
<tr>
<td>17. Introduction to acute care lines, equip; first simulation lab experience</td>
<td>e. Hydrotherapy/aquatics</td>
<td></td>
</tr>
<tr>
<td>18. Modalities (both program cohorts):</td>
<td>f. Taping (Kinesiotape, McConnell, and athletic techniques)</td>
<td></td>
</tr>
<tr>
<td>a. Therapeutic heat/cold</td>
<td>g. Compression- bandages, garments, intermittent pump</td>
<td></td>
</tr>
<tr>
<td>b. Electrical stimulation (TENS, low/high volt currents, NMES)</td>
<td>h. Cervical/pelvic traction</td>
<td></td>
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<tr>
<td>19. Modalities (only Traditional program students/August graduates):</td>
<td></td>
<td></td>
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<tr>
<td>a. Diathermy</td>
<td></td>
<td></td>
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<tr>
<td>b. Compression- bandages, garments, intermittent pump</td>
<td></td>
<td></td>
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<tr>
<td>c. Iontophoresis</td>
<td></td>
<td></td>
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<tr>
<td>d. Phonophoresis</td>
<td></td>
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<tr>
<td>e. Ultrasound/E-stim combo</td>
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<tr>
<td>f. Biofeedback</td>
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<td></td>
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<tr>
<td>g. Cervical/pelvic traction</td>
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<tr>
<td>20. Documentation- guidelines, SOAP note/data, EMR, skilled care, medical necessity</td>
<td></td>
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<tr>
<td>21. Basic coding/billing/reimbursement (CPT, ICD codes, Medicare 8-Minute Rule, time/service-based codes)</td>
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</tbody>
</table>
### 2.4.5 Clinical Practicum/Experience Objectives

Students must meet specific “Clinical Education Objectives”, by the end of each clinical experience. The following chart outlines the clinical education objectives for each clinical course/experience.

<table>
<thead>
<tr>
<th>Clinical Practicum</th>
<th>Clinical Practicum/Experience Objectives</th>
</tr>
</thead>
</table>
| **CP I- PTA 125 (1-week)** | 1. Explore various types of medical documentation used in health care and differentiate among Subjective, Objective, Assessment, and Plan data in S.O.A.P. note format.  
2. Identify short- and long-term functional PT goals, in a variety of patient scenarios and clinical examples.  
3. Utilize skills learned, in previous PTA courses, in the clinical setting, under the supervision of a PT/PTA.  
4. Recognize the importance of patient confidentiality in health care and identify processes used to maintain compliance in the clinical setting.  
5. Model a developing level of professional communication with faculty, peers, and healthcare professionals in both classroom and clinical experiences.  
6. Recognize individual and cultural differences and the responsibility to provide equitable and unbiased care.  
7. Develop a foundational understanding of the PT/PTA professional relationship in respect to aspects of examination, evaluation, plan of care, interventions, discharge, outcomes, and supervision. |
| **CP II- PTA 220 (3-week)** | 1. Work under the supervision of a PT/PTA while implementing interventions based on the PT plan of care.  
2. Demonstrate conduct that reflects legal, safe, and ethical care and appropriately represents the Values of Clarkson College.  
3. Construct an intermediate level of documentation on patient care utilizing the format pertinent to the affiliating clinical agency.  
4. Discuss patient’s short/long term goals with the CI, as related to function, and the patients established plan of care.  
5. Effectively communicate on-site with clinic staff, caregivers, and patients and through an online discussion forum with faculty/peers.  
6. Exhibit a developing level of clinical reasoning regarding PTA decision-making skills, within the scope of practice.  
7. Research etiology, common signs/ symptoms, prognosis, and treatment for a specific patient diagnosis, seen in the clinical setting, and orally present the findings to faculty and peers (Case Study)  
8. Differentiate between various billing methods, third-party payers, and understand how documentation can affect reimbursement.  
9. Participate in/identify the role of a PT and PTA throughout the Patient/Client Management Model, while recognizing when an action may be beyond the PTA’s scope of practice. |
| **CP III- PTA 240 (5-week)** | 1. Work under the supervision of a PT/PTA while implementing physical therapy interventions.  
2. Demonstrate an understanding of the multi-disciplinary team approach to patient care in a PT setting.  
3. Provide patient/client/ family education to progress patients towards goals established by the PT.  
4. Present a formal in-service by preparing a presentation on an appropriate topic agreed upon between the CI/student.  
5. Complete a quality assurance (QA) project, relevant to the clinical site, and prepare a written report on the findings.  
6. Demonstrate appropriate documentation skills utilizing the format pertinent to the affiliating clinical site. |
7. Utilize professional ethics, such as obtaining informed consent, and distributive justice as related to the role of the PTA in patient care.
8. Exhibit a working understanding of the PT/PTA supervisory relationship, with specific consideration of when it is appropriate to contact the supervision PT.
9. Demonstrate clinical reasoning in the delivery of the PT plan of care and in the process of discharge planning, relevant to the affiliating clinical site, under the supervision of a PT/PTA.
10. Demonstrate competence in data collection by administering appropriate tests and measures throughout treatment sessions to determine progression/regression of patient status.

1. Independently work under the supervision of a licensed physical therapist in the process of implementing patient care, planning for discharge procedures, and providing follow-up services as limited to the scope of practice for the physical therapist assistant.
2. Justify changes of interventions, based on patient status, progression/regression, and identify when it is appropriate to report findings to supervising PT, regarding changes to plan of care.
3. Analyze importance of social responsibility, community service, advocacy, and involvement within the APTA/PTA Caucus.
4. Prepare and present a formal in-service on an appropriate topic (agreed upon between the CI/student).
5. Document and present a selected patient case study to faculty and peers, upon return from clinical practicum.
6. Demonstrate professional verbal/nonverbal communication with faculty, staff, patients, and other healthcare providers.
7. Construct complete, accurate, timely, and legible documentation for treatments provided, using a format pertinent to the affiliating clinical site and all applicable regulatory agencies.
8. Educate the public and health care communities about the profession of physical therapy and advocate for the role of the PTA within the rehabilitation team.
9. Recognize individual biases, their potential for effect, and identify ways in which to deliver impartial care to all individuals.
10. Demonstrate behaviors consistent with the APTA Core Values for the Physical Therapist and Physical Therapist Assistant.

2.4.6 Clinical Education Syllabi

Prior to the first three (3) clinical education experiences, the DCE and Course Coordinator meet with the students to review the course syllabus, Clinical Education Handbook, as well as general clinical expectations and reminders. Each syllabus includes the academic faculty contact information, courses objectives, requirements, expectations, and grading procedures. Copies of the current syllabi will be available online through Exxat for students and clinical faculty to reference before, during, and after the clinical experience.

2.4.7 Clinical Course Assignments and Grading

All Clinical Practicum courses are graded as “Pass”/”Fail”, which is based on the student’s clinical performance assessment, professionalism, and completion of assigned coursework. **Students must submit ALL assignments (regardless of score achieved) and achieve a minimum grade of 75% of total points available for the course.**

Students are expected to submit all assignments by the designated due date/time, as listed in the syllabus, course calendar, and/or assignment materials/instructions online.

2.4.7.1 Late and Failed Assignment Policy

Assigned coursework not submitted by the designated due date/time is considered late. Late assignments may be submitted within 24 hours of the original due date/time for a maximum score of 75% of total points possible. Any missed points for content will
be deducted from 75%. **Assigned coursework submitted any time after 24 hours past the due date/time will receive a grade of zero.** Repeat occurrences of submitting late assignments is a violation of the student Code of Conduct and will be addressed accordingly, which may result in sanctions, remediation, or failing the Clinical Practicum course.

If a student does not achieve at least a 75% on their PTA Clinical Internship Evaluation Tool (CIET), the student will earn the original grade but be required to revise the assignment to meet minimal standards for content. The PTA CIET is the culmination of the student’s clinical performance and comments should substantiate the selected rating and behaviors and skills demonstrated to successfully pass the clinical experience. Not understanding the rating scale definitions and expectations and/or lack of comments does not provide evidence that supports whether a student successfully demonstrated these behaviors and skills to pass the clinical experience. The student will have an extended due date identified by the Course Coordinator. Failure to submit an adequate revision will result in the clinical experience being incomplete and/or may result in the student not passing the Clinical Practicum course.

**SECTION 3.0 CLINICAL EDUCATION SELECTION AND PLACEMENT**

**3.1 CLINICAL EXPERIENCE REQUESTS**

Clinical request forms are sent out, by the DCE, on March 1\textsuperscript{st} of each year to all SCCEs at clinical education sites who have an established affiliation agreement with the Clarkson College PTA program. This date corresponds with the national uniform mailing date, as set forth by the APTA and is requested one year in advance of the upcoming clinical education year.

Students are encouraged to submit a clinical request for any site/s that the Clarkson College PTA program does not have an affiliation agreement or to request a specific geographical location through the “My Requests” function in Exxat (refer to 3.2.4 Establishing New Clinical Education Sites).

**3.2 STUDENT CLINICAL SELECTION PROCESS**

**3.2.1 Clinical Selection Time Frame**

Students in the Transfer PTA program will initiate the clinical selection process in the summer prior to starting the program. The DCE will communicate further instructions to students on how to complete the clinical selection process.

Students in the Traditional PTA Program will initiate the clinical selection process in their first-year spring/summer semesters.

Students may NOT contact clinical agencies to discuss or arrange clinical learning experiences to meet their personal needs. Because of the importance and complexity of the processes for clinical placement, evaluating clinical sites/agencies, and determining student readiness for clinical education, any student efforts to bypass the selection and placement process may result in disciplinary action by the DCE and/or Program Director. Students may only initiate contact with a clinical agency after receiving confirmation of placement by the DCE and instruction from the Course Coordinator.
3.2.2 Student Clinical Selection

During the clinical selection process, students will review available slots and potential clinical sites online and rank and submit their preferences using the “My Wishlist” function in Exxat. While students are permitted to indicate their preferences for placement, the clinical objectives will receive highest priority in the assignment process. Convenience factors (such as schedule or commute time to the site) will be given lowest priority.

3.2.3 Clinical Setting Requirements

To meet program and accreditation requirements of achieving breadth and depth of clinical practice settings and to provide diverse learning opportunities throughout the clinical education program, every effort will be made to ensure all students are placed in the following required settings:

- Inpatient
- Outpatient
- Rural area / vulnerable and underserved population / specialty setting (at least one category is required and can be fulfilled in any setting type)

Inpatient settings consist of acute care, sub/acute rehab, skilled nursing facility (SNF), or a mix of inpatient and outpatient opportunities.

Outpatient settings typically include orthopedic, private practice, or other ancillary clinics.

Rural areas are defined as cities/geographic locations with a population of 50,000 or less.

Vulnerable and underserved populations- the Department of Health and Human Services (DHHS) characterizes underserved, vulnerable, and special needs populations as communities that include members of minority populations or individuals who have experienced health disparities, including those who face economic, cultural, and/or linguistic barriers or a setting that provides care for a specialty population, due to these individuals typically receiving fewer health care services and/or facing a shortage of readily available providers (CMS, n.d.).

Specialty settings include sites that offer specialized treatment services, or provide physical therapist services for specific types of diagnoses/conditions, for at least 50% of the clinic/facility patient population (e.g., aquatics, pediatrics, manual therapy, neurological/vestibular, home health, women’s health, and sports rehab, etc.).

Clinical experiences in rural areas, with vulnerable and underserved populations, and/or in a specialty setting have, historically, been known for providing diverse learning experiences and opportunities to advance a student’s personal, professional, and clinical skill set.

Students will be expected to travel within a 40-mile radius from Clarkson College, or current address (if out of state), for any clinical experience, unless a student indicates willingness to travel further.
3.2.4 Establishing New Clinical Education Sites

Students are allowed, and encouraged, to submit clinical site special requests. If a student is interested in attending a site or location that is not identified as an “active” site, they can submit a request via “My Requests” in Exxat. The DCE will conduct any research necessary and contact potential sites. Once a clinical site agrees to accept a student, the DCE will submit an “Intent Form” to the Compliance Coordinators to initiate the process to establish a new affiliation agreement and partnership.

3.3 CLINICAL EDUCATION SITE PLACEMENT

Clarkson College is an Equal Opportunity/Equal Access/Affirmative Action institution. Clinical placements are made without regard for race, color, marital status, gender, sexual orientation, religion, national origin, disability, age, Vietnam, or disabled veteran status, as provided by law and in accordance with the College’s respect for personal dignity.

Clinical placement assignments are made by the DCE for each clinical experience and are coordinated based on learning opportunities that provide a variety of experiences in a variety of physical therapy settings. The potential of the clinical site’s staff to model professional behaviors within the PT/PTA team and provide opportunities with patients, representative of current practice across the lifespan, is also considered.

In order to avoid any potential conflict of interest or biased assessments, students cannot be placed at any clinical agency where they are currently employed or have previously worked, in any capacity, or have an existing or established relationship with staff (e.g., current or former patient, volunteer). Students also cannot be placed at a clinical agency where an immediate family member would be in a position with supervisory authority over the student, CI, or therapy department.

Clinical experiences must enable students to meet all the clinical objectives, as outlined by the College and PTA program, and contribute to the outcomes required to achieve entry-level performance, or equivalent to a competent clinician, to safely practice in the profession.

3.4 CLINICAL EDUCATION/AFFILIATION AGREEMENT

The clinical education agreement, which may also be referred to as “affiliation agreement” and/or “clinical contract”, serves as a letter of agreement between Clarkson College and the clinical education site/agency participating in clinical education experiences. A current affiliation agreement must be established before a student can begin a clinical experience at any site/agency. The agreement delineates the rights and responsibilities of the Clarkson College PTA Program, the clinical site, and the student.

Clarkson College has an established standard clinical affiliation agreement encompassing all legal duties of the parties involved and includes an Addendum for the PTA Program. On behalf of Clarkson College, the agreements are reviewed annually by the DCE and/or Clinical Education Compliance Coordinator/s and reviewed and signed by the Clarkson College PTA Program Director and/or Vice President of Academic Affairs (VPAA). When possible, Clarkson College will utilize an electronic signature program (e.g., DocuSign), unless otherwise requested.

3.4.1 Establishing Agency-Specific Clinical Education/Affiliation Agreements

If the clinical education site/agency wishes to utilize their own contract/agreement, it should be sent to the DCE/program director and Clinical Education Compliance Coordinator/s for review.
After the agreement has met the approval of all parties, it is sent to the requested individuals for signatures.

For all clinical education sites/agencies, the agreement should be reviewed and signed by the director of physical therapy/rehabilitation (or equivalent role), Administrator, and/or designated personnel. Following signature execution, two copies of the affiliation agreement are provided, one will be housed at the College (Compliance Office and/or PTA Program) and the other with the clinical agency and/or SCCE.

SECTION 4.0 RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

4.1 INTRODUCTION TO RIGHTS AND RESPONSIBILITIES

The following sections delineate the rights and responsibilities of the physical therapist assistant (PTA) student, the clinical education site/agency and clinical education faculty, and the academic faculty for the clinical education experiences.

4.2 STUDENT RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

Students must attend any required clinical preparation meetings, which includes a review of the syllabus, student expectations, training and/or review of the PTA CIET, assessment procedures, and strategies for independent learning and assuming responsibility for meeting their own learning needs. The following sections outline student responsibilities, as it relates to the clinical education experience.

4.2.1 Physical Requirements

The PTA program requires the student to participate in laboratory and clinical experiences related to patient care. Some situations may require the student to lift 50 pounds or more. Every reasonable effort will be made to accommodate individual needs providing for a safe clinical environment for the PTA student, staff, and patients. Please review the Technical Standards of PTA Education completed at the time of admission for the PTA program.

Should a student’s physical ability change or need accommodations (e.g., pregnancy, surgery, injury, etc.), it is the student’s responsibility to notify the PTA Program Director and/or DCE and update the ‘Informed Consent for Participation Form’ provided by the academic program and placed in the student’s file. A student who is unable to fulfill the obligations of completing a PTA course, including clinical experiences, due to medical conditions will be referred to the Clarkson College Progression policy and Leave of Absence policy to determine the appropriate plan of action.

4.2.2 Health and Safety Compliance Requirements

Clarkson College students are required to maintain compliance with all health and safety requirements (Policy SW-7). Additional information regarding health and safety requirements can be found on the Clarkson College website, under ‘Student Life’, and “Health and Safety”, or by clicking on the following link: https://www.clarksoncollege.edu/student-life/health-safety/.

Clarkson College partners with CastleBranch (CB) to manage students’ health and safety compliance online. CastleBranch allows us to meet the needs of the clinical agencies and/or accrediting bodies’ clinical requirements. Students are responsible for accessing and maintaining their personal CastleBranch account and notifications at https://mycb.castlebranch.com/.
Students are required to be in compliance with the Clarkson College PTA Program health and safety requirements (refer to the “Compliance of Health and Safety Expectations and Requirements” section in the PTA Program Handbook). While the DCE is the primary contact person regarding health and safety requirements for the PTA program, students are encouraged to utilize provided resources (e.g., Clarkson College or CastleBranch websites) and/or contact the Clarkson College Compliance Office at compliance@clarksoncollege.edu for assistance with specific questions regarding their account and compliance status.

4.2.3 Onboarding Requirements

Onboarding requirements refer to agency-specific requirements, in addition to the College and PTA program health and safety requirements (e.g., drug/alcohol screen, additional background check or immunizations, copies of health records, etc.) that may be required prior to attending a clinical experience. The DCE, in conjunction with the Compliance Office, will notify, review, and assist with any onboarding requirements.

Students are expected to complete any onboarding requirements at least four (4) weeks prior to the clinical education start date. There may be some instances where this deadline is not feasible, in which case, the DCE will discuss alternate arrangements with the student, and SCCE, as needed. Failure to complete requirements within the designated timeframe may result in a delayed start date or may necessitate reassignment. Many agencies require additional time to process student paperwork, once it is completed, therefore students need to allow ample time to complete the process. Some agencies will not allow students to be on site until the onboarding process is completed, in its entirety.

Students who have onboarding requirements, for any clinical experience, may need to obtain an “Onboarding Tracker” through their CastleBranch account. There is no additional cost to add this tracker. Students will receive a program/purchase code from the DCE, when necessary. Completed documents or confirmation of onboarding completion may need to be uploaded to the onboarding tracker in order for the DCE and/or Compliance Office to verify compliance, prior to the start of the clinical experience. Students must identify the Compliance Department, compliance@clarksoncollege.edu, as the College Representative for all attestation processes.

*If a student is out of compliance with any health and safety items in CastleBranch and/or onboarding requirements, they will not be allowed to begin a clinical experience, which may result in a delayed start date, clinical reassignment, or failure of the clinical experience. Failure to achieve or maintain compliance by the designated due/renewal date/s may also result in a Code of Conduct violation (Policy SW-18).

4.2.4 Criminal Background Check and Drug Testing

All students enrolled in Clarkson College will have completed a criminal background check and Nebraska Child/Adult Abuse and Neglect Central Registry Check within their first semester, prior to the first clinical experience. A verification letter confirming the check was performed is available from the College upon request; however, details of the background check cannot be released to a clinical site, without the written consent of the student (i.e., Clinical FERPA Release form).

Drug screens will be completed, as required, by the clinical education site. Drug screens may also be completed at random or for cause at the testing facility designated by the College per Clarkson College Drug and Alcohol policy (SW-15) and/or clinical site/agency requirements. These are to be completed prior to the clinical experience or in compliance with the policy of the site/agency. Should a student attend class, laboratory session, off-campus event, and/or
clinical experience while under the influence of drugs or alcohol, the student will be in violation of the Clarkson College Drug and Alcohol policy (SW-15). If a student tests positive for illegal drug use, according to standards of practice, they will be immediately administratively withdrawn from Clarkson College. If the student refuses to submit to drug testing, when requested, they will be treated as though a test was completed and the results were positive.

Additional information is available in the Background Checks and Drug Screening for Students policy (SW-23).

4.2.5 Student Liability Insurance

Clarkson College provides liability insurance against general and professional liability claims (limits of $1,000,000 per incident and $3,000,000 in aggregate for students). The current certificate of liability insurance (COI) can be found in the “PTA Resources” tile in Canvas, for students, as well as the Exxat public website for both students and clinical partners.

Students must acknowledge that certain risks are inherent in participating in all program activities and clinical practicums. These risks include, but are not limited to, personal injury, illness, property loss, potential of travel, etc... The student expressly and voluntarily assumes all such risks and costs.

4.2.6 Student Clinical Questionnaire and Profile Information

For each clinical experience, students are expected to complete/update their online Clinical Questionnaire and Student Profile, through Exxat, which will be shared with the CI prior to the start date. The student’s responses, demographic information, and profile picture should demonstrate professionalism. By selecting the electronic signature box, students are providing consent to release the information to the facility/agency where the clinical experience will occur.

With each new assigned setting, site, and CI, students are expected to discuss the strengths and areas for improvement that they have identified through self-assessment, as well as those identified in their clinical performance evaluation/s by former CIs, as applicable. Students are expected to demonstrate continual progress throughout each clinical experience.

4.2.7 Professional Conduct Expectations

Students of the PTA program are representatives of, not only the Clarkson College PTA Program, but the College as a whole, and the profession of physical therapy. Students are expected to demonstrate behaviors that align with the College Mission and Values, as well as the APTA Standards of Ethical Conduct for the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant (2019). A breach to the Standards of Ethical Conduct, confidentiality, or inability to meet professionalism expectations is a violation of the student Code of Conduct and may result in disciplinary action or dismissal from the program, as outlined in the PTA Program Handbook and/or Academic Catalog.

4.2.7.1 Conduct

The following are expected behaviors and conduct for all PTA students including, but not limited to:
a. Professional demeanor, including promptness and respect toward other students, faculty, CIs, and administrators, punctuality, attention/high level of engagement, presentation, and posture
b. Students are responsible for their own learning experiences and for their success for each clinical experience
c. Students are expected to take advantage of any "down" or "free" time by observing, assisting other therapists or members of the healthcare team, and seeking out additional learning opportunities
d. Use of personal mobile devices (e.g., cell phones, laptops, iPads, etc.) for non-emergencies and activities not related to patient care or documentation, is prohibited during clinical time
e. Facility computers and equipment are to be used in accordance with facility policy; personal internet use is prohibited during clinical hours
f. A student can always learn from an experience, even if it is not what was expected
g. Students are expected to apply their academic knowledge to the best of their ability
h. The student is not expected to know everything and should definitely ask questions; however, rather than asking vague questions about "what" to do with specific patients, the student should develop their own ideas and discuss with the CI about whether or not their thought process is appropriate for the patient/client

4.2.7.2 Communication

It is the student’s responsibility to contact the assigned CI/SCCE approximately four (4) weeks prior to the first assigned day of a clinical experience. The student’s first contact should be by phone, unless otherwise stated, and may be followed up by other means of communication.

The following are expected behaviors regarding communication for all PTA students including, but not limited to:

a. Communicate with peers, supervisors, and faculty in a professional and respectful manner, including (non)verbal strategies and social media
b. A student should discuss each patient’s plan of care with the CI, in order to clarify what interventions are appropriate, what has been done previously, and what is planned for future visits/sessions; it is usually best to discuss the patient’s treatment plan in advance
c. It is the student’s responsibility to ask for performance feedback, if not routinely provided by the CI
d. Students should provide constructive feedback to their CI regarding the CI’s ability to facilitate meeting the educational goals for the student and clinical experience
e. It is the student’s responsibility to contact the DCE and/or Course Coordinator if there are any issues that cannot be discussed or resolved with the CI, after approaching the SCCE to intervene on his/her behalf
4.2.8 Attendance

Clinical experiences are full-time commitments; therefore, students must be prepared to make each one a priority and make accommodations to their personal schedules (e.g., work, childcare, personal events, etc.). Attendance during clinical education experiences are mandatory and timeliness is crucial to the successful completion of each clinical practicum course. Students must be punctual for all clinical education obligations. Habitual tardiness and/or attendance problems may seriously impact the course grade and/or jeopardize successful completion of the clinical experience/course.

Any absence or tardy is expected to be reflected in the clinical Time Sheet entered in Exxat. In addition, students must follow the instructions provided online and complete a “My Leave” form in Exxat for any absence, excused or unexcused.

4.2.8.1 Clinical Attendance Expectations

The following are attendance expectations of all students, for each clinical experience:

a. Students are expected to attend clinical experiences, as arranged by the DCE, and arrive no later than 15 minutes prior to the scheduled start time
b. Students are NOT allowed to take/request days off for personal business and should schedule personal obligations around their scheduled clinic hours, not vice versa
c. Students are expected to be on site and engaged in patient care and/or educational clinical experiences
d. Students should be available during evening hours, weekends, and holidays, if scheduled by the facility/CI
   i. Students should plan to work the holidays, unless notified otherwise by their CI
   ii. Students are expected to observe any holidays, as outlined by the clinical facility/agency
e. Students must comply with the hours/schedule established by the clinical site/CI (if the CI’s schedule is less than 40 hours per week, the student must seek out additional learning experiences to achieve the minimum hours required each week)
   i. Any instances where a student is uncertain if they will be able to achieve the minimum weekly/total hours, must be communicated to the Course Coordinator as soon as possible to discuss possible solutions
   ii. If needed, the clinical experience may be extended to achieve the minimum number of hours required
f. Students will log all clinical time online via Time Sheet, in Exxat, which must be confirmed and approved by the CI
g. Any variation to the workday schedule must be documented on the daily Time Sheet (e.g., excused/unexcused absence, working lunch, clinic closed for holiday, low census/caseload, etc.)
h. It is the student’s responsibility to communicate any instance of absence, on the day of, with both the clinical site/CI AND Course Coordinator; instances of tardiness must be communicated before the scheduled start time with the CI
i. Any absence must also be documented in Exxat, using the “My Leave” form
4.2.8.2 Excused Absences

In order for an absence to be considered “excused”, the situation must meet at least one of the following excused absence criteria:

a. Personal contagious illness
   i. The student themselves is compromised with contagious illness
   ii. Proof of the contagious nature of the illness, in the form of a doctor’s note, may be required at the Course Coordinator’s and/or DCE’s discretion
   iii. Non-contagious illnesses or failure to provide medical documentation, as requested, will be considered “unexcused” (refer to “Unexcused Absence” policy)

b. Inclement weather
   i. Hazardous weather conditions where it is deemed unsafe for travel to/from clinical site (e.g., tornado, hurricane, flooding, blizzard conditions etc.)

c. Emergency
   i. Personal and/or immediate family injury, accident, death, or illness
   ii. Immediate family members are defined as parents, spouse, sibling/s, children, and grandparents
   iii. Family emergencies not related to “immediate” family members will be considered “unexcused” (refer to “Unexcused Absence” policy)

d. Active military requirement/responsibility (not related to extended military deployment, which will need to be discussed with the Program Director and DCE)

e. Early testing for the National Physical Therapy Exam (NPTE) PTA
   i. Student must seek approval from the Program Director to test early for the NPTE PTA (only applies to the final clinical experience)
   ii. If approved, the student must notify, both, the Course Coordinator and CI in advance

Students will not be required to make-up missed time for the first two excused absences, however it is at the discretion of the CI, who may require the time to be made up. Students must still document the absence and reason on their Time Sheet and complete the “My Leave” form in Exxat to account for any missed time. Students must notify both the clinical education site and Course Coordinator of the absence as soon as possible.

4.2.8.3 Unexcused Absences

Any missed clinical time that does not meet the “Excused Absence” criteria is considered unexcused and must be made up in its entirety.

4.2.8.4 Required Clinical Make-Up Time and Documentation

The following policies outline if/when missed clinical time must be made up:
a. **Excused** absences/missed clinical time of one to two (1-2) days does not need to be made up; HOWEVER, it is at the discretion of the CI if they feel additional clinical time would benefit the student

b. Any **excused** absence **beyond** the allowed two days, must be made up

c. Absences of three (3) or more days are independent of total time already spent in the clinic (e.g., if a student misses a total of 3 days, due to an excused illness, and has already accrued the minimum number of hours required, either for the week or total clinical experience, then the student is required to make up a minimum of one full day- assuming the CI is not requiring the student to make up either of the first two excused days of illness)

d. Time missed for any other reason, **NOT** specified under the “Excused Absences” section, MUST be made up in its entirety

e. For PTA 125: Clinical Practicum I (ONLY): due to the limited about of time, during the one-week clinical experience, **ANY** time missed will be required to be made up (including excused absences), in order to meet the full-time clinical experience hours

f. When making up any missed clinical time, students are expected to complete the following:
   - i. Discuss and coordinate schedule and availability with the CI/SCCE
   - ii. Notify the Course Coordinator of how/when time will be allowed to be made up
   - iii. Be available during evenings, weekends, holidays and/or extend the clinical experience beyond the scheduled end date

g. Any missed clinical time MUST be accounted for and documented on the clinical Time Sheet, including the reason, for example:
   - i. Missed clinical time for a holiday (where the clinic is closed) or due to an excused absence (that is NOT being required to be made up) should include the reason for the absence (e.g., holiday, ill, family emergency, etc....) and the expected number of hours that would have been worked that day (e.g., “Holiday- 4th of July, clinic closed; 8 hours”)

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**4.2.9 Dress Code for Clinical Experiences**

Students in the Clarkson College PTA Program represent, not only the College, but also the professional image of the field of physical therapy. Therefore, students should be dressed in professional attire, in a coordinated and conservative manner, for clinical experiences. Attire should be non-restrictive, allowing for ease of movement, and modest.

During all clinical experiences, students are expected to adhere to the minimal expectations of personal appearance (e.g., dress, hygiene, make-up, jewelry, scent, etc.) (Refer to the PTA Program Handbook).

Clinical attire requirements may vary from one clinical site/agency to another. If the PTA program and clinic-specific guidelines conflict, the student should modify their attire to match the clinic guidelines/requirements. Appropriateness of attire is at the discretion of the facility and CI, in which agency employees reserve the right to dismiss a student from a clinical experience, based on unprofessional or inappropriate appearance, dress, and/or behavior.
4.2.10 Student Self-Assessment and Evaluation of the CI/Clinical Education Site

The ability of a student to self-assess their clinical performance and professional behaviors facilitates professional growth and development for the student and communication skills between the student and the CI.

Students are required to self-assess their clinical performance and complete the PTA Clinical Internship Evaluation Tool (CIET) prior to the designated midterm and/or final evaluation time frames and meetings with their CI.

Students complete Weekly Goal Sheet assignments, which is reviewed with the CI, and includes the student’s weekly goals and action plans, which is followed up with the student’s reflection of progress at the end of the week.

Students are responsible for completing the APTA Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction (SECECI) form (APTA, 2011) or PTASE1 and PTASE2 in Exxat.

4.2.11 Situations that Require Student Action

If a problem develops during a clinical experience, the student is to discuss the situation with their CI first. If the problem is not resolved and the CI is unable to help, the student should then discuss the situation with the SCCE. The Course Coordinator or DCE, when appropriate, may be contacted once the situation has been discussed with the SCCE. If the SCCE is the CI, the student may contact the Course Coordinator/DCE directly.

It is important that the Course Coordinator (and in some instances, the DCE) be notified when any of the following events occur:

1. Change in location or assignment to units within an organization
   - The Course Coordinator and DCE must know where the student is, at any time, in case of an emergency or an incident occurs
2. Student absence(s)
   - The Course Coordinator and SCCE/CI will plan for completion of missed hours, which will be determined on an individual basis; refer to the “Attendance” policy
3. Student requests for leave or change in working hours (outside of the predetermined “excused” absences) is NOT permitted
   - The CI should notify the Course Coordinator of any such student requests
   - Any extenuating circumstances must be discussed with and approved by the DCE, prior to the start of the clinical experience
4. Change or extended absence of CI
   - The Course Coordinator and/or DCE may need to assist in any plans necessary to assure appropriate supervision of the student

4.2.12 Supervision

1. Students may be supervised by a licensed physical therapist (PT) and/or licensed physical therapist assistant (PTA), under the direction and supervision of the PT; either the PT or PTA must provide direct supervision at all times when the student is
providing patient care (unless individual state practice acts or specific third-party payers require more stringent supervision of students)

2. The PTA performs delegated interventions under the direction and supervision of the physical therapist and within the patient plan of care, established by the PT.

3. The supervising PT is responsible for the following activities, regardless of the setting in which service is provided:
   a. Interpretation of practitioner’s referrals
   b. Initial evaluation of the patient
   c. Development of the treatment plan and program, including the long- and short-term goals
   d. Assessment of the competence of the PTA to perform assigned tasks
   e. Selection and delegation of the appropriate portions of the treatment plan and program
   f. Identification and documentation of precautions, special problems, contraindications, goals, anticipated progress, and plans for re-evaluation
   g. Direction and supervision of the PTA in the delegated functions
   h. Re-evaluation of the patient and adjustment of the treatment plan, final evaluation of the patient, and discharge planning
   i. Designation or establishment of channels of written and oral communication

4. Supervision includes observation of the application of physical therapist services, conferences related to patient progress, verbal reports of progress, and written reports. The closeness and frequency of supervision depends on the:
   a. Complexity of the needs of the patients under care
   b. Performance level of the PTA
   c. Proximity of professional supervision in event of emergencies or critical events
   d. Setting which patient care is being provided and the PT and the PTA are not continuously in the same physical setting; greater emphasis must be placed on supervision through frequent oral and written reports. Frequent observation of the care rendered must also be included for supervision to be effective.

4.2.13 Consent

Students are required to allow patients/clients to give informed consent (verbal or written) regarding assessment procedures and interventions that would be completed by the student. Students should introduce themselves as a “student” from the Clarkson College Physical Therapist Assistant Program. Patients/clients must be allowed to refuse to be seen by a PTA student.

Students will be required to obtain a signed Photo Consent & Release Form (Appendix B), from any patient/client, prior to taking and using any photos or images to be used for any project, assignment, or presentation. Students must maintain compliance with HIPAA regulations, regardless of having a signed consent form.

4.2.14 Clinical Education Travel Arrangements and Expenses

Students are responsible for all expenses related to clinical education including specific uniform requirements, meals, housing, and transportation.

In cases where a lab coat is required, a student may “check out” a loaner from the PTA program (there is also a very limited selection of scrub attire). The student must return any item/s to the DCE at the end of the clinical experience and is responsible for ensuring borrowed items have been laundered and is returned in a clean condition.
4.3 SITE AND CLINICAL EDUCATION FACULTY RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

The following sections outline site and CI responsibilities, as it relates to the clinical education experience.

4.3.1 Assignment and Effectiveness of CIs

The assignment of the clinical instructor/s (CI) is performed by the Site Coordinator of Clinical Education (SCCE) and should be based on criteria for clinical competence determined by each clinical site. Clinical competence criteria may include:

- In-services and continuing education courses attended
- Advanced degrees
- Clinical experience (no less than one year)
- Teaching experience (in-services, clinical education, continuing education, formal classroom), and research experience

The SCCE is encouraged to consider not only the potential clinical instructor's clinical skills but also the interest and willingness to teach. The SCCE may also consult with the College DCE to develop guidelines and a formal procedure for establishing criteria for clinical instructors, appropriate for their site and consistent with job descriptions.

The effectiveness of clinical instructors, as educators, is determined by the Clinical Education Team, in collaboration with the SCCE. Means for determining effectiveness include the review of completed clinical performance evaluations, formal feedback from the student’s evaluation of, both, the clinical experience and clinical instruction, CI self-assessment, and direct communication between the DCE and students and the SCCE and CIs. Each site/agency is encouraged to include criteria for clinical instructor responsibilities in job descriptions and performance evaluations. The DCE is available to assist in the development of these documents and relies on the SCCE to act on any deficiencies according to the site's policies.

Effectiveness of clinical instructors is determined by demonstrating the following behaviors, including, but not limited to:

- Identifying potential "red flags" in student’s performance, early in the clinical experience
- Providing students with the CI’s expectations
- Providing on-going feedback regarding student’s clinical performance
- Completing the PTA CIET student assessment in a timely manner
- Developing on-going, progressively more challenging learning opportunities

4.3.2 Clinical Agency/SCCE Student Manual

It is strongly recommended that each clinical site, either, have a student clinical education manual for review or, upon arrival, have the student review the appropriate section/s of the department’s policies and procedures manual. Having the student review such a document, prior to the beginning of the clinical experience, will help him/her become familiar with the organization, prepare for the clinical experience, and may decrease the time required for
orientation upon arrival. In addition, information in such documents confirm the site’s responsibility for preserving the privacy, dignity, and safety of all people involved in the care of patients and the education of students. Most of this information can be extracted from departmental policies and procedures and/or HIPAA regulations.

Suggested clinical site manual information may include:

- Statements of patients’ and students’ rights (note: patients’ rights must include the right to refuse treatment provided by a PTA student).
- Release of information/confidentiality of the medical record and authorization for photographic use by subject
- Informed consent to participate in care
- Procedures for reporting illegal, unethical, or incompetent practices
- Incident reporting process (employee, patient, student)
- Emergency procedures
- Safety rules, hazardous materials (SDS), universal precautions, emergency code system
- Departmental philosophy and objectives
- Organizational chart
- Peer utilization or quality assurance review processes
- Facility support information (e.g., parking, meals, library, lockers, etc.)
- Samples of appropriate patient documentation, use of abbreviations, billing procedures, etc.

4.3.3 Student Clinical Education Orientation

The SCCE/CI is encouraged to prepare a summary of essential information that can be sent to each student prior to his/her arrival. Information should include the CI’s name and phone number, driving instructions, parking, hours of operation, dress code, information about meals, etc. A formal, structured orientation to the site and physical therapy/rehab department, should occur as early as possible in the clinical experience to help relieve any student concerns or issues that may arise, due to not knowing or understanding expectations. Time needed for orientation is primarily dependent on the size of the site/facility and the student’s prior clinical experience(s). A typical student orientation should include the following:

- Introduction to key personnel and their job responsibilities; chain of command
- Tour of the facility/department and review of personal safety concerns
- Location of equipment and supplies
- Desk space, office supplies, library, and other resources
- Introduction to documentation, medical record, filing, student credentials
- Introduction to patient scheduling and billing
- Initial observation of delivery of physical therapist services
- Emergency procedures, evacuation routes, safety rules, infection control
- Calendar of events for department; timetable for student objectives
- Review of confidentiality and facility policies
- Hours of operation
- Dress code
- Review of policies and procedures manual
- Items from student clinical education manual (refer to previous section)
4.3.4 Evaluation of Full-Time Clinical Education Experiences

For the evaluation procedures for clinical education experiences, refer to Section 5: Evaluation of Clinical Education Experiences. The PTA program utilizes the web-based PTA Clinical Internship Evaluation Tool (CIET) to assess student’s clinical performance. Users are required to complete the PTA CIET User Training module and post-training assessment, prior to the first clinical education experience. There is no cost for the training module and only needs to be completed once. Training material and resources for SCCEs/CIs and students will be provided by the Clinical Education Team, prior to the start of each clinical experience, and will also be available as online resources in Canvas and Exxat. A certificate of completion will be provided to all users who successfully complete the training and post-training assessment.

Clinical Instructors are encouraged to provide constructive and timely feedback in an on-going manner, facilitate self-assessment by the student, and make the formal evaluation process a constructive learning opportunity.

Evaluation is the professional judgment about a student’s ability to meet the established standards and objectives presented throughout this handbook. It is evident that evaluating performance, whether self-assessment or evaluation by a CI, is challenging. It is a matter of professional judgment and, no matter how objective one wishes to be, subjective opinion cannot be avoided. Each CI establishes criteria for performance that are influenced by personal expectations and values. Therefore, it is critical for the student and CI to have an initial discussion about expectations, strengths, areas for improvement, and goals. If expectations of, both, the student and CI are discussed early in the clinical experience, there will be fewer misunderstandings about evaluation of performance.

It is assumed that all CIs are fair and reasonable in their expectations and evaluation of students, unless proven otherwise. It is also assumed that all students set high expectations for their own performance and are eager to take on the challenges presented to them. Some recommendations for grading one’s self and the performance of others include:

- Avoid personal biases/interests not related to the student's learning goals and performance
- In reporting student performance, emphasize behaviors that the student can improve, rather than personal opinions about the student
- Focus on the goals; were goals set high enough to challenge the student? Were goals set and modified appropriately throughout the learning experience/s?
- Compare initial and final performance; has the student made major gains in performance?
- Inform the student what it takes to be successful; what a student is expected to do should not be a secret
- Be confident in your judgment; students usually know what they do well and what they need to improve on; CIs know what good, ethical physical therapy is and what it is not
- For clinical remediation, use the following resources:
  a. Resources for Managing the Exceptional and Challenged Student (Appendix C)
  b. Clinical Remediation- Weekly Planning Form (Appendix D)
  c. Clinical Remediation- Planning Flow Chart (Appendix E)

4.3.5 Situations that Require CI or Course Coordinator/DCE Action

If there is a “red flag” or concern regarding a student’s clinical performance, it is the responsibility of the CI/SCCE to contact the Course Coordinator and, if necessary, the DCE. If a problem or concern develops during a clinical experience, it is the responsibility of the CI to
inform the student in a timely manner, both, verbally and in writing about areas for improvement and objectives which facilitate improvement. The student will be given appropriate timelines to meet levels of expectation. The CI should document how the situation is resolved.

Should the objectives for improvement not be met in the specified time frame, the CI should document this with specific examples and contact the Course Coordinator immediately. If the Course Coordinator is not available, the CI should contact the DCE, or when unavailable, the PTA Program Director.

The SCCE/facility is encouraged to contact the DCE, at any time, should there be any changes in personnel/staff, operations, or policies that may affect clinical education placements and operations.

4.3.6 Supervision of PTA Students

PTA students may not practice in the capacity of a licensed physical therapist assistant. Clarkson College PTA students may be directly supervised by a physical therapist or physical therapist assistant, with at least one year of clinical experience, in accordance with the American Physical Therapy Association (2018), *Supervision of Student Physical Therapist Assistants*:

“Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, and when acting in accordance with American Physical Therapy Association policy and applicable state laws and regulations, are qualified to perform selected physical therapy interventions under the direction and supervision of, either, the physical therapist alone or the physical therapist and physical therapist assistant, working as a team. When the student physical therapist assistant is participating in the delivery of physical therapy services, while being supervised by the physical therapist alone or the physical therapist and physical therapist assistant working as a team, the physical therapist or the physical therapist assistant is physically present and immediately available at all times. The physical therapist or the physical therapist assistant will have direct contact with the patient/client during each visit, as defined in the Guide to Physical Therapist Practice. The physical therapist maintains responsibility for patient/client management at all times, including appropriate utilization of the physical therapist assistant, as described in *Direction and Supervision of the Physical Therapist Assistant* and for interventions performed by the student physical therapist assistant.”

Direction and supervision do not have to be continuous throughout the time the student is with the patient, however the PT or PTA must have direct contact with the patient during each visit. Telecommunications does not meet the requirement of direct supervision.

Some states may have more strict supervision guidelines for PTA students. It is the student and CI’s responsibility to ensure that adequate supervision is always available throughout the clinical experience, including having a clear delineation of supervision when a primary CI is unavailable. Supervision definitions are provided in state practice acts, which are accessible through the Federation of State Boards for Physical Therapy (FSBPT) at www.fsbpt.org.

Other learning opportunities (that do not involve direct physical therapist services) may occur under the supervision of other healthcare providers. Students may not be assigned duties to "fill in" for absent employees or vacant positions. Students should not accept assignments
which are not related to their role as a PTA student or that does not meet the clinical education learning objectives/goals.

4.3.7 Attendance

Attendance during clinical education experiences is mandatory. Excused absences are only permitted for personal contagious illness, inclement weather, personal or family emergency, active military requirements/responsibilities, early testing for the NPTE PTA (only applies to the final clinical experience), or special circumstances with prior approval of the CI and Clinical Education Team (refer to section 4.2.8.2 Excused Absences for additional details on student attendance and excused absences).

In the case of an illness or other emergency, including any extenuating circumstances, the student is responsible for notifying the site/CI AND Course Coordinator of the absence, as soon as possible. The Course Coordinator will work with the CI and student to determine if the student will need to make up the missed clinical time. **The CI should not approve any excused absences for special circumstances without first contacting the Course Coordinator or DCE.**

4.3.8 Weekend or Holiday Assignment

It is at the CI’s discretion to create additional assignments/learning opportunities involving the PTA student’s clinical education experience. Should the CI feel that it is educationally beneficial for the student to be assigned to work on a weekend or during a holiday, the CI must notify the student, in advance. CIs are also encouraged to assign students with outside research or assignments, to maximize the clinical education learning experience.

4.3.9 Surgical Observation

Students are encouraged to seek out learning opportunities involving observation of any surgical procedure/s, if available, that would be beneficial to his/her professional development. If possible, at least one day should be set aside for such an observation during the clinical experience.

4.3.10 Communication Prior to the Clinical Education Experience

The DCE will provide the SCCE/clinical site with the name of the student/s who have been matched/placed, prior to the clinical education experience.

Students completing an immediate or terminal clinical experience are provided with an initial schedule for the midterm telephone/site visit, which is to be verified with the CI either before the start date, as part of the initial student communication, or within the first few days of the clinical experience, and reported to the Course Coordinator.

4.3.11 Communication during the Clinical Education Experience

The CI is encouraged to give the student frequent feedback about their performance throughout the clinical experience. This type of communication can be verbal or written and should be given in a timely manner. Should a problem/situation arise that needs addressed, the CI is encouraged to meet with the student within the first two days following the concern/incident, to discuss the learning objectives created by the student, along with any other expectations the CI might have.
The CI is responsible for providing formal feedback, both verbally and in writing, based upon the PTA CIET at midterm and/or final evaluation periods, as designated. The CI and student should discuss the goals of the experience, student strengths, and areas for improvement. Both the student and CI will be required to sign off on the evaluation after meeting to discuss the ratings and comments. The Course Coordinator and DCE will have access to the evaluations, once completed.

Should a problem or concern arise, the CI should follow the procedures outlined in 4.3.5 (Situations that Require CI or Course Coordinator/DCE Action) and in Section 5: Evaluation of Clinical Education Experiences

*Note: All materials communicated from the College to the affiliating clinical site regarding student demographic information (name, address, phone number), background/drug testing, and clinical performance evaluations are considered confidential. Access to this information should be restricted to the SCCE and the student’s CI to ensure privacy.

4.3.12 Continuing Education Units (CEUs) for CIs

Clarkson College is very grateful for all PTs and PTAs who are willing to share their time and expertise, by serving as a clinical instructor for students. In recognition of this effort and commitment, all CIs will receive a Certificate of Completion from the Course Coordinator upon completion of the clinical experience.

The State of Nebraska has been approved to award CEUs to eligible CIs for supervising students. In order to submit for CEU credit, the individual must be a credentialed CI, through the APTA’s Credentialed Clinical Instructor Program (CCIP), and the state must accept this as a valid form of CEUs (refer to state-specific Rules and Regulations regarding eligible CEUs). For Nebraska, individuals may refer to the Nebraska Rules and Regulations, provided in the following link, for additional information regarding eligibility requirements (specifically, page 31, item #12):

http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-137.pdf

Per Nebraska state regulations, one (1) CEU will be awarded for 160 hours of supervision. Please refer to the table below for the equivalent CEU credit for each Clarkson College clinical experience.

<table>
<thead>
<tr>
<th>PTA Clinical Practicum</th>
<th>Total Clinical Hours Expected</th>
<th>CEUs Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTA 125 (1-week clinical)</td>
<td>40 hours</td>
<td>0.25 CEUs</td>
</tr>
<tr>
<td>PTA 220 (3-week clinical)</td>
<td>120 hours</td>
<td>0.75 CEUs</td>
</tr>
<tr>
<td>PTA 240 (5-week clinical)</td>
<td>200 hours</td>
<td>1.25 CEUs</td>
</tr>
<tr>
<td>PTA 245 (6-week clinical)</td>
<td>240 hours</td>
<td>1.5 CEUs</td>
</tr>
</tbody>
</table>

4.3.13 Library Database Requests

The SCCE/CI is encouraged to discuss and implement evidence-based practice with students. As a benefit of serving as a CI, the PTA Program offers free access to the Clarkson College Library Database and available journals. Individuals will need to be set up with an account, which is active for 6 months at a time. For additional information or to activate/renew an account, send an email request to the DCE or Clarkson College Library.
4.3.14 Self-Assessment

Following the completion of the clinical experience, CIs will receive an email from the Course Coordinator inviting them to participate in surveys to complete a self-assessment as a CI and assessment of the Clarkson College PTA clinical education program. All CIs are strongly encouraged to participate, and data is used for the sole purpose of improving the clinical education program and process.

In addition to the surveys, the Guidelines and Self-Assessments for Clinical Education (APTA, 2004) document is available as a resource. This document includes guidelines for clinical education specific to sites, SCCEs, and CIs and provides the materials necessary to complete a self-assessment for the purpose of enhancing the development and growth of the site, the clinical education, and the student’s clinical education experiences. It is strongly recommended that each facility utilize this document to assess their own clinical education program for students and use the information to make improvements, as deemed necessary. Any completed self-assessment forms should be utilized as a resource to improve the student clinical education program and are not required to be submitted or returned to the DCE.

4.4 ACADEMIC FACULTY RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

Refer to Section 3.0 Policies and Procedures for Clinical Education Selection and Placement for additional responsibilities of the DCE regarding the clinical education process. If the Clarkson College Physical Therapist Assistant Program’s DCE is, at any time, unable to fulfill the expected roles, responsibilities, and obligations, then the Program Director or alternate faculty member of the Clinical Education Team will be assigned to act, temporarily, in matters regarding clinical education.

4.4.1 Determination of Student Readiness for Clinical Education

The DCE, along with the other PTA Program faculty, are ultimately responsible for determining students’ readiness and progression toward clinical education by the achievement of course objectives, development of ethical and professional behavior, and safe practice. As such, faculty members, including the Clinical Education Team, are responsible for evaluating data to determine each student’s achieved academic competency level toward practice expectations. Data used for evaluation may include written and practical exams, course assignments, professionalism grades, and any previous clinical experiences and assessments. In addition, students must demonstrate safe practice standards to achieve a passing score on the lab practical examinations, which are incorporated into many of the PTA courses.

It is the responsibility of the DCE to be available to meet with each student throughout the clinical selection process to discuss the student’s clinical goals, interests, desire/willingness to travel, strengths, etc.

4.4.2 Communication Confirming Student Clinical Placements with Site

The DCE will make every effort to notify SCCEs of matched student placements and/or slots offered but not matched, for the following year, no later than July 1st. Student placements are matched with a clinical site according to responses received from the clinical request letter sent on March 1st, the students’ clinical selections, and with the professional judgment of the DCE. The DCE will provide the site with:

- The name of the student(s) assigned to the site
- Student’s email
- Date(s) of the clinical experience
Clinical placement/matching is ongoing and occurs throughout the year, based on student requests and the needs of both clinical sites and students.

### 4.4.3 Request for Contact Information of CI

Approximately 8-9 weeks prior to the start of the clinical experience, the DCE will contact the SCCE, or designated student placement coordinator, to request/verify the name of CI assigned, preferred contact information, including phone and email, and verify any changes to specific onboarding requirements or process.

### 4.4.4 Student Clinical Preparation

It is the responsibility of the Clinical Education Team (DCE and designated Course Coordinator) to adequately prepare students for each clinical experience.

For PTA 125: Clinical Practicum I, students attend class weekly, for the duration of the semester, to discuss the clinical education program and prepare for the first clinical experience, which is built into the course/semester.

For PTA 220: Clinical Practicum II, approximately 6 weeks prior to the start of the clinical experience, the Course Coordinator is responsible for holding a clinical preparation “prep” meeting with students in order to review general clinical expectations, discuss and develop individual educational objectives, and review the course syllabus and assignments. Prior to, or during, the meeting, the DCE is responsible for providing students with pertinent information related to site placement and contacts and health and safety/onboarding requirements.

Due to the terminal clinical experiences (PTA 240: Clinical Practicum III and PTA 245: Clinical Practicum IV) being completed consecutively, students are required to attend a clinical “prep” meeting, which will be scheduled approximately 6 weeks prior to the start date of the PTA 240 clinical course. The information covered is the same as described above, for PTA 220, but includes content specific to, both, PTA 240 and PTA 245 (syllabi, site information, onboarding requirements, etc.).

### 4.4.5 Academic Faculty Communication Prior to the Clinical Education Experience

Approximately 4 weeks prior to the start of the clinical experience, the DCE will confirm with the SCCE/student clinical coordinator that the student has completed any onboarding requirements and is “cleared” to start on day one.

Approximately 1-2 weeks prior to the start of the clinical experience, the DCE and/or Course Coordinator will contact assigned CIs to provide information regarding any necessary training needed for the PTA CIET, pertinent information related to the clinical experience, and be available to answer any questions.

### 4.4.6 Academic Faculty Communication during the Clinical Education Experience

Throughout the duration of the clinical experience, the Course Coordinator is the primary contact for students and CIs.
It is the responsibility of the Course Coordinator, or another assigned faculty member, to conduct a midterm site or telephone visit for the intermediate and terminal clinical experiences. Due to the short duration of the first clinical experience, a site/telephone visit is not conducted for PTA 125: Clinical Practicum I. The Course Coordinator makes every effort to physically visit every site/CI supervising a student, however in the event that the site is out-of-state, not within a reasonable travel distance, or the schedule is not conducive to a site visit, a telephone/teleconference will be conducted. The purpose of the visit/call is to determine, first-hand, if students are meeting performance expectations, if the CI or student has any concerns, meet face-to-face with the SCCE/CI, tour the site, if able, and the general quality of the clinical education experience. The Course Coordinator will provide students with a pre-determined date/time for the scheduled midterm visit or call. A typical midterm site or telephone visit includes:

- Meeting with the student, CI, and SCCE, as available, to discuss the student’s progress, general experience, strengths/areas for improvement, etc.
- An opportunity to meet separately with the student, CI, and/or SCCE to provide a neutral environment to candidly discuss the student’s progress and/or any other concerns/issues
- A tour of the site/rehab gym, if available and reasonable
- An opportunity to meet with the Director of Rehab or any other staff/administrator
- Meetings, both visits and calls, should be conducted in an environment that is considered private

CI/SCCEs are encouraged to contact the Course Coordinator at any time, especially if there are any concerns prior to the scheduled midterm visit/call. It is the responsibility of the student to notify the Course Coordinator of any changes in the agreed upon plan for the midterm visit/call (e.g., location, time, phone number, etc.).

### 4.4.7 Academic Faculty Responsibilities for Evaluation of the Clinical Education Process

It is the responsibility of the Clinical Education Team, to annually assess and analyze the quality and quantity of clinical education sites and experiences. Assessment is completed by, but not limited to, reviewing comments and documentation obtained during the midterm site/telephone visits, communication between the Course Coordinator, CI/SCCE, and student, and data collected from the Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction form (or PTASE1 and PTASE2, in Exxat), clinical performance assessments/evaluations (e.g., PTA CIET, formerly utilized APTA CPI Web and Clinical Assessment Tool [CAT]), and other assessments completed after the clinical education experiences (e.g., assessment surveys). Data is securely recorded and tracked for assessment and accreditation purposes.

### 4.4.8 Clinical Education Marketing

Throughout the year, it is the DCE and Clinical Education Team’s responsibility to develop new site or facility relationships. Marketing strategies and techniques utilized include, but is not limited to, providing ongoing education and updates to stakeholders regarding the Clarkson College PTA Clinical Education Program (e.g., Clinical Education Newsletter), contacting newly established sites, contacting clinical sites based on student special requests, conducting marketing site visits with clinics/facilities that have not had a recent student, maintaining contact with Clarkson College PTA graduates/alumnae, and hosting 1-2 continuing education events annually.
SECTION 5.0 EVALUATION OF CLINICAL EDUCATION EXPERIENCES

Assessment/evaluation of clinical experiences is critical in managing and improving, both, the PTA program curricula and clinical education program. The Clarkson College PTA program has implemented the following assessments to facilitate communication and provide feedback between the student, clinical agency, clinical education team, and PTA program, as well as ensure standards are being met, as set forth by the College, program, and CAPTE. Information from these assessments are relayed to the DCE and Program Director and used for program enhancement. The assessment plan of the PTA Clinical Education curriculum includes:

- CI’s assessment of student’s clinical performance (PTA CIET)
- Student’s self-assessment of clinical performance (PTA CIET)
- PTA Student Evaluation of Clinical Experience and Clinical Instruction (SECECI form or PTASE1/PTASE2)
- Clinical site’s assessment of the PTA program/curriculum and DCE (online survey)
- CI self-assessment (online survey)
- Professionalism Grading

5.1 INTRODUCTION TO THE CLINICAL INTERNSHIP EVALUATION TOOL (CIET)

The Clinical Internship Evaluation Tool (CIET) was developed by the University of Pittsburgh, as an alternative to the Clinical Performance Instrument (CPI Web). The CIET has been established as a validated assessment tool for physical therapy programs, which has been in use since 1998, as published in “Validation of the Clinical Internship Evaluation Tool“ (Fitzgerald, et al, 2007). Because the original tool was established for physical therapist students and includes all components of the Patient/Client Management Model, the CIET has been adapted, with permission, to meet the needs of physical therapist assistant students, specifically related to the Intervention component of the Patient/Client Management Model (Coordination, Communication, and Documentation, Patient/Client Education, and Procedural Interventions) and the skills necessary for patient management, under the ultimate direction and supervision of a physical therapist. The adapted tool is referred to as the PTA CIET and will be completed online, through Exxat. If, for whatever reason, the online version is not available, a paper copy will be provided.

The student is assessed based on criteria related to performance and professionalism, which describe all essential aspects of professional practice for a PTA clinician. The PTA CIET is composed of two (2) sections (refer to descriptions provided below); Section 1: Professional Behaviors and Section 2: Patient Management Skills. The PTA CIET measures clinical performance of the student compared to a “competent clinician” (see definition below, section 5.1.1). Both the student and CI should be familiar with the use of the PTA CIET and will be provided with training resources prior to completing an evaluation. Any questions regarding use of the PTA CIET should be directed to the Course Coordinator or DCE.

CIs are responsible for assessing the student’s performance, completing the PTA CIET for the designated midterm and/or final evaluation periods, and meet with the student to discuss the student’s assessment and progress. PTA CIET ratings and comments (both CI assessment of student and student self-assessment) will also be available to the Course Coordinator and DCE.

The following sections describe terminology utilized in the PTA CIET and includes a summary of minimum rating performance expectations (benchmarks) for each clinical experience.
5.1.1 Operational Definitions for using the CIET

Competent clinician- One who is able to skillfully manage patients, in an efficient manner, and achieve effective outcomes

“Types of Patients”

Familiar presentation (could include any of the following):
• A patient diagnosis/problem frequently seen in the setting the student is placed
• A patient with diagnosis that student has treated more than once
• A diagnosis that was specifically covered in student’s didactic curriculum
• A patient who does not have a complex medical history or complicated course of care, for this episode of care in PT

Complex presentation (could include any of the following):
• A patient diagnosis/problem that is rarely seen
• A patient with a diagnosis that student has never seen or seen only once
• A diagnosis that has not been covered in student’s didactic curriculum
• A patient who has had a complicated course of care for the present episode of care or a complex medical history

“Level of Clinical Instructor Support”

Guidance- Student is dependent on the CI to direct the patient treatment; either the CI is present throughout the patient interaction or the student needs to discuss with the CI after each step of the treatment.

Supervision- Student is able to carry out the treatment but needs to be monitored to correct minor errors in technique or to facilitate decision making. The student is able to make the correct clinical decisions with only a few verbal cues/suggestions from the CI. The CI is not directing their decision-making.

Independent- Student directs the treatment and achieves effective outcomes; only requires consultation, clarification, or assurance from CI regarding decision-making (this is NOT “Supervision”); demonstrates skills of a competent clinician, for the setting in which the student is placed

5.1.2 Section 1: Professional Behavior Descriptions and Ratings

This section evaluates the student’s ability to demonstrate safe, professional behavior, as well as show a great amount of interest and initiative in all clinical experiences. It is divided into four (4) categories:

• Safety
• Professional Ethics
• Initiative
• Communication Skills
Professional Behavior Descriptions:

Safety (3 items)- Addresses whether the student is following all health and safety precautions required at your facility along with taking any other measures needed to maintain both the patient’s safety and their own safety.

Professional Ethics (7 items)- Addresses the student’s knowledge of, and compliance with, all rules, regulations, Standards of Ethical Conduct for the PTA, legal standards, and their professional appearance and conduct in the clinic, during all interactions, with patients and peers, and demonstrates sensitivity to individual differences.

Initiative (4 items)- Addresses the student’s ability to maximize all opportunities for learning during their clinical experience, utilize available resources for problem solving, seek out, accept, and implement constructive criticism, and develop teamwork and flexibility in the clinical setting.

Communication Skills (5 items)- Addresses the student’s ability to verbally communicate with patients, families, supervising PT, and other healthcare professionals, along with written skills in documentation, home programs, and other required paperwork, using precise and appropriate terminology, in a timely manner.

Professional Behavior Ratings:

The student is evaluated on Professional Behaviors (above) and the frequency of appropriate behavior:

- Never- 0% occurrence
- Rarely- <25% of occurrence
- Sometimes- 50% of occurrence (approx.)
- Most of the Time- >75% of occurrence
- Always- >95% of occurrence

5.1.3 Section 2: Patient Management Skills Descriptions and Ratings

This section evaluates the student’s ability to efficiently manage a patient with an effective outcome. It is divided into two (2) categories:

- Data Collection
- Interventions

Patient Management Skills Descriptions:

Data Collection (7 items)- Addresses student’s ability to obtain accurate history of patient’s current problem/s and incorporate past medical history, identify problems related to impairments, activity limitations, and participation restrictions, recognize contraindications and demonstrate appropriate psychomotor skills and appropriate decision making when performing tests and measures.

Interventions (9 items)- Addresses student’s ability to adhere to evidence during treatment selection, determine appropriate duration and frequency of interventions, apply effective treatment using appropriate psychomotor skills and patient/family education and make appropriate referrals to other members of the healthcare team (as appropriate), modify interventions according to patient’s response to treatment, assess progress using appropriate
measures, recognize when an expected outcome has been met and communicate with the PT, and recognize psychosocial influences on patient management.

**Patient Management Skills Ratings:**

**Well Below**- Student requires a great deal of *Guidance*, including instructions and verbal cueing to complete a task, for all patients.

**Below**- Student requires some *Supervision* and/or increased time to complete a task, for all patients; OR the student could continue to require *Guidance* for patients with a complex presentation, while only needing *Supervision* for patients with a familiar presentation.

**At That Level for Familiar Patients**- Student is at the level of a competent clinician *(Independent)* in managing patients ONLY with a familiar presentation; capable of carrying an appropriate caseload, for setting placed, and achieving effective outcomes with patients; students are below the level of a competent clinician for complex presentations and require *Supervision* to complete a task.

**At That Level for All Patients**- Student is *Independent* in managing patients with familiar AND complex presentations; capable of carrying an appropriate caseload, for setting placed and achieving effective outcomes with patients (student is at level of competent clinician for setting).

**Above**- Student is performing above the level of a competent clinician in the setting placed; clinical skills are highly effective and demonstrate the most current evidence in practice; can carry a higher-than-expected caseload; actively seeks out and develops independent learning opportunities.

### 5.1.4 PTA CIET Category and Item Threshold Ratings Requiring Remediation

The PTA CIET includes a total of 35 individual items that are assessed within the six (6) different categories (as described above). Students are expected to achieve the designated rating level for all items on the PTA CIET (100%), based on the CI’s evaluation and comments.

If a student does not achieve the stated benchmark rating for any category, the thresholds identified in the table below (“PTA CIET Category Benchmark Rating Thresholds”) have been developed, which represent achieving at least a 75% rating (rounding up), based on the number of items assessed in each category. The only exception is the Safety category, in which students are expected to meet the designated benchmark rating 100% of the time, for all clinical experiences.

Achieving less than 100% but at least 75% of expected benchmarks in any category will result in clinical remediation. Achieving less than 75% of expected benchmarks, in any category, could result in clinical remediation or failure of the Clinical Practicum course. Failure to achieve the expected benchmark rating in <29/35 total items will automatically result in failure of the Clinical Practicum course.

Refer to section 5.6 “Clinical Remediation” for additional information on the clinical remediation process.
PTA CIET Category Benchmark Rating Thresholds

<table>
<thead>
<tr>
<th>PTA CIET Category</th>
<th>Total # Items in Category</th>
<th>Benchmark Rating Expectation (%) per Category</th>
<th>Minimum # Items Needed to Achieve Benchmark Rating of at Least 75% Per Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>3</td>
<td>100%</td>
<td>N/A- must achieve 100% to pass</td>
</tr>
<tr>
<td>Professional Ethics</td>
<td>7</td>
<td>100%</td>
<td>6/7</td>
</tr>
<tr>
<td>Initiative</td>
<td>4</td>
<td>100%</td>
<td>3/4</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>5</td>
<td>100%</td>
<td>4/5</td>
</tr>
<tr>
<td>Data Collection</td>
<td>7</td>
<td>100%</td>
<td>6/7</td>
</tr>
<tr>
<td>Intervention</td>
<td>9</td>
<td>100%</td>
<td>7/9</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100%</td>
<td>27/35</td>
</tr>
</tbody>
</table>

For example, students completing their final, terminal clinical experience, PTA 245: Clinical Practicum IV, are expected to achieve a rating of “Always” for all items in the Professional Behavior categories and “At That Level for All Patients” for all items in the Patient Management categories.

**Scenario #1:** A student met these benchmarks for all items, then they would have achieved the expected benchmark rating of 100% in all categories.

**Scenario #2:** Another student struggled in a couple Patient Management categories and received a rating of “At That Level for Familiar Patients” for six of the seven (6/7) Data Collection items and eight of the nine (8/9) Intervention items, but met the benchmark ratings for all other items(categories). This student has met the required ratings for at least 75% in all categories, however they did not receive 100% in both Patient Management categories, so this student will require remediation appropriate to the areas that need improvement. Assuming the student successfully completes remediation, they would pass the clinical.

**Scenario #3:** A student met the expected benchmarks for all categories, except they were rated “At That Level for Familiar Patients” in five of the seven (5/7) Data Collection category items. This student received less than 75% of the expected benchmark in one category. This could result in the student failing their clinical.

5.2 PTA STUDENT EVALUATION OF CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

Students will complete an evaluation for each CI and site that he/she attends for a clinical experience. The assessment tool used is the APTA’s PTA Student Evaluation of Clinical Experience and Clinical Instruction (SEECI) form, which may be completed as a written/hard copy document or in electronic format in Exxat (PTASE1 and PTASE2).

5.3 CLINICAL EDUCATION PROGRAM AND CLINICAL INSTRUCTOR ASSESSMENTS

Various data is collected via online surveys. Approximately two (2) weeks after the completion of the clinical experience, each CI will receive a survey to complete regarding assessment of the PTA program/curriculum and DCE/Clinical Education Team. A separate survey is provided for the CI to complete a self-assessment of their performance as a clinical faculty member. Data obtained is reviewed and tracked with the Clinical Education Team and shared with the Program Director and academic faculty, as needed.
5.4 PROFESSIONALISM ASSESSMENT AND GRADING

As with all PTA didactic courses, the Course Coordinator of the respective clinical course, will assess and grade each student on professionalism, according to the *Professionalism Assessment and Grading* policy in the PTA Program Handbook. The definitions and rating scale categories were derived from the *Professional Behaviors for the 21st Century* (Marquette University, n.d.) and are intended to be consistent with the logic and curricular progression of students' clinical performance, using the PTA CIET. The Course Coordinator may also consider ratings and comments provided by the student and CI, from the PTA CIET and any other pertinent documentation and/or interaction. The process of monitoring and facilitating the development of professionalism skills through the curriculum serves as a model for professional growth after graduation.

5.4.1 Clinical Practicum Professionalism Expectations and Definitions

The quality of professional behavior expected of PTA students is exemplified by the 10 physical-therapy-specific behaviors defined in the *Professional Behaviors for the 21st Century*, identified below. The Clarkson College *Professionalism Assessment and Grading* policy describes adapted definitions using four (4) ratings of demonstrated behavioral criteria: *Beginning, Intermediate, Entry Level, and Competent Clinician* (refer to the PTA Program Handbook for specific examples within each rating for all professional behaviors).

**Professional Behaviors for the 21st Century:**

1. Critical Thinking
2. Communication
3. Problem Solving
4. Interpersonal Skills
5. Responsibility
6. Professionalism
7. Use of Constructive Feedback
8. Effective Use of Time and Resources
9. Stress Management
10. Commitment to Learning

**Professional Behaviors Rating Scale:**

**Beginning Level:** Behaviors consistent with a learner in the beginning of the professional phase of physical therapy education and before the first significant clinical experience

**Intermediate Level:** Behaviors consistent with a learner after the first significant clinical experience

**Entry Level:** Behaviors consistent with a learner who has completed all didactic work and is capable of treating familiar and complex patient types with consultation as needed from course instructors, clinical instructors, co-workers, and other health care professionals

**Competent Clinician Level:** Behaviors consistent with a learner at the end of a terminal clinical experience which is consistent with a competent clinician who can skillfully manage patients, in an efficient manner, and achieve effective outcomes

Minimum level for a passing professionalism grade includes behavior and/or demonstration of a skill at, or above, the indicated rating scale categories (refer to "Professionalism Grading"
5.5 SUMMARY OF MINIMUM RATING PERFORMANCE EXPECTATIONS FOR ALL CLINICAL PRACTICUMS

<table>
<thead>
<tr>
<th></th>
<th>PTA 125: CP I</th>
<th>PTA 220: CP II</th>
<th>PTA 240: CP III</th>
<th>PTA 245: CP IV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional Behaviors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>Most of the Time</td>
<td>Most of the Time</td>
<td>Always</td>
<td>Always</td>
</tr>
<tr>
<td>Professional Ethics</td>
<td>Most of the Time</td>
<td>Most of the Time</td>
<td>Always</td>
<td>Always</td>
</tr>
<tr>
<td>Initiation</td>
<td>Most of the Time</td>
<td>Most of the Time</td>
<td>Always</td>
<td>Always</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Sometimes</td>
<td>Most of the Time</td>
<td>Most of the Time</td>
<td>Always</td>
</tr>
<tr>
<td><strong>Patient Management Skills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection</td>
<td>Well Below</td>
<td>Below</td>
<td>At that Level for <strong>Familiar</strong> Patients</td>
<td>At that Level for <strong>All</strong> Patients</td>
</tr>
<tr>
<td>Interventions</td>
<td>Well Below</td>
<td>Below</td>
<td>At that Level for <strong>Familiar</strong> Patients</td>
<td>At that Level for <strong>All</strong> Patients</td>
</tr>
</tbody>
</table>

Global Rating of Student Clinical Performance (on PTA CIET, by last day of clinical experience)

| Global Rating Scale Assessment (0-10) | 0-3/10 | 4-5/10 | 6-7/10 | 8-9/10 |

PTA Clinical Skills Checklist (must be reviewed and signed by CI)

**PTA Clinical Skills Checklist: Data Collection and Interventions**
Document competency level for each category listed (substantiate with observable and measurable comments): Observed (O), Needs additional practice (N), Competent (C), or Not Applicable (N/A)

<table>
<thead>
<tr>
<th>Clarkson College Professionalism Expectation (assessed by academic faculty)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism Grading</td>
<td>Beginning</td>
</tr>
</tbody>
</table>

5.6 CLINICAL REMEDIATION
Students who fail to meet the professionalism and/or academic or clinical practicum expectations by the end of a clinical experience, are not progressing as expected, or demonstrates unsafe behaviors will require remediation. The Course Coordinator will consult with the student, CI, and DCE to develop a remediation plan, which may include, but is not limited to, any of the following actions (also refer to the "Academic Remediation and Education Contracts" section in the PTA Program Handbook):

- Review of material/skills with faculty
- Education on utilizing the PTA CIET and understanding the operational definitions, rating scales, and program expectations
- Research and reflection on a specific topic
- Simulation Lab experience/s
• Additional clinical time (the DCE will communicate with the SCCE to approve extended clinical time on-site)
• A delay in progression in the program as needed to obtain remediation
• Success Center services (e.g., counseling, success sessions, Writing Lab, tutors, etc.)
• Other outside resources or assignments
• Any combination of the above options or other remediation deemed appropriate

Failure to complete a Clinical Practicum course and/or successfully complete clinical remediation will result in a formal review by the DCE, Program Director, and any other appropriate academic faculty which could also result in an “Incomplete” course grade and/or failure of the Clinical Practicum course. Refer to the PTA Program Handbook for additional information on the PTA Program progression policy and academic remediation process.

For questions/concerns regarding any of these aspects of clinical education, please contact the Site Coordinator of Clinical Education (SCCE) and the Course Coordinator and/or Director of Education (DCE) immediately.

5.7 EXPECTATIONS AND GRADING OF THE CLINICAL EDUCATION EXPERIENCE AND COURSE

5.7.1 Student Clinical Performance Assessment Expectations
Clinical Practicum courses are graded as Pass/Fail. In order for a student to pass the clinical experience, they must achieve each of the following criteria:

1. Attend and participate in the designated clinical prep meeting, debriefing meeting, and clinical course presentation (or alternate activity approved by the Course Coordinator and DCE)
2. Achieve the minimum clinical performance and professionalism ratings (refer to Section 5.5)
3. Complete the PTA Clinical Skills Checklist and obtain CI signature (students are expected to achieve competency in all skills by the end of the last clinical experience)
4. Achieve at least the minimum number of expected clinical hours for a full-time clinical education experience
5. Complete a case study presentation, in-service presentation, and/or capstone presentation (as outlined in the designated course syllabus)
6. Complete/submit all assignments (including successful completion of the student’s PTA CIET)
7. Achieve at least 75% of total points for course

The grading policy for all four (4) clinical education experiences is based upon the student’s performance in the clinical setting and the education objectives, as set by the DCE and Clinical Education Team at the Clarkson College PTA Program. The final grade will be assigned by the Course Coordinator.
References

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Clarkson College. (2020). *Associate of science degree in PTA admission information packet & forms.*
file:///C:/Users/AbboudKaren/AppData/Local/Microsoft/Windows/INetCache/IE/7BE53VGL/PTAPacketandQuestions.pdf.

Clarkson College website. Physical Therapist Assistant. https://www.clarksoncollege.edu/physical-


Appendices
APPENDIX A - ACKNOWLEDGEMENT OF READING AND RECEIPT OF CLINICAL EDUCATION HANDBOOK

Acknowledgement of Reading and Receipt of Clinical Education Handbook

I acknowledge that I have received and read the most current PTA Program Clinical Education Handbook, know where it can be found, and understand the specific College and PTA program policies, including the specific sections below:

Terminology/Titles Used in Clinical Education __________ Initial here
Achieved Academic Competencies __________ Initial here
Clinical Practicum/Experience Objectives __________ Initial here
Clinical Course Assignments and Grading __________ Initial here

Student Rights and Responsibilities in Clinical Education, including:

Professional Conduct Expectations __________ Initial here
Attendance/Absences __________ Initial here
Situations that Require Student Action __________ Initial here

Site and Clinical Education Faculty Rights and Responsibilities in Clinical Education, including:

Weekend or Holiday Assignment __________ Initial here
Communication during the Clinical Education Experience __________ Initial here

Evaluation of the Clinical Education Experiences, including:

Introduction to the Clinical Internship Evaluation Tool (CIET) __________ Initial here
Professionalism Assessment and Grading __________ Initial here
Summary of Minimum Rating Performance Expectations __________ Initial here
Clinical Remediation __________ Initial here

__________________________________________ Date

Student Printed Name

__________________________________________

Student Signature
APPENDIX B – PHOTO CONSENT & RELEASE FORM

Photo Consent & Release Form

Project: ___________________________________________ Date: __________________
Photographer/Videographer: ___________________________
Subject Name: _______________________________________

Consent to:

__________ Interview
__________ Photograph
__________ Videotape
__________ Other: __________________________

In the interest of education and the advancement of the health sciences, I, the undersigned, voluntarily authorize Clarkson College’s employee/student to take photograph/video/interview for the purpose of a course project/presentation.

I understand the material will NOT be reproduced or released outside of the college: for newspaper/magazine articles, television advertisement, or marketing purposes, in whole or part, in connection with Clarkson College public awareness programs.

I understand the use of any images and personal information will be utilized in compliance with HIPAA (Health Insurance Portability and Accountability Act) regulations, which protect patient private information. PHI (Protected Health Information) includes personal identifiers such as name, date of birth, medical record#, and any other private information.

I grant this authorization and give my consent as a voluntary contribution. I release Clarkson College and its employees/students to use such materials as outlined above.

Name (please print):
_____________________________________________________

Address: ___________________________ City:_________ State:_____ Zip:_____
SIGNATURE:_____________________________ Date:_____________________

Sign for Minor (under age 19):

Name of Guardian (please print):
_____________________________________________________

Address: ___________________________ City:_________ State:_____ Zip:_____
SIGNATURE:_____________________________ Date:_____________________
APPENDIX C - RESOURCES FOR MANAGING THE EXCEPTIONAL OR CHALLENGED STUDENT

Resources for Managing the Exceptional or Challenged Student

When a Clinical Instructor suspects either an exceptional or a challenged student, it is beneficial to objectify the situation and break down the process into distinct sections: Identification, Description, Classification, and Remediation. Once these sections have been identified, each can be defined, and feedback should be given to the student on his/her behavior. Without this feedback and open dialogue, it is unlikely the behavior will change.

1. **Identification** is the first vital step in the process; the purpose of this step is to objectively state the concern either for a student performing above or below expectations.

2. **Description** flows directly from the identification of the concern; the purpose of this step is to organize assumptions with objective detail. This can be done in a narrative but using specific examples of behavior. The objectivity is important to alleviate personal feelings and the perception that the CI is placing blame, or 'picking', on the student, as an individual. The description should be fact-based.

3. **Classification**, the third step in the process, involves designation of the type of concern being observed; more than 50% of issues/concerns on clinical experiences are non-cognitive in nature. The categories are:
   a. Inadequate knowledge (cognitive)
   b. Insufficient performance of technical skills (psychomotor)
   c. Deficits in professional behavior (affective/interpersonal)

4. **Remediation** is the final portion in the loop where a formal plan is laid out for the student to complete, to emphasize work in an area of concern, or progressively challenge a student identified as “exceptional”. Like patient POC goals, these statements of what the student will perform should incorporate use of Blooms taxonomy, and progress through the performance domains as they master a skill.

It is encouraged that, when appropriate, CI's use evaluation tools or template forms to offer feedback and document. This can create a portfolio of examples to assist in final clinical performance evaluation.

**Tips:**
- Keep open communication and coordination with, not only the student, but the SCCE, Course Coordinator, and DCE of the academic program
- Keep in mind, a student may excel in one area (e.g., cognitive) yet display a deficit in another (e.g., psychomotor)
- Focus on the behavior and skills, and not the individual
- Consider the student’s previous clinical experience and level of academic preparation
- Utilize additional resources, such as the “Clinical Remediation- Weekly Planning Form” and/or “Clinical Remediation- Planning Flow Chart”, for options on how to address and document the process
Clinical Remediation - Weekly Planning Form

Student Name: ___________________________________ Date: ________________

Clinical Instructor Name: __________________________

Skill or Behavior to Address:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Summary of Previous Week (progress, feedback, etc.):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Goals for this Week:
1. ____________________________________________________________________________ Met Continued
2. ____________________________________________________________________________ Met Continued
3. ____________________________________________________________________________ Met Continued
4. ____________________________________________________________________________ Met Continued

Student Signature: ____________________________ Date: ________________
CI Signature: _________________________________ Date: ________________
# APPENDIX E - CLINICAL REMEDIATION- PLANNING FLOW CHART

## Clinical Remediation - Planning Flow Chart

**Student Name:** ________________________________  **Date:** ________________

**Clinical Instructor Name:** ________________________________

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Remediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Behavior/Skill to Address (Identify/Describe)</td>
<td>Classification (Knowledge, Skill, or Professionalism)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Form Adapted from APTA Clinical Instructor Education and Credentialing Program Section VI 22

**Student Signature:** ________________________________  **Date:** ________________

**CI Signature:** ________________________________  **Date:** ________________
Mission

Preparing students to professionally provide high quality, ethical and compassionate health care services.

Values

Learning

The lifelong process of education through both structured and unstructured experiences.

Caring

An empowering relationship through an attitude of empathy, compassion and respect for those with whom we interact, serve and lead.

Commitment

Dedication and accountability to the shared mission of Clarkson College.

Integrity

Adherence to moral and ethical standards in personal, professional and organizational actions.

Excellence

A level of performance in which all individuals strive for extraordinary quality.