



# Clinical Education Manual

Sellersburg Campus  
2024-2025

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## Introduction

This clinical education handbook provides policies and guidelines for the clinical education curriculum as part of the Physical Therapist Assistant program at Ivy Tech Community College in Sellersburg, Indiana. Site Coordinators of Clinical Education (SCCE), Clinical Instructors (CI), and students are encouraged to review and reference this document for any clinical education related questions or concerns.

Students are subject to the rules, policies, and expectations documented in this clinical education handbook, in addition to college policy, and the PTA Program Student Handbook.

This handbook is reviewed annually by the program's Director of Clinical Education (DCE) for compliance and consistency with college and programmatic policy and posted on the PTA Program website and in the student Learning Management System (LMS). Policies presented in this handbook are subject to change at any time. Students will be notified of policy changes through the Ivy Tech email system. Current copies of the clinical education handbook will be posted in Ivy Learn and on the Ivy Tech Sellersburg PTA Program website.

Questions about the clinical education handbook or the clinical education curriculum should be directed to the Director of Clinical Education at Ivy Tech Community College Sellersburg.

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## Accreditation, Degree, Licensure

Ivy Tech Community College, Sellersburg, Indiana, is accredited by the North Central Association of Colleges and Schools. The Associate of Science (AS) degree in Physical Therapist Assistant is awarded upon successful completion of the required 25 general education credits and 44.5 technical course credits.

For graduates to sit for any state certification or licensure examinations, the PTA Program must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

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

To contact the program or institution directly, contact Emily Smith, PT, DPT, PTA Program Chair at 812-246-3301 ext. 4290 or [esmith782@ivytech.edu](mailto:esmith782@ivytech.edu).

## Diversity Statement

Ivy Tech Community College is committed to a diverse and inclusive educational environment that extends beyond tolerance to respect and affirms human difference. Therefore, diversity, as defined by Ivy Tech, includes, but is not limited to, differences in race, ethnicity, religious beliefs, regional and national origin, color, gender, sexual orientation, socioeconomic status, age, disability, and political affiliation. By encouraging free and open discourse, providing educational opportunities within and outside its classrooms, and intentionally recruiting and retaining a diverse assembly of students, faculty and staff, the college endeavors to graduate culturally literate individuals who will make positive contributions to a local, national, and global society.

## Non-Discrimination and Equal Opportunity Statement

Ivy Tech Community College provides open admission, degree credit programs, courses and community service offerings, and student support services for all protected classes – race, religion, color, sex, ethnicity, national origin, physical and mental disability, age, marital status, sexual orientation, gender identity, gender expression, veteran or military status. The College also provides opportunities to students on the same non-discriminatory opportunity basis. Persons who believe they may have been discriminated against should contact the campus affirmative action officer, Human Resources Administrator, or Vice Chancellor for Student Affairs. Ivy Tech Community College of Indiana is an accredited, equal opportunity/ affirmative action institution.

For more information review the Student Equal Opportunity, Harassment, and Non-discrimination Policy and Procedures at [https://docs.google.com/document/d/1\\_tEgc3NcKFTkromsQBpvOHFzzWZiJgRHhrU1nwsAR4g/preview](https://docs.google.com/document/d/1_tEgc3NcKFTkromsQBpvOHFzzWZiJgRHhrU1nwsAR4g/preview).

## Title IX

Ivy Tech Community College is committed to providing all members of the College community with a learning and work environment free from sexual harassment and assault. Ivy Tech students have options for getting help if they have experienced sexual assault, relationship violence, sexual harassment, or stalking. This information can be found at <https://www.ivytech.edu/prevent-sexual-violence/index.html>.

If students write or speak about having survived sexual violence, including rape, sexual assault, dating violence, domestic violence, or stalking, federal law and Ivy Tech policies require that instructors share this information with the Campus Title IX Coordinator. The Campus Title IX Coordinator will contact students to let them know about accommodations and support services at the College and in the community as well as options for holding accountable the person who harmed them. When contacted, students are not required to speak with the Campus Title IX Coordinator.

If students do not want the Title IX Coordinator notified, instead of disclosing this information to their instructor, students can speak confidentially with certain individuals at the College or in the community. A list of these individuals can be found at <https://www.ivytech.edu/prevent-sexual-violence/index.html> under Confidential Employees and/or Community Resources.

Clinical Instructors and students are encouraged to report any instances of sexual harassment or assault that occur during the clinical education experience to the Director of Clinical Education.

## Disability Statement

Ivy Tech is committed to full compliance with the Americans with Disabilities Act of 1990 (ADA), as amended, and Section 504 of the Rehabilitation Act of 1973, which prohibit discrimination against qualified persons with disabilities, as well as other federal and state laws and regulations pertaining to individuals with disabilities.

Ivy Tech is committed to providing qualified students with disabilities with reasonable accommodations and support needed to ensure equal access to the academic programs, facilities, and activities of the College. All accommodations are made on an individualized basis. A student requesting any accommodation should first contact the campus Disability Support Services Office, which coordinates services for students with disabilities. The Disability Support Services Office reviews documentation provided by the student and, in consultation with the student, determines which accommodations are appropriate for the student's particular needs and academic program(s).

## FERPA

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. Student information and academic records must remain confidential. SCCEs and CIs must maintain confidentiality of student information and may not share student information with other parties without the student's written permission.

The DCE will only provide confidential student information with written permission from the student. Any information provided from the college to the clinical education site regarding student demographic information, immunization status, background checks, or drug screening status is considered confidential. Access to this information should be restricted to the SCCE and the CI.

### Complaints Outside of College Due Process

The PTA Program will follow the Ivy Tech Student Grievance Policy as outlined in the Student Code of Rights and Responsibilities for student concerns. Complaints or concerns may be communicated from outside parties who are not normally covered under the college grievance policy or normal channels of due process. Such outside parties may include, but are not limited to, clinical affiliates, employers, former graduates, and the general public. For complaints outside normal due process, the complainant must submit the concern to the PTA Program Chair in writing within 30 days of the event. The Program Chair will be responsible for investigating the concern, including gathering necessary information from involved parties. Upon completion of the investigation, the Program Chair will communicate the results to the complainant and implement appropriate actions, if any, which occur as a result of the investigation. The PTA Program shall not intimidate or take retaliatory action against any complainant or a relative of such a person who makes a complaint report in good faith and without malice. Confidentiality of involved parties will be maintained at all times per Federal law, Ivy Tech, and PTA Program policy. The program chair will maintain records of the complaint, investigation, and resulting actions for a minimum of 3 years following the written submission of the original complaint.

# **Physical Therapist Assistant Professional Education Program**

## Program Description

The Associate of Science in Physical Therapist Assistant may be used as an entry point into a career in rehabilitation, or to provide supplemental skills and additional authority to treat patients and to make treatment decisions for individuals who already have a background in medical treatment and/or rehabilitation.

The curriculum is designed with the classroom, laboratory, and clinical experience for graduates to gain the knowledge and skills necessary to provide physical therapy services in the role of a Licensed Physical Therapist Assistant. The technical core of the curriculum is designed to allow graduates to become clinical problem solvers, rather than exclusively treatment providers.

## Program Outcomes

Upon completion of the Physical Therapist Assistant program, the student will:

1. Demonstrate critical and creative thinking.
2. Recognize and understand cultural and individual differences, in terms of both contemporary and historical perspectives.
3. Recognize and understand social, political, civic, and environmental responsibilities relative to our society.
4. Communicate effectively in written, oral, and symbolic forms.
5. Apply ethical reasoning.
6. Practice confidentiality, perform within ethical and legal boundaries, practice within the scope of education, and exercise efficient time management in patient care.
7. Integrate knowledge of clinical theory by utilizing infection control, assisting the physical therapist, and performing delegated procedures.
8. Apply a comprehensive treatment plan developed by a physical therapist.
9. Integrate and participate in timely communication, systematic healthcare delivery, and application of knowledge and skills through patient care and education.
10. Practice appropriate assessment and measurement techniques to assist the supervising physical therapist in monitoring and modifying the plan of care within the knowledge and limits of practice.
11. Demonstrate interaction with patients and families in a manner that provides the desired psychosocial support including the recognition of cultural and socioeconomic differences.
12. Design appropriate documentation for relevant aspects of patient treatment.
13. Apply the principles of the physical therapy profession to personal and professional growth.

## Program Mission

The Physical Therapist Assistant Program at Ivy Tech Community College, Sellersburg, is an affordable program to prepare students (regardless of race, gender, religion, national origin, sexual orientation, marital status, age, physical or mental disability, or veteran status), who have the necessary talent and inclination, in an Associate degree curriculum leading to a successful career as a Physical Therapist Assistant. The program seeks to develop dedicated, honest individuals who value excellence, diversity, compassion, human interaction, love of learning and stewardship, and who will serve the larger community of South-Central Indiana through provision of rehab services.

## Program Vision

Graduates of the Ivy Tech Physical Therapist Assistant Program will provide the highest level of therapy services to the community and be the employees of choice of healthcare providers.

## Program Philosophy

The program philosophy of curriculum development includes a commitment to coordinated, sequential learning; delineation of the roles and responsibilities of the physical therapist, physical therapist assistant, and the physical therapy aide; an understanding of the changing nature of the profession and health care in general; and an opportunity for exploration of areas of student interest. Additionally, the program philosophy incorporates a commitment to academic and clinical faculty development, with the purpose of enhancing effectiveness of instruction, refining leadership, teaching effectiveness, and interpersonal skills so that the students are prepared to take their place as para-professionals in the field of physical therapy. Finally, in accordance with the mission and values of Ivy Tech Community College and the Physical Therapist Assistant Program, the program, students, and faculty promote a culture of diversity, equity, inclusion, justice, and belonging.

## Program Goals

The program goal, an extension of the College mission, is to provide students with a quality education, which enables them to be competent physical therapist assistants throughout their careers. The goals are as follows:

1. Graduate competent students into the community who have adopted professional behaviors representative of a physical therapist assistant.
2. Assist students in employment placement before and following graduation.
3. Maintain licensure exam results of graduates equal to or exceeding the national standards.
4. Provide academic and clinical settings, which stimulate student learning.
5. Update, review, or modify curriculum as identified by students, faculty, College administrators, community, and PT/PTA professionals.
6. Maintain state of the art equipment and laboratory facilities.
7. Exemplify and demonstrate the importance of professional membership in the APTA.
8. Ensure that equal educational opportunities are available for all students regardless of race, color, creed, national origin, sexual orientation, age, disability, or marital status.

9. Organize and maintain an advisory committee, which consists of persons who are actively engaged in, or support the practice of physical therapy.
10. Maintain equal or greater than the APTA required two-year average 85% ultimate passage rate on the National PTA Examination.

## Academic Faculty

The academic faculty of the Ivy Tech Physical Therapist Assistant Program believe that the role of the teacher is to be a guide and facilitator of learning and, as such, encourage students to assume responsibility for their own learning. The faculty members are dedicated to assisting each student to attain maximum potential by offering the student several options for learning in a structured program. The instructor assists the students to perceive the interconnections between facts, concepts, and principles presented in theory and their clinical application. Meaningful relationships, which are discovered, assist the learner to maximize skills and knowledge in clinical problem solving in the rehabilitation setting. The faculty strive to enhance the student's participation in a cooperative relationship, development of critical thinking, which incorporates use of judgment, and communication techniques.

We believe that learning experiences that consider the student's learning needs and capabilities should be selected and directed by the faculty in cooperation with the student. The student should be assisted to pursue established clinical and theory objectives by utilizing a variety of learning methods suited to their individual learning needs. The faculty, with student participation, evaluate learning based upon prescribed standards of expected behaviors.

In accordance with the mission and values of Ivy Tech Community College and the PTA Program, the faculty promote a culture of diversity, equity, inclusion, justice, and belonging.

### **PTA Program Chair**

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### **Director of Clinical Education**

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## Curriculum for Physical Therapist Assistant Associate of Science<sup>+</sup>

<b>GENERAL EDUCATION CORE (25 CREDITS)</b>		
General education courses must be successfully completed prior to the final programmatic spring semester when students will be participating in full-time clinical education experiences.		
Pre-Requisite courses are indicated with *. These courses are required for application to the PTA Program and must be successfully completed by the end of the Spring term prior to admission to be considered for application.		
Course	Course Description	Credit Hours
APHY 101	Anatomy and Physiology I*	3
APHY 102	Anatomy and Physiology II*	3
COMM 101 Or COMM 102	Fundamentals of Public Speaking Or Intro to Interpersonal Communications	3
ENGL 111	English Composition*	3
MATH 136	College Algebra	3
PSYC 101	Introduction to Psychology	3
SCIN 111	Physical Science*	3
SOCI 111	Introduction to Sociology	3
IVYT 101	First Year Seminar	1

<b>TECHNICAL CORE (44.5 Credits)</b>		
*Indicates Pre-requisite course		
Course	Course Description	Credit Hours
PTAS 101	Introduction to the Physical Therapist Assistant*	3
First Fall Semester		
PTAS 106	Treatment Modalities I (Physical Agents and Modalities)	5
PTAS 107	Kinesiology	5
First Spring Semester		
PTAS 102	Diseases, Trauma and Terminology (Patho)	3
PTAS 103	Administrative Aspects of the PTA	3
PTAS 201	Treatment Modalities II (Ortho)	3
PTAS 115	Clinical I	2.5
Second Fall Semester		
PTAS 202	Treatment Interventions for Special Populations	2
PTAS 217	Treatment Modalities III (Neuro)	5
Second Spring Semester		
PTAS 205	Clinical II	6
PTAS 215	Clinical III	6
PTAS 224	Current Issues and Review	1

**+TOTAL DEGREE = 69.5 CREDITS (General Education Core + Technical Core)**

+The College and PTA Program reserve the right to revise these requirements at any time.

# PTA Program Course Descriptions

## **PTAS 101 Introduction to the Physical Therapist Assistant**

This course is an introduction to the field of physical therapy. Introduces fundamentals of patient care including vital sign assessment, body mechanics and lifting techniques, patient transfers, gait training, stair training, passive range of motion, positioning, draping, and basic wheelchair skills.

## **PTAS 102 Disease, Trauma, and Terminology**

Explores diseases and trauma which necessitate physical therapy for the client. Medical terminology, anatomy, physiology, psychology, disabilities, and physics related to these conditions are discussed along with instrumentation, implants, and fixation devices. Provides students with the opportunity to explore their own reactions to illness and disability and to discuss how to recognize patients' and families' reactions to illness and disability.

## **PTAS 103 Administrative Aspects of the PTA**

Addresses the legal and ethical aspects of patient care along with charting, documentation, report writing, patient history procurement, record keeping, charges, insurance information including diagnostic and procedure coding, third party reimbursement, Medicare, Medicaid, electronic claims, and patient rights. Discusses current issues in health care provision. Explores patient, family, and professional communication techniques, body language and electronic communication as well as techniques in patient teaching. Includes performing within the limitations of scope of skills, basic principles of levels of authority and responsibility, planning, time management, supervisory process, performance evaluations, policies, and procedures.

## **PTAS 106 Treatment Modalities I (Physical Agents and Modalities)**

Continues concentration on the fundamentals of patient care including universal precautions, assessment of vital signs, body mechanics and patient positioning. Includes lectures, demonstrations, and simulated patient problems in the laboratory portion of the course. Studies new techniques in depth, such as gait training, gait device selection, goniometry range of motion exercises and measuring. Introduces various modalities including hydrotherapy, thermotherapy, massage, traction, and intermittent compression techniques. Safety factors are emphasized in both the lectures and the laboratories. The laboratory provides the setting for the practice and implementation of theories and techniques of PTAS 106. Students practice assessments and treatment methods on themselves and one another under the guidance and supervision of the laboratory instructor.

## **PTAS 107 Kinesiology**

Introduces the physical therapist assistant student to the science of kinesiology. Studies human movement and brings together the fields of anatomy, physiology, physics, and geometry. Prerequisite knowledge of skeletal and muscular anatomy and physiology is necessary. Class consists of equal parts of lectures, demonstration, and student participation in locating, observing, and palpating various bony prominences and musculatures. Much of kinesiology requires independent study to memorize origin, insertion, action, and innervation of all muscles. The knowledge gained in this course is an integral part of the students' background preparation for the practice of physical therapy.

## **PTAS 115 Clinical I**

3-week integrated full time clinical education experience in which the student is expected to achieve Advanced Beginner Performance on the PTA CPI 3.0.

### **PTAS 201 Treatment Modalities II (Ortho)**

Reviews joint structure, muscle origins, insertions, innervations, actions and physiology. Covers normal and abnormal gait, joint replacement, and postural correcting exercise along with treatment principles and therapeutic exercises for the neck, back, and peripheral joints. Discusses general exercise principles and progression of the orthopedic patient through an exercise program. Addresses appropriate applications of principles of physics and kinesiology.

### **PTAS 202 Treatment Interventions for Special Populations**

Reviews musculoskeletal, integumentary, and vascular systems and diseases and disorders including anatomy, physiology, data collection strategies, and treatment implementation. Covers normal and abnormal gait with review of orthotic recommendation, fit, and training and prostheses recommendation, fit, and training following vascular and/or traumatic amputation. Reviews the application of therapeutic exercise for special populations related to vascular and integumentary system disorders. Discusses general exercise principles and progression for special populations.

### **PTAS 205 Clinical II**

7-week clinical education experience in which the student practices under the supervision of a licensed PT or PTA with at least one year of clinical experience. The student is expected to achieve Advanced Intermediate Performance on the PTA CPI 3.0 by the conclusion of this experience.

### **PTAS 215 Clinical III**

7-week clinical education experience in which the student practices under the supervision of a licensed PTA or PTA with at least one year of clinical experience. The student is expected to achieve Entry Level Performance on the PTA CPI 3.0 by the conclusion of this experience.

### **PTAS 217 Treatment Modalities III (Neuro)**

Provides an in-depth approach to therapeutic exercise as performed by the physical therapy assistant. Covers basic anatomy and physiology of the central and peripheral nervous systems and activities of daily living. Includes exercise physiology and neurophysiology and advanced principles and procedures of therapeutic exercise appropriate for cardiopulmonary, cardiovascular, orthopedic and neurologic conditions, stroke, spinal cord and peripheral nerve injuries. Discusses prevention measures, specialized techniques and the utilization of specialized therapeutic equipment and correlates them to exercise applications. Addresses appropriate applications of kinesiology and principles of physics. Provides practice and implementation of theories and techniques of PTAS 106 - Treatment Modalities I and PTAS 202 - Treatment Interventions for Special Populations in the lab setting.

### **PTAS 224 Current Issues and Review (Capstone)**

Teaches the sources of physical therapy research and discusses the recognition of the roles and responsibilities of physical therapy assisting. Requires completion and presentation of an independent project. Includes a comprehensive review of the course to prepare the student for licensure exam.

# Clinical Education Curriculum

Entry-level physical therapist assistant programs are designed to prepare students for entry-level practice as a PTA. In the classroom, students learn normal function and pathological conditions to understand the rationale for the therapeutic process of treatment procedures. The practice of these therapeutic processes builds skill. However, a creative approach is essential as every patient's problem is somewhat unique. Much of the establishment of skill in therapeutic processes and the opportunity for creativity occurs in the clinical setting. Clinical education experiences are designed to provide students with the opportunity to apply learned knowledge, skills, attitudes, and professional behaviors in a clinical setting. This allows students to think, feel, and act as a Physical Therapist Assistant.

Ivy Tech PTA students complete three (3) full-time clinical education experiences. Clinical I (PTAS 115) is a three-week long full-time integrated clinical education experience situated at the end of the second technical semester. Clinical II (PTAS 205) and Clinical III (PTAS 215) are both seven-week long terminal full-time clinical education experiences situated at the beginning of the fourth technical semester.

Students are expected to complete one experience in an inpatient setting, one in an outpatient setting, and one in a setting of interest. Students are provided a variety of settings for clinical education experiences including acute care hospitals, acute inpatient rehabilitation hospitals, long term care facilities, skilled nursing facilities, and outpatient clinics. Areas of interest that can be explored through clinical education experiences include pediatrics, geriatrics, neurology, sports medicine, aquatic therapy, and women's health.

## Clinical I (PTAS 115) – First Year PTA Students

Clinical I is the students' first full-time clinical education experience. Before starting this clinical education experience, students have completed courses in anatomy, kinesiology, disease and trauma, medical terminology, physical agents and modalities, basic patient care, treatment of patients with orthopedic diagnoses, and aspects of administration. Students are best served with an experience that provides the opportunity to perform the skills and treatments listed below. To successfully complete this clinical education experience, the student must demonstrate Advanced Beginner performance on all items on the PTA Clinical Performance Instrument 3.0.

- Manual Muscle Testing
- Ethical & Legal practice
- Communication
- Disease & Disability Awareness
- Understanding PT/PTA Relationship
- Goniometry
- Vital Sign Assessment
- Transfer Training
- Positioning & Draping
- Gait Training with Assistive Devices
- Modality Application
- Safety
- Documentation
- ROM
- Beginning Orthopedic Exercise Development

## Clinical II (PTAS 205) and Clinical III (PTAS 215) – Second Year PTA Students

These consecutive full-time terminal clinical education experiences consist of supervised clinical work in preparation for entry-level practice in any therapy setting. Before starting this clinical education experience, students have completed the program's didactic curriculum. In addition to the pre-requisite courses for Clinical I, students have taken courses addressing special populations, neurological conditions, cardiovascular conditions, pediatrics, orthotics/prosthetics, and wound care. Students are expected to achieve Advanced Intermediate performance (Clinical II) or Entry Level performance (Clinical III) on the PTA Clinical Performance Instrument 3.0 by completion of the experience.

# Collegewide Course Outline of Record

## PTAS 115 (Clinical I)

COURSE TITLE: Clinical I

COURSE NUMBER: PTAS 115

PREREQUISITES: PTAS 102 Diseases, Trauma and Terminology, PTAS 103 Administrative Aspects of the Physical Therapist Assistant, PTAS 106 Treatment Modalities I, PTAS 201 Treatment Modalities II, OR Program Chair Approval

SCHOOL: Health Sciences

PROGRAM: Physical Therapist Assistant

CREDIT HOURS: 2.5

CONTACT HOURS: Clinical: 7.5

DATE OF LAST REVISION: Fall, 2018

EFFECTIVE DATE OF THIS REVISION: Fall, 2019

CATALOG DESCRIPTION: Requires the student to perform in a clinical environment with patients, using applications of theory and techniques of PTAS 106, under the guidance of a registered physical therapist.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Communication 7D7
  - Cooperate in communication with instructor(s) for learning in a clinical setting
  - Recognize constructive feedback in communication
  - Identify medical professionals in rehabilitation and appropriate types of communication
  - Recognize the need for medical and layman's terminology with appropriate individuals
  - Recognize conflicts and observe protocols for resolution
  - Realize influences of nonverbal communication in patient care
2. Individual and Cultural Differences 7D8
  - Recognize nonverbal communication in various cultures for effective patient care
  - Discuss cultural influences on plan of care development by the Physical Therapist
3. Behavior and Conduct 7D4, 7D5
  - Comply with clinical setting professional appearance and demeanor standards
  - Devote oneself to punctual and consistent attendance
4. Plan of Care – Understanding [toward goals and intended goals] 7D9, 7D17
  - Discuss relevant anatomy and physiology of encountered pathophysiologies in a clinical setting
  - Explain characteristics of encountered pathophysiologies in a clinical setting
  - Restate intended goals and intervention strategies in the physical therapy plan of care

5. Plan of Care - Implementation under the direction and supervision of a Physical Therapist 7D23+
  - Imitate psychomotor skills acquired in didactic and clinical training in the areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor\*
    - Functional training 7D23d
    - Infection control procedures 7D23i
    - Manual therapy techniques 7D23e
    - Physical agents and mechanical agents 7D23c
    - Therapeutic exercise 7D23h
    - Wound management 7D23i
6. Competency in Data Collection under the direction and supervision of a Physical Therapist 7D18, 7D24+
  - Imitate psychomotor skills acquired in didactic and clinical training in areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor\*
    - Assistive, adaptive, orthotic, protective, supportive, and prosthetic
    - Gait, locomotion, balance 7D24e
    - Joint integrity and mobility 7D24g
    - Muscle performance 7D24h
    - Pain 7D24j
    - Posture 7D24k
    - Range of motion 7D24l
7. Scope of Practice – Plan of Care: adjusts, recognizes, reports, clarifies with supervising PT 7D19, 7D20, 7D21
  - Report recommendations for patient progression within the physical therapy plan of care
  - Review with supervising Physical Therapist patient progression and/or regression requiring update and/or revision of the physical therapy plan of care
8. Plan of Care - education of patient, caregiver and non-healthcare others with supervising PT 7D12
  - Explain components of the physical therapy plan of care to patients and other relevant individuals for understanding and best outcomes
  - Express effective teaching methods to patients and other relevant individuals according to the physical therapy plan of care
9. Emergency response 7D26, 7D27
  - Recognize safety and emergency situations in physical therapy interventions in a clinical setting with the assistance of the clinical instructor
  - Recognize immediate emergency situations in medical status in a clinical setting with the assistance of the clinical instructor
10. Documentation and discharge planning with supervising PT 7D22
  - Review physical therapy documentation components in a patient care setting 7D18
  - Locate necessary patient characteristics in medical and physical therapy documentation

- Report relevant information for documentation of physical therapy services
11. Administration 7D1-3
- Comply with ethical and legal standards of the Physical Therapist Assistant 7D28
  - Recognize the Physical Therapist Assistant's role in fiscal management activities 7D31
  - Comply with positions, policies, and procedures of APTA and clinical setting 7D29, 7D30
12. Career Development – lifelong learning; PTA in clinical education
- Recognize the relationships among individuals in physical therapy rehabilitation: physical therapist, physical therapist assistant, rehabilitation aide, and physical therapist assistant student 7D13
  - Recognize strengths and weakness in self-assessment of learning abilities in a clinical setting 7D14

\* The range of exposure for these objectives is dependent upon placement in the specifically assigned clinical site. Students experience completion of requirements in the clinical setting according to the policies and procedures for clinical education in the physical therapist assistant program.

#### METHOD OF EVALUATION:

The Clinical Instructor will assess the student's clinical performance using the PTA Clinical Performance Instrument. The DCE will assign the final grade based on this assessment and other course assignments. Criteria for satisfactory completion of this course is located in the Completion of Clinical Experiences section of the Clinical Education Manual.

## **Collegewide Course Outline of Record PTAS 205 (Clinical II)**

COURSE TITLE: Clinical II

COURSE NUMBER: PTAS 205

PREREQUISITES: PTAS 115 Clinical I, PTAS 202 Treatment Modalities II, PTAS 217 Treatment Modalities III, and Program Advisor Approval

SCHOOL: Health Sciences

PROGRAM: Physical Therapist Assistant

CREDIT HOURS: 6

CONTACT HOURS: Clinical: 18

DATE OF LAST REVISION: Fall, 2018

EFFECTIVE DATE OF THIS REVISION: Fall, 2019

CATALOG DESCRIPTION: Requires the student to perform in a clinical environment with patients using applications of theories and techniques of PTAS 201, PTAS 202, and PTAS 217 under the guidance of a registered physical therapist.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course the student will be expected to:

1. Communication 7D7, 7D15, 7D17, 7D20
  - Seek communication with instructor(s) for greater learning in a clinical setting
  - Seek constructive feedback in communication for improved clinical performance
  - Balance conflicts and accept responsibility in conflict resolution
  - Examine influences of nonverbal communication in patient care
2. Individual and Cultural Differences 7D8
  - Recognize cultural influences on the provision of physical therapy service under the plan of care within a clinical setting
3. Behavior and Conduct 7D1, 7D4, 7D5
  - Display clinical setting professional appearance and demeanor standards
  - Display punctual and consistent attendance
  - Display responsibility for professional behaviors specific to a clinical setting
4. Plan of Care – Understanding [toward goals and intended outcomes] 7D9, 7D17
  - Apply knowledge of relevant anatomy and physiology of encountered pathophysiologies in a clinical setting with regard to intervention options
  - Employ knowledge of characteristics of encountered pathophysiologies in a clinical setting
  - Employ intervention strategies for intended goals and outcomes in the physical therapy plan of care in a clinical setting
5. Plan of Care - Implementation [under the direction and supervision of a Physical Therapist]
  - Coordinate psychomotor skills acquired in didactic and clinical training in the areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor\*

- Functional training 7D23d
  - Infection control procedures 7D21
  - Manual therapy techniques 7D23e
  - Physical agents and mechanical agents 7D23c
  - Therapeutic exercise 7D23a
  - Wound management 7D23i
6. Plan of Care - Competency in Data Collection [under the direction and supervision of a Physical Therapist]
- Coordinate psychomotor skills acquired in didactic and clinical training in areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor\*
    - Aerobic capacity and endurance 7D24a
    - Anthropometric characteristics 7D24b
    - Arousal, mentation, an cognition 7D24c
    - Assistive, adaptive, orthotic, protective, supportive, and prosthetic 7D24d
    - Gait, locomotion, balance 7D24e
    - Integumentary integrity 7D24f
    - Joint integrity and mobility 7D24g
    - Muscle performance 7D24h
    - Neuromotor development 7D24i
    - Pain 7D24j
    - Posture 7D24k
    - Range of motion 7D24l
    - Self-care/home management; Community/work reintegration 7D24m
    - Ventilation, respiration, circulation examination 7D24n
7. Scope of Practice – Plan of Care: monitor, adjusts, determines, reports, clarifies with supervising PT 7D19, 7D20, 7D21
- Establish patient progression therapeutic strategies within the physical therapy plan of care in a clinical setting
  - Report patient progression and/or regression requiring update and/or revision of the physical therapy plan of care and consult accordingly with clinical instructor and supervising Physical Therapist in a clinical setting
8. Plan of Care - education of patient, caregiver and non-healthcare others with supervising PT 7D12
- Explain components of the physical therapy plan of care to patients and other relevant individuals for understanding and best outcomes
  - Express effective teaching methods to patients and other relevant individuals according to the physical therapy plan of care
9. Emergency Response 7D26, 7D27
- Follow safety and emergency procedures in physical therapy interventions in a clinical setting with the assistance of the clinical instructor
  - Follow immediate emergency procedures regarding patient medical status in a clinical setting with the assistance of the clinical instructor
10. Documentation and Discharge Planning [with supervising PT] 7D18, 7D22, 7D25
- Inform clinical instructor of necessary patient characteristics in medical and physical therapy documentation for effective and safe physical therapy provision
  - Provide effective physical therapy documentation in a patient care setting

11. Healthcare Literature 7D10, 7D11
  - Integrate research in a clinical scenario for investigation of the physical therapy plan of care
12. Education – other healthcare members; role of PTA 7D12
  - Support the role of the Physical Therapist Assistant in the provision of the physical therapy plan of care in the education of others
13. Administration 7D1, 7D2, 7D3, 7D6, 7D28, 7D29, 7D30, 7D31
  - Demonstrate ethical and legal standards of the Physical Therapist Assistant
  - Demonstrate fiscal responsibility as a Physical Therapist Assistant
  - Demonstrate compliance with positions, policies, and procedures of APTA and clinical setting
14. Social Responsibility 7D5, 7D13, 7D28
  - Value the responsibility of a Physical Therapist Assistant in educating patients in available alternative methods of care, other than physical therapy, with the support of the supervising Physical Therapist
15. Career Development – lifelong learning; PTA in clinical education 7D13, 7D14
  - Examine the relationships among individuals in physical therapy rehabilitation: physical therapist, physical therapist assistant, rehabilitation aide, and physical therapist assistant student
  - Examine strengths and weakness in self-assessment of learning abilities in a clinical setting

\*The range of exposure for these objectives is dependent upon placement in the specifically assigned clinical site. Students experience completion of requirements in the clinical setting according to the policies and procedures for clinical education in the physical therapist assistant program.

#### METHOD OF EVALUATION:

The Clinical Instructor will evaluate the student's clinical performance using the online PTA Clinical Performance Instrument (PTA CPI). The DCE will assign the final course grade based on the PTA CPI as well as additional course assignments. Criteria for satisfactory completion of this course is located in the Completion of Clinical Experiences section of the Clinical Education Manual.

# **Collegewide Course Outline of Record**

## **PTAS 215 (Clinical III)**

COURSE TITLE: Clinical III

COURSE NUMBER: PTAS 215

PREREQUISITES: PTAS 205 Clinical II and Program Advisor Approval

SCHOOL: Health Sciences

PROGRAM: Physical Therapist Assistant

CREDIT HOURS: 6

CONTACT HOURS: Clinical: 18

DATE OF LAST REVISION: Fall, 2018

EFFECTIVE DATE OF THIS REVISION: Fall, 2019

**CATALOG DESCRIPTION:** Requires the student to perform in a clinical environment with patients using applications of theory and techniques of PTAS 202 and PTAS 217 under the guidance of a registered physical therapist.

**MAJOR COURSE LEARNING OBJECTIVES:** Upon successful completion of this course, the student will be expected to:

1. Communication (7D7, 7D15, 7D17, 7D20)
  - Display effective communication with instructor(s) for greater learning in a clinical setting
  - Relate to constructive feedback and demonstrate progression in clinical skills
  - Display conflict resolution
  - Relate to nonverbal communication in patient care
2. Individual and Cultural Differences (7D8)
  - Discriminate between cultural and medical/physical in the provision of physical therapy services under the plan of care within a clinical setting
3. Behavior and Conduct (7D1, 7D5, 7D4)
  - Display clinical setting professional appearance and demeanor standards
  - Display punctual and consistent attendance
  - Display responsibility of professional behaviors specific to a clinical setting
4. Plan of Care – Understanding [toward goals and intended outcomes] (7D9, 7D17)
  - Apply relevant anatomy, physiology, and pathophysiology knowledge to the encountered pathophysiologies in a clinical setting
  - Examine necessary patient characteristics in medical and physical therapy documentation
  - Differentiate available strategies to meet the intended goals and outcomes of the physical therapy plan of care
5. Plan of Care - Implementation [under the direction and supervision of a Physical Therapist] (7D23+)

- Demonstrate psychomotor skills acquired in didactic and clinical training in the areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor.
  - Airway Clearance Techniques
  - Application of Devices and Equipment
  - Biophysical Agents
  - Functional Training in Self-care and in Domestic, Education, Work, Community, Social, and Civic Life (7D24d, 7D24e, 7D24m, 7D24l, 7D27)
  - Manual Therapy (7D24g, 7D24j, 7D24k, 7D24l, 7D27)
  - Motor Function Training (7D243)
  - Balance, Gait, etc.
  - Patient/Client Education
  - Therapeutic Exercise
  - Wound Management (7D26, 7D27) – isolation techniques, sterile techniques, application and removal of dressing or agents, and identification of precautions for dressing removal
6. Plan of Care - Competency in Data Collection [under the direction and supervision of a Physical Therapist] (7D24+, 7D18)
- Demonstrate psychomotor skills acquired in didactic and clinical training in areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor.
    - Aerobic capacity and endurance
    - Anthropometric characteristics
    - Mental Functions
    - Assistive Technology
    - Gait, Locomotion, Balance
    - Integumentary Integrity
    - Joint Integrity and mobility
    - Muscle Performance
    - Neuromotor Development
    - Pain
    - Posture
    - Range of motion
    - Self-care and Civic, Community, Domestic, Education, Social and Work Life
    - Ventilation, Respiration, and Circulation
7. Scope of Practice – Plan of Care: Monitors, adjusts, determines, reports, and clarifies with supervising PT (7D19, 7D20, 7D21))
- Differentiate potential for recommendations for patient progression within the physical therapy plan of care
  - Appraise patient progression and/or regression requiring update and/or revision of the physical therapy plan of care and consult accordingly with clinical instructor and supervising Physical Therapist

8. Plan of Care - education of patient, caregiver and non-healthcare others with supervising PT (7D12)
  - Choose appropriate components of the physical therapy plan of care for the education of patients and other relevant individuals for understanding and best outcomes
  - Use effective teaching methods for patients and other relevant individuals according to the physical therapy plan of care
9. Emergency response (7D26, 7D27)
  - Employ safety and emergency situations in physical therapy interventions in a clinical setting with the assistance of the clinical instructor
  - Employ immediate emergency situations in medical status in a clinical setting with the assistance of the clinical instructor
10. Documentation and Discharge Planning [with supervising PT] (7D18, 7D22, 7D25)
  - Demonstrate effective physical therapy documentation in a patient care setting
11. Healthcare Literature (7D10, 7D11)
  - Employ research to a clinical scenario for investigation of the physical therapy plan of care
12. Education – other healthcare members; role of PTA (7D12)
  - Defend the responsibilities of the PTA in the physical therapy plan of care in a clinical in-service presentation
13. Administration (7D1, 7D2, 7D3, 7D6, 7D28, 7D29, 7D30, 7D31):
  - Demonstrate with ethical and legal standards of the Physical Therapist Assistant
  - Demonstrate fiscal responsibility as a Physical Therapist Assistant
  - Demonstrate compliance with positions, policies, and procedures of APTA and clinical setting
14. Social Responsibility (7D5, 7D13, 7D28)
  - Value the responsibility of a Physical Therapist Assistant in educating patients in available alternative methods of care, other than physical therapy, with the support of the supervising Physical Therapist
15. Career Development (7D13, 7D14) – lifelong learning; PTA in clinical education
  - Examine the relationships among individuals in physical therapy rehabilitation: physical therapist, physical therapist assistant, rehabilitation aide, and physical therapist assistant student
  - Seek input and understanding of strengths and weakness in self-discovery and learning

\*The range of exposure for these objectives is dependent upon placement in the specifically assigned clinical site. Students experience completion of requirements in the clinical setting according to the policies and procedures for clinical education in the physical therapist assistant program.

**Note:** If one or more of the above items is not applicable to the current clinical site, the student must have demonstrated independent, competent, and safe performance of the skill or task in the previous clinical. If the student has not had the opportunity to demonstrate the task, or it was not performed independently, safely, and competently, arrangements will be made for the student to demonstrate the task(s) in the

clinical setting with a Clinical Instructor from another affiliated setting. The student must complete the task the week following the clinical affiliation at a location determined by the DCE and Program Chair.

#### METHODS OF EVALUATION:

The Clinical Instructor will evaluate the student's clinical performance using the online PTA Clinical Performance Instrument (PTA CPI). The DCE will assign the final course grade based on the PTA CPI as well as additional course assignments. Criteria for satisfactory completion of this course is located in the Completion of Clinical Experiences section of the Clinical Education Manual.

## **Roles and Responsibilities of the Clinical Education Team**

### **Director of Clinical Education (DCE)**

The DCE is an academic faculty member employed by the educational institution to relate the students' clinical education to the curriculum. The DCE is responsible for planning, directing, and evaluating the clinical education program for the academic institution. In addition, the DCE is responsible for clinical site and clinical faculty development.

The DCE is dedicated to facilitating students' successful completion of the clinical education curriculum by fulfilling the following responsibilities:

1. Assure that current written legal agreements are established between the academic institution and clinical education sites. A current signed agreement must be on file before a student is allowed to complete a clinical education experience at the clinical education site.
2. Ensure all students have successfully completed and met all programmatic requirements including physical exam, immunizations, background checks, drug screen, and CPR certification prior to starting clinical education experiences.
3. Ensure all students are professional, competent, safe, and ready to progress to clinical education experiences.
4. Assign all eligible students to clinical education experiences per program policies and procedures.
5. Orient students to the purpose, process and policies and procedures related to the clinical education curriculum.
6. Maintain open communication with each SCCE and/or CI before, during and after clinical education experiences.
7. Counsel students and offer support and assistance as needed.
8. Maintain current records of clinical education sites and reference materials beneficial for student success.
9. Develop new clinical education experiences that meet the guidelines, policies and procedures established by the program.
10. Provide pertinent and required course information to SCCEs, CIs, and students.
11. Evaluate material submitted by students for fulfillment of the requirements of each clinical education course.
12. Evaluate the students' clinical performance assessments and assign course grades in compliance with program policies and procedures.
13. Facilitate resolution of challenges, conflicts, or problems that arise during the student's clinical education experience.
14. Terminate a student's clinical education experience if necessary and appropriate.
15. Arrange remediation experiences for students who are eligible for remediation.
16. Provide constructive feedback to clinical education sites as appropriate.
17. Assess clinical faculty development needs and provide training as appropriate.

### **Site Coordinator of Clinical Education (SCCE)**

The SCCE is an individual employed by the clinical education site who administers, manages, and coordinates clinical assignments and learning activities for students during the clinical education experience. The SCCE may work on-site or at corporate headquarters. The SCCE determines the

readiness of clinicians to serve as Clinical Instructors and supervises the clinical experience. The SCCE communicates with the DCE and academic faculty at the institution regarding student performance.

The SCCE is dedicated to facilitating successful completion of student experiences at their clinical site by fulfilling the following responsibilities:

1. Coordinate and schedule potential clinical education experiences for affiliating academic programs.
2. Provide the philosophy of the clinical education site.
3. Provide consistent student expectations.
4. Ensure there is a contractual agreement in place between Ivy Tech Community College and the clinical education site prior to allowing a student to complete a clinical education experience at the site.
5. Keep student records and information secure and confidential.
6. Provide student orientation which includes, at a minimum, information about safety, emergency and security procedures, department policies and procedures that may impact student performance and/or evaluation, and any other information pertinent to successful completion of a student clinical education experience.
7. Communicate with the DCE regarding coordination of student assignments, student schedules, clinical education planning and evaluation, and clinical faculty development.
8. Maintain open communication with the DCE about the clinical site and student clinical education experiences.
9. Assign physical therapists or physical therapist assistants who meet the Ivy Tech Community College Clinical Instructor minimum requirements to serve as CIs.
10. Assist in planning and problem solving with the CI/student team in an effective and efficient manner.
11. Encourage feedback from students, the DCE, CI and other interested individuals.
12. Evaluate the clinical education resources and needs of the site.
13. Manage and supervise the clinical education program at the site.
14. Contact the Program Chair with any complains involving the PTA program (refer to complaint process)

### Clinical Instructor (CI)

The Clinical Instructor is a physical therapist or physical therapist assistant employed by the clinical education site who is responsible for the direct instruction, guidance, and supervision of the physical therapist assistant student in the clinical education setting. The Clinical Instructor must be a licensed physical therapist or physical therapist assistant with a minimum of one year of full-time clinical experience.

The CI is dedicated to facilitating a successful learning experience for each student assigned to them to meet program and student learning objectives by fulfilling the following responsibilities:

1. Effectively structure the clinical education experience to offer the best learning opportunity for the student.
2. Submit current and required information to the DCE.
3. Provide effective and efficient formative and summative feedback to students during clinical education experiences.
4. Complete all required paperwork for each assigned student.

5. Meet minimum programmatic criteria for selection of Clinical Instructors
6. Understand and abide by the clinical education policies and procedures of the Ivy Tech Community College PTA Program.
7. Provide assigned students with an orientation to the clinical site and any written and unwritten policies that impact student assessment.
8. Communicate with the DCE when a student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan or learning contract has been initiated.
9. Provide students with appropriate supervision that will allow for evaluation of the student's skills, knowledge, and attitudes.
10. Assess and evaluate the student's clinical performance.
11. Provide student with regular formative feedback regarding performance in cognitive, psychomotor, and affective domains.
12. Set clear expectations for student performance.
13. Determine student safety performing any procedures or skills not presented or practiced in the academic setting.
14. Obtain informed consent from patients prior to treatment by PTA student.
15. Model professionalism and maintain a professional relationship with the student.
16. Hold current licensure as a PT or PTA and have a minimum of one year of clinical experience.
17. Contact the Program Chair with any complaints involving the PTA Program (refer to complaint process).

### Physical Therapist Assistant Student

The student is a learning worker who actively participates in a clinical education experience to apply and enhance classroom knowledge and skills.

The student should fulfill the following responsibilities:

1. Abide by all policies, procedures and requirements outlined in all clinical course syllabi and in the Clinical Education Manual.
2. Introduce self as a Student Physical Therapist Assistant.
3. Obtain informed consent from patients prior to treatment.
4. Take responsibility for learning.
5. Demonstrate expected professional behaviors.
6. Inform the DCE immediately if a problem related to clinical education is identified.
7. Abide by the requirements of the written agreement between the program and the clinical site.
8. Abide by assigned clinical education site's policies and procedures.
9. Fulfill all duties and assignments given by the SCCE, CI and/or DCE.
10. Establish personal learning objective for each clinical education experience and regularly communicate these with CI.
11. Complete an accurate and objective assessment of the clinical education site experience and Clinical Instructor.

# Clinical Instructor Requirements

## Minimum Requirements to Serve as Clinical Instructor

Clinical Instructors who do not meet the minimum requirements will not be utilized until requirements are met.

1. Hold an active PT or PTA license in the state of practice.
2. Have at least one year of clinical experience as a PT or PTA.
3. Demonstrate clinical competence, professionalism, and ethical behavior.
4. Demonstrate effective communication skills.
5. Demonstrate effective instructional skills.
6. Successfully complete CPI 3.0 training
7. Foster a culture supporting justice, equity, diversity, inclusion, belonging, and anti-racism in clinical education.

## Effectiveness of CIs

The effectiveness of Clinical Instructors as clinical educators is determined by the DCE in collaboration with the SCCE through review of the PTA CPI 3.0, formal feedback from students on the Student Evaluation of Clinical Instructor form, and direct communication between the DCE, SCCE, students, and CI.

Examples of ineffective CI behaviors include, but are not limited to

1. Failure to initiate early warning for potential student performance concerns.
2. Failure to provide student with clear expectations for clinical education experience performance.
3. Failure to provide students with regular, constructive feedback on clinical performance.
4. Failure to complete PTA CPI student assessment in a timely manner.
5. Failure to demonstrate professional or ethical behaviors consistent with programmatic expectations.

SCCEs will be notified when a Clinical Instructor receives a score of three (3) or lower on five (5) or more performance items on the Student Evaluation of Clinical Instructors form or as recommended by the DCE. The SCCE will be encouraged to offer training and/or mentorship to the Clinical Instructor. The DCE will provide support and resources for the SCCE as requested. After successful completion of mentorship, the Clinical Instructor will be considered for additional clinical education experiences. CIs who consistently receive scores of three (3) or lower despite completed training will not be utilized by the program. Ultimately, the SCCE and DCE reserve the right to choose which Clinical Instructors will be utilized for student supervision.

## Supervision of Students

Students and clinical education faculty are expected to adhere to regulatory statutes pertaining to the supervision of a PTA student

1. The supervising PT or PTA must be always physically on the premises when a student is working with patients. The student must contact the ACCE or Program Chair immediately if left unsupervised at any time during patient care.
2. According to the Kentucky State Practice Act, when a PTA acts as the full-time supervising Clinical Instructor, the supervising PT must perform at least 20% of the supervision of the student.

## Student Documentation Regulations

1. According to the Kentucky State Practice Act, the student's signature on documentation must be followed by "Physical Therapist Assistant Student" or "PTA Student". SPTA is an acceptable designation for a Student Physical Therapist Assistant in the State of Indiana and is supported by the APTA in the "Consumer Protection through Licensure of Physical Therapists and Physical Therapist Assistants" document.
2. The supervising Physical Therapist must authorize and sign all progress notes written by the PTA student.
3. If the student does not have access to enter documentation in a facility's electronic medical record, and completes parallel documentation on paper, the parallel documentation must be destroyed to prevent duplication of record.

# Clinical Education Site Selection Process

## Pre-Clinical Site Scheduling and Communication

1. The DCE ensures current clinical site affiliation contracts remain up to date throughout the year.
2. The DCE sends clinical education experience request forms to facilities on March 1. The form specifies clinical education experience dates for Clinicals I, II, and III (PTAS 115, 205, and 215) for the following academic year.
3. The SCCE returns the clinical experience request form, indicating the availability of the facility to accommodate students for the following year.
4. The DCE confirms clinical placements with responding facilities during the Fall Semester prior to clinical rotations.
5. Pertinent clinical education information and the name of the assigned student is sent to the SCCE no less than six to eight (6-8) weeks prior to the start of the clinical experience.
6. Students are notified of their clinical education experience assignment no less than four to eight (4-8) weeks prior to the start of the clinical experience.
7. Students contact the SCCE at the assigned clinical sites by phone or email after being notified of the clinical site placement.
8. Facilities are encouraged to contact the DCE at any time should changes in its personnel, operations, or policies affect clinical education assignments and operations.

## Student Input

Ivy Tech Community College maintains Clinical Education Agreements with a variety of clinical education sites. Binders with information about these sites are in the DCE office, and files containing pertinent information regarding clinical education sites are accessible through Ivy Learn.

A student who is aware of a clinical education site that is interested in establishing a clinical education agreement should provide the name, address, and telephone number of the facility, as well as a contact person to the DCE at least six months in advance of the selection of the clinical education sites.

**Students should NOT contact a clinical education site for any reason related to the Ivy Tech Community College PTA Program without the consent of the DCE.**

The DCE will complete a thorough assessment of the facility to ensure a contractual relationship would be mutually beneficial. Criteria considered includes, but is not limited to:

- Location of facility
- Type of experience(s) offered
- Willingness to continue the affiliation long term
- Desire to accept and educate students
- Existing affiliation with other PT/PTA programs
- Established student program with learning objectives
- Clinical staff that possesses the expertise necessary for quality patient care, maintains ethical standards, and allows open exchange of ideas with students
- Adequate treatment and workspace for students

- Presence of staff that meets the minimum requirements to serve as a Clinical Instructor

## Selecting a Clinical Education Site

For Clinical I (PTAS 115) the DCE provides students with a clinical site assignment based on available sites and the ability to focus on skills learned in completed courses.

For Clinicals II and III (PTAS 205 and PTAS 215) students provide the DCE with a list of desired clinical sites, experiences, or settings. Sites with current clinical education agreements with the program are listed in the Clinical Education Manual. Information regarding each clinical education site is accessible through Ivy Learn or binders in the DCE office. Students are encouraged to familiarize themselves with the clinical site information prior to making site preference selections.

When requesting clinical sites, students should consider the following guidelines:

- Seek a variety of clinical education experiences and complete only one rotation at any one clinical education site.
- Complete clinical education experiences in one inpatient setting, one outpatient setting, and a third rotation in an area of interest (based on clinical education site availability). Interest areas may include, but are not limited to, a rehabilitation center, skilled nursing facility, geriatrics, pediatrics, sports medicine, wound care, women's health, and aquatics.
- Avoid requesting assignment at a clinical education site where actively employed or requesting assignment to a Clinical Instructor who has served as a supervisor in a previous employment situation.
- Avoid requesting final assignment at a facility where a commitment of employment upon graduation exists.

The DCE will distribute the sites according to the student's preferences using the following guidelines:

- First choice assignments will be provided whenever possible and reasonable. When more than one student lists a clinical education site as first choice, other factors will be considered (i.e., the variety of the student's clinical experience, type of site, size of site, specialty areas, etc.).
- Students who have recommended a new clinical education site may receive priority for assignment to that site. A new clinical education site is a site recently established that has not had any previous affiliating students.

The DCE will ultimately make the final decision regarding clinical education experience assignments to ensure each student receives a comprehensive clinical education experience. While every attempt is made to place students near their homes, students must be prepared for one-way commutes of up to one and one half (1.5) hours.

## Conflict of Interest

Students will not be assigned to a clinical education site where a conflict of interest may affect the educational experience. Examples of conflicts of interest include, but are not limited to:

- Previous, current, or offer for future employment at clinical education site. This does not prohibit a student on a terminal clinical education experience from receiving or accepting an offer of employment from the assigned clinical education site.
- Family member or significant other employed in a position of authority by the clinical education site

The DCE reserves the right to create exceptions in certain circumstances with approval from the Program Chair and clinical education site.

Students are required to report conflicts of interest to the Director of Clinical Education. Failure to do so may result in termination of a clinical education experience and loss of professionalism points for programmatic courses.

## Clinical Conferences

An introduction to the clinical education curriculum and related policies and procedures is provided at Student Orientation. A pre-clinical conference is held for first year students no later than six to eight (6-8) weeks prior to the starting date of Clinical I (PTAS 115) and for second year students no later than six to eight (6-8) weeks prior to the starting date of Clinical II (PTAS 205). Information for both Clinicals II and III (PTAS 205 and 215) is provided at that meeting. During the pre-clinical conferences, the DCE provides information regarding the Clinical Education Manual, clinical expectations, clinical requirements, Clinical Performance Assessment using the CPI 3.0, course objectives, course assignments, self-assessment, and establishing goals for the experience. Clinical education site placements are provided no later than six to eight (6-8) weeks prior to the starting date of the clinical education experience.

Individual pre-clinical conferences are available at the student's request and may be required per faculty or facility request.

## Determining Student Readiness for Clinical Education

The DCE, in collaboration with programmatic faculty, will assess students' learning in the cognitive, psychomotor, and affective domains to determine readiness for entry into the clinical education curriculum. Students must have submitted all programmatic requirements, be in good academic standing, and attended all pre-clinical conferences prior to starting the clinical education experience. Students who are found unsafe to progress to clinical education will be notified in writing and referred to the Program Chair to determine if remediation is feasible.

## Competency for New Skills Learned in Clinical

Though the PTA Program curriculum prepares each student to be competent as an entry-level PTA, there are treatment techniques that students may encounter in the clinic setting that they have not been exposed to in the academic classroom or laboratory setting. In this case, it is at the discretion of the Clinical Instructor as to whether to instruct the student in an unfamiliar treatment technique. Should the Clinical Instructor choose to instruct the student, the CI must ensure that the student has demonstrated competency in this technique prior to performing it on a patient. The Clinical Instructor accepts the responsibility for determining the student's preparedness for performing the technique with an appropriate patient. Students should not be permitted to perform a technique they have learned in the clinic setting on a patient until they have demonstrated safety and competency with the skill, which should be documented by the Clinical Instructor.

# **Clinical Education Sites with Established Clinical Education Agreements**

The following pages list clinical education sites with current clinical education agreements with the Ivy Tech Sellersburg PTA Program. Information about clinical sites is accessible through Ivy Learn or binders in the DCE office.

## Hospitals

Baptist Healthcare  
Clark Memorial Hospital  
Community Health Network  
Franciscan Healthcare  
Harrison County Hospital  
IU Health  
Kindred Hospital  
King's Daughters' Hospital  
Norton Healthcare  
Robley Rex VA Medical Center  
Rush Memorial Hospital  
Schneck Medical Center  
UofL Health

## Inpatient Rehab Facilities

PAM Health - Greater Indiana  
UofL Health – Frazier Rehabilitation Institute  
Vibra Healthcare

## Skilled Nursing Facilities

American Senior Communities (ASC)  
AMG Specialty Hospital  
Cardon  
CommuniCare  
Healthcare Therapy Services  
Life Care Centers of America  
Synchrony Rehabilitation  
Theracare

## Outpatient Facilities

Advanced Rehabilitation, Inc  
Aptiva Health  
Athletico Physical Therapy  
ATI Physical Therapy  
Baptist Health Physical Therapy  
Beacon Orthopedics  
Ellis and Badenhausen Physical Therapy  
Harvest Health and Rehab  
IU Health  
King's Daughters' Physical Therapy  
KORT Physical Therapy  
ProRehab  
PT Solutions  
Results Physiotherapy  
Robley Rex VA Medical Center  
Schneck Medical Center  
Select Physical Therapy  
Synergy Rehab  
Tri State Rehab – Orthopaedic Motion and Sport  
Physical Therapy  
UofL Health

## Pediatric Specialty Clinics

Bloom Pediatric Therapy  
Home of the Innocents  
Hopebridge  
KORT Kids Pediatric Therapy  
Small Talk Pediatric Therapy

# PTA Student Clinical Information

## Health Services and Emergency Care Health Examinations

### **Accidents and Incidents**

Ivy Tech Community College **does not** provide a health services center. Many community agencies are available to assist students seeking counseling or treatment. Students who experience illnesses should seek the advice of their family physician. If a student has an accident on college property, they should report the accident to campus security or the Office of Student Affairs. If a student suffers an accident or illness while attending classes, the student should notify the instructor or the PTA Program Chair. If paramedic services or hospitalization is required, the student is financially responsible. If emergency room treatment is required on clinical days, the student must be referred by the Clinical Instructor. The student will obtain care either from his or her personal physician or in the hospital emergency department as needed. Ivy Tech Community College carries student accident insurance, but the insurance will not cover illness; therefore, students are encouraged to have adequate healthcare insurance.

Students must provide complete emergency contact and care information on registration forms and should update as necessary. Current, accurate information is vital in an emergency.

### **Counseling Services**

Ivy Tech Counseling is provided to enrolled students by a licensed mental health therapist. The service is FREE and CONFIDENTIAL. Counseling services are tailored to your needs and include but not limited to family issues, past trauma, grief, loss, relationship issues, and mental health issues (anxiety, depression, etc.).

If you or someone is in an immediate crisis or thinking about suicide, please dial or text the Suicide & Crisis Lifeline at 988. You will be able to speak to a skilled and trained crisis worker. This person will listen to you, understand how your problem is affecting you, provide you with support, and appropriate resources. The call is free and confidential.

Contact Pauletta Stewart at [Sellersburg-mentalhealth@ivytech.edu](mailto:Sellersburg-mentalhealth@ivytech.edu) to connect and set up an initial appointment.

### **Student Accident Insurance**

For students registered in credit courses, the College provides no-fault accident insurance in a designated amount of \$3,000 for injuries sustained while participating in College-sponsored activities, on College premises or any premises designated by the College (i.e. clinical site). Injuries which are not deemed accidents but rather arise from an underlying sickness or health condition are generally not covered.

Examples of covered accidents include, but are not limited to the following: · Cutting a finger while chopping an onion in culinary arts class · Getting a fleck of metal in the eye while welding in auto body repair class · Twisting an ankle while lifting a patient in nursing class · Exposure to bloodborne / airborne pathogen (i.e. needle stick sustained at clinical)

In the case of a pathogen exposure, source patient testing is covered under this policy. A source patient utilizing this insurance will need to complete the claim form in the same manner as the student.

This accident insurance is **excess insurance**, meaning all other valid and collectible medical insurance must be utilized prior to the consideration of this insurance. It is not intended to replace insurance coverage students may already have, rather, it is intended to fill in the gaps (pay for deductibles, co-pays or other eligible expenses) of a primary medical insurance policy up to the accident policy limit. Students should review their own coverage. In the absence of other insurance, this insurance becomes primary. Coverage is provided at no cost to the student. The offering and use of this insurance **do not** represent an acceptance of liability from the College.

Once the maximum policy benefit of \$3,000 is reached, the student is fully responsible for payment of medical bills. Filing a claim does not guarantee acceptance and payment of a claim. The master insurance policy issued to Ivy Tech is on file at the Systems Office. The description of the hazards insured, benefits and exclusions is controlled by the master policy. Students with questions may contact their campus student accident gatekeeper.

## Health Status

Students with a fever or an acute contagious disease will not be allowed to attend clinicals or class. If an injury or a treatment prevents the student from performing clinical assignments, that student may not attend clinicals and will be counted absent. If hospitalized, the student must have a medical release from a physician before returning to the classroom or clinical rotation. **The medical release must be to return with NO RESTRICTIONS** unless waived by the PTA Program Chair.

## **Pregnancy**

A student who is post-partum may return to class or clinical education experience after presenting the PTA Program Chair with a statement from a physician stating the date of return and that she may return **with no restrictions**. Attendance and performance requirements will not be altered for students who are pregnant or post-partum.

## Infection Control and Immunization Records

Each student is required to have the following on file at Ivy Tech Community College prior to starting clinical rotations. Failure to do so will result in failure to attend and complete clinical education experiences:

1. A physical exam form completed at the student's expense by a healthcare provider of the student's choice, updated annually.
2. Required laboratory testing
  - Negative 2-Step TB Skin test, blood test, or chest x-ray (annually)
3. Immunization history or positive blood titer immunity for:
  - Tetanus-diphtheria
  - Measles, mumps, rubella (MMR)
  - Polio
  - Hepatitis B vaccine series (completed, started, or signed waiver)
  - Chicken pox
  - Influenza (annually)
  - COVID-19

## School of Health Sciences - Vaccination and Proof of Immunity Requirements

Students in the School of Nursing and the School of Health Sciences who, as part of their educational preparation are engaged in clinical or practice-based learning, are required to submit documentation of immunity to communicable/infectious diseases as described in Academic Support and Operations Manual (ASOM) policy 4.15.

ASOM 4.15 defines clinical or practice-based learning as: Any course of study in which the student may be assigned to a healthcare or practice laboratory setting to meet course objectives. This includes, but is not limited to, assignment in any setting where a student provides direct patient care or patient care services, has direct contact with patients or their families in an observational role, has access to patients' health records, or is performing invasive healthcare procedures in a campus laboratory setting.

### **Clinical Placements**

As guests of our clinical affiliates, the college is required to ensure students meet the requirements of the host site. If a student does not meet host site requirements, the site may refuse that student for a clinical experience.

Clinical site placement is complex. Assignments are selected for students based on a number of factors which include the ability of the clinical site to provide students with appropriate practice-based experiences as outlined in the college's Course Outline of Record and as required by the respective accrediting body. Clinical affiliates host thousands of healthcare students from multiple area institutions each semester. Arrangements are made weeks to months in advance of students going to clinical, and finding alternate placements may not be possible.

### **Actions Related to Vaccine Refusal**

As outlined in ASOM 4.15, students may choose to decline vaccination as required by the college or a clinical affiliate, however, such declination may result in refusal of the clinical affiliating agency to accept the student for clinical experiences. Further, students who decline vaccination will be required to complete an Immunization Declination form. Depending on specific clinical affiliating agency requirements, declining immunization may result in a failure to be approved for clinical lab participation and/or required clinical placement assignments and may result in the inability to progress through or graduate from the program.

## Respirator Mask Fit Testing

ITCC students enrolled in School of Health Science or School of Nursing programs requiring N95 masks to participate in clinical education should be:

1. Referred to clinical partners for medical examination and fit testing through their occupational health departments, or
2. Referred to an outside occupational healthcare facility for medical examination and fit testing, as permitted by the applicable program.

## Cardiopulmonary Resuscitation

All PTA students must have a current Healthcare Provider CPR certification through the American Heart Association or American Red Cross on file prior to starting clinical rotations.

## Criminal Background Check and Drug Screen

The Ivy Tech Community College School of Health Sciences requires Criminal Background Checks and Drug Screens for all School of Health Science students who will participate in clinical education.

All students accepted into the PTA program are required to complete a Criminal Background Check and Drug Screen, provided by an outside vendor, at the student's expense, prior to beginning technical classes in the PTA program. Completion of the screen is a condition of acceptance into the program. Screens must also be completed every year thereafter as a condition of continuing in the program. Failure to do so by the assigned deadline each year, will result in forfeiture of the student's spot in the program.

A clinical facility may request a copy of background check and/or drug screen records. The facility may also require a student to complete an additional background check or drug screen. The Criminal Background Check and Drug Screen will be conducted once per calendar year, at a minimum. The college, PTA program, and clinical agencies reserve the right to request more frequent testing, in accordance with college policy.

Before applying for an initial license as a Physical Therapist Assistant in the state of Indiana, individuals must submit to a national criminal history background check. It is possible that a person who has been convicted of a crime may not be certified as a health practitioner in the State of Indiana. The Indiana Professional Licensing Agency may choose to deny a person convicted of a crime the opportunity to sit for the certification examination even after satisfactorily completing the Ivy Tech Community College Associate of Science degree.

## Sharing of Personal Information with Clinical Sites

The DCE will provide clinical sites with the name of the assigned student 6-8 weeks prior to the start of each clinical education experience. It is the student's responsibility to provide the clinical education site with additional contact information. Occasionally, clinical education sites will request a student's email address to initiate the onboarding process. In this instance, the DCE will provide the site with the student's Ivy Tech email address. The DCE will contact the student for permission to share any additional personal information.

Clinical education sites may require documented proof of physical examinations, immunization records, drug screening, and/or CPR certification. The DCE maintains records of these programmatic requirements, but it is the student's responsibility to provide this information to the clinical education site as requested. Occasionally, clinical education sites will require documentation to come directly from the DCE. In these instances, the DCE will only release personal protected health information for students

who have a signed Healthcare Student Authorization for Use and Disclosure of Protected Health Information form on file.

### Student Expenses

Students must understand that by accepting an offer of admission into the Ivy Tech Community College PTA Program, they are responsible for all costs associated with clinical education. Students are expected to secure funds for clinical attire, physical examinations, immunizations, CPR training, criminal background checks, and drug screenings. Additional costs that may be associated with clinical education include Castlebranch access for clinical education site onboarding, respirator mask fit testing, lodging, transportation to and from the clinical facilities, parking, and purchasing meals during working hours.

# College Guidelines for Professional Conduct in Clinical Settings

## Purpose

Safety and security is a top priority, especially in environments where direct, simulated, and/or indirect patient care is provided. It is essential that students in the School of Health Sciences recognize and comply with the many guidelines for professional conduct (which include safety-specific guidelines) that govern behaviors and decisions. Students must ensure that patients assigned to them receive appropriate attention and care in a timely fashion. These principles are reinforced in the Ivy Tech Code of Student Rights and Responsibilities, and the Health Sciences program specific Student Handbook.

The student must comply with the Code of Student Rights and Responsibilities as established by the College, in addition to providing quality, safe, non-discriminatory, legal (scope of practice) and ethical patient care, while demonstrating a high level of professional conduct. Clinical and/or related health care agency affiliates have the right to prohibit students from participating in clinical experiences based on unsafe patient care and unprofessional behavior, whether intentional or unintentional. Non-compliance with College policies, professional Health Sciences standards, clinical agency/affiliate policies and procedures, professional guidelines and expectations during college-related Health Sciences activities/events and simulation activities, and the Guidelines for Professional Conduct listed below will be reported to the appropriate individuals and subsequent disciplinary action may be taken. Issues of non-compliance may impact the students' ability to progress in a Health Sciences program, lead to failure of a course, and/or result in dismissal from programs in the School of Health Sciences.

The Guidelines for Professional Conduct are divided into three main groups, which are outlined below. Please discuss any questions you may have regarding these and any other policies or guidelines with your Health Sciences faculty.

**Disclosure of confidential patient information, clinical facilities (including clinical locations), staff and provider information, and any related information and experiences is STRICTLY PROHIBITED. Information disclosed through email, any form of social media, verbally, or via texting may be considered a HIPAA violation and carry penalties up to \$1.5 million**

## Group I

### **This Category Addresses Major Compliance Issues and Appropriate Measures for Patient Care in an Educational Setting.**

The following points are critical to the successful training and employment of health care professionals and should be followed from the onset of training and referenced as models for behavior to be continued throughout one's career:

1. The student will adhere to state and federal confidentiality laws, including but not limited to Health Insurance Portability and Accountability Act of 1996 (HIPAA) and clinical affiliate confidentiality policies and procedures. The student will maintain confidentiality about all aspects of the clinical experience: this includes confidentiality for all patients, fellow students, clinical affiliate employees, physicians, and operations of the clinical affiliating

- agency. If a situation arises requiring disclosure of information by law, the student must seek out guidance from the clinical faculty member.
- a) The student will only discuss confidential information in secure and appropriate locations and with those individuals who have a need/right to know.
  - b) The student will not remove or photocopy any part of the patient or clinical records.
  - c) The student will not use any patient identifiers, as defined by HIPAA, in written assignments.
  - d) The student will destroy any notes that were taken to provide care for the patient according to the clinical affiliate policy and will not carry those notes outside of the clinical.
  - e) The student is expected to follow guidelines in the School of Health Sciences Student program specific Handbook with regard to social media, cell phones, email or other electronic media.
  - f) The student will not discuss any patient, clinical experience with patients, or clinical site on social media. Postings on social media sites are not considered private nor are they ever truly deleted, regardless of privacy settings.
  - g) Students are prohibited from taking photos or videos of patients or their health record on personal electronic devices, even if the patient or hospital staff gives you permission to do so.
  - h) The student will not access HIPAA protected information for patients/families not directly related to assigned patient care unless authorized by the clinical faculty, preceptor, or clinical agency staff.
2. The student will ensure that any communication of patient information is performed in a timely, accurate and truthful manner. Falsification of any component of the written, electronic, or oral patient record is prohibited.
  3. The student will exhibit behaviors that respect the dignity and rights of the patient regardless of socioeconomic status, sexual orientation, race, religion, age, disability, marital status, gender, cultural practices or beliefs, or nature of the health problem.
  4. The student must provide for patient safety at all times, including, but not limited to adherence to Standard Precaution Guidelines, safety rules and regulations, use of safety equipment and following written protocol for all diagnostic procedures and policies in the clinical setting.
  5. The student will not abandon or neglect patients requiring health care.
  6. The student will not leave the assigned clinical unit during assigned clinical hours without permission and without providing for safe patient hand-off.
  7. The student will not perform any technique or procedure, including administration of medication, for which they are not approved and/or are unprepared by their formal Ivy Tech Community College School of Health Sciences education and experience. In some instances, **AND with faculty and/or preceptor approval**, students may be allowed to perform techniques or procedures with other licensed personnel. All clinical practice policies are subject to campus and/or statewide affiliation agreements.

8. The student will refrain from knowingly withholding action or information that creates unnecessary risk to the patient, self, or others including facility staff, peers, or faculty.

## Group II

### **This Category Relates to General Protocol and Guidelines:**

1. The student is expected to follow program guidelines regarding the attendance policy and notification of intended absence.
2. The student **must comply** with **ALL** rules, regulations, and policies of the occupational area and/or clinical agency/affiliate.
3. The student must refrain from smoking or using other tobacco products (including vapor or e-cigarettes) while in uniform, at clinical sites, or during school related events.
4. The student will not accept gratuities from patients; this includes both monetary and non-monetary gifts.

## Group III

### **This Category Is Specific To Medication Administration:**

**Note: Administration of medication without faculty and/or preceptor approval is addressed in Group I and will be subject to the ACTIONS described for that Group.**

1. A potential medication error that is prevented by the clinical faculty and/or preceptor, designated clinical facility staff or the electronic medication administration system, will still be considered a medication error on the part of the student.
2. The student will ensure that medications are administered on time and in accordance with patient's plan of care.
3. The student will follow correct medication procedures as summarized in the "Six Rights of Medication Administration" listed below:

#### **SIX RIGHTS**

Right Patient

Right Medication

Right Dose

Right Time/Date

Right Route

Right Documentation

4. The student will be prepared to verbalize knowledge of medication uses, side effects, adverse reactions, interactions with other patient medications, and the relationship to the patient and one or more diagnosis.

5. The student will calculate proper medication dosage or safe dosage in the clinical learning environments.
6. The student will report any medication error to their Ivy Tech clinical faculty member and/or preceptor, and clinical facility staff immediately in order that appropriate action may be taken to care for the involved patient and so that appropriate clinical agency policies are followed.

Any behavior not meeting the expectations listed above will result in a meeting with respective Health Sciences faculty member and a written/electronic status report (example: Maxient Report). Subsequent disciplinary action may be taken.

## **Clinical Expectations for PTA Students**

### **Communication with Site Coordinator of Clinical Education (SCCE)**

Students contact the SCCE of the assigned clinical education site via phone or email four to six (4-6) weeks prior to the beginning of the clinical education experience to confirm details of the experience. The student is expected to complete any paperwork, additional training, or provide documentation required by the clinical education site prior to initiation of the clinical experience. Students can use the following to guide the initial conversation with the facility's SCCE.

1. Introduce yourself and your school affiliation
2. Confirm scheduled dates at the affiliation and time to arrive on the first day
3. Confirm address of the facility and request directions to the Physical Therapy department
4. Request the name of and contact information for your Clinical Instructor
5. Inquire about the following:
  - Dress code of the facility
  - Parking arrangements and cost
  - Cafeteria or lunchroom facilities
  - Housing options (if needed)
  - Background check and drug screen requirements (If facility requires updated background check or drug screen, it will be performed at the student's expense.)
  - Immunization requirements
  - Orientation requirements (If required, schedule immediately)

Under no circumstances should the student change the start or end date of a clinical education experience. The DCE will arrange any necessary changes with the SCCE or Clinical Instructor.

### **Communication with Clinical Instructors**

Students should contact the Clinical Instructor of the assigned clinical education site via phone or email two to four (2-4) weeks prior to the beginning of the clinical education experience. The student should confirm the Clinical Instructor's work schedule, and ask for any other clarification regarding the clinical education experience. Students are encouraged to share the Student Profile document and personal goals for the experience with the Clinical Instructor by the first day of the clinical education experience.

Communication is a crucial element of a successful relationship between the student and Clinical Instructor. Frequent informal meetings between the student and Clinical Instructor should be used to maintain open communication and address any problems or deficiencies before they escalate. If a student experiences a problem, or has a concern during the clinical education experience, the student should first discuss the issue with the CI. If an agreement or a resolution to the problem cannot be reached, the matter should be discussed with the SCCE and the DCE immediately.

## Clinical Appearance

Professional appearance and cleanliness are vital requirements for all healthcare personnel. Students will wear well-pressed, full-length slacks and a collared shirt or blouse, or conform to clinic's required dress code (i.e., scrubs, lab coat). A skirt is permissible if it is functional for patient treatment. Skinny dress pants, leggings, and denim pants are not permitted. Athletic shoes with socks are permissible in settings only if the shoes are clean and within the dress code of the clinical setting. Tee-shirts, and open-toe shoes are not permitted in the clinical setting. Attention to personal hygiene and grooming is expected.

When the clinical appearance policy of the facility differs from that of the program, students are expected to follow the more restrictive policy.

### **Name Badge**

Ivy Tech Community College name badges must be worn during all clinical education experiences. Each student is responsible for obtaining a personal name badge. The personal name badge will include the student's first name, last initial, Ivy Tech logo and Student PTA. If the student is required to wear an identification tag specific to the facility, it may take the place of the Ivy Tech name badge.

### **Jewelry**

Jewelry is permitted but must be in accordance with the policy of the clinical facility. Necklaces should be avoided due to safety risks.

### **Hair**

Hair must be clean, well kept, and worn away from the face. Hair length and style requirements differ from clinic to clinic. Students must follow clinical policies.

### **Nails**

Nails must remain at a minimal length, not visible from the palmer surface of the hand. Artificial nails are not allowed for practice of infection prevention and safety.

### **Perfume**

Perfume should not be worn during the clinical rotation.

### **Gum**

Chewing gum is not permitted in the clinic or during patient care activities.

### **Piercings**

No piercings, other than a single stud earring in the ear lobes, are permitted during any clinical education experience. Depending on specific clinical education site requirements, having gauged ears may result in failure to be approved for clinical placement and may result in the inability to progress through or graduate from the program. If clinical education site policy permits students to have ear gauges, they must be closed with plugs matching the student's skin tone.

### **Tattoos**

All tattoos must be fully concealed under clothing or an appropriate cover while maintaining hygienic conditions.

The following policy has been adopted to address non-compliance with clinical appearance guidelines:

- **First Offense:** The Clinical Instructor, Program Chair, and/or DCE will meet with any student not meeting standards described in the dress code to discuss what corrections need to be made. This is the first warning.
- **Second Offense:** Any student not meeting standards described in the dress code will be removed that day from clinical experience and counted absent.

Students will also lose professionalism points for failure to abide by clinical appearance guidelines per the programmatic policy. Students who violate clinical appearance guidelines may also be placed on a learning or behavior contract.

## Clinical Attendance

Clinical attendance is mandatory. The Clinical Instructor will provide an assigned work schedule at the beginning of the clinical education experience. Working hours may include evenings, weekends, or holidays. Students should expect to be available Monday through Friday and occasionally on weekends from 7:00 am to 8:00 pm. Students must fulfill the 36 to 40-hour/week requirement by being present at the facility during scheduled working hours. Students must align their schedules with the Clinical Instructor's work hours and are not allowed to request days off for personal reasons.

Tardiness is not acceptable. Arriving to the clinical education site more than 10 minutes late will result in a loss of professionalism points per the attendance policy and a recorded unexcused absence for that day.

A student is permitted one (1) excused absence from each clinical education experience. Absences cannot be rolled over from one clinical experience to another.

Each documented absence (excused and unexcused) from the clinical education experience will result in a loss of professionalism points per the programmatic attendance policy. Additionally, each documented unexcused absence will result in a 3% deduction to the final course grade.

All unexcused absences and any excused absences greater than one (1) day must be made up at the convenience of the Clinical Instructor. Failure to do so will result in unsuccessful completion of the clinical education experience. Making up missed clinical hours may occur during a scheduled holiday, weekend, or by extending the clinical education experience beyond the scheduled completion date.

Failure to notify the clinic of an absence is considered a No Call-No Show event. After the first day of No Call-No Show, a student will receive a written warning and be placed on a behavioral plan by the DCE. Any two days of No Call-No Show will be considered abandonment and will result in **automatic failure of the course and may lead to dismissal from the program.**

## Excused Absences

An absence is considered excused in the situations listed below.

1. Personal Contagious Illness
  - Proof of the contagious illness from a medical professional may be required at the discretion of the Program Chair or DCE.
2. Inclement Weather
  - If the facility is closed due to inclement weather
  - If it is deemed unsafe for travel to/from the clinical site due to tornado, hurricane, flooding, blizzard conditions, etc.
  - In the event of inclement weather, the student should follow the inclement weather policies of the clinical facility, not the college campus. Students should make all reasonable attempts to attend if the clinical education site is open.
3. Death of Immediate Family Member
  - Immediate family members include parents, spouse, children, and siblings
4. Personal or Immediate Family Emergency
  - Immediate family members include parents, spouse, children, and siblings
5. Active Military Requirement or Responsibility (not related to deployment)

## Notification of Absence

It is the student's responsibility to communicate absences with the clinical education site, the Clinical Instructor, and the DCE immediately. Failure to provide adequate notification of absence will result in a loss of professionalism points and may be considered a No Call-No Show incident. It is the student's responsibility to establish the most appropriate method to communicate absences to the clinical site and Clinical Instructor. The DCE must be notified of the absence through email. The DCE will respond with a confirmation of receipt within 24 hours. A copy of the confirmation email must be attached to the Attendance Summary at the conclusion of the clinical education experience.

## Clinical Transportation

It is the student's responsibility to provide transportation to and from school and clinical education sites. Each individual clinical education site will provide instructions regarding parking, and students are expected to comply with parking designations. Handicapped parking spaces and visitors' areas are reserved for those purposes, and vehicles improperly parked in those areas may be ticketed or towed at the owner's expense.

## Clinical Conduct

The student must always abide by the following guidelines:

1. Abide by the APTA Standards of Ethical Conduct for the Physical Therapist Assistant
2. Abide by the APTA Core Values for the Physical Therapist and Physical Therapist Assistant
3. Abide by HIPAA guidelines and respect patient confidentiality.
4. Abide by College Guidelines for Professional Conduct in Clinical Settings.
5. Always demonstrate Professional Behaviors (previously Generic Abilities).
6. Abide by the rules and regulations of the physical therapy department and/or clinical education site regarding work hours, billing procedures, dress code, preparation of treatment area, etc.
7. Maintain professionalism during interactions with all members of the patient care team.
8. Respect the integrity and rights of all persons.
9. Obtain verbal or written informed consent from the patient to receive treatment by a student and respect a patient's right to refuse treatment provided by a student.
10. Attend the clinical hours assigned by the facility and/or Clinical Instructor. Students must attend evening, weekend, and/or holiday hours if assigned by the facility and/or CI.
11. Arrive to the clinic on time. Tardiness is not acceptable.
12. Avoid making non-emergency personal calls during clinical hours. Phone use (calls and/or text messaging) is only allowed during breaks and non-instructional time.
13. Apply academic knowledge to the best of your ability.
14. Ask thoughtful questions.
15. Take advantage of free time by observing and assisting other therapists, disciplines and/or students.
16. Give full attention to clinical assignments during the scheduled time frame.
17. Complete all assignments assigned by the DCE and/or the Clinical Instructor including, but not limited to, reading, in-service presentations, notes, home programs, projects, etc.
18. Provide a thank you note to the Clinical Instructor and clinical education site at the conclusion of each clinical education experience.

## Standards of Ethical Conduct for the Physical Therapist Assistant

### **PREAMBLE**

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

### **STANDARD 1**

Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

### **STANDARD 2**

Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

### **STANDARD 3**

Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

### **STANDARD 4**

Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers and the public.

### **STANDARD 5**

Physical therapist assistants shall fulfill their legal and ethical obligations.

### **STANDARD 6**

Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skill, and abilities.

### **STANDARD 7**

Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

### **STANDARD 8**

Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

APTA. (2020). *Standards of ethical conduct for the physical therapist assistant*.

[http://www.apta.org/uploadedFiles/APTAorg/About\\_Us/Policies/Ethics/StandardsEthicalConductPTA.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/StandardsEthicalConductPTA.pdf)

## Core Values for the Physical Therapist and Physical Therapist Assistant

The core values guide the behaviors of physical therapists and physical therapist assistants to provide the highest quality of physical therapist services. These values imbue the scope of physical therapist and physical therapist assistant activities. The core values retain the physical therapist as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the physical therapist assistant as the only individual who assists the physical therapist in practice, working under the direction and supervision of the physical therapist. The core values are defined as follows:

### Accountability

Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.

### Altruism

Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.

### Collaboration

Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.

### Compassion and Caring

Compassion is the desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

### Duty

Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.

### Excellence

Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.

### Inclusion

Inclusion occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.

### Integrity

Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring

fairness, following through on commitments, and verbalizing to others the rationale for actions.

### Social Responsibility

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

### Reference

APTA. (2021). *Core values for the physical therapist and physical therapist assistant*.

<https://www.apta.org/contentassets/1787b4f8873443df9ceae0656f359457/corevaluesptandptahodp09-21-21-09.pdf> . APTA Core Values [BOD PO5-04-02-03]

## Professional Behaviors

Through a study in 1991, the faculty of University of Wisconsin-Madison identified ten professional behaviors (generic abilities) required for success in the Physical Therapy profession. These professional behaviors were updated in 2010 to better represent the needs of a changing healthcare system, academic environment, and generational differences. The student's performance in these areas can be assessed using the Professional Behaviors Assessment Tool.

**Critical Thinking** - The ability to question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.

**Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

**Problem-Solving** - The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

**Interpersonal Skills** - The ability to interact effectively with patients, families, colleagues, other healthcare professionals, and the community in a culturally aware manner.

**Responsibility** - The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.

**Professionalism** - The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

**Use of Constructive Feedback** - The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

**Effective Use of Time and Resources** - The ability to manage time and resources effectively to obtain the maximum possible benefit.

**Stress Management** - The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for self, patient/clients and their families, members of the health care team and in work/life scenarios.

**Commitment to Learning** - The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

#### Reference

Generic Abilities were originally developed by May, W.W., Morgan, B.J., Lemke, J.C., Karst, G.M., Stone, H.L. (Spring 1995). Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*. 9 (1), 3-6.

Professional Behaviors for the 21<sup>st</sup> Century were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities

# Clinical Education Evaluations

## Clinical Instructor's Evaluation of Student Performance

The Clinical Instructor will informally assess the student's clinical performance weekly utilizing the Weekly Goal Setting Form. Formal (summative) assessment will be completed at the end of Clinical I (PTAS 115) and at midterm and final of Clinicals II and III (PTAS 205 and 215) using the PTA Clinical Performance Instrument (PTA CPI) 3.0. The student and Clinical Instructor will each complete the PTA CPI 3.0 and discuss the results during a scheduled conference.

## Student's Evaluation of Clinical Experience

The student formally evaluates the clinical education site and the Clinical Instructor prior to the completion of the clinical education experience. The results of the student's evaluation of the clinical education site must be shared with the Clinical Instructor prior to conclusion of the experience. The CI's signature is required on the Student Evaluation of Clinical Experience form to receive full points for the assignment. This form must be submitted to the DCE at the completion of the clinical rotation. The evaluation may be shared with the facility's SCCE for site development and filed in the PTAS Student Resources in Ivy Learn for future student reference.

## Site Visits

During Clinical I (PTAS 115) the DCE will contact the student and Clinical Instructor at least once to assess the effectiveness of the clinical education experience. This check-in may occur by email, telephone, virtual visit, or in-person visit. During Clinical II (PTAS 205) and Clinical III (PTAS 215), the DCE will contact the student and the Clinical Instructor at least once by email or telephone and/or meet with them in person or virtually. The DCE will attempt to make either an on-site visit or virtual visit with each student at least once during Clinical II (PTAS 205) or Clinical III (PTAS 215). If this is not possible, telephone or email contact will be made. The DCE will also prioritize completing an on-site visit to facilities with new Clinical Instructors and to newly affiliated sites. Students are encouraged to contact the DCE at any time during the clinical experiences and can request additional site visits if necessary.

## Completion of Clinical Education Experiences

The DCE will assign a course grade for each student based on results of the PTA CPI 3.0 and other course requirements as outlined in the course syllabus.

### Criteria for Satisfactory Completion of Clinical Education Experience

1. Abide by the college and programmatic professionalism standards outlined in the Clinical Education Manual.
2. Complete all clinical assignments, additional readings, or activities assigned by the Clinical Instructor, SCCE, and/or DCE. Submit all course assignments by posted deadlines.
3. Adhere to Attendance Policy
4. Meet or exceed minimum hours required for successful completion of clinical education experience.
5. Provide a formal inservice presentation for Clinicals II and III (PTAS 205 and 215).
  - The student is not required to complete an inservice for Clinical I (PTAS 115) unless required by the clinical facility.
6. Complete any learning or behavioral contracts to the satisfaction of DCE, SCCE and CI.
7. Receive ratings from the Clinical Instructor that reflect an acceptable level of clinical performance on the PTA CPI 3.0 as outlined in the course syllabus and Clinical Education Manual.

### Acceptable Levels of Clinical Performance on PTA CPI 3.0

Students must achieve a rating at or above the levels stated below on all performance criteria identified on the PTA CPI 3.0 for successful completion of the clinical education experience. If the student is at a clinical education site in which one or more of the technical/procedural domains of practice on the PTA CPI 3.0 is not observed, the student and CI should rate the item as N/A. The student and CI must clearly explain in the comment section that the domain was not observed and provide a reason why. If a criterion is not able to be scored on the final clinical education experience and the student has not previously been rated at entry level for that criterion, the student may be required to complete remediation with the DCE to ensure entry level performance before graduation.

<b>Clinical Experience</b>	<b>Midterm</b>	<b>Final</b>
PTAS 115 (Clinical I)	N/A	Advanced Beginner
PTAS 205 (Clinical II)	Advanced Beginner	Advanced Intermediate
PTAS 215 (Clinical III)	Intermediate	Entry Level

### Criteria for Unsatisfactory Completion of Clinical Education Experiences

1. Failure to complete any learning or behavior contract related to documented infractions of the college or programmatic professionalism standards outlined in the Clinical Education Manual to the satisfaction of the DCE, SCCE, and/or CI.

2. Two days of No Call – No Show will be considered abandonment and will result in **automatic failure from the program**.
3. Failure to adhere to the clinical attendance policies outlined in the Clinical Education Manual or course syllabus
4. Failure to complete minimum number of hours required for the clinical education experience.
5. Failure to complete and submit clinical assignments given by the Clinical Instructor, SCCE, and/or the DCE by the provided deadlines.
6. Failure to achieve acceptable ratings from the Clinical Instructor on the PTA CPI 3.0 as outlined in the Criteria for Satisfactory Completion of the Clinical Education Experience in the Clinical Education Manual.
7. Failure to complete any Learning or Behavior Contracts to the satisfaction of the DCE, SCCE, and/or CI.

### Results of Unsatisfactory Completion of Clinical Experience

Unsatisfactory completion of a clinical assignment will result in one of the following:

1. Extension of time at the same facility or at a different facility. If the student fails to successfully complete the time extension, the clinical must be repeated in its entirety.
2. Repeat of the entire clinical at a different facility for an equal length of time. If the student fails to successfully complete the repeated clinical, the student will be withdrawn from the Physical Therapist Assistant Program.
3. Withdrawal from the Physical Therapist Assistant Program.

### Early Termination of Clinical Education Experience

Clinical education sites and the academic institution have the right to remove a student from a clinical education experience. Students may be removed from a clinical education site due to incompetent performance, unprofessional behavior, or if the student poses a safety threat to the patients, clients, or staff of the facility. The decision to remove a student from a clinical education experience will be made based on the input from the SCCE, CI, and DCE. Clinical sites that choose to remove a student from the facility must contact the DCE immediately. The DCE will meet with the SCCE and/or CI to discuss the reasons for dismissal and obtain all necessary documentation. The DCE will meet with the student within 24 hours of removal to discuss the reasons for removal, consequences of removal, and the student's status in the program. Early termination of a clinical education experience may result in failure to successfully complete the course or removal from the program.

If a student is removed from clinical education experiences by two (2) clinical sites for any reason (academic or behavioral), the student will be dismissed from the program and ineligible for readmission.

An Early Warning Notice to the DCE should be utilized at the onset of concern by the SCCE or CI to immediately address concerns. The DCE can then work with the clinical site and student to create a Learning or Behavioral Contract to correct the area of deficiency. Early intervention may reduce the need for clinical termination.

## Reassignment of Clinical Education Experience

The academic institution has the right to reassign a student on a clinical education experience if the student will not be able to meet course objectives or obtain the minimum required hours at the clinical site. Possible reasons a student may require reassignment include, but are not limited to, family crisis, change in health status, unresolvable conflict with the Clinical Instructor, clinic personnel changes, or reduction in patient caseload at the clinical site. The DCE will make every effort to immediately place the student in an alternative facility. If immediate placement is not possible, the student may have to delay completion of the clinical education experience.

## Submitting Assignments

All required forms and assignments must be completed and submitted electronically through Ivy Learn by the end of the final date of the clinical education experience, unless otherwise specified by the DCE. Failure to complete required forms will adversely affect the student's grade in the course and may be grounds for failure of the clinical course. If the DCE requires in-person submission of assignments, they must be handed directly to a PTA faculty member. Clinical forms required for each clinical education experience include, but are not limited to:

- Week One Checklists (Student and Clinical Instructor Forms)
- Weekly Goal Setting Forms
- Student Evaluation of Clinical Experience
- Student Evaluation of Clinical Instructor
- Attendance Summary

## Continuing Education Certificates

The DCE will provide CEU Certificates for Clinical Instructors in accordance with the State Practice Act governing the facility. CEU Certificates will be emailed to each Clinical Instructor within 4 weeks following the conclusion of the clinical rotation. Students are responsible for providing requested information through an online survey platform prior to the conclusion of the clinical rotation to ensure that all Clinical Instructors and/or supervisors receive appropriate CEUs. If a student has multiple Clinical Instructors and/or supervisors, the Clinical Instructors are responsible for determining what percentage of the CEUs each clinician should be awarded based on the level of instruction provided.

For example: If two Clinical Instructors equally shared clinical supervision, each Clinical Instructor should expect 50% of CEU credit (Jane Doe, PTA 50% and Jim Smith, PTA 50%)

According to the Kentucky State Practice Act, when a PTA acts as the full-time supervising Clinical Instructor, the supervising PT must perform at least 20% of the supervision of the student. In this case, the PTA will receive up to 80% of the CEU credit for supervision of a student in the State of Kentucky.

For example: Jane Doe, PTA receives 80% and Jim Smith, PT, DPT receives 20%.

## Additional Resources

### APTA Resources

- [APTA Guide of Conduct of the PTA](#)
- [APTA Standards of Ethical Conduct for the Physical Therapist Assistant](#)
- [APTA Core Values for the PT and PTA](#)
- [APTA Supervision Requirements for Students](#)
- [APTA Supervision of Students Under Medicare Part B](#)
- [ACAPT Clinical Education Resources](#)

### Clinical Performance Instrument 3.0

- [APTA CPI Training Information for SCCE and CI](#)
- [APTA CPI Training Information for PTA Students](#)
- [APTA CPI 3.0 Website](#)

### Ivy Tech Resources

- [Ivy Tech Community College Website](#)
- [Ivy Tech Physical Therapist Assistant Website](#)

### State Practice Acts

- [Indiana State Practice Act](#)
- [Kentucky State Practice Act](#)

### Additional Resources

- [Commission on Accreditation in Physical Therapy Education \(CAPTE\)](#)
- [Federation of State Boards of Physical Therapy](#)

### Clinical Instructor Resources

- [Clinical Instructor Toolkit – Learning Assessment Techniques \(LATs\)](#)

## **Clinical Education Forms**

The following section contains all forms related to the Clinical Education Curriculum. Students can also access required clinical forms in Ivy Learn.

### **Pre-Clinical Assessments**

Professional Behaviors Self-Assessment Tool  
Student Readiness for First Full Time Clinical Experience  
Student Profile

### **Clinical Progression Guides**

Weekly Progression Guide PTAS 115 – Clinical I  
Weekly Progression Guide PTAS 205 – Clinical II  
Weekly Progression Guide PTAS 215 – Clinical III

### **Required Clinical Forms**

Week One Checklist - Student Form  
Week One Checklist - Clinical Instructor Form  
Weekly Goal Setting Form  
Clinical Attendance Log  
Student Evaluation of Clinical Experience  
Student Evaluation of Clinical Instructor

### **Formative Assessments of Student Behaviors**

Learning Contract  
Critical Incident Report  
Anecdotal Record

### **Clinical Site Visits**

Clinical Instructor Profile  
Clinical Site Contact

### **Student Acknowledgement Forms**

Clinical Education Acknowledgements  
Confidentiality of Information  
Healthcare Student Authorization for Use and Disclosure of Protected Health Information

# Professional Behaviors Assessment Tool

Self-assessment is one of the most important skills a clinician can develop for professional growth. This assessment tool will assist the student in strengthening skills in the affective domain of learning. The tool can be completed by the student, academic faculty, or clinical faculty to provide feedback on a student's performance in these domains.

Through a study in 1991, the faculty of University of Wisconsin-Madison identified ten professional behaviors (generic abilities) required for success in the Physical Therapy profession (May, 1995). These professional behaviors were updated in 2010 to better represent the needs of a changing healthcare system, academic environment, and generational differences (May & Kotney, 2010). The ten Professional Behaviors and behavioral criteria for beginning, intermediate, and entry level development are defined below. Behaviors listed under each criteria are considered as follows:

**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 able to independently manage a caseload with consultation as needed from clinical instructors, co-workers and other health care professionals

## **Instructions:**

1. Read the description for each professional behavior.
2. Highlight the sample behaviors the student currently possesses. Base decisions on the context of physical therapy, and not on the student's personal life experiences.
3. Based on the definition and sample behaviors highlighted, determine if student performance primarily falls under beginning, intermediate, or entry-level performance. Indicate this as the Performance Level.
4. Reflect on the current performance level and develop specific strategies to employ to enhance performance in each area.
5. After reflecting on the assessment, the student should develop at least three (3) personal goals to achieve and advance professional behaviors. Identify which professional behavior the goal will address.

Student Name: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

**Critical Thinking** - The ability to question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Raises relevant questions</li> <li>• Considers all available information</li> <li>• Articulates ideas</li> <li>• Understands the scientific method</li> <li>• States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion)</li> <li>• Recognizes holes in knowledge base</li> <li>• Demonstrates acceptance of limited knowledge and experience</li> </ul>	<ul style="list-style-type: none"> <li>• Feels challenged to examine ideas</li> <li>• Critically analyzes the literature and applies it to patient management</li> <li>• Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas</li> <li>• Seeks alternative ideas</li> <li>• Formulates alternative hypotheses</li> <li>• Critiques hypotheses and ideas at a level consistent with knowledge base</li> <li>• Acknowledges presence of contradictions</li> </ul>	<ul style="list-style-type: none"> <li>• Distinguishes relevant from irrelevant patient data</li> <li>• Readily formulates and critiques alternative hypotheses and ideas</li> <li>• Infers applicability of information across populations</li> <li>• Exhibits openness to contradictory ideas</li> <li>• Identifies appropriate measures and determines effectiveness of applied solutions efficiently</li> <li>• Justifies solutions selected</li> </ul>

Performance Level:

Strategies to Enhance Performance in this Area:

**Communication** - The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting</li> <li>• Recognizes impact of non-verbal communication in self and others</li> <li>• Recognizes the verbal and non-verbal characteristics that portray confidence</li> <li>• Utilizes electronic communication appropriately</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences</li> <li>• Restates, reflects, and clarifies message(s)</li> <li>• Communicates collaboratively with both individuals and groups</li> <li>• Collects necessary information from all pertinent individuals in the patient/client management process</li> <li>• Provides effective education (verbal, non-verbal, written and electronic)</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups</li> <li>• Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing</li> <li>• Maintains open and constructive communication</li> <li>• Utilizes communication technology effectively and efficiently</li> </ul>

Performance Level:  
Strategies to Enhance Performance in this Area:

**Problem Solving** – The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Recognizes problems</li> <li>• States problems clearly</li> <li>• Describes known solutions to problems</li> <li>• Identifies resources needed to develop solutions</li> <li>• Uses technology to search for and locate resources</li> <li>• Identifies possible solutions and probable outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritizes problems</li> <li>• Identifies contributors to problems</li> <li>• Consults with others to clarify problems</li> <li>• Appropriately seeks input or guidance</li> <li>• Prioritizes resources (analysis and critique of resources)</li> <li>• Considers consequences of possible solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Independently locates, prioritizes and uses resources to solve problems</li> <li>• Accepts responsibility for implementing solutions</li> <li>• Implements solutions</li> <li>• Reassesses solutions</li> <li>• Evaluates outcomes</li> <li>• Modifies solutions based on the outcome and current evidence</li> <li>• Evaluates generalizability of current evidence to a particular problem</li> </ul>

Performance Level:  
Strategies to Enhance Performance in this Area:

**Interpersonal Skills** – The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Maintains professional demeanor in all interactions</li> <li>• Demonstrates interest in patients as individuals</li> <li>• Communicates with others in a respectful and confident manner</li> <li>• Respects differences in personality, lifestyle and learning styles during interactions with all persons</li> <li>• Maintains confidentiality in all interactions</li> <li>• Recognizes the emotions and bias that one brings to all professional interactions</li> </ul>	<ul style="list-style-type: none"> <li>• Recognizes the non-verbal communication and emotions that others bring to professional interactions</li> <li>• Establishes trust</li> <li>• Seeks to gain input from others</li> <li>• Respects role of others</li> <li>• Accommodates differences in learning styles as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates active listening skills and reflects back to original concern to determine course of action</li> <li>• Responds effectively to unexpected situations</li> <li>• Demonstrates ability to build partnerships</li> <li>• Applies conflict management strategies when dealing with challenging interactions</li> <li>• Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</li> </ul>

Performance Level:

Strategies to Enhance Performance in this Area:

**Responsibility** – The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Demonstrates punctuality</li> <li>• Provides a safe and secure environment for patients</li> <li>• Assumes responsibility for actions</li> <li>• Follows through on commitments</li> <li>• Articulates limitations and readiness to learn</li> <li>• Abides by all policies of academic program and clinical facility</li> </ul>	<ul style="list-style-type: none"> <li>• Displays awareness of and sensitivity to diverse populations</li> <li>• Completes projects without prompting</li> <li>• Delegates tasks as needed</li> <li>• Collaborates with team members, patients and families</li> <li>• Provides evidence-based patient care</li> </ul>	<ul style="list-style-type: none"> <li>• Educates patients as consumers of health care services</li> <li>• Encourages patient accountability</li> <li>• Directs patients to other health care professionals as needed</li> <li>• Acts as a patient advocate</li> <li>• Promotes evidence-based practice in health care settings</li> <li>• Accepts responsibility for implementing solutions</li> <li>• Demonstrates accountability for all decisions and behaviors in academic and clinical settings</li> </ul>

Performance Level:

Strategies to Enhance Performance in this Area:

**Professionalism** – The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Abides by all aspects of the academic program honor code and the APTA Code of Ethics</li> <li>• Demonstrates awareness of state licensure regulations</li> <li>• Projects professional image</li> <li>• Attends professional meetings</li> <li>• Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies positive professional role models within the academic and clinical settings</li> <li>• Acts on moral commitment during all academic and clinical activities</li> <li>• Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making</li> <li>• Discusses societal expectations of the profession</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary</li> <li>• Provides patient/family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity</li> <li>• Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development</li> <li>• Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices</li> <li>• Discusses role of physical therapy within the healthcare system and in population health</li> <li>• Demonstrates leadership in collaboration with both individuals and groups</li> </ul>

Performance Level:

Strategies to Enhance Performance in this Area:

**Use of Constructive Feedback** – The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Demonstrates active listening skills</li> <li>• Assesses own performance</li> <li>• Actively seeks feedback from appropriate sources</li> <li>• Demonstrates receptive behavior and positive attitude toward feedback</li> <li>• Incorporates specific feedback into behaviors</li> <li>• Maintains two-way communication without defensiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Critiques own performance accurately</li> <li>• Responds effectively to constructive feedback</li> <li>• Utilizes feedback when establishing professional and patient related goals</li> <li>• Develops and implements a plan of action in response to feedback</li> <li>• Provides constructive and timely feedback</li> </ul>	<ul style="list-style-type: none"> <li>• Independently engages in a continual process of self evaluation of skills, knowledge and abilities</li> <li>• Seeks feedback from patients/clients and peers/mentors</li> <li>• Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities</li> <li>• Uses multiple approaches when responding to feedback</li> <li>• Reconciles differences with sensitivity</li> <li>• Modifies feedback given to patients/clients according to their learning styles</li> </ul>

Performance Level:

Strategies to Enhance Performance in this Area:

**Effective Use of Time and Resources** – The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Comes prepared for the day’s activities/responsibilities</li> <li>• Identifies resource limitations (i.e. information, time, experience)</li> <li>• Determines when and how much help/assistance is needed</li> <li>• Accesses current evidence in a timely manner</li> <li>• Verbalizes productivity standards and identifies barriers to meeting productivity standards</li> <li>• Self-identifies and initiates learning opportunities during unscheduled time</li> </ul>	<ul style="list-style-type: none"> <li>• Utilizes effective methods of searching for evidence for practice decisions</li> <li>• Recognizes own resource contributions</li> <li>• Shares knowledge and collaborates with staff to utilize best current evidence</li> <li>• Discusses and implements strategies for meeting productivity standards</li> <li>• Identifies need for and seeks referrals to other disciplines</li> </ul>	<ul style="list-style-type: none"> <li>• Uses current best evidence</li> <li>• Collaborates with members of the team to maximize the impact of treatment available</li> <li>• Has the ability to set boundaries, negotiate, compromise, and set realistic expectations</li> <li>• Gathers data and effectively interprets and assimilates the data to determine plan of care</li> <li>• Utilizes community resources in discharge planning</li> <li>• Adjusts plans, schedule etc. as patient needs and circumstances dictate</li> <li>• Meets productivity standards of facility while providing quality care and completing non-productive work activities</li> </ul>

Performance Level:

Strategies to Enhance Performance in this Area:

**Stress Management** – The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Recognizes own stressors</li> <li>• Recognizes distress or problems in others</li> <li>• Seeks assistance as needed</li> <li>• Maintains professional demeanor in all situations</li> </ul>	<ul style="list-style-type: none"> <li>• Actively employs stress management techniques</li> <li>• Reconciles inconsistencies in the educational process</li> <li>• Maintains balance between professional and personal life</li> <li>• Accepts constructive feedback and clarifies expectations</li> <li>• Establishes outlets to cope with stressors</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates appropriate affective responses in all situations</li> <li>• Responds calmly to urgent situations with reflection and debriefing as needed</li> <li>• Prioritizes multiple commitments</li> <li>• Reconciles inconsistencies within professional, personal and work/life environments</li> <li>• Demonstrates ability to defuse potential stressors with self and others</li> </ul>

Performance Level:

Strategies to Enhance Performance in this Area:

**Commitment to Learning** – The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Beginning	Intermediate	Entry Level
<ul style="list-style-type: none"> <li>• Prioritizes information needs</li> <li>• Analyzes and subdivides large questions into components</li> <li>• Identifies own learning needs based on previous experiences</li> <li>• Welcomes and/or seeks new learning opportunities</li> <li>• Seeks out professional literature</li> <li>• Plans and presents an in-service, research or cases studies</li> </ul>	<ul style="list-style-type: none"> <li>• Researches and studies areas where own knowledge base is lacking in order to augment learning and practice</li> <li>• Applies new information and re-evaluates performance</li> <li>• Accepts that there may be more than one answer to a problem</li> <li>• Recognizes the need to and is able to verify solutions to problems</li> <li>• Reads articles critically and understands limits of application to professional practice</li> </ul>	<ul style="list-style-type: none"> <li>• Respectfully questions conventional wisdom</li> <li>• Formulates and re-evaluates position based on available evidence</li> <li>• Demonstrates confidence in sharing new knowledge with all staff levels</li> <li>• Modifies programs and treatments based on newly-learned skills and considerations</li> <li>• Consults with other health professionals and physical therapists for treatment ideas</li> </ul>

Performance Level:

Strategies to Enhance Performance in this Area:

**Personal Goals Based on Professional Behavior Assessment** (Identify which behavior the goal will address.

Behavior Addressed by Goal:

Goal 1:

Behavior Addressed by Goal:

Goal 2:

Behavior Addressed by Goal:

Goal 3:

This tool was adapted from the Professional Behaviors for the 21<sup>st</sup> Century developed by May, Kontney, and Iglarsh (2010)

#### References

Generic Abilities were originally developed by May, W.W., Morgan, B.J., Lemke, J.C., Karst, G.M., Stone, H.L. (Spring 1995). Model for ability-based assessment in physical therapy education. *Journal of Physical Therapy Education*. 9 (1), 3-6.

Professional Behaviors for the 21<sup>st</sup> Century were developed by Warren May, Laurie Kontney and Annette Iglarsh (2010) as an update to the Generic Abilities



## Student Readiness for First Full Time Clinical Education Experience

This is a self-assessment tool based on the American Council of Academic Physical Therapy’s Student Readiness for the First Full-Time Clinical Experience (Timmerberg, 2019). It has been modified to reflect the role and responsibilities of the Physical Therapist Assistant. The student will complete this form prior to starting the first full time clinical education experience. Any areas of deficiency will require remediation prior to starting the clinical education curriculum.

**Instructions:** Rate yourself on the following knowledge, skills, abilities, and professional behaviors using the following skill levels

- 1. At least familiar**
  - Have basic knowledge, require guidance to apply clinically
- 2. At least emerging**
  - Can apply in simple situations, requires guidance to apply in complex situations
- 3. Proficient**
  - Integrates independently in both simple and complex situations. Can identify if guidance is necessary

After completing this self-assessment, meet with the DCE to discuss your ratings.

Student Readiness Themes and KSAs		Expected Level	My Level
<b>Theme 1</b>	<b>Students should have foundational knowledge to support application and synthesis in the following content areas:</b>		
1.1	Anatomy (i.e. functional anatomy)	At Least Emerging	
1.2	Common diagnoses related to systems review (e.g. medical, physical therapy)	At Least Emerging	
1.3	Kinesiology (i.e. biomechanics, exercise science, movement science)	At Least Emerging	
1.4	Physiology / Pathophysiology (related to general systems review)	At Least Emerging	
1.5	Tissue mechanics (e.g. stages of healing, use/disuse, load/overload)	At Least Emerging	
<b>Theme 2</b>	<b>Students should meet the specific program identified curricular requirements including:</b>		
2.1	achieve minimum GPA		
2.2	meet minimum expectations for practical examinations		
2.3	remediation of any and all safety concerns		
<b>Theme 3</b>	<b>Students should take initiative to apply evidence-based strategies to:</b>		
3.1	generate interventions ideas	At Least Familiar	
3.2	guide decision-making	At Least Familiar	
3.3	measure outcomes	At Least Familiar	
3.4	research unfamiliar information or conditions	At Least Emerging	

	<b>Student Readiness Themes and KSAs</b>	<b>Expected Level</b>	<b>My Level</b>
<b>Theme 4</b>	<b>Students should engage in self-assessment including:</b>		
4.1	self-assessment of the impact of one's behaviors on others	At Least Emerging	
4.2	the understanding of one's own thought processes (metacognition)	At Least Emerging	
4.3	self-reflection and identification of areas of strength and those needing improvement, development of a plan to improve, and discussion of that plan with instructors	At Least Emerging	
4.4	seeking out resources, including support from others when needed, to assist in implementation of the plan	At Least Emerging	
<b>Theme 5</b>	<b>Students should utilize constructive feedback by:</b>		
5.1	being open and receptive, verbally/non-verbally	At Least Emerging	
5.2	implementing actions to address issues promptly	At Least Emerging	
5.3	reflecting on feedback provided	At Least Emerging	
<b>Theme 6</b>	<b>Students should demonstrate effective communication abilities within the following groups:</b>		
6.1	diverse patient populations	At Least Familiar	
6.2	families and other individuals important to the patients	At Least Familiar	
6.3	healthcare professionals	At Least Familiar	
<b>Theme 7</b>	<b>Students should exhibit effective verbal, non-verbal and written communication abilities to:</b>		
7.1	listen actively	At Least Emerging	
7.2	demonstrate polite, personable, engaging, and friendly behaviors	Proficient	
7.3	independently seek information from appropriate sources	At Least Emerging	
7.4	build rapport	At Least Emerging	
7.5	seek assistance when needed	At Least Emerging	
7.6	engage in shared decision-making with patients	At Least Familiar	
7.7	demonstrate a level of comfort and respect with patient handling	At Least Familiar	
7.8	demonstrate empathy	At Least Emerging	
7.9	use language and terminology appropriate for the audience	At Least Emerging	
7.10	introduce oneself to CI, clinical staff, and patients	Proficient	
<b>Theme 8</b>	<b>Students should be prepared to engage in learning through demonstrating:</b>		
8.1	accountability for actions and behaviors	At Least Emerging	
8.2	resilience/perseverance	At Least Emerging	

Student Readiness Themes and KSAs		Expected Level	My Level
8.3	cultural competence and sensitivity	At Least Emerging	
8.4	an eager, optimistic, and motivated attitude	At Least Emerging	
8.5	respect for patients, peers, healthcare professionals and community	Proficient	
8.6	open-mindedness to alternative ideas	At Least Emerging	
8.7	punctuality with all assignments	Proficient	
8.8	self-care to manage stress	At Least Emerging	
8.9	responsibility for learning	At Least Emerging	
8.10	self-organization	At Least Emerging	
8.11	taking action to change when needed	At Least Emerging	
8.12	willingness to adapt to new and changing situations	At Least Emerging	
8.13	appropriate work ethic	At Least Emerging	
8.14	maturity during difficult or awkward situations with patients, families and healthcare professionals	At Least Emerging	
<b>Theme 9</b>	<b>Students should develop the following elements including the documentation of:</b>		
9.1	History, systems review, and tests and measures	At Least Familiar	
9.3	daily interventions	At Least Familiar	
<b>Theme 10</b>	<b>Student should recognize and address issues related to safe patient care including the ability to:</b>		
10.1	identify contraindications and precautions	At Least Emerging	
10.2	assess and monitor vital signs	At Least Emerging	
10.3	identify and respond to physiologic changes	At Least Familiar	
10.4	assess the environment for safety, including lines, tubes, and other equipment	At Least Familiar	
10.5	appropriately apply infection control procedures including universal precautions	At Least Emerging	
10.6	provide assistance and guarding for patient safety	At Least Emerging	
10.7	utilize appropriate body mechanics to avoid injury to self or patients	At Least Emerging	
10.8	provide appropriate draping during patient care activities	At Least Emerging	
<b>Theme 11</b>	<b>Student should demonstrate the following clinical reasoning skills for a non-complex patient:</b>		
11.4	determine appropriateness for therapy within scope of practice	At Least Familiar	
11.6	screen to rule in/out conditions and concerns	At Least Familiar	
<b>Theme 12</b>	<b>Student should have BOTH the understanding and skill to perform the following examination skills:</b>		

Student Readiness Themes and KSAs		Expected Level	My Level
12.1	balance assessment	At Least Familiar	
12.2	chart review to extract relevant history	At Least Familiar	
12.3	dermatome screening	At Least Familiar	
12.4	functional mobility assessment	At Least Familiar	
12.5	gait assessment	At Least Familiar	
12.6	goniometry	At Least Emerging	
12.7	interview / history taking	At Least Emerging	
12.9	manual muscle testing	At Least Emerging	
12.10	muscle length testing	At Least Emerging	
12.11	myotome screening	At Least Emerging	
12.12	reflex testing	At Least Emerging	
12.13	sensory examination	At Least Emerging	
12.14	medical screening for red flags	At Least Familiar	
12.15	systems review	At Least Familiar	
<b>Theme 13</b>	<b>Student should have the understanding and skill to perform the following interventions:</b>		
13.1	prescribe, fit, and instruct patients in proper use of assistive devices	At Least Familiar	
13.2	functional training (including bed mobility, transfers, and gait) with appropriate guarding and assistance	At Least Familiar	
13.3	individualized patient education	At Least Familiar	
13.4	therapeutic exercise: specifically strengthening	At Least Familiar	
13.5	therapeutic exercise: specifically stretching	At Least Familiar	
13.6	therapeutic exercise: specifically aerobic exercise	At Least Familiar	
<b>Theme 14</b>	<b>Student should recognize and follow specific professional standards, including:</b>		
14.1	appropriate dress code	Proficient	
14.2	core values identified by the APTA as accountability, altruism, compassion/caring, excellence, inclusion, integrity, professional duty, and social responsibility	At Least Emerging	
14.3	clinical expectations specific to setting		
14.4	HIPAA regulations	At Least Emerging	
14.5	legal aspects related to patient care	At Least Emerging	
14.6	obligations of the patient-provider relationship	At Least Emerging	
14.7	passion for the profession	At Least Emerging	
14.8	patient rights	At Least Emerging	
14.9	maintaining professional boundaries	At Least Emerging	

Student Readiness Themes and KSAs		Expected Level	My Level
14.10	understanding physical therapy's role in the healthcare system	At Least Emerging	

References

Timmerberg, J. F., Dole, R., Silberman, N., Goffar, S. L., Mathur, D., Miller, A., Murray, L., Pelletier, D., Simpson, M. S., Stolfi, A., Thompson, A., & Utzman, R. (2019). Physical therapist student readiness for entrance into the first full-time clinical experience: A delphi study. *Physical therapy*, 99(2), 131–146. <https://doi.org/10.1093/ptj/pzy134>



## Student Profile

Date of Affiliation		Clinical Rotation	<input type="checkbox"/> 115 (3 weeks)
			<input type="checkbox"/> 205 (7 Weeks)
			<input type="checkbox"/> 215 (7 Weeks)
Facility			

Student Contact Information			
Student Name			
Mailing Address			
Email Address		Cell Phone	

Medical Information and Emergency Contact			
Emergency Contact		Relationship	
Cell Phone		Alternate Phone	
Physician		Physician Phone Number	
Medical Insurance Information			
Allergies			
Other Health Information			

Learning Objectives	
Prior Clinical Experience	
Prior Work Experience	
Preferred Learning Styles	
Preferred Communication Style	
Preferred Method for Receiving Feedback	
Areas of Strength	
Opportunities for Growth	
Goals for this Clinical Rotation	
Additional Comments or Information	

### Clinical Information

PTAS 115 is the student's first clinical educational experience. The student has completed classroom courses addressing the following topics prior to starting this clinical education experience: basic gait training, active/passive ROM, positioning and draping, kinesiology, goniometry in standard positions, manual muscle testing, treatment of the patient with orthopedic conditions, pathology, administration, ethics, and physical agents and modalities. Upon returning to the classroom in the fall, the student will receive instruction addressing treatment of patients with neurological conditions, amputations, wound care, and other special populations.

By the end of this clinical experience, the student should achieve Advanced Beginner Performance for all performance criteria on the PTA CPI.

### Progression Guide

The following is provided for the Clinical Instructor to have a guide for progression of participation and skill acquisition for the PTAS 115 Clinical I affiliation. **This guide is not intended to restrict the judgment of the Clinical Instructor.** A student may progress at a different pace than these guidelines recommend. It is at the discretion of the Clinical Instructor to modify the pace of learning as appropriate.

#### Day One

1. Facility orientation including tour, policies and procedures, safety procedures, emergency response, HIPAA compliance, protocols, introduction to other staff members
2. Establishment of general expectations of the student and Clinical Instructor for this experience
3. Establish learning objectives for the clinical education experience
4. Review of required academic course assignments and expectations

#### Week One

1. Student should consistently introduce self and role to patients with rare prompting from Clinical Instructor.
2. Student should start performing chart reviews to locate a patient's medical history, diagnosis, POC, and previously performed interventions with guidance from the Clinical Instructor.
3. Student should start participating in treatment of patients with non-complex conditions and other patients at the discretion of the Clinical Instructor. Examples of opportunities to participate in treatment include, but are not limited to, performing goniometry in standard positions, MMT, exercise instruction, and modality application.
4. Student should arrive to facility on time, in appropriate dress, and demonstrate professional behaviors consistently without instruction or prompting from the Clinical Instructor.

### **Week Two**

1. Student should consistently greet and receive patients for therapy sessions with minimal guidance.
2. Student should perform chart reviews with decreased guidance from Clinical Instructor.
3. Student should participate in treatment of patients with non-complex conditions and progress in competence of performance or require less guidance from the Clinical Instructor.
4. Student should educate patients/clients on basic therapeutic exercises with guidance from the Clinical Instructor.
5. Students should start documentation of patient interactions. Students should be proficient at entering relevant subjective information and require guidance for documenting objective information per facility standards. If student access to documentation is not available at the facility, an alternative documentation assignment should be established for student practice.

### **Week Three**

1. Student should greet and receive patients for therapy sessions without guidance.
2. Student should continue to perform chart reviews with less guidance from Clinical Instructor
3. Student should make appropriate recommendations for exercise progression for patients with non-complex conditions, following the established plan of care.
4. Student should manage patients/clients with non-complex conditions with supervision of the Clinical Instructor 75-90% of the time and patients/clients with more complex conditions with supervision 100% of the time

<p><b>Final Clinical Expectation:</b> Student will achieve Advanced Beginner Performance rating for all performance criteria on the PTA CPI.</p>
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## Weekly Progression Guide PTAS 205 – Clinical II

### Clinical Information

PTAS 205 is the student's second of three clinical rotations. The student has completed all classroom instruction and will have one more clinical rotation immediately following completion of this experience. By the end of this clinical experience, the student should achieve Advanced Intermediate Performance for all performance criteria on the PTA CPI.

### Progression Guide

The following is provided for the Clinical Instructor to have a guide for progression of participation and skill acquisition for the PTAS 205 Clinical II affiliation. This guide is not intended to restrict the judgment of the Clinical Instructor. A student may progress at a different pace than these guidelines recommend. It is at the discretion of the Clinical Instructor to modify the pace of learning as appropriate.

#### Day One

1. Facility orientation including tour, policies and procedures, safety procedures, emergency response, HIPAA compliance, protocols, introduction to other staff members
2. Establish general expectations of the student and Clinical Instructor for this experience
3. Establish learning objectives for the clinical education experience
4. Review required academic course assignments and expectations

#### Week One

1. Student should independently introduce self and role to patients upon meeting with rare prompting from the Clinical Instructor
2. Student should perform chart review to locate a patient's medical history, diagnosis, POC, and previously performed interventions with guidance from the Clinical Instructor
3. Student should start participating in treatment of patients with non-complex conditions and other patients at the discretion of the Clinical Instructor. Students should require guidance treating patients with non-complex conditions up to 90% of the time, and other patients as assigned by the Clinical Instructor up to 100% of the time.
4. Student should document subjective portions of daily treatment notes with minimal corrections from the Clinical Instructor
5. Student should arrive to facility on time, in appropriate dress, and demonstrate professional behaviors consistently without instruction or prompting from the Clinical Instructor

## Week Two

1. Student should consistently greet and receive patients for therapy sessions with minimal guidance or prompting from the Clinical Instructor
2. Student should continue to perform chart reviews with progressively less guidance from the Clinical Instructor.
3. Student should be assigned a caseload of a minimum of 1-2 patients with non-complex conditions each day.
4. Student should require progressively less guidance from the Clinical Instructor to competently treat and educate familiar patients
5. Student should be proficient documenting relevant subjective information in daily treatment notes with rare corrections and document objective portions of daily treatment notes with minimal corrections from the Clinical Instructor. If student access to documentation is not yet available, an alternative documentation assignment should be established for student practice.

## Week Three

1. Students should greet and receive patients for therapy sessions without guidance or prompting.
2. Student should continue to perform chart review with progressively less guidance from the Clinical Instructor
3. Student should be assigned a caseload of a minimum of 2-3 familiar patients with non-complex conditions each day. Introduction of patients with more complex conditions is at the discretion of the Clinical Instructor.
4. Student should require progressively less guidance from the Clinical Instructor to competently treat, progress, and educate familiar patients. Student should require guidance no more than 90% of the time when treating patients with non-complex conditions.
5. Student should document relevant subjective information independently and require progressively less guidance documenting other required components of documentation.
6. Student should independently identify any contraindications to treatment of current patient caseload.

**Midterm Evaluation:** The midterm PTA CPI assessment should be completed sometime between the end of weeks 3 and 4.

**Midterm Clinical Expectation:** Student will achieve Advanced Beginner Performance rating on all items of the PTA CPI.

If the student has not reached this expectation by midterm, the Clinical Instructor should contact the DCE and establish a Learning Contract.

#### **Week Four**

1. Student should perform thorough and accurate chart reviews for familiar and unfamiliar patients without guidance from the Clinical Instructor.
2. Student should be proficient gathering relevant subjective and objective data necessary to determine a patient's appropriateness for participation in physical therapy intervention.
3. Student should be assigned 30-40% of a caseload that would be considered appropriate for a new graduate PTA at your facility. The caseload should include patients with minimally complex conditions and those with more moderate to high complexity at the discretion of the CI.
4. Student should require progressively less guidance from the Clinical Instructor to competently treat, progress, and educate both familiar and newly introduced patients. Student should require guidance no more than 80% of the time when treating patients with minimally complex conditions. Student may require guidance up to 100% of the time treating patients with more complex conditions.
5. Student should produce accurate documentation for the assigned caseload with minimal corrections from the Clinical Instructor.
6. Student should complete required documentation for the assigned caseload with some additional time provided by the Clinical Instructor.

#### **Week Five**

1. Student should be assigned 45-55% of caseload that would be considered appropriate for a new graduate PTA at your facility. The caseload should include mostly patients with minimally complex conditions and some with moderate complexity. Patients with higher complexity can be added at the discretion of the CI.
2. Student should require progressively less guidance from the Clinical Instructor to competently treat, progress, and educate familiar and newly introduced patients. Student should require guidance no more than 70% of the time when treating patients with minimally complex conditions. Student may require guidance up to 95% of the time treating patients with more complex conditions.
3. Student should be proficient at providing rationale for patient/client progression or regression
4. Student should produce accurate documentation for the assigned caseload with occasional corrections from the Clinical Instructor.
5. Student should complete required documentation for the assigned caseload with some additional time provided by the Clinical Instructor.
6. Student should report accurate billing for treatment provided with rare corrections from the Clinical Instructor.

### **Week Six**

1. Student should be assigned 55-65% of caseload that would be considered appropriate for a new graduate PTA at your facility. The caseload should include patients with minimally to moderately complex conditions and those with more complex conditions at the discretion of the Clinical Instructor.
2. Student should require progressively less guidance from the Clinical Instructor to competently treat, progress, and educate familiar and newly introduced patients. Student should require guidance no more than 60% of the time when treating patients with minimally complex conditions. Student may require guidance up to 85% of the time treating patients with more complex conditions.
3. Student should complete required documentation for the assigned caseload with additional time provided for more complex documentation.

### **Week Seven**

1. Student independently asks patients/clients appropriate questions related to their conditions to determine appropriateness for therapy participation. Student also independently asks follow up questions during interactions to determine response to treatment.
2. Student should manage 65-75% of the expected caseload of a newly graduated Physical Therapist Assistant who is working full time at your facility. The caseload should include patients with all levels of complexity.
3. Student should manage patients/clients with non-complex conditions with <50% supervision and patients with complex conditions with supervision 25-75% of the time.
4. Student should produce thorough and accurate documentation with rare corrections from the Clinical Instructor.
5. Student should produce and submit required documentation in a timely manner within allotted work hours.
6. Student should communicate effectively with all members of the healthcare team and proficiently switch between using medical and layman terminology depending on the communication recipient.

**Final Clinical Expectation:** Student will achieve Advanced Intermediate Performance for all performance criteria on the PTA CPI. If the student has not reached this expectation by the conclusion of this clinical rotation, the DCE will contact the Clinical Instructor to provide additional feedback or documentation of the student's performance.



## Weekly Progression Guide PTAS 215 – Clinical III

### Clinical Information

PTAS 215 is the student's final clinical rotation. The student has completed all classroom instruction and will prepare for graduation after completion of this rotation. By the end of this clinical experience, the student should achieve Entry Level Performance for all performance criteria on the PTA CPI.

### Progression Guide

The following is provided for the Clinical Instructor to have a guide for progression of participation and skill acquisition for the PTAS 215 Clinical III affiliation. This guide is not intended to restrict the judgment of the Clinical Instructor. A student may progress at a different pace than these guidelines recommend. It is at the discretion of the Clinical Instructor to modify the pace of learning as appropriate.

#### Day One

1. Facility orientation including tour, policies and procedures, safety procedures, emergency response, HIPAA compliance, protocols, introduction to other staff members
2. Establish general expectations of the student and Clinical Instructor for this experience
3. Establish learning objectives for the clinical education experience
4. Review required academic course assignments and expectations

#### Week One

1. Student should independently introduce self and role to patients upon meeting with rare prompting from the Clinical Instructor
2. Student should perform chart review to locate a patient's medical history, diagnosis, POC, and previously performed interventions with guidance from the Clinical Instructor
3. Student should be assigned ~10-20% of the expected caseload of a newly graduated Physical Therapist Assistant who is working full time at your facility. The caseload should include patients with minimally complex conditions. Introduction of patients with more complex conditions is at the discretion of the Clinical Instructor.
4. Student should document subjective and objective portions of daily treatment notes with minimal corrections from the Clinical Instructor.
5. Student should arrive to facility on time, in appropriate dress, and demonstrate professional behaviors consistently without instruction or prompting from the Clinical Instructor

**Week Two:**

1. Student should consistently greet and receive patients for therapy sessions with rare guidance or prompting from the Clinical Instructor.
2. Student should continue to perform chart reviews with progressively less guidance from the Clinical Instructor.
3. Student should be assigned 20-40% of a caseload that would be considered appropriate for a new graduate PTA at your facility. The caseload should be primarily composed of patients with simple to minimally complex conditions. Patients with more complex conditions can be added at the discretion of the Clinical Instructor.
4. Student should require clinical guidance less than 75% of the time managing patients with simple conditions and up to 100% of the time managing patients with more complex conditions.
5. Student should be completing all aspects of required documentation with rare corrections for subjective and objective information and minimal corrections for other components. Student will likely require additional time to complete required documentation.

**Week Three:**

1. Student should greet and receive patients for physical therapy session without guidance or prompting from the Clinical Instructor.
2. Student should be proficient at gathering appropriate subjective and objective data to determine if the patient is appropriate to participate in physical therapy with rare guidance from the Clinical Instructor.
3. Student should be proficient at performing chart reviews to obtain necessary information for patient treatment.
4. Student should be assigned 30-50% of a caseload that would be considered appropriate for a new graduate PTA at your facility. The caseload should be mostly composed of patients with minimally complex conditions and some with higher complexity.
5. The student should require clinical guidance less than 50% of the time managing patients with simple conditions and up to 75% of the time managing patients with complex conditions.
6. Student should be completing all aspects of required documentation with fewer corrections and in less time than previous week.

**Midterm Evaluation:** The midterm PTA CPI assessment should be completed sometime between the end of weeks 3 and 4.

**Midterm Clinical Expectation:** Student will achieve Intermediate Performance rating on all items of the PTA CPI.

If the student has not reached this expectation by midterm, the Clinical Instructor should contact the DCE and establish a Learning Contract.

**Week Four:**

1. The student should be able to adjust patient/therapist schedules as needed with minimal guidance from the Clinical Instructor.
2. The student should be assigned 50-60% of a caseload that would be considered appropriate for a new graduate PTA at your facility. The caseload should be comprised of patients with varying levels of complexity.
3. The student should require clinical guidance less than 40% of the time managing patients with simple conditions and up to 50% of the time managing patients with complex conditions.
4. Student should be completing all aspects of daily documentation with fewer corrections and in less time than the previous week.
5. Student should be correctly identifying appropriate billing for patient services with rare correction from the Clinical Instructor.

**Week Five:**

1. The student should be able to adjust patient/therapist schedules as needed without guidance from the Clinical Instructor
2. The student should be assigned 60-80% of a caseload that would be considered appropriate for a new graduate PTA at your facility. The caseload should be comprised of patients with varying levels of complexity.
3. The student should require clinical guidance less than 25% of the time managing patients with minimally complex conditions and up to 50% of the time managing patients with complex conditions.
4. Student should be completing all aspects of required documentation with rare corrections. Student will likely still require some additional time to complete documentation.
5. Student should be correctly identifying appropriate billing for patient services independently.

**Week Six:**

1. The student should be assigned 85-90% of a caseload that would be considered appropriate for a new graduate PTA at your facility. The caseload should be comprised of patients with varying levels of complexity. Student should also be able to add unfamiliar patients to their caseload as needed to assist other clinicians in the facility.
2. Student should require clinical guidance less than 15% of the time managing patients with minimally complex conditions and up to 25% of the time managing patients with complex conditions.
3. Student should be completing all aspects of required documentation without corrections. Student should be completing documentation in less time than the previous week.

## Week Seven

1. Student should manage 100% of the expected caseload of a newly graduated Physical Therapist Assistant who is working full time at your facility. The caseload should include patients with all levels of complexity.
2. Student should independently manage patients/clients with conditions of various levels of complexity under the legally required Clinical Instructor or Physical Therapist supervision.
3. Student should produce thorough and accurate documentation for the assigned caseload without correction from the Clinical Instructor.
4. Student should produce and submit required documentation in a timely manner within allotted work hours.
5. Student should effectively recognize when referral to another healthcare provider is necessary to best meet the patient's needs or goals.
6. Student should adequately educate patients, caregivers, and colleagues using effective methods for the intended audience.
7. Student should independently communicate with the supervising Physical Therapist without facilitation from the Clinical Instructor.

**Final Clinical Expectation:** Student will achieve Entry Level Performance rating for all performance criteria on the PTA CPI.

If the student has not reached this expectation by the conclusion of this clinical rotation, the DCE will contact the Clinical Instructor to provide additional feedback or documentation of the student's performance.



## Week One Checklist Student Form

The Week One Checklist provides immediate feedback to the clinical education team about orientation, student expectations, and communication. It may also identify potential areas of concern early in the clinical experience. The student should complete this form at the end of day 2 for PTAS 115 (Clinical I), and at the end of the first week for PTAS 205 (Clinical II) and PTAS 215 (Clinical III). The CI will complete a similar form. The student and CI should meet to review and discuss the forms.

Student Name:	Date:
CI Name:	Facility:
Clinical Rotation: <input type="checkbox"/> I (115) <input type="checkbox"/> II (205) <input type="checkbox"/> III (215)	

**Instructions:** Check the selections that currently apply to your clinical experience. Contact the DCE if there are any unresolved issues after discussing the Week One Checklist with your Clinical Instructor.

- 1. Orientation to the facility and department was sufficient.
- 2. Facility and Department Policies and Procedures have been made available.
- 3. My Clinical Instructor and Supervising Physical Therapist have been clearly identified.
- 4. Open and effective communication has been established between student and CI.
- 5. Goals and learning objectives for this affiliation have been discussed.
- 6. I know what is expected of me for this affiliation.
- 7. I feel comfortable with the level of supervision provided currently.
- 8. I have participated in direct patient care under the supervision of my CI.
- 9. My CI provides timely and constructive feedback.
- 10. My CI is open to questions and answers them effectively.

<b>Verification of Understanding</b>
<p>I agree to report any violations of the non-discrimination policies of the program posted in the Clinical Education Manual to the DCE. I acknowledge that I can access the Ivy Tech Sellersburg PTA Clinical Education Manual online in Ivy Learn or by scanning the provided QR code and selecting the Sellersburg campus under Local Program Contacts &amp; Info. I also acknowledge that I may contact Shelley Siebert, DCE (<a href="mailto:msiebert7@ivytech.edu">msiebert7@ivytech.edu</a> or 812-246-3301 ext. 4537) with questions or concerns at any time throughout this clinical education experience.</p>
<div style="float: right; text-align: center;">  </div> <p>PTA Student Signature:</p>



## Week One Checklist Clinical Instructor Form

The Week One Checklist provides immediate feedback to the clinical education team about orientation, expectations, and communication. It may also identify potential problems early in the clinical rotation. The Clinical Instructor should complete this form at the end of day 2 for PTAS 115 (Clinical I), and at the end of the first week for PTAS 205 (Clinical II) and PTAS 215 (Clinical III). The student will complete a similar form. The student and CI should meet to review and discuss the forms.

Student Name:	Date:
CI Name:	Facility:
Clinical Rotation: <input type="checkbox"/> I (115) <input type="checkbox"/> II (205) <input type="checkbox"/> III (215)	

**Instructions:** Check the selections that currently apply to your student. Contact the DCE if there are any unresolved issues after discussing the Week One Checklist with your student or if you have any concerns regarding the student's performance.

- 1. Arrives on time, wears professional attire, and is appropriately groomed
- 2. Arrives prepared and eager to participate in the clinical education experience
- 3. Actively seeks feedback and guidance from CI
- 4. Accepts constructive feedback without defensiveness
- 5. Utilizes unstructured time constructively
- 6. Abides by facility policies and procedures
- 7. Demonstrates good safety awareness during patient interactions
- 8. Demonstrates knowledge and skill appropriate to the level of education
- 9. Obtains necessary patient information prior to initiating treatment
- 10. Demonstrates effective verbal and non-verbal communication

Verification Statement	
I agree to comply with the non-discrimination policies of the program posted in the Clinical Education Manual. I acknowledge that I can access the Ivy Tech Sellersburg PTA Clinical Education Manual online by scanning the provided QR code and selecting the Sellersburg campus under Local Program Contacts & Info. I also acknowledge that I may contact Shelley Siebert, DCE ( <a href="mailto:msiebert7@ivytech.edu">msiebert7@ivytech.edu</a> or 812-246-3301 ext. 4537) with questions or concerns at any time throughout this clinical education experience.	
Clinical Instructor Signature:	



# Clinical Education Curriculum Weekly Goal Setting Form

**Instructions** – At the conclusion of each week, reflect on the student’s performance in the Weekly Summary section. Topics to address include student strengths, progress, feedback, and/or areas for potential growth. Consider performance in the cognitive, psychomotor, and affective learning domains. Together, document how many SMART (Specific, Measurable, Attainable, Relevant, Time Based) goals were met within the week and establish **at least three** (3) SMART goals to work toward the following week. Lastly, identify strategies to achieve the established goals.

## Summary for Week #

CI’s Weekly Summary:

Student’s Weekly Summary:

## Number of Goals Met from Previous Week:

SMART Goals for the Upcoming Week

- 1.
- 2.
- 3.

Strategies to Achieve Goals for the Upcoming Week:

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CI Signature

Student Signature



# Clinical Attendance Log

Name: \_\_\_\_\_

Clinical Rotation: I II III (Circle One)

Clinical Instructor's Typical Full-Time Work Schedule							
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Hours							

Student's Attendance Record					
Week	Dates	Total Hours	Days Absent	Days Tardy	CI Signature
1					
2					
3					
4					
5					
6					
7					
*108 hours minimum to pass Clinical I (PTAS 115) and 252 hours minimum to pass Clinical II and III (PTAS 205 and 215). It is the student's responsibility to ensure receiving adequate hours to successfully complete this course.					

I have read the clinical attendance policy on the back of this form and confirm that clinical hours for this clinical education experience were documented accurately.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
CI Signature

## **Clinical Attendance Policy**

Tardiness is not acceptable. Arriving to the clinical education site more than 10 minutes late will result in a loss of professionalism points per the attendance policy and a recorded unexcused absence for that day.

A student is permitted one (1) excused absence from each clinical education experience. Absences cannot be rolled over from one clinical experience to another.

Each documented absence (excused and unexcused) from the clinical education experience will result in a loss of professionalism points per the programmatic attendance policy. Additionally, each documented unexcused absence will result in a 3% deduction to the final course grade.

All unexcused absences and any excused absences greater than one (1) day must be made up at the convenience of the Clinical Instructor. Failure to do so will result in unsuccessful completion of the clinical education experience. Making up missed clinical hours may occur during a scheduled holiday, weekend, or by extending the clinical education experience beyond the scheduled completion date.

Failure to notify the clinic of an absence is considered a No Call-No Show event. After the first day of No Call-No Show, a student will receive a written warning and be placed on a behavioral plan by the DCE. Any two days of No Call-No Show will be considered abandonment and will result in **automatic failure of the course and may lead to dismissal from the program.**



## Student Evaluation of Clinical Experience

The purpose of the Student Evaluation of Clinical Experience is to collect information about the clinical site that can help to facilitate future clinical placements, assist students in preparing for future clinical education experiences, and assess the learning experience. After completing this form, the student should share the information with the Clinical Instructor and the facility's SCCE. This form will be posted in Ivy Learn for future students to reference when preparing for future clinical education experiences.

Student Name:	
Clinical Rotation:	<input type="checkbox"/> PTAS 115 <input type="checkbox"/> PTAS 205 <input type="checkbox"/> PTAS 215
Dates of Experience:	To

Facility Contact Information	
Facility:	
Address:	
Phone Number:	
Website:	

SCCE Contact Information	
SCCE Name:	
SCCE Phone Number:	
SCCE Email Address:	
Preferred Method(s) of Contact	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify)

Rehab Director Contact Information	
Rehab Director Name:	
Rehab Director Phone Number:	
Rehab Director Email Address:	

Facility Information	
Type of Experience:	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient Comments:
Typical Hours of Operation:	
Number of Beds (Inpatient Only):	
Average Number of Patients Treated Daily:	
Types of Patients Commonly Treated:	

Lifespan of Patients Commonly Treated During Clinical Rotation:	Ages 0-12 <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often Ages 13-21 <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often Ages 22-65 <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often Ages 65+ <input type="checkbox"/> Never <input type="checkbox"/> Seldom <input type="checkbox"/> Sometimes <input type="checkbox"/> Often
Special Learning Experiences Available at Facility:	<input type="checkbox"/> Administrative Activities <input type="checkbox"/> Aquatics <input type="checkbox"/> Blood Flow Restriction <input type="checkbox"/> Clinics <input type="checkbox"/> Continuing Education Courses <input type="checkbox"/> Cupping <input type="checkbox"/> Diagnostic Testing <input type="checkbox"/> Family Conferences <input type="checkbox"/> Home Visits <input type="checkbox"/> Patient Conferences <input type="checkbox"/> Pre-Operative Education Courses <input type="checkbox"/> Research Activities <input type="checkbox"/> Surgery Observation <input type="checkbox"/> Other (please specify):

Staff Information	
Number of PTs on Site:	
Number of PTAs on Site:	
Number of Rehab Aides on Site:	
Other Healthcare Providers (ex: OTs, RNs, SLPs, etc.) on Site:	
Number of Other PT/PTA Students Onsite:	
Number of Other Students Onsite:	
Number of Students Supervised by Your CI:	

Information for Future Students	
Orientation Provided:	<input type="checkbox"/> Prior to Clinical Rotation <input type="checkbox"/> Onsite at Clinical Rotation <input type="checkbox"/> Online <input type="checkbox"/> Other (please specify):
Dress Code for Students:	
Immunizations Required:	<input type="checkbox"/> Facility Accepts Programmatic Requirements <input type="checkbox"/> Additional Immunization Requirements (please specify):
Background Check Required:	<input type="checkbox"/> Facility Accepts Programmatic Background Check <input type="checkbox"/> Additional Background Check Required (please specify):
Inservice Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Optional

	<input type="checkbox"/> Other (please specify):
Student Parking Location:	
Meals Available on Site:	
Additional Information:	

Evaluation of Pre-Clinical Information						
Please rate the value of the following information provided by the clinical site PRIOR to starting your clinical experience on a scale of 1 to 5 with 1= low and 5 = high. If the information was not provided, please rate as N/A.						
	1	2	3	4	5	N/A
Location of Site and/or Rehab Department	<input type="checkbox"/>					
Schedule of Working Hours	<input type="checkbox"/>					
Dress Code Requirements	<input type="checkbox"/>					
Parking	<input type="checkbox"/>					
Types of Patients Served	<input type="checkbox"/>					
Special Learning Services Provided	<input type="checkbox"/>					
Site Specific Student Learning Objectives	<input type="checkbox"/>					
Clinical Instructor Contact Information	<input type="checkbox"/>					
Orientation Requirements	<input type="checkbox"/>					
Immunization Requirements	<input type="checkbox"/>					
Background Check Requirements	<input type="checkbox"/>					
What other information would you recommend providing before a student's arrival?						
Comments:						

Evaluation of Clinical Site Orientation						
Please rate the value of the orientation provided by the clinical education site on a scale of 1-5 with 1=low value and 5=high value. If the information was not provided, rate the item N/A.						
	1	2	3	4	5	N/A
Physical Layout of Facility	<input type="checkbox"/>					
Staff Introductions	<input type="checkbox"/>					
Administrative Policies and Procedures	<input type="checkbox"/>					
Departmental Organization/Chain of Command	<input type="checkbox"/>					
Standards of Department	<input type="checkbox"/>					
Patient Schedule	<input type="checkbox"/>					
Therapist Schedule	<input type="checkbox"/>					
Documentation System	<input type="checkbox"/>					
Emergency Response System	<input type="checkbox"/>					

Comments:

Evaluation of Clinical Professionalism						
Please rate the professionalism of the clinical environment on a scale of 1-5 with 1=low and 5=high.						
	1	2	3	4	5	N/A
The staff was welcoming to me as a student	<input type="checkbox"/>					
The staff served as good role models	<input type="checkbox"/>					
The staff engaged with students in positive manner	<input type="checkbox"/>					
The staff demonstrated ethical behavior	<input type="checkbox"/>					
The staff provided quality patient care	<input type="checkbox"/>					
The staff upheld the Values of the PT and PTA	<input type="checkbox"/>					
I felt that I was a contributing member of the department	<input type="checkbox"/>					
Comments:						

Evaluation of Clinical Supervision						
Please answer the following questions about the supervision provided by your Clinical Instructor on a scale of 1-5 with 1=Rarely, 2=Occasionally, 3=Frequently, 4=Daily, and 5=More than Daily. If the action did not occur, rate the item as N/A.						
	1	2	3	4	5	N/A
How frequently did you and your CI discuss your learning objectives or expectations?	<input type="checkbox"/>					
How frequently did your CI observe you performing patient treatments?	<input type="checkbox"/>					
How frequently did you communicate with your CI?	<input type="checkbox"/>					
How frequently did you speak to the supervising PT about your patients?	<input type="checkbox"/>					
How frequently did you receive feedback through regularly scheduled conferences with your clinical instructor about your performance?	<input type="checkbox"/>					
How frequently did you receive informal feedback from your CI?	<input type="checkbox"/>					
Comments:						

Summative Comments	
Overall Strengths of Clinical Site	

Areas for Further Development of Clinical Site	
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Evaluation of Student Preparedness for Clinical Rotation	
Please provide feedback regarding your preparedness for this clinical rotation.	
What did you feel were the strengths of your academic preparation for this clinical experience?	
What areas did you feel least prepared academically for this clinical experience?	
Describe any new subject matter you were exposed to on this clinical experience.	
Based on the information above, what changes would you recommend to the current curriculum?	
Based on your experience, what topics would you encourage future students to review prior to starting a clinical rotation at this facility?	
Would you recommend this site to other students? Explain your answer.	
Comments:	

Signatures	
Student Signature	
Clinical Instructor Signature	
Date	



## Student Evaluation of Clinical Instructor

Student Name:	
Clinical Rotation:	<input type="checkbox"/> PTAS 115 <input type="checkbox"/> PTAS 205 <input type="checkbox"/> PTAS 215
Dates of Experience:	
Facility Name:	
Clinical Instructor Name:	

Please rate your Clinical Instructor on the following items using a scale of 1-5 with 1=low, 3=moderate, and 5=high. These ratings are confidential and will not be shared with your Clinical Instructor.

Communication	Ratings				
	1	2	3	4	5
Communicates clearly	<input type="checkbox"/>				
Communicates in a non-threatening manner	<input type="checkbox"/>				
Provides constructive feedback	<input type="checkbox"/>				
Provides positive feedback on student performance	<input type="checkbox"/>				
Provides timely feedback	<input type="checkbox"/>				
Is open to discussing issues with student	<input type="checkbox"/>				
Is available for student to ask questions	<input type="checkbox"/>				
Teaches in an interactive way; encourages dialogue	<input type="checkbox"/>				
Provides feedback in private	<input type="checkbox"/>				

Interpersonal Relationships	Ratings				
	1	2	3	4	5
Establishes environment in which student feels comfortable	<input type="checkbox"/>				
Provides adequate support for student concerns	<input type="checkbox"/>				
Demonstrates genuine concern for patients	<input type="checkbox"/>				
Demonstrates genuine concern for student	<input type="checkbox"/>				
Presents student as a professional to others	<input type="checkbox"/>				

Teaching Skills	Ratings				
	1	2	3	4	5
Provides student with adequate supervision	<input type="checkbox"/>				
Adjusted supervision appropriately based on student progression	<input type="checkbox"/>				
Provides student with progressive learning opportunities	<input type="checkbox"/>				
Makes formal evaluation (CPI) a constructive process	<input type="checkbox"/>				
Makes effective learning experiences out of situations as they arise (teachable moments)	<input type="checkbox"/>				

Provides a variety of patients for student	<input type="checkbox"/>				
Questions or coaches to facilitate student learning	<input type="checkbox"/>				
Draws relationship between academic knowledge and clinical practice	<input type="checkbox"/>				
Is objective in documenting student performance upon evaluation	<input type="checkbox"/>				
Schedules regular meetings with student	<input type="checkbox"/>				
Plans learning experiences in advance	<input type="checkbox"/>				
Sets clear expectations for student performance	<input type="checkbox"/>				

Professional Behaviors	Ratings				
	1	2	3	4	5
Demonstrates professional behavior	<input type="checkbox"/>				
Demonstrates appropriate role of physical therapy as part of healthcare team	<input type="checkbox"/>				
Serves as a role model	<input type="checkbox"/>				
Manages own time well	<input type="checkbox"/>				
Demonstrates leadership among peers	<input type="checkbox"/>				
Fosters culture supporting justice, equity, diversity, inclusion, and anti-racism	<input type="checkbox"/>				

Additional Comments



## Learning Contract

A learning contract must be established for any student whose performance creates, or continues to be, a level of concern that requires additional practice or study (provided by either the clinical facility or academic program), or if one of the following scores is received on the midterm assessment:

- Below Advanced Beginner Performance for **any** criteria on PTA CPI during Clinical II (PTAS 205)
- Below Intermediate Performance for **any** criteria on PTA CPI during Clinical III (PTAS 215)

**The Clinical Instructor must notify the student and DCE immediately if a deficient clinical skill is identified. The student and CI must develop a plan for remediation of the deficient skill(s). A visiting faculty member must approve the remediation plan and sign this form.**

Clinical skill(s) of concern (be specific):

Plan for remediation to ensure competency by completion of rotation:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Clinical Instructor Signature

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date



## Critical Incident Report

**Instructions:** Record the incident clearly, concisely, and as objectively as possible. Avoid reflecting any biases. Contact the DCE to discuss the critical incident report and determine appropriate consequences to the student.

Student Name:
Evaluator's Name:
Date/Time of Incident:
Background, Setting, Person's Involved (Objective Information):
Observed Behaviors:
Consequences to Student:
Student's Comments (Optional):
Student's Signature:
Evaluator's Signature:

Format adapted from Shea M.L., Boyum P.G., Spanke M.M. (1985). Health occupations clinical teacher education series for secondary and post-secondary educators. Department of Vocational and Technical Education, University of Illinois at Urbana-Champaign.



## Anecdotal Record

The anecdotal record can be used to document either positive or concerning behaviors.

Student Name:	Date:
Evaluator:	
Setting (place, persons involved, atmosphere, etc.):	
Student Action/Behavior (Objective Information):	
Evaluator Interpretation:	
Student Signature:	Evaluator Signature:
Student's Comments:	

Format adapted from Shea M.L., Boyum P.G., Spanke M.M. (1985). Health occupations clinical teacher education series for secondary and post-secondary educators. Department of Vocational and Technical Education, University of Illinois at Urbana-Champaign.



## Clinical Instructor Profile

Clinical Instructor Name:	
Credentials:	<input type="checkbox"/> PT <input type="checkbox"/> MPT <input type="checkbox"/> DPT <input type="checkbox"/> PTA <input type="checkbox"/> Other (please specify):
Are you an APTA Credentialed Clinical Instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would like more information about becoming a CCI
Do you hold certification of advanced skills (not CPR/first aid)? <ul style="list-style-type: none"> <li>Examples: Advanced Proficiency Pathways for PTA or Board-Certified Specialist for PT</li> </ul>	<input type="checkbox"/> Yes (please specify): <input type="checkbox"/> No <input type="checkbox"/> I would like more information about certification of advanced skills
What areas would you consider your clinical specialty?	
From which academic institution did you receive your physical therapy degree?	
In which year did you receive your physical therapy related degree?	
Would you be interested in serving as a guest lecturer for our program? If so, for what topics.	<input type="checkbox"/> Yes (please specify topics): <input type="checkbox"/> No
Are there any topics related to clinical education that you would like to learn more about?	
Additional Comments	



## Clinical Site Contact

Student Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Facility: \_\_\_\_\_

CI Name: \_\_\_\_\_

Clinical Rotation (circle one): I    II    III

Contact Method (circle one):    Phone                  Zoom                  Onsite Visit                  Other

Check all that apply:

\_\_\_\_\_ Faculty member met student and facility staff.

\_\_\_\_\_ Faculty member performed brief on-site inspection of facility

\_\_\_\_\_ Faculty member discussed student clinical performance with student and CI

\_\_\_\_\_ Faculty member discussed clinical instructor performance with student and CI

\_\_\_\_\_ Student is progressing as expected for this clinical education experience

\_\_\_\_\_ No significant concerns raised by either student or Clinical Instructor

\_\_\_\_\_ No reported violations of program's non-discrimination policies

\_\_\_\_\_ Concerns raised by either student or Clinical Instructor (noted below)

\_\_\_\_\_ Clinical Action Plan recommended (see attached documentation)

\_\_\_\_\_ Provided information regarding use of online PTA CPI

\_\_\_\_\_ Provided instruction regarding clinical course objectives student performance expectations

\_\_\_\_\_ Provided CI with information regarding APTA's Credentialed CI program

Concerns regarding this clinical experience:

Strategies to address above areas of concern:

Notes/Comments:



## Clinical Education Acknowledgements

### **Clinical Education Manual**

I acknowledge that information, policies, procedures, and expectations regarding the clinical education component of the Ivy Tech PTA Program are posted in the Clinical Education Manual. I am aware I can access the Clinical Education Manual at any time through the programmatic website or Ivy Learn.

Furthermore, I acknowledge that I will be held to the policies, procedures, and expectations outlined in the Clinical Education Manual.

### **Clinical Commitments**

As a student of the Ivy Tech Physical Therapist Assistant Program, I pledge to dedicate my whole efforts to the successful completion of PTAS 115 (Clinical I), PTAS 205 (Clinical II), and PTAS 215 (Clinical III). I acknowledge that successful completion of these clinical rotations will require 100% dedication of my time, energy, and efforts. I understand the professional expectations inherent to successful clinical completion, and I will adhere to the professional expectations outlined in the Clinical Expectations of PTA Students section of the Clinical Education Manual.

I acknowledge that I must complete each clinical rotation to progress toward completion of the Ivy Tech PTA program. I also acknowledge that failure to be successful on any clinical rotation may result in permanent dismissal from the program, per the Clinical Education Manual and programmatic policies and procedures. I understand programmatic policies and expectations and choose to pursue clinical education experiences with full effort and determination to achieve a successful outcome.

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Student Signature

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Student Name (Printed)

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Date



## Confidentiality of Information

Students are required to comply with Federal HIPAA regulations, state regulations, and facility policies regarding privacy of patient information.

All information that you learn about a patient is confidential information. Confidential information may NOT be discussed in any public place – such as the student lounge, the halls of the hospital or school, hospital cafeteria or any other public place.

Any written information pertaining to a patient must be guarded as confidential. Any written information should stay within the clinic.

DO NOT DISCUSS CLINICAL EXPERIENCES in any public place, whether or not you refer to the patient by name.

Photocopying of any client records or removal of client records from the clinical facility is expressly forbidden.

I hereby acknowledge that I have received instruction related to Federal HIPPA regulations and patient confidentiality. I agree to comply with all Federal HIPPA regulations, state regulations, and facility policies regarding privacy of patient information. **I understand that violations of privacy regulations/policies may result in immediate dismissal from the program, as well as civil and criminal penalties.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Printed)



## Healthcare Student Authorization for Use and Disclosure of Protected Health and Personal Information

I, \_\_\_\_\_, as a participant in the Physical Therapist Assistant program at Ivy Tech Community College, understand and agree that this course of study requires my participation in clinical educational activities at healthcare provider locations, including but not limited to hospitals, nursing homes, physical rehabilitation centers and other health clinics. I further understand that such clinical locations require proof that I have had specific inoculations and that I am not being treated for, suffering from, or carrying certain illnesses and/or diseases. Consequently, I hereby authorize Ivy Tech Community College to disclose such personal protected health information that it may possess, whether provided directly by myself or my personal health care provider, to such clinical locations as may be necessary for my participation in the Physical Therapist Assistant instructional program. Finally, I understand that this authorization may be revoked at any time by providing written and signed notice to Ivy Tech Community College.

I also give permission for the Director of Clinical Education to share the following protected personal information with the clinical education site if necessary for the clinical education experience onboarding process.

Check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Full Legal Name        | <input type="checkbox"/> Drug Screen Results      |
| <input type="checkbox"/> Phone Number           | <input type="checkbox"/> Background Check Results |
| <input type="checkbox"/> Ivy Tech Email Address | <input type="checkbox"/> CPR Certification        |
| <input type="checkbox"/> Home Address           |   |

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip