

FCC PTA Program Clinical Education Manual

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Introduction

Quality clinical education experiences are crucial to the development of contemporary, competent, and diligent PTA students. Frederick Community College strives to strengthen and support our clinical partners and provide them with the knowledge and tools they need to offer enriching learning experiences. The purpose of this manual is to provide a reference for students, site coordinators of clinical education, and clinical instructors, which outlines the roles and responsibilities, policies and procedures, and expectations associated with the clinical education program at FCC. Clinical faculty are encouraged to contact the PTA Program Director or the DCE with any questions or concerns at any time. The FCC PTA program faculty are available and willing to provide additional information and support to our clinical staff.

Contact Information

**Director of Clinical Education
Ashley Dicks, PT, DPT**

Frederick Community College
7932 Oppossumtown Pike
Frederick, MD 21702
Phone: 301-846-2516
Email: adicks@frederick.edu

**Director of Physical Therapist Assistant Education
Amelia Iams, PT, DPT, CIDN, CKTP, CCI**

Frederick Community College
7932 Oppossumtown Pike
Frederick, MD 21702
Phone: 301-846-2644
Email: aiams@frederick.edu

PTA Program Accreditation

Graduation from a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Effective April 30, 2024, the Physical Therapist Assistant program at Frederick Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 301.846.2644 or email Alams@frederick.edu.

Program Summary

Program Mission Statement

The mission of the PTA program of Frederick Community College is to prepare competent and ethical healthcare providers that meet the needs of the community by caring for a diverse patient population under the direction and supervision of a physical therapist. Utilizing a comprehensive curriculum based on contemporary physical therapy practice, program faculty will design and deliver effective learning experiences to help prepare graduates to be culturally competent PTAs who demonstrate a commitment to professionalism, a strong desire to give back to their community and profession, and a commitment to lifelong learning.

Program Values

- EXCELLENCE Providing educational experiences and programming that reflect high academic standards that will result in excellent healthcare for patients
- LEARNING Instilling the commitment to lifelong long learning is necessary in an ever-changing healthcare environment. All health care professionals should continue to strive for new acquisition of knowledge and skills
- DIVERSITY Respecting and supporting visible and invisible human differences that affect the way people interact in the environment
- INNOVATION Using their critical and problem-solving skills our graduates can be creative in developing their treatment programs to ensure that their patients achieve their personal goals
- COMMUNITY Encouraging the engagement of all healthcare providers through communication and collaboration will result in optimal healthcare.
- INTEGRITY Ensuring fair and ethical healthcare as a right

Program, Student, and Faculty Goals and Objectives Measures

Goals and expected outcomes have been developed for the students, graduates, faculty, and the program, which are consistent with the missions of the PTA Program and Frederick

Community College. The student goals include development of skills in the clinical realm including evidence-based clinical decision-making, excellence in patient care delivery, and culturally competent communication orally and in writing. The mission of the program to produce competent professionals is measured by the student's final CPI rating.

Student goals:

1. Integrate evidence and demonstrate critical thinking to support clinical decision-making
 - All students will complete and pass their PICO project in PTHA 210
 - All students will receive "Entry Level" in *Critical Thinking* on the Professional Behavior Tool in their final semester
2. Progress, monitor through data collection, respond to changes, and provide effective interventions for patient management across the lifespan, within the scope of Physical Therapist Assistant practice and under the direction of a Physical Therapist.
 - 100% of students will achieve "Entry Level" on all 11 criteria utilizing the PTA Clinical Performance Instrument (CPI) 3.0 during their final clinical education experience
 - 100% of students will meet entry level on all Professional Behaviors measured on the Professional Behavior Assessment Tool
3. Communicate effectively, orally and in writing, with patients, families, and other healthcare providers
 - 100% of students will achieve "Entry Level" on *Communication* criteria of the PTA CPI 3.0 at the completion of Clinical Experience III
 - 100% of students will achieve "Entry Level" on *Communication* and *Interpersonal Skills* on the Professional Behavior Tool in their final semester

Graduate goals are consistent with the missions of the PTA Program and the College to prepare competent healthcare providers who can provide clinical care under the direction of a physical therapist who demonstrate a commitment to service and lifelong learning. Graduate goals have been established with expected outcomes that are assessed one-year post graduation through alumni and employer surveys as well as data from the National Physical Therapy Exam and employment data. The final aspect of the program's mission to produce lifelong learning with commitment to the community is assessed by self-reports of students, graduates(alumni), and faculty. These self-reports also include questions concerning continued participation in service-learning experiences and continuing education courses.

Goals for graduates:

1. Function as an entry-level general physical therapist assistant that provides competent skilled therapy services under the direction and supervision of a physical therapist.
 - 90% of graduates will pass the National Physical Therapy Exam as reported by FSBPT.
 - 90% of graduates who pass the licensure exam and will attain part-time or full-time employment within 12 months of graduation or continue their educational pursuits as reported on the FCC Alumni Survey.

- At least 80% of employers will rate our program graduates at “Exceeds entry level” or “Entry level” for their skills as reported on the FCC Employer of Graduate Survey.
- 2. Communicate effectively in a culturally competent manner with other healthcare providers as well as patients from diverse cultural backgrounds.
 - At least 85% of responses for each question on the FCC Employer of Graduate Survey regarding communication and cultural competence will be at “Exceeds entry level” or “Entry level”.
- 3. Demonstrate of lifelong learning, professional development, and/or community/professional service
 - 80% of graduates will take at least one continuing education course within their first year of practice measured by the FCC Alumni Survey.

College and Program Policies

Non-discrimination Statement

The College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment. Complete policy is viewable at [Non-Discrimination Policy and Procedure](#).

Americans with Disabilities Act (ADA) is the policy of Frederick Community College to provide equal access and opportunity to its programs, employment, facilities, and educational programs in compliance with federal and state law, including the American with Disabilities Act (ADA) as amended and Sections 503 and 504 of the Rehabilitation Act of 1973, and amendments, as well as Title 20 of the State Government Article of the Annotated Code of Maryland. Students who are receiving accommodations while at FCC have to apply for the accommodations and meet with staff for advising and renewal of their accommodations each semester.

If any accommodations are required during a clinical education experience the clinical instructor will be notified of the necessary accommodation.

Drug, Alcohol, & Tobacco Policies

Frederick Community College is committed to an alcohol, tobacco, and drug-free learning and working environment. Frederick Community College adheres to the responsibilities set forth in applicable local, state, and federal laws. All members of the College community, visitors, guests, and volunteers are required to comply with the FCC Policy and Procedures: [Alcohol, Tobacco, Opioid, and Other Drug Use and Awareness Policy and Procedures](#).

The PTA Program follows the FCC Code of Student Conduct Policy and Procedures prohibiting the illegal possession, use, or distribution of drugs and/or alcohol by students on college property or as part of any college activity. This includes the use of tobacco-based products on college property or during college-sponsored activities such as clinical experiences.

Clinical experiences are considered part of college activity. Students may be dismissed from the program if they participate in a clinical experience under the influence of alcohol, narcotics, cannabis, any mood and behavior altering, or controlled dangerous substances. Please contact the clinical coordinator immediately if you observe or suspect the student is not adhering to this policy.

Privacy Policies

Confidentiality of Student Records Policy

Frederick Community College is committed to protecting the rights of students under the Family Educational Rights and Privacy Act (FERPA) as amended. The College is authorized to release only directory information. Directory information may be released by the College at any time unless the College has received prior written notice from the student, filed at the Welcome Desk within the Enrollment Center on the first floor of Jefferson Hall, requesting non-disclosure of information. This non-disclosure request will be honored until the student notifies the Registrar or their designee. The purpose of this Privacy and Access to Education Records Policy and Procedures is to provide guidance and instruction related to the protection of and access to information and records of students held by the College. FCC's policy on Privacy and Access to Education Records Policy and Procedures can be viewed at [Privacy and Access to Education Records Policy and Procedures](#).

The PTA Program attempts to maintain privacy/confidentiality in the following manner:

- Exams and quizzes are returned in a manner that does not expose the resulting grade.
- Grades will be posted in Blackboard
- Immediate feedback is provided after practical exams and skill checks with only the participants and the instructor(s) present. When necessary or helpful (i.e., something from which the entire group of students may benefit), instructors will obtain permission to provide feedback in front of other students.
- It is expected that adjunct faculty (including clinical instructors) will follow the same confidentiality and privacy policies that FCC and the PTA Program core faculty follow including those consistent with HIPAA.
- Clinical assessment is performed using the PTA CPI 3.0. The PTA CPI 3.0 is linked between the student and clinical instructor. Only the DCE, student, and linked clinical instructor are able to view the clinical assessment information. Students and clinical instructors are instructed that all information is confidential and should not be shared especially on social media.

Student's Medical Records

The PTA program uses Castlebranch, which will maintain the student's medical information in a secure online platform. Castlebranch, is HIPPA and FERPA compliant and certified by the Professional Background Screening Association. The student sends health records to Castlebranch and the files are uploaded prior to the first clinical education experience. The medical records will only be released to the student and/or to the clinical education agency as determined necessary for the student to participate in the clinical education experience at their site. If there is need for any additional information for the student, it is the policy of the FCC PTA

Program that any student health records will be locked in a file cabinet in the Program Director's office.

PTA Program Complaints

The Physical Therapist Assistant Program engages in continuous and systematic evaluation and improvement. We welcome all comments, suggestions, ideas, and constructive criticism as part of that process. There are written policies and procedures for both students, employees, and the community. Student complaints regarding the PTA program should be addressed according to FCC's [Compliant Policy and Procedures for Students](#). **No retaliation will occur by the college or program due to a complaint being filed.**

Individuals in the community, clinical instructors, healthcare providers, prospective students or employers of graduates are welcome to provide comments according to the following policy:

No retaliation will occur by the college or program due to a complaint being filed.

- Comments and complaints must be provided in writing and signed by the author. Anonymous submissions will not be acknowledged, nor will written comments provided on behalf of an anonymous source.
- Comments and complaints must be submitted to the following:

Frederick Community College
Attention: Director of Physical Therapist Assistant Education
Amelia Iams, PT, DPT
7932 Opossumtown Pike
Frederick, MD 21702
Or
aiams@frederick.edu

- Clinical instructors (CI) and Site Coordinators of Clinical Education (SCCE) are asked to initially direct complaints to the DCE using the contact information below. If adequate response is not received in a reasonable time frame, the complaint should be directed to the PTA Program Director.

Frederick Community College
Attention: Director of Clinical Education
Ashley Dicks PT, DPT, CCI
7932 Opossumtown Pike
Frederick, MD 21702
Or
adicks@frederick.edu

- If the complaint concerns the Program Director, the individual should contact the Associate Vice President/ Dean of Health, Business, Technology and Science.

Sandy McCombe-Waller PhD, PT, NCS
Associate Vice President/ Dean of Health, Business, Technology and Science
Frederick Community College
7932 Opposumtown Pike
Frederick, MD 21702

Or

smccombewaller@frederick.edu

- The PTA Program Director shall respond to all comments within seven (7) days after receipt to further discuss and resolve the issue. If satisfactory resolution is not or cannot be reached, an appeal may be made to the Associate Vice President/ Dean of Health, Business, Technology and Science.
- The Associate Vice President/ Dean of Health, Business, Technology and Science will not become involved until all attempts to resolve the issue with the Program Director have been exhausted, unless the comment is directly related to the performance of the Program Director.
- Records of all correspondence will be confidentially maintained by the Program Director for Five (5) years. These records are not open to the public.

Complaints can also be directed to the accreditation board and should be addressed to the Commission for Accreditation for Physical Therapy Education. ***No retaliation will occur by the college or program due to a complaint being filed.***

Commission on Accreditation in Physical Therapy Education
3030 Potomac Ave., Suite 100
Alexandria, Virginia 22305-3085

Program Curriculum

The PTA program follows a specific progression of physical therapy courses. It begins with generalizations and throughout the curriculum increases the depth of information pertaining to specific therapy diagnosis and treatment.

The PTA program also includes general education courses necessary to support an individual's ability to work and communicate with the public. Since PTAs have to operate in a business world, collaborate with various groups of people, and educate the public we hope that our students expand their knowledge by taking additional elective courses in the following areas: business/personal management, critical thinking, public speaking, sociology/psychology, and computer technology.

Course Name	Course Number	Credits
Summer		
Principles of Biology	BSCI 150	4
Math elective	MATH 120 or higher	3
Total credits for semester		7
Fall		
Anatomy and Physiology I	BSCI 201	4
English Composition	ENGL 101	3
Introduction to PTA	PTHA 101	3
Basic Patient Care Skills	PTHA 105	4
Total credits for semester		14
Spring		
Anatomy and Physiology II	BSCI 202	4
General Psychology	PSYC 101	3
Kinesiology	PTHA 110	4
Physical Agents	PTHA 113	3
Pathophysiology	PTHA 120	2
Total credits for semester		16
Summer		
Therapeutic Exercise	PTHA 125	3
Small Group Communication	COMM 105	3
Clinical Education I	PTHA 180	3
Total credits for semester		9
Fall		
PT Ethics and Administration	PTHA 200	2
Advanced Patient Care Skills	PTHA 205	4
Neurorehabilitation	PTHA 210	4
Orthopedics	PTHA 220	3
Total credits for semester		13
Spring		
Professional seminar	PTHA 230	2
Clinical Education II	PTHA 235	4
Clinical Education III	PTHA 240	5
Total credits for semester		11
Total		70

Course Descriptions

Introduction to PTA

Introduces the student to the physical therapy profession and builds the foundation for all future coursework. The student will develop a working knowledge of physical therapy and the role of the physical therapist assistant when working under the direction and supervision of the physical

therapist. Course content includes ethics, legal issues, communication, cultural differences, interprofessional relationships, physical therapy documentation, and responsibility for professional development. Students are educated on the components of patient confidentiality and utilizing the SBAR model to relay information.

Basic Patient Care Skills

Provides a foundation in physical therapy assessment and treatment skills, including those involving patient mobility, vital signs, and range of motion. Evidence based practice is also introduced within this course. Students are tested on their competence in performing bed mobility, transfers, wheelchair mobility, taking vital signs, performing PROM, gait training with an assistive device, and proper positioning.

Pathophysiology

Focuses on clinical disorders and diseases for all body systems. Pathology, etiology, diagnosis, signs, symptoms, prognosis, treatment, and implications for physical therapy are included for body systems across the lifespan. Students learn to review health records, lab values, and diagnostic tests in order to determine appropriate PT interventions.

Physical Agents

Prepares students for safe and effective application of therapeutic massage and physical modalities, including thermal agents, cryotherapy, compression, spinal traction, hydrotherapy, and electrical stimulation. Students are required to demonstrate competence in administering cryotherapy, superficial heat, US, mechanical compression, mechanical traction, TENs, IFC, NMES, iontophoresis, high volt, biofeedback.

Kinesiology

Introduces biomechanics and physics as related to human movement and physical therapy. Content on assessing joint motion and muscle strength is also included. Students are required to pass competencies for MMT, goniometric measurements, and assessing myotomes, dermatomes, and peripheral reflexes.

Therapeutic Exercise

Describes the physiological effects of therapeutic exercise human body and related physical therapy treatment interventions utilized to improve strength, balance, proprioception, flexibility, and aerobic fitness. Additional course content includes the gait cycle, gait deviations, and patient education. Students are required to pass competencies related performing therapeutic exercises, educating patients on a HEP, administering balance tests, and monitoring vitals during aerobic exercises.

Advanced Patient Care Skills

Instruction on theory, assessment, and treatment of advanced physical therapy interventions for postural drainage, rehabilitation for amputations, cardiac rehabilitation, wound care and work hardening. Specific interventions for posture, ergonomic education, vestibular intervention, pain neuroscience education, and women's health will also be explored.

Neurorehabilitation

Introduces students to physical therapy assessment techniques and treatment interventions for patients with neurological and pediatric disorders. This course includes information regarding common gait deviations seen with neurological deficits in both adult and pediatric populations. Students are educated on common PT treatments with CVA, TBI, and SCI and emergencies that may be seen with neurological diagnoses. Students complete competencies in transfers and bed mobility related to this population, NDT techniques, and PNF interventions.

Orthopedics

Provides an overview of musculoskeletal tissue healing, physical therapy treatment for orthopedic disorders, manual therapy, and spinal stabilization. Students are required to pass competencies on joint mobilizations, taping techniques, educating patients on post-operative HEP, and educating patients on cervical and lumbar exercise programs.

Physical Therapy Ethics and Administration

Includes content on ethical decision making, service-learning, quality assurance, professional advocacy, healthcare reimbursement, and interprofessional communication. Students are educated on legal and ethical documentation and billing during this course.

Professional Seminar

Prepares students to transition into an entry-level position as a physical therapist assistant through content on professionalism, resume design, job interviews, leadership, and professional issues. Within this course, students will also take a simulated licensure exam and design a case study on a patient treated during their final clinical experiences.

Clinical Education Course Descriptions and Learner Outcomes

Students participate in three clinical education experiences integrated throughout the PTA program. All clinical education experiences will be full-time. CAPTE defines full-time as 35 hours per week or greater, with a combined total clinical hour ranging from 560 to 640 hours. The student **MUST** complete the program with a minimum of 560 hours. It is the desire of the PTA program to provide each student with a variety of clinical experiences. The PTA students will attend both general and complex medical facilities that provide direct interaction with patients across the lifespan and continuum of care. Students will experience interprofessional practice and become culturally competent clinicians.

Clinical Education I

Emphasis will be placed on the clinical application and integration of knowledge and skills learned during the first year of the PTA program over a four-week full-time period with the objective of students safely providing care for routine patients with moderate supervision and guidance from the physical therapist. This **4-week** clinical experience occurs prior to completion of all technical courses.

CORE LEARNING OUTCOMES:

- Demonstrate the ability to safely perform selected physical therapy assessment techniques and treatment interventions from within the physical therapist's plan of care for routine patients with moderate supervision and guidance by the physical therapist
- Demonstrate the ability to perform appropriate documentation and communication with the physical therapist, given extra time and guidance, regarding all aspects of patient status, patient treatment and patient response to treatment
- Display the ability to assist the supervising physical therapist in the education of patients and family members/caregivers
- Display the ability to perform appropriate patient communication in a culturally competent manner, with moderate guidance from the physical therapist
- Demonstrate the ability to participate in scheduling and other routine administrative procedures of the physical therapy department
- Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate
- Display appropriate legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers with occasional guidance from the supervising physical therapist
- Present an in-service on a physical therapy topic utilizing appropriate evidence-based resources

Clinical Education II

This is a **5-week** clinical education experience that will allow students to apply all knowledge and skills from within the PTA Program for patients in selected clinical settings with minimal supervision from the physical therapist.

CORE LEARNING OUTCOMES:

- Demonstrate the ability to consistently perform safe, effective, and competent physical therapy assessment techniques and treatment interventions from within the physical therapist's plan of care for routine patients with minimal supervision and guidance by the physical therapist
- Demonstrate the ability to provide timely and relevant documentation and communication to the physical therapist regarding all aspects of patient status, patient

treatment and patient response to the treatment with occasional guidance from the physical therapist

- Display the ability to participate in the teaching of patients, family members/caregivers, other health care providers with occasional guidance from the physical therapist
- Display the ability to perform patient communication in a culturally competent manner, with minimal guidance from the physical therapist
- Demonstrate the ability to participate in routine administrative procedures of the clinic, including billing and performance improvement activities, with occasional guidance
- Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate
- Display appropriate legal and ethical behavior consistently during skill performance and interactions with patients, family members, and other healthcare providers with occasional guidance from the supervising physical therapist for new or unusual situations
- Design an in-service on a physical therapy topic utilizing appropriate evidence-based resources

Clinical Education III

Emphasis will be placed on the clinical application and integration of the knowledge and skills learned during the PTA program by treating patients under the direction and supervision of the physical therapist. By the end of this course, students are expected to be responsible for patient care compatible to the role and entry-level skills of a PTA. This is a full time, **7-week** clinical experience.

CORE LEARNING OUTCOMES:

- Demonstrate the ability to independently apply all PTA learned skills and knowledge by consistently and safely performing effective and competent physical therapy assessment techniques and treatment interventions from the physical therapist's plan of care for routine and complex patients
- Demonstrate the ability to independently provide timely and relevant documentation and communication to the physical therapist regarding all aspects of patient status, patient treatment and patient response to treatment
- Display the ability to independently provide effective education to patients, family members/caregivers, and other health care providers
- Display the ability to independently perform patient communication in a culturally competent manner
- Demonstrate the ability to perform administrative procedures of the clinic, including billing, insurance requirements and performance improvement activities, with guidance for new or unusual situations.
- Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate.

- Display appropriate legal and ethical behavior consistently and independently during skill performance and interactions with patients, family members, and other healthcare providers.
- Design an in-service on a physical therapy topic utilizing appropriate evidence-based resources

Student Competence to Progress to Clinical Experiences

Processes are in place to ensure students are safe and competent to progress to clinical education. In order for a student to progress onto a clinical education experience, a student must pass all general education courses with a C or better and all program specific courses (PTHA) with a B or better. Within each program specific course, the student must pass all skill checks and pass all practical exams with greater than or equal to 75%. Other considerations for preparedness for clinical education experiences by faculty include but are not limited to the following: Professional Behaviors Status, prior or current probationary status, lab room behavior, previous clinical evaluations, and demonstration of safe practices. All core faculty will meet prior to the first clinical education experience and the 2nd clinical education experiences to review the students. All core faculty must agree that the student is safe and competent in skills instructed in order to proceed onto clinical education (Please see [Skills Learned for Clinical Education Experience I](#) and [Skills Learned for Clinical Education Experience II & III](#) in the appendix for the complete list of skills instructed to competency). If a student does not receive a unanimous vote and does not pass at this level, they are not allowed to participate in clinical education experiences. The collective core faculty determines if the deficiency can be remediated, if the student needs to repeat a course, or be dismissed from the PTA program.

Clinical education experiences are scheduled to maximize the learning experiences of the student. Specialty clinical experiences are not attended by the student until the applicable course content has been successfully completed and passed, please see Curriculum Plan. For instance, pediatric clinical experiences would not be attended by a student during the first clinical experience since the material is not taught until the last fall semester. Students are required to demonstrate data collection and intervention skills competency by successfully passing all skill checks and practical exams in order to pass each course with lab content. Students who have not demonstrated satisfactory skills competence in the classroom and laboratory are not assigned to clinical experiences. If a clinical site has been assigned to a student and it is determined that the student is no longer able to participate in the clinical experience the clinical sites will be notified within 48 hours of determination.

Memorandum of Agreement

Representatives from both the clinical facility and FCC, prior to any student beginning their clinical education experience, must sign a Clinical Education Experience Agreement. The Clinical Education Experience Agreement shall be for a term of three years from the date of execution unless terminated earlier as per agreement in the contract.

Annually, (and periodically throughout the year as needed) the DCE will review the Clinical Education Experience Agreements. The DCE ensures the agreement continues to be consistent with the roles and regulations of FCC and the PTA program and is signed and unexpired. The

review is preformed prior to sending out any requests for clinical commitments. If updates are needed, the DCE will initiate the process. When reviewing the Clinical Education Experience Agreement, the DCE will verify that each contract contains required elements and components including:

- Rights and responsibilities of the school
- Rights and responsibilities of the facility
- Indication of Professional liability insurance

Selection of Clinical Education Sites and Clinical Instructors

Policy for Supervision of PTA Students

FCC follows the rules and regulations for student supervision developed and posted by the Maryland Board of Physical Therapy Examiners. The Code of Maryland Regulations reports that:

- PTAs can participate in supervision of PTA students if direct supervision of the student is provided by the physical therapist. (Code of Maryland Regulations, Chapter 3, .02 Standards of Practice B2b)
 - "Direct supervision" defined by the board means that a licensed physical therapist is personally present and immediately available within the treatment area to give aid, direction, and instruction when physical therapy procedures or activities are performed. (Code of Maryland Regulations, Chapter 1, .01 Definitions B6)

Please refer to the [Code of Maryland Regulations](#) from the Maryland Board of Physical Therapy Examiners for further information.

Students may participate in clinical experiences outside the state of Maryland. FCC students will follow the rules and regulations set forth by the licensing board of the state that the services are rendered.

FCC currently has contracts in the neighboring states of Virginia and Pennsylvania. Information concerning the state regulations of student supervision can be found for these states using the following links:

Pennsylvania:

<http://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/049/chapter40/subchapCtoc.html&d=reduce>

Virginia:

https://www.dhp.virginia.gov/physicaltherapy/physther_laws_regs.htm

West Virginia:

<https://wvbopt.wv.gov/Documents/Title%2016%20Series%201%20Gen.%20Provisions%20Final%20File-040621.pdf>

Requirements for Clinical Education Sites

Clinical education sites are available at a variety of facilities in order to provide the student diverse clinical experiences. Sites include in-patient and outpatient settings, hospitals, nursing homes, general physical therapy centers, patient homes, and clinics whose services are tailored to particular client needs. The goal of clinical education is to expose students to an array of patient populations requiring a mixture of skills and varying complexity across the continuum of care. Clinical experiences can range in acuity including acute, subacute, and chronic care, diagnosis including orthopedic treatment and neurologic rehabilitation, and ages including pediatrics to geriatric care.

Minimum Criteria for Clinical Site:

- Willing to utilize the web-based tool, [PTA CPI 3.0](#), for assessment of the student
- The physical therapy staff practices ethically and legally.
- The physical therapy staff is adequate in number to provide an educational experience for students
- Availability of a clinical instructor to provide on-site supervision at all times. See [Policy for Supervision of PTA Students](#)

Clinic site selection are based on:

- The experiences the site can provide a student
- The site's past experiences in clinical education
- Student requests
- Qualifications of the clinical instructor (CI)
- Facility location

Requirements for Clinical Instructors

The minimum qualifications for a CI are:

- Either a PT or PTA.
- Licensed, registered, or certified in the state in which they are practicing therapy.
- Has at least one year of clinical experience.
- Has the willingness to work with a student and aid the student in meeting the requirements of the clinical education curriculum

A CI should demonstrate clinical competence and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy. The CI should possess effective communication and interpersonal skills and have the time, ability, and willingness to plan, instruct, supervise, constructively evaluate, and document learning activities to help the student achieve the objectives in the clinical education experience.

The APTA Credentialed Clinical Instructor Program (CCI) is recommended for all clinical faculty but is not necessary.

Process of Clinical Selection

- 1) Opportunities for clinical education experiences are solicited by the DCE in the first week of March for the following academic year, utilizing the voluntary national placement date for programs and FCC's [Clinical Placement Planning Form](#).

- 2) Students will be presented with a list of possible clinical sites for the clinical education experience and during the first Spring semester of the program. The students will be given the opportunity to rank their top 3 choices prior to beginning the clinical education portion of the program.
 - Students can express preference for a specific clinical site; however, their experiential needs for academic learning and proficiency supersede preference. Sites are reviewed by the DCE to determine what clinical site(s) can best provide the learning experience each student needs. Clinical education experience assignments are reviewed with students prior to placement and final confirmation with the facility SCCE. The DCE makes the final decision regarding student placement and placement may not be changed by the student.
- 3) Once students and clinical experiences are matched, the DCE will confirm with the Site Coordinators of Clinical Education (SCCE) at least 8 weeks prior to each clinical education experience using the [PTA Clinical Verification Survey](#).
 - The SCCE is given the name of the student and contact information of the student/students assigned to their facility as well as student specific health information from Castlebranch such as proof of vaccinations, CPR, background checks, and drug testing.
 - The DCE will communicate with the SCCE/CI to obtain the information to complete/update the Clinical Site Information Form (CSIF). The DCE will update the CSIF as needed.
 - The SCCE will also update and provide any onboarding information to be completed by the student.
- 4) The SCCE will email any required orienting information to be completed by the student and the contact information for the CI to the DCE and the student at least 2 weeks prior weeks prior to the clinical.
- 5) The DCE will contact the CI for any necessary information for proof of CI qualifications and provide the CI with an electronic "packet" via email. The packet will contain updated policies and procedures and PTA Clinical Education Manuals, syllabi specific to the experience, and specific instructions relative to the experience, and PTA instructions.

Responsibilities and Rights of DCE and Associated Partners

Responsibilities of the Director of Clinical Education

The DCE is the designated FCC faculty member who coordinates clinical education for the PTA student.

The DCE is responsible for the following:

- Planning, implementing, and improving the clinical education component of the curriculum with the program director
- Maintaining current knowledge of the discipline through continuing professional development
- Keeping student and clinical education faculty informed on APTA and state specific regulations and rules that guide clinical education for PTA students
- Ensuring active clinical sites and clinical instructors meet the program requirements
 - Updating and reviewing the clinical site database annually and as needed

- Providing orientation to new clinical sites and/or CIs
- Sending out Clinical Placement Planning Forms and requests for CSIF updates annually
- Developing and maintaining an information center for students to reference clinical sites prior to submitting their choices for clinical sites
- Performing site visits and/or utilizing phone conversations and electronic meetings to supplement on-site visits

On-Site Visits and Communication with the SCCE, CI, and Student

1. The DCE will make an on-site visit to all new clinical education sites for an orientation regarding the PTA Program and Clinical Education Manual.
 2. The DCE will have at least one telephone, email, or face-to-face conference with the CI and student during each clinical education experience.
 3. Further on-site visits by the DCE will occur as needed.
- Providing education to clinical education faculty as needed on topics to improve effectiveness of clinical education program
 - Ensuring all students complete a variety of clinical education experiences
 - Ensuring students complete all background check and immunization requirements prior to clinical education.
 - Establish and Verify student placement for clinical education experiences. Follow up with CI and CCCE in a timely manner (approximately within 2 weeks) on all required paperwork. (This includes verifying interprofessional practice activities).
 - Updating the Clinical Education Manual, as needed, and providing a copy to all clinical sites and students annually.
 - Facilitating conflict resolution and problem-solving strategies as needed.
 - Seeks and maintains written agreements with clinical education facilities in a sufficient quantity and variety to provide the quality experiences required by students to meet the student learning outcomes.
 - Selects the clinical education site for each student experience, schedules the clinical education experience, and communicates information between the academic faculty and clinical facilities
 - Serves as a liaison between FCC and the affiliating clinical facilities
 - DCE will update the CSIF as needed with information obtained from the clinical sites.
 - Monitors the academic performance of students to ensure that they meet the criteria for participating in clinical education experience.
 - Ensures adequate supervision of the student by communication with the clinical instructor and student via letter, phone calls and site visits.
 - Encourages and assists in clinical site and clinical faculty development by providing feedback about the students' clinical experiences at the site and offering individual training or coordinating workshops to meet stated needs.
 - Assigns the final course grades for all clinical education experiences.

Clinical Education Faculty Development Activities

The DCE will determine the need for ongoing planned development activities directed at improving clinical education effectiveness through:

- Interviews and conversations with clinical education faculty by the DCE during site orientation, onsite visits, phone conversations and/or email communication
- Student evaluations of the clinical site and CIs
- Surveys completed by clinical faculty
- Current trends related to clinical education

Specific faculty development activities will be created by the DCE in conjunction with the Director based on analyzed and collected assessment data. Activities will then be presented to the clinical instructors and site coordinators of clinical education either individually or as a group through mailings, email, phone conversations, and/or a formal workshop. Prior to clinical course every CI will be provided the opportunity to attend a learning session concerning the components of the FCC PTA Clinical Education Portion of the Program, expectations and requirements of a CI, grading, and instructor skill development education.

Responsibilities of the Clinical Instructor

Qualified CIs are referred to as clinical faculty but are not employed by the College.

During the student's clinical education experience, the CI will:

- Participate in training as needed to utilize the [PTA CPI 3.0](#).
- Be familiar with the content of the Clinical Education Experience Agreement
- Serve as a role model, educator, advisor, evaluator, and clinical resource person for the duration of the student's clinical education experience
- Provide orientation and instruction to the student
 - Direct and assist the student, per site policies and procedures, in situations that could potentially compromise the student's safety including, but not limited to, fire, use of hazardous material or use of equipment.
- Aid the student in various clinical experiences to facilitate learning
 - CI may assign a student assignments (homework) if deemed necessary to help the student succeed in the clinical education experience. These assignments may be outside of the student's required clinical hours.
- At clinics where interprofessional practice occurs, Clinical Instructors will aid the student in fulfilling an interprofessional practice requirement. Based on the IPEC core competencies, this allows the student to learn about roles and responsibilities from a healthcare professional other than a PT or PTA, collaborate with another healthcare professional as part of the healthcare team, discuss with other healthcare professional how culture, values, or ethics effected the patient's care, and to demonstrate communication with another healthcare professional. See the *Interprofessional Practice Rubric* from more information.
- Provide direct supervision of the student and if not available, assigning this to another licensed PT or certified PTA working under the supervision of a PT
- Verify the student identifies themselves as a student and gains informed consent from a patient prior to treatment
- Ensure the student is following a physical therapist's plan of care
- Provide ongoing feedback to the student.
- Provide a formal documented evaluation of student performance at midterm and at the end of clinical experience

- Assume responsibility for determining which experiences are appropriate for PTA student involvement
- Maintain communication with student and DCE
 - Notify the DCE immediately if a student is having difficulty with performance criterion that is a red-flag item on the CPI or completes the Anecdotal Form for concerning behavior (see appendix for [Clinical Education Experience Anecdotal Record](#))
 - Notify the DCE immediately if the CI checks the Significant Concerns Box on any criterion on the CPI

Rights of the Clinical Instructor

The DCE is responsible for ensuring that the clinical instructor is notified of the associated rights and privileges and, in collaboration with the Director of PTA Education, is available to assist clinical faculty in exercising these rights and privileges. Individuals who have met the required academic and professional standards listed in the policy and procedure on Requirements for Clinical Instructors shall be granted a clinical faculty appointment at FCC. Privileges afforded during a clinical faculty appointment are:

- Participation in student activities, including graduation week ceremonies
- Participation in development seminars and conferences offered by FCC PTA program at a staff rate if space is available
- Encouraged to participate in PTA departmental meetings

No financial reimbursement is associated with this appointment and members of the clinical faculty are not deemed to be employees of FCC. This appointment will be in effect each academic year in which the individual serves as a clinical instructor for FCC PTA students. Clinical faculty wishing to exercise these rights and privileges should contact the PTA program DCE.

Site Coordinator of Clinical Education Responsibilities

The SCCE is selected by the clinical facility administration to represent the clinic and administer and coordinate the assignments and activities of students at the clinical site.

The SCCE:

- Schedules the student clinical education experience
- Coordinates communication between the school and the clinic
- Requests information regarding background checks
- Provides the necessary documentation to the CCC PTA program including the CSIF and a signed Clinical Education Experience Agreement
- Provides orientation and onboarding materials including safety procedures related to clinical site and equipment to the DCE prior to clinical education experience if needed
- Provides CI with pertinent information from the PTA Program.

Student Responsibilities

- Adhering to College Policies and Procedures and Program Rules and Regulations within College Handbook, College Student Handbook, Program Student Manual, and Program Clinical Education Manual.

- Maintaining appropriate professional and ethical conduct and following the Standards of Ethical Conduct for the PTA as established by the APTA at all times during clinical courses. All students are student members of the APTA and are therefore held to the code of conduct of a PTA. Inappropriate behavior consists of, but is not limited to:
 - a) Malicious gossip that is detrimental to another student, faculty, supervisor, clinical instructor or patient
 - b) Conversations that portray patients, personnel, other students, or faculty in a negative manner
 - c) Breaching patient confidentiality/HIPPA violations
 - d) Unprofessional actions such as unethical behavior, falsifying documentation, misuse of electronic medical records or electronic signatures
- Contact the clinical site at least one week prior to clinical experience
- Complete any onboarding materials, mandatory competencies or training modules requested by the clinical site and submit to the DCE or the clinical site as instructed
- Adhere to clinical education site's policies and procedures
- Demonstrate safe use of equipment and supplies, data collection, and interventions
- Obtain verbal consent from patient and/or guardian to treat, observe, or assist with patient care
- Correctly identify themselves as a student both verbally and by wearing their name tag (if allowed at the site)
- Acknowledging and accepting that all patients have the right to refuse treatment from a student
- Seek learning experiences at the facility to meet objectives of clinical experience
- Maintain patient privacy and adhere to all HIPPA guidelines
- Consult with CI, SCCE, and/or DCE regarding progress and/or any concerns
- Complete all 3 required clinical experiences
 - All hours must be completed with any missed days made up
- Complete the required learning activities of the PTA clinical education curriculum including participate in interprofessional care that is based on the four IPEC core competencies of roles and responsibilities, teamwork, ethics/values, and communication
- Present all required in-services for clinical experiences
- Submit all required paperwork from clinical experience to DCE by due the dates
- Students are encouraged to report any immoral, illegal, or unethical behavior or concerns to CI and/or DCE
- Contact the DCE immediately if the supervising CI does not follow these guidelines:
 - a) The CI must be a PT or PTA
 - b) The CI must have one year of clinical experience
 - c) When a PTA is the CI, they must be working under the supervision of a PT
 - d) The CI must be on-site providing direct supervision of the student. The CI will follow all rules and regulations set forth by the licensing board of the state that the services are rendered.
 - e) When the CI is not available, supervising responsibilities must be assigned to another licensed PT, licensed PTA who is under the supervision of a PT, or the student is scheduled to observe other activities that enrich the clinical education experience.

Student Rights

A student has the risk-free right to contact the DCE with any perceived problem regarding the clinical facility or their clinical instructor at any time during a clinical education experience. Concerns might include but are not limited to safety, ethical, or legal concerns, or issues involved in the appropriateness or adequacy of their instruction, supervision, or performance appraisal. Other student rights include:

- Direct supervision
 - Review [Policy for Supervision of PTA Students](#)
- Formal documented feedback of mid-term and final examinations as well as informal feedback throughout experience
- Due process
- Confidentiality of records
- Access to a variety of experiences

Patient Rights

The patient has the right to maintain their privacy:

Healthcare is one of the most personal services rendered in our society. The healthcare provider must treat patient information confidentially and protect its security in accordance with state laws, federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), and as amended under the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and policy of the facility where the patient is being seen. Proper patient authorization is necessary to release information.

All students are required to complete the mandatory Occupational Safety and Health Act (OSHA) and Health Information Portability and Accountability Act (HIPAA) (OSHA/HIPAA) training in PTHA 101 and PTHA 105 and then annually prior to participation in clinical.

Under no circumstances may client information be taken from the clinical facility. This includes any document that contains client identification. No patient information with or without patient's names should be posted on social media. Failure to comply will result in immediate failure of the clinical education experience.

The patient has the right to refuse treatment:

The patient has the right to refuse treatment by a student, PT, or PTA.

Student Pre-Clinical Requirements

The PTA Program is using the PTA CPI 3.0 for assessment. All student users of PTA CPI 3.0 are required to complete a free online training module through the APTA Learning Center and pass a post-test to access the CPI. This module ensures competent and consistent assessment of student performance by the students and clinical instructors. Please go the link to access [PTA-CPI 3.0 Education](#) to register for a course.

Students must notify the DCE once the online training module is completed. Successful completion is verified at the time of the first login and must be done prior to the first day of the clinical education experience.

Students will complete and discuss their goals for the clinical education experience with their CI utilizing the [Clinical Education Student Goals](#) Form.

PTA Program faculty and the student work together to ensure the student has met the nonacademic requirements prior to starting the clinical education portion of the program. Within the first semester of the PTA program, students are required to provide a drug screen, complete a criminal background check, up to date CPR certification, and proof of active health insurance to a tracking and screening service company. CastleBranch is the company currently used by the FCC PTA Program for tracking and screening. Students must have completed at least the first HEP B vaccination of the required series prior to the PTA program orientation. Students must bring a copy of their current vaccination history to the PTA program orientation for review by the DCE. At least 120 days prior to the first day of their clinical, the student must submit all vaccination record to CastleBranch to ensure the students is cleared through CastleBranch at least 90 days prior to the first day of their first clinical education experience. Details concerning the permissible vaccination records are explained in and can be recorded on the [Vaccination Record Form](#).

The following vaccinations are required:

- PPD – 2 step or QuantiFERON Blood Test (yearly)
- Adult DTap with in the last 8 years
- Polio primary series or polio booster
- MMR or titer
- Varicella or titer
- Hepatitis B, 3 vaccinations or a positive titer
- Current flu shot (yearly)

The following vaccinations are highly recommended:

- Covid-19 Vaccine
- Covid-19 Test (2 weeks prior to any clinical experience)
 - This maybe an additional cost to the student

Clinical sites may require additional vaccinations or testing that is not required by the college. A clinical site has the right to request a student be vaccinated prior to or even during a clinical rotation. A clinical site may refuse to accept or remove a student if a required vaccine is not performed. If the student is unable to be placed in a similar clinical site, this may result in a student needing to withdrawal from the PTA program. A student's personal preference concerning vaccinations is not a contributing factor in the selection of a student's clinical site placement. All costs associated with vaccinations are the responsibility of the student.

Students must sign the [Release of Student Medical Record to Clinical Sites](#) form to release medical information, background check, and drug screening and to attend any clinical education experience.

- **CPR:** Proof of CPR certification (American Heart Association only) must be submitted and maintained while enrolled in the PTA program.
- **Criminal Background Check:** Students must complete a state criminal background check through CastleBranch, yearly. See [Criminal Background Checks and Drug Screens](#) below.
- **Drug Screening:** Students must complete a urine drug screening through CastleBranch, yearly. See Policy below.
- **Medical Professional Liability Insurance:** Malpractice liability insurance is purchased by FCC for all PTA students prior to clinical education experiences. This policy is maintained by the college and provides \$1,000,000 coverage per incident, \$1,000,000 in aggregate, and up to a \$10,000,000 in aggregate through an additional umbrella aggregate. If a student would like additional personal liability insurance, they are encouraged to explore their options through their personal insurance carrier. Healthcare Providers Service Organization (HPSO) is a common insurance company that provides personal liability policies for students and other health care professionals. Students can review information at www.HPSO.com.
- **Student Insurance:** All students are required to have personal health insurance. Active health insurance card will be placed on file with CastleBranch as proof of insurance prior to attending clinical education experiences. The college and the clinical education experience settings are not responsible for the cost of medical care if the PTA student becomes ill or injured at school or at the medical facility.
- **Physical Exam:** A yearly physical exam performed by a licensed medical professional. Any cost associated with the physical exam is the responsibility of the student.

Criminal Background Checks and Drug Screens

Criminal background checks and drug screens are not required for admissions to the Physical Therapist Assistant (PTA) program. Once admitted to the program, however, students will submit to criminal background checks (state and/or federal, which may also include fingerprint, national sex offender search, social security verification/trace, and health care fraud and abuse) and drug screens in order to meet regulatory criteria of facilities participating in the clinical education component of the PTA program. Students are required to complete all background checks and drug screens at least 120 days prior to the first day of their clinical experience each year. Clinical partners can request an additional background check or drug test prior to or during a clinical experience. The student must complete the request drug test and/or background checks in the time frame required by the clinical site.

If results of the criminal background check or drug screen prohibit a student in the PTA program from participating at healthcare facilities, the student will be dismissed from the PTA program. Students are encouraged to follow the due process procedures outlined in the [Criminal Background and Drug Screen Due Process](#) section below should they feel ineligibility was determined as a result of false or inaccurate information.

Students can expect to absorb all costs related to criminal background checks and/or drug screens. Specific procedures will be provided to students in the PTA program upon acceptance and enrollment.

Criminal Background and Drug Screen Due Process

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

1. Students will notify the DCE, in writing, of their intent to initiate an investigation into the information they believe to be false or inaccurate within 24 hours of being notified of the information.
2. The student will provide the DCE with evidence that supports the information contained was false or inaccurate within one week (7 days) and which supports dismissal is not warranted based on the new information.
3. Students may have to work with CastleBranch on record expungement process before their clinical experience or maybe allowed another opportunity for a repeat drug test at their own expense.
 - a. FCC has legal resources/social work that can assist the student with this process

Professional Liability

Malpractice liability insurance is purchased by FCC for all PTA students prior to clinical education experiences. This policy is maintained by the college and provides \$1,000,000 coverage per incident and \$1,000,000 in aggregate. If a student would like additional personal liability insurance, they are encouraged to explore their options through their personal insurance carrier. Healthcare Providers Service Organization (HPSO) is a common insurance company that provides personal liability policies for students and other health care professionals. Students can review information at www.HPSO.com.

Transportation

Students are responsible for their own transportation to their clinical site. Although the DCE will attempt to place the student at a clinical site close to their home, the student may be required to travel up to 90 miles from the college for their clinical experience. The average commute in the surrounding area, per the Maryland State Highway commission, is 32.5 minutes. Therefore, students should expect one or more of their clinical sites to have greater than the average commute time. Students may not be able to utilize public transportation to reach their clinical site. Lack of transportation is not a factor in determining for clinical placement. Students may want to choose a clinical site further than 90-miles from the college. The clinical site must comply with the terms and conditions of the FCC program and a contract must be obtained. The DCE responsibilities, outlined in the *Responsibilities of the Director Clinical Education* section, will pertain to these clinical sites as well, except for the on-site visit requirement. For these sites the DCE can utilize a call or virtual visit.

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Students must sign the Frederick Community College Clinical Program Waiver of Liability, Assumption of Risk, and Indemnity Agreement prior to attending a clinical experience. This is a

legal contract and affects any rights the student may have if they are injured or otherwise suffer damages while participating in the clinical portion of the PTA program.

Addition Clinical Education Costs

Students should be aware that there may be additional costs (not previously discussed in the Clinical Education Manual) associated with each clinical experience which may include but are not limited to the following:

- Housing: Every attempt will be made to place students at clinical sites within a 90 miles one-way commute from the college. If a student chooses to seek housing closer to their assigned clinical site or if the student requests a distant out-of-state placement, all activities, costs, and responsibilities associated with obtaining housing are their responsibility.
- Meals
- Transportation by car, subway, bus or train as necessary to get to the site. The program cannot guarantee a placement on a bus, train, or subway route and the student will likely be required to drive or otherwise arrange transportation to the clinical site.
- Parking costs
- Uniforms or other dress requirements of the clinical site
- A watch with a second hand or digital display of seconds

Attendance Policy

Clinical education attendance is **mandatory**. Students must make every attempt to complete 100% of the assigned number of hours at the assigned site. Absences from illness or other extenuating circumstances will be dealt with on an individual basis. Excused absences greater than 2 incidences per clinical may result in a required learning assignment for professional behavior development. Extenuating circumstances will be addressed on an individual basis with the Director of Clinical Education

Absences for clinical are excused in only five circumstances:

1. Illness or injury of the student or dependent
2. Death in the family
3. Court order
4. Recognized religious holiday
5. Military commitment

Hours lost due to an absence for illness or other extenuating circumstances may be forgiven by the DCE, but the student must complete the minimum required hours for the clinical course. Failure to complete the minimum required hours per course may result in failure of the course and the inability to continue in the PTA program. If the absences cause the student to be below the minimum required clinical hours, the student needs to make up the hours to complete the clinical education experience prior to the start of the next course in the PTA pathway. The student (or someone acting on their behalf) must notify the clinical faculty and the DCE as soon as possible. Failure to notify the DCE as directed, will result in 10% reduction in the student's overall grade for each absence for that experience. If a student completes the required number

of hours early within the clinical education experience, they must continue to attend the experience in its entirety, as scheduled.

The minimum number of hours per clinical course are listed in the chart below.

Clinical Course	Weeks of Clinical Education	Minimum Clinical Hours	Maximum Clinical Hours
PTHA 180 Clinical Experience I	4	140	160
PTHA 235 Clinical Experience II	5	175	200
PTHA 240 Clinical Experience III	7	245	280

Weather Related Closures or Delayed Openings

Clinic sites do not follow the same policies and closures as FCC. Students will discuss policies of closures and notifications with their CI. All missed clinic time will need to be made up in order to successfully complete the clinical education experience.

Schedule

Students are required to follow the schedule of the assigned clinical instructor, which may include evenings, Saturday, Sunday, or College recognized holidays. All clinical education experiences are 35-40 hours per week. College recognized holidays that occur within the scheduled clinical education experience may be rescheduled for PTA students at different times. The College recognizes that if spring break occurs within the third clinical education experience the student will follow the College schedule and does not participate in clinical education on those dates. The program has adjusted the clinical schedule to ensure students complete the required hours. Prior to attending the clinical experiences, the DCE will discuss with the students any holidays and breaks that have been built into the clinical schedule for that particular calendar year.

Illness/Injury

If the student was absent due to an injury or has restrictions, the student must have a physician's letter stating the restriction. The physician's letter will be reviewed by the DCE to determine if the student is able to continue in the clinical experience to the expectations of the PTA program.

If the student was absent due to an infectious disease, the student must submit proof of recovery if requested. Students contracting an infectious disease during the time they are participating in a fulltime clinical experience must report that fact to both the college and to the clinical facility. Students should follow the clinical facility's policies and procedures when exposed to an infectious disease at the facility during the clinical experience.

Clinical Dress Code

Students are asked to comply with the dress code of the clinic in which they are placed. These requirements are consistent with current professional standards:

- The student MUST wear a nametag while in the clinic, unless not allowed in the clinic.
- Street clothes should be appropriate to a professional appearance. (Think “business casual”.)
- Denim jeans of any color, low-rise pants, tank tops, mini-skirts, sundresses, sweatshirts, and tee shirts are not appropriate
- Necklines need to be conservative. Students are going to be bending over people, kneeling or squatting in front of them as they perform treatments, adjust wheelchairs, etc.
- All clothing must be clean, ironed, and well mended.
- Shoes need to be comfortable and functional. Open-toed sandals are not allowed.
- Socks should be worn.
- Jewelry, especially rings should be kept to a minimum. Avoid dangling earrings, necklaces that could get caught in equipment when you lean down, etc.
- Fingernails should be short, clean, and without polish. Artificial nails should not be worn in clinic.
- Hair, sideburns, mustaches &/or beards should be clean & well-trimmed.
- Long hair should be pulled back.
- Smell and odors can be noxious to individuals who are ill, perfume and cologne should be kept to a minimum.
- Tattoos should be covered

In addition to the PTA program clinical dress code, most facilities/businesses may have a dress code, which has further guidelines while on clinical education experiences. The student should review the CSIF and discuss with their clinical instructor for specific facility dress code policies prior to arrival at the clinic site. Students are expected to comply with guidelines established for personnel within the facility. Questions about proper dress can be addressed to the clinical instructor. The SCCE or CI are encouraged to detail expected dress code policy to the student prior to the clinical education experience, especially if requirements significantly differ from those mentioned above, or require the student to purchase specific color combinations or uniforms.

Social Media Policy

The PTA program recognizes that social media is a commonly used medium used by today's college students, faculty, and CIs. The PTA Program has no control over what students do with non-instructional materials (pictures, videos) outside of the program. Furthermore, the program is not responsible for any images posted on social media websites.

Clinical sites may have their own rules and regulations on social media while at their facility.

Student need to be aware that posting pictures or personal information about patients on private or public sites is in violation of the patient's HIPAA rights and can result in prosecution and dismissal from the program.

It is the recommendation of this program that students carefully consider what they post on social media. Clinical instructors and employers have the ability to view the student's social media prior to clinical placement or employment. The clinic can refuse student placement, it may influence the instructor's final assessment, or affect possible employment.

FCC does have its own policy entitled [Student Personal Electronic Account Privacy Policy](#).

Conduct in the Clinical Setting

All students accepted into the PTA Program at FCC will be expected to become student members of the American Physical Therapy Association (APTA). In so doing, each student will be held to the Standards of Ethical Conduct for the Physical Therapist Assistant. Therefore, the APTA's standards of ethical conduct for the physical therapist assistant applies to all students in the PTA Program. View the code of [conduct for PTA](#) on the APTA website and in the also appendix ([Standards of Ethical Conduct for the Physical Therapist Assistant](#)) of this manual.

All PTA students must follow the conduct policies of each facility where they affiliate. This includes appropriate dress, grooming, odor, jewelry, use of legal and/or illegal substances, etc. in the clinical setting.

Cell phones, pagers and other communication will be non-auditory during clinical education experience hours.

If the student becomes emotional during a patient exposure, then they will remove themselves from the area until they have regained composure.

Clinical Education Problem Situations

The faculty of the PTA Program at FCC attempts to ensure all students have the essential skills and knowledge to be successful in a clinical environment, so the majority of clinical experiences proceed without significant difficulties or conflicts. However, it is possible that students may encounter problem situations while at a clinical experience. These may include personality conflicts, problems with communication, and deficiencies in student preparation, performance and/or behavior.

The majority of issues that come up during a clinical education experience can be easily resolved between the student and the CI. Students are expected to behave as mature, responsible adults and when possible work out any problems they are having directly with the CI. In the event that these attempts fail and/or the scope of the problem is more serious or complex, students are strongly encouraged to contact the DCE to discuss the situation, their concerns, and receive guidance as needed.

The CI may also utilize support from the SCCE and DCE when dealing with any problems with student performance or behavior. When necessary, the DCE will maintain closer contact with the CI, student, and SCCE through more frequent telephone and/or in-person meetings. The goal of this contact between the DCE, the CI, the student, and the SCCE is to ensure effective communication, clearly identify the issues involved, and help the student, CI and SCCE

formulate a workable plan to improve student performance and/or eliminate the problem behavior or situation.

Unfortunately, despite education, mentorship, and coaching a student may continue to display behaviors that are unsafe, exhibit poor mental health, and/or are unethical. The DCE, CI, or SCCE may remove a student from a clinical education experience. In the event that a student is removed from a clinical education experience, and they are permitted to continue in the clinical education course, the student is responsible for making up all days missed. The DCE retains the right to remove the student from the clinical education experience immediately and/or while reviewing a complaint. The CI or SCCE has the right to remove the student from the clinical facility if a student's behavior negatively affects the quality of patient care or safety of patients and staff. A CI or SCCE may remove a student from a clinical experience if their behavior is inappropriate or unprofessional. If a student is removed from a clinical education experience the CI should contact the DCE immediately. When a CI or SCCE reports inappropriate or unprofessional behavior to the DCE, the DCE reviews the complaint and determines if remediation is warranted. The DCE will request from the CI, documentation of the observed behaviors that lead to the dismissal or complaint and documentation of any remediation attempted (see [Clinical Education Experience Anecdotal Record](#) form in the appendix.

If necessary, the DCE can choose any of the following actions...

1. Remove the student from the clinical experience but allow the student to remain in the clinical course pending alternative clinical placement availability.
2. Remove the student from the clinical experience and the clinical course with remediation. The student will be deferred in the PTA program and must repeat the clinical course and experience the following year.
3. Extend the clinical experience an additional timeframe as long as it does not interfere with the timeline for progression in the PTA Program.
4. Remove the student from the PTA program without the option of remediation. The student may not repeat the clinical course.

Some incidents that may result in dismissal from the PTA program without the option of remediation include the following...

- Placing a patient in a hazardous condition or circumstance
- Physical abuse, or intent to cause harm to a patient, self, staff member, or other individual
- Verbal abuse or the intent to discredit, cause fear, harm, emotional or mental distress to a patient, staff, or other individual.
- Disruptive behavior that may or may not be violent in nature, or the repeated use of profane language
- Use of illegal substances, the misuse of legal substances, or use of alcohol that leads to impairments or misjudgment
- Chronic tardiness or absences

- Violating the confidentiality of a patient or other protected individual
- Violation of clinical education setting policies

This list is not intended to be all inclusive, and the final judgement defers to the professional decision of the DCE

If a clinical education experience is terminated, the grade for the course will be an 'F'. The student may also face withdrawal from the PTA program, depending on the reason for the termination. Refer to the Student Manual under the heading *Progression in the PTA Program* for more information.

Clinical Education Experience Anecdotal Record Form

The Anecdotal Record Form is included in the appendix of this manual. This form provides the CI with a means of recording significant examples of negative student performance and behavior when they occur. This form provides a framework for discussion with students about concerning behaviors or actions as well as providing a permanent record that the occurrence was discussed with the student. This form does not necessarily indicate failure of the clinical experience but should be used to document concerning behaviors that violate safety and the eight [APTA Standards of Ethical Conduct for the PTA](#) (see appendix).

Thorough documentation of all problem performance and behavior is essential. Report the incident as it occurred in the most possible objective manner. Be certain that the potential or actual negative consequences and the expectations for future performance are very clear. The form must be carefully reviewed with the student. The student should be made aware of potential repercussions if the negative behavior/performance problem continues, such as the lowering of their rating on the performance evaluation and/or potential failure of the clinical education experience. In some instances, it may be helpful to have the SCCE sit in on the discussion with the CI and the student. The student, the CI, and/or the SCCE must sign the form. The student signature signifies that the incident, consequences, and expectations future performance were discussed with them.

If performance or behavior problems are significant enough to warrant use of this form, please contact the DCE. All Anecdotal Record forms must be returned to the DCE immediately after they are reviewed and signed.

Clinical Outcomes

Clinical outcomes are based on a progressive building from beginning performance level to entry level performance through the series of three clinical education experiences in the second year of the PTA Program.

Grades are based on multiple measures of performance. Final grades are assigned by the DCE based on formative and summative feedback from the clinical faculty, challenge of the clinical site, and discussions with the student as needed. The Physical Therapist Assistant Clinical Performance Instrument online version ([PTA CPI 3.0](#)) is the selected assessment tool. The PTA CPI 3.0 accounts for approximately 80% of the overall course grade. If a student does not meet the programs minimum required benchmarks on the CPI for each clinical experience, they may be

at risk of not passing the course. The DCE will review the CPI and consult with the CI, student and/or SCCE concerning the student's clinical performance. The DCE will make the final distinction concerning failure of the course. Students will be assessed at midterm and at the conclusion of the clinical education experience. In order to pass the course, students must achieve the following standards on the CPI:

All criteria on the CPI must meet a minimum threshold rating as listed below.

Minimum Final Marks Required to Pass

Course	CPI 3.0 anchor final scores for all components
PTHA 180	Advanced Beginner Performance Level
PTHA 235	Intermediate Performance Level
PTHA 240	Entry Level Performance

- Scores at midterm are expected to show progress towards the potential of achieving the final score.
- Students should demonstrate progress from midterm to final. This may be with the an improved benchmark score or improved comments from the clinical instructor within the current benchmark.

Determination of Satisfactory Progress of Clinical Experience

Critical Safety is continuously evaluated by the clinical instructor throughout the clinical experience. Critical safety is evaluated throughout the CPI's 11 categories. Formal documentation of concern for a critical safety element or the need for corrective or other action will be documented in the CPI on the midterm and final evaluations and/or on the Clinical Education Experience Anecdotal Record form. Clinical instructors can submit a Significant Concerns statement through the web-based CPI directly to the DCE to review. Demonstration of unsatisfactory student behaviors or progress may result in failing the course.

Midterm Evaluation of Student Progress: The clinical instructor will communicate with the student approximately halfway through the clinical experience (Approximately 2.5 weeks for Clinical I, 3 weeks for Clinical II, and 4 weeks for Clinical III) following the DCE's review of the midterm results on the PTA CPI 3.0. The DCE will discuss any concerns or areas to improve the progression towards successful course completion. The PTA CPI 3.0 provides the DCE with access to the midterm assessment automatically upon its completion. The clinical instructor is responsible for communicating any areas of significant concern in a timely manner to the DCE and the student. In the event of a midterm or other CI communication that suggests the student is struggling the DCE can create an individualized action plan the student must complete to aid in the successful completion of the course. Failure to complete the action plan in addition to the regular clinical education components may result in failure to progress in the program.

Final evaluation of student progress: The final decision as to whether or not the student passes the clinical experience is made by the DCE. This decision is a professional judgment based upon the following:

1. Scores for the final evaluation on the Clinical Performance Instrument.
2. The minimum criterion score to consider the clinical experience passed. See above.
3. Problems or concerns raised by the CI and/or student during the clinical experience and whether or not these were effectively resolved.
4. How the problems affect patient safety and patient care.
5. How the problems affect the student's chances of performing at entry level by graduation and during a probationary period at their first job.
6. Whether or not the problems fit a pattern of concern that was evident during the student's academic period.
7. DCE consultation with the CI.
8. The uniqueness or complexity of the clinical site.
9. Whether or not all outcomes on the course syllabus have been met.
10. DCE consultation with the student.

If it is determined by the DCE, that the student did not meet the objectives in the course and will not be prepared for the next clinical education experience or entry level practice upon graduation, the student will most likely need to repeat the clinical experience or may be dismissed from the program if remediation is not deemed appropriate by the DCE. A student will be allowed only one opportunity during the PTA program to be considered for a clinical remediation. This would be considered a deferment from the program with the possibility of reinstatement. More information concerning deferment with reinstatement can be found in *Reinstatement Policy* in the FCC PTA Program Student Manual on page 29. The student will have to wait till the course is run again depending on the availability of clinical sites and follow reinstatement policies.

In some circumstances, the DCE may evaluate the student's performance on a clinical education experience and determine the student just needs a short amount of additional time in the clinical environment to achieve a passing grade and achieve the benchmark performance level. This is subject to availability at a clinical site. This decision is to the discretion of the DCE and only after thorough evaluation of the students' performance using conversations with the CI, student, and review of the CPI. Due to the progressive nature of the PTA program, the DCE can only grant extended time that can be completed prior to the start of the next course in the program or cohort's graduation date.

Assessment Tool: Online PTA Clinical Performance Instrument

FCC has chosen the web-based PTA Clinical Performance Instrument (CPI) 3.0 for assessment of student clinical performance. This online version aligns with college and program core values of excellence and innovation, as well as the growing trend of technology use in the healthcare field. The online version of the PTA CPI 3.0 offers specific anchors for performance criteria for a more objective assessment of student performance. PTA CPI 3.0 has been tested for validity and reliability and reduces risk if scores are challenged at any time. CPI offers technical support through Liaison International, and scores are secure and stored indefinitely in archives for future analysis.

All users of PTA CPI 3.0 are required to complete a free online training module through the APTA Learning Center and pass a post-test to access the CPI. This module offers free continuing education units and ensures competent and consistent assessment of student performance by clinical instructors. Please go the link to access [PTA-CPI 3.0 Education](#) to register for a course.

Clinical faculty must complete the online training module in order to be entered into and login to the PTA CPI 3.0 system. Clinical faculty are asked to complete the online module prior to the first day of the clinical experience.

Information and comments can be entered into the CPI at any time during the clinical experience but will not be viewable to the other party (CI or student) until the they sign off and all categories are graded. The CI and student are encouraged to meet frequently throughout the clinical experience in order to address any concerns and discuss progression before both the midterm and final evaluations. There is a [Student Weekly Evaluation Form](#) in the appendix that can be used to guide these meetings.

CPI ratings by student and clinical instructor at mid-term and final are shown together for easy comparison and demonstration of progress. Comments are required for information to be saved, providing improved overall feedback to the DCE.

Clinical Experience and Clinical Instructor Evaluation

The DCE provides the APTA PTA Student Evaluation Clinical Education and Clinical Instruction document to the student before the start of the clinical education experience. The student is responsible for completing this review of the clinical site and clinical instructor. The student should review his/her evaluation of the site with the CI and/or the SCCE. The information provided by the student will help the staff improve the clinical experience for subsequent students. The information is used by the DCE to identify ways to support the development of the clinical faculty and to better guide future students who may be assigned to the site. The form MUST be returned to the DCE at the end of each clinical and failure to do so will result in a failing grade for that clinical experience. The form is accessible on the APTA website under the title [PTA Student Site Evaluation Form](#).

Evaluation of the DCE and the Clinical Education Program

Students are required to provide feedback on the performance of the DCE and the clinical education program after completion of Clinical Education III. The anonymous evaluation forms are returned to the Director who will in turn, review, share, and discuss the results with the DCE as part of overall quality improvement efforts for the program. The students will use the [Student Clinical Education Evaluation](#) form found in the appendix

Every clinical site will receive the [Clinical Education Clinical Instructor Evaluation](#) survey to evaluate and provide feedback on the PTA program and the DCE's management of the clinical education program. The forms will be returned to the Director and the Director will

in turn review, share, and discuss the results with the DCE as part of overall quality improvement efforts for the program.

Clinical Reassignment

When a student is on a clinical experience but is unable to complete the required hours, an alternative clinical may be provided. Possible reasons a student may be unable to complete these hours include, but will not be limited to the following:

1. Family crisis
2. Health status
3. Conflict with the clinical instructor or site
4. Lack of patients at the clinical site.

The DCE and PTA Program Director will decide on an individual basis whether the student will be provided with a clinical reassignment. A student will be allowed only one opportunity during the PTA Program to be considered for a clinical reassignment. The student may have to wait till the course is run again the following year.

Safety

Incidences/Accidents

All accidents and/or incidents during clinical education experiences must be reported immediately to the CI. Students are expected to report to their CI whenever anything out of the ordinary or other than routine occurs, to the student, to a patient or any other individual in the environment. The clinical facilities appropriate form(s) will be filled out per clinical site procedure. Determination will be made as to what diagnostic tests or procedures need to be done for the student or the patient. Students are financially responsible for medical expenses associated with diagnosis or further evaluation of injuries to themselves such as vaccinations, boosters, medically imaging, etc. The DCE should be notified of any accidents involving the student and an FCC incident report must also be completed. One of the following forms should always be submitted to the DCE if facility documentation is initiated. (See [Exposure Reporting Form](#) or [Accident/Injury Form](#) in appendix)

Standard Universal Precautions

Students will be familiar with and adhere to Standard Universal Precautions taught in PTHA 105 Basic Patient Care Skills. All students have completed training regarding standard precautions and practiced using personal protective equipment. Students are expected to report any contact with blood/body fluids to their CI.

Clinical Site and Equipment Safety

As part of a student's orientation process to a facility, the SCCE or CI must review site specific policies and procedures regarding safety such as fire safety, MSDS, and/or equipment safety. If a situation arises where student safety could potentially be compromised, it is the responsibility of the CI to assist and direct the student per site policies and procedures.

Appendix

Skills Learned for Clinical Education Experience I

Basic Patient Care Skills	Physical Agents	Kinesiology	Therapeutic Exercise
Administering standardized questionnaire	Biofeedback	Dermatomes	Aquatic exercises
Assessing anthropometric measurements	Contrast Baths	Goniometry – LE, UE, and trunk	Balance and coordination exercises
Bed mobility	Cryotherapy	Joint movement	Home exercise program
Body mechanics	Diathermy*	MMT	PNF for strengthening
Gait training on stairs	High Volt	Myotomes	Post-surgical protocol
Gait training with variety of devices	Hot packs	Reflex testing	Proprioception exercises
Handwashing Infection control	IFC		Spinal stabilization
Palpating common bony prominences	Laser*		Strength training
Patient positioning and draping	Massage and soft tissue mobilization		Stretching- including PNF
Universal precautions	Mechanical Compression		Vital signs with exercises
PROM of UE and LE	Mechanical spinal traction		
Sterile techniques	NMES		
Transfer training	Paraffin		
Vital assessment	TENS		
Wheelchair mobility	Ultrasound		
	Whirlpool/hydrotherapy*		

* Theory only, no skills check or practical

**Clinical instructors who teach skills not covered in the program are responsible for assessing the student's competence with the skill prior to the patient treatment

Students are not independent clinicians and must have direct supervision from the clinical instructor at all times.

Skills Learned for Clinical Education Experience II & III

All skills from previous courses with the addition of

Neurorehabilitation	Orthopedics	Advanced Patient Care Skills
Assessing Arousal, orientation, cognition, and memory	Education on HEP post-surgery	Cardiac rehab
Balance	Peripheral joint mobilizations grade I-II	Chest PT and pulmonary rehab
Cognitive behavioral training	Peripheral joint mobilizations III-IV*	Ergonomics
Handling and facilitation strategies to improve movement patterns	Spinal exercises	Limb wrapping with amputation
Sensory interventions	Taping application	Pain neuroscience education
Therapeutic use of play		Pelvic floor therapy*
Transfers and mobility with neurological patients		Postural assessment
		Vestibular therapy*
		Wound care – no sharp debridement

* Theory only, no skill checks or practical

**Clinical instructors who teach skills not covered in the program are responsible for assessing the student's competence with the skill prior to the patient treatment

Students are not independent clinicians and must always have direct supervision from the clinical instructor.

Interprofessional Practice (IPP) Requirement and Rubric

Describe the Interprofessional practice activity/activities that occurred during PTHA 235 and/or PTHA 240.

An interprofessional practice activity **MUST** be completed during one of the 2 terminal clinical education courses. The interprofessional practice activities, during the clinical education experiences, must involve collaboration that incorporates all 4 IPEC core competencies (Roles and Responsibilities, Teamwork, Values/Ethics, and Communication). Students must score a 2 or higher using the provided rubric on each of the four competency areas for the criteria to be met.

To determine which IPEC competencies are being demonstrated, ask yourself the following questions...

For Roles and Responsibilities: Is the collaboration between you and another professional or another student in a different healthcare profession? Do you know and understand their professional distinction? How does this professional's role support the patient, hospital, or clinic in a way that effects patient outcomes?

For teamwork: Does collaboration occur with one or more professionals that are not a PT/PTA? Is the goal of the collaboration to impact patient outcomes?

For Values/Ethics: How did culture, values, or ethics effect of the patient's plan of care? Was everyone involved respected?

For Communication: Who did you collaborate with? Were other disciplines involved that were not a member of the PT/PTA team? Was the communication effective for the patient or what did you learn from the ineffective communication? Did you collaborate with the other disciplines prior to communicating with a patient, patient's family member or caregiver?

Interprofessional Practice Rubric

IPEC Core Competency	Did Not Meet the Criteria 0 points	Criteria Met 2 points	Explanation Exceeds Expectation 2.5 points
Roles/ Responsibilities	The answer does not provide the profession or a description of the role or responsibility of the professional involved in the patients care. The answer lacks information that proves the professional's role differs from the PT/PTA team.	The answer provides the profession and a description of the role and responsibility of the professional involved in the patients care. It provides information that proves the professional differs from the PT/PTA team. The answer is generic or basic and lack specific details or personal insight.	The answer provides the profession and a description of the role and responsibility of the professional involved in the patients care. It provides information that proves the professional differs from the PT/PTA team. The answer provides insight or details to the benefits of the collaboration.
Team/Teamwork	The answer does not describe a collaboration concerning a patient or the collaboration fails to involve a professional that is not a member of the PT/PTA team.	The answer describes a collaboration or team effort and how it affected patient outcomes. The team included a professional that is not a member of the PT/PTA team. The answer lacked personal insight or details on the team approach.	The answer thoroughly describes a collaboration or team effort and how it affected patient outcomes. The team included a professional that is not a member of the PT/PTA team. The answer included personal insights and details of the interaction.

<p>Values/Ethics:</p>	<p>The answer does not describe the values and ethics involved in a collaboration. The collaboration did not involve a professional that is not a member of the PT/PTA team.</p>	<p>The answer describes the ethics and values demonstrated in a collaboration and how it affected a patient. The team included a professional that is not a member of the PT/PTA team. The answer lacked personal insight or details on the values and ethical issue.</p>	<p>The answer describes the ethics and values demonstrated in a collaboration and how it affected a patient. The team included a professional that is not a member of the PT/PTA team. The answer includes personal insights and details on how ethics and values were respected.</p>
<p>Communication:</p>	<p>The answer does not describe a communication that occurred. The communication did not include a professional that is not a member of the PT/PTA team.</p>	<p>The answer discussed the student's communication with a professional that is a member of the healthcare team beyond a PT or PTA. The answer lacked personal insight or details on the communication process.</p>	<p>The answer discusses the student's communication with a member of the healthcare team that is not part of the PT/PTA team. The answer provided personal insight or details on the communication process.</p>

Clinical Placement Planning Form

Clinical Site Name: _____

Clinical Site Address: _____

Clinical Site Phone: _____ Clinical Site Fax: _____

Clinical Site Email: _____

Preferred Method of Communication:

Phone

Email

Fax

What category best describes the clinical experience at your facility:

Acute Care

Subacute (SNF, LTC, inpatient center)

Home Health

Outpatient

Outpatient Specialty

Other: please specify _____

What patient populations are treated at your facility regularly:

Medical complexity is defined as comprehensive array of medical and other services required to manage the multidimensional aspect of the patient's medical conditions.

General medical and complex medical patient populations.

General medical populations only.

Complex medical populations only.

Please indicate the number of students you would be able to have at your site for each clinical experience:

_____ PTHA 180 Clinical Experience 1 (4 weeks) 7/**/202* – 8/**/202*

_____ PTHA 235 Clinical Experience 2 (5 weeks) 1/**/202* – 2/**/202*

_____ PTHA 240 Clinical Experience 3 (7 weeks) 3/**/202* – 5/**/202*

_____ I am unable to provide a clinical experience for a student this year.

Would you be interested in a site visit/in-service by the ACCE to discuss the PTA program?

Yes

No

Are you interested in receiving information on special topics (APTA CI Credentialing Program, the electronic PTA Clinical Performance Instrument, and/or Information on Evidence Based Practice)?

Yes, please indicate the topic for which you wish to be provide information _____.

No

I am interested in exploring a 2:1 supervisory model (2 students:1 Clinical Instructor).

Yes

No

Has your clinic undergone any management or staffing changes that would affect the clinical education contract between Frederick Community College and your clinic?

Yes, I have concerns with the clinical contract and would like to be contacted.

No, the contract has been reviewed and there are no concerns at this time.

CCCE Signature _____

Date _____

PTA CLINICAL VERIFICATION

To be filled out by the FCC Director of Clinical Education

Student's Name: _____

Requested Clinical Cite Name: _____

Request sent by: (Name of DCE) _____

The student will be attending the following clinical experience:

_____ PTHA 180 Clinical Experience 1 (4 weeks) 7/**/202* – 8/**/202*

_____ PTHA 235 Clinical Experience 2 (5 weeks) 1/**/202* – 2/**/202*

_____ PTHA 240 Clinical Experience 3 (7 weeks) 3/**/202* – 5/**/202*

To be filled out by the SCCE or clinical instructor responsible for the clinical experience ***

The above clinical request has been reviewed and the follow decision was made:

Yes, we continue to be able to accommodate a student at the above site and time frame.

No, we can no longer accommodate the previously requested above clinical experience. We are willing to offer the following alternative.... (Please, list alternative locations, settings, or dates that are available for the desired clinical experience): _____

-
-
- No, we cannot accommodate the previously requested clinical experience, and we have no other alternative clinical experiences to offer at this time.

I confirm that the clinical instructor assigned to this student's clinical experience has at least 1 year of clinical practice sense graduating from an accredited PT or PTA program and is currently licensed as PT or PTA.

- Yes, please provide clinical instructor's name and preferred method of contact

Name_____

Contact phone/email_____

- No (If you answered "No" to the above question you will be contacted immediately.)

Only answer if the clinical instructor is a PTA, I confirm that a supervising PT will be available to the clinical instructor and the PTA student.

- Yes

- No (If you answered "No" to the above question you will be contacted immediately.)

For Interprofessional Practice Course Requirement

Your facility has been identified as having interprofessional practice (IPP) activities. Your FCC student **MUST** participate in an IPP activity to successfully complete this clinical education course. IPP activities are those that involve healthcare workers from different professional backgrounds working together with patients, families, caregivers, to deliver patient services. The activities must incorporate the following: allow the student to learn about roles and responsibilities from a healthcare professional other than a PT or PTA, collaborate with another healthcare professional as part of the healthcare team, discuss with other healthcare professional how culture, values, or ethics effected the patient's care, and demonstrate communication with another healthcare professional.

I understand the student must participate in 1 or more of IPP tasks prior to the completion of this rotation.

Yes

No

This student will contact your clinic prior to their first day. Please enter the name and the phone number to whom they should contact to discuss specifics concerning their first day of clinical. (ie. parking, dress code, arrival time etc.)

Name: _____

Phone: _____

CCCE or CI Signature _____

Date _____

Frederick Community College Clinical Program
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Last Name _____ First _____
(Please Print)

PLEASE READ THIS AGREEMENT CAREFULLY.

THIS IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN CLINICAL PROGRAMS.

I understand that a portion of my education in the [identify program here] Program at Frederick Community College (the “College”) will include clinical placements in health care facilities (the “Clinical Program”). One purpose of clinical education is to acquaint students with the reality of clinical practice of a health care profession. I understand that during the Clinical Program, I will be subject to the known and unknown risks those members of the profession experience in the provision of health care. These may include exposure to people with infectious and communicable diseases, chronic and degenerative diseases, mental illness, and risks attendant to the work environment.

COVID-19 Acknowledgement

Since in or about January 2020, there has existed, and continues to exist a nationwide and global pandemic commonly referred to as the COVID-19 pandemic. COVID-19 is highly contagious and is capable of widespread person-to-person transmission. I acknowledge that in-person participation in the Clinical Program involves the risk of exposure and/or contact with individuals who have contracted COVID-19 or who might otherwise be carriers of COVID-19 and/or any mutation or variation thereof, and that such exposure can occur either directly or indirectly whether or not wearing a mask or other personal protective equipment. I further acknowledge that I have independently evaluated and reviewed the risks of participating in the Clinical Program during the COVID-19 pandemic and have decided to participate in the Clinical Program with full knowledge and acceptance of those risks.

I agree that if I, or any person in my household, begin to experience symptoms similar to COVID-19, or if I, or any person in my household are notified that I/they have been exposed to or infected with COVID-19, that I will immediately notify both the College Clinical Program Director and Clinical Program liaison at the healthcare facility and will immediately remove myself from the facility. Furthermore, if I, or any person in my household, are notified that I/they have been diagnosed with COVID-19 and I have participated in the Clinical Program within the last fourteen (14) calendar days from the date of the diagnosis, I will immediately notify both the College Clinical Program Director and Clinical Program liaison at the healthcare facility of the diagnosis.

I understand and acknowledge that the College cannot eliminate the risk of exposure to COVID-19 and cannot guarantee that by participating in the Clinical Program there will be no exposure to COVID-19. By signing this Agreement, I fully and knowingly agree and assume all risks associated with my participation in the Clinical

Program and the exposure to or infection of COVID-19, including the risk of illness, bodily injury, permanent disability and/or death related, directly or indirectly, to COVID-19.

Student Signature: _____

Date: _____

I realize that as a student, I am not eligible for coverage under the College's or facility's workmen's compensation insurance, and there is no mechanism for compensation in the event I am injured during my Clinical Program.

I acknowledge that every attempt has been made by the College to protect my interests. I have been provided basic instruction in risk prevention procedures and in the application of reasonable and prudent clinical practices, which can serve to limit unnecessary exposure and constitute a measure of safety for me and the patients I treat. I understand that it is my responsibility to apply these procedures and to take appropriate steps to protect the patients and myself. As a condition of placement in the Clinical Program, I will be required by the facility and the College to show proof of health insurance. I also understand that another condition of placement in a Clinical Program is completion and submission of immunizations and laboratory testing. Further, I will be expected to abide by whatever policy(ies) the facility has regarding risk exposure management for its employees, even though I am not considered by the College or the facility to be an employee of the facility.

The Clinical Program Director has offered to answer any questions that I may have about these risks and the precautions I can take to avoid them. If I have any questions before, during, or after the Clinical Program, I will contact the Program Director. Also, I understand that I may stop any participation in the Clinical Program at any time I think my personal safety, or that of the patients I treat is in jeopardy and agree to contact the Clinical Program Director immediately should this occur.

I understand that I have a right to privacy, and all information obtained in connection with this clinical education experience that can be identified with me will remain confidential as far as possible within state and federal laws.

I voluntarily agree to participate in Clinical Programs. In addition, I acknowledge that I have read, understand and will abide by clinical policies as established by the Clinical Program and the affiliated facility as presented to me.

By signing this Waiver of Liability I understand that I voluntarily and personally assume all of these risks, and that it is my sole responsibility to determine whether I am sufficiently fit and healthy to participate in these activities and I am willing to expose myself to potential hazards associated with the clinical medical environment.

In return for Frederick Community College allowing me to participate in the Clinical Program and having read and understood this Agreement, I hereby state that I voluntarily agree to the following:

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Frederick Community College, its trustees, officers, employees or agents (hereinafter referred to as RELEASEES) for any liability, claim, and/or cause of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me that occurs as a result of my traveling to and from, and participation in the Clinical Program. I agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES, whether injury or damages is caused by my negligence, the negligence of the RELEASEES, or the negligence of any third party, from any loss, liability, damage, or costs, including court costs and attorney's fees. It is my express intent that this RELEASE and HOLD HARMLESS AGREEMENT shall bind the members of my family and spouse if I am alive, and my heirs, assigns and personal representative(s) if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the above-named RELEASEES.

I hereby further agree that this Waiver of Liability, Assumption of Risk, and Indemnity Agreement shall be construed in accordance with the laws of the State of Maryland. If I deviate from any aspect of this activity, such deviation is purely voluntary, and I agree that RELEASEES shall not be liable for any injuries resulting or arising out of such deviation.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing Waiver of Liability, Assumption of Risk, and Indemnity Agreement, understand it, and sign it voluntarily.

Date: _____

Signature: _____

Release of Student Medical Information to Clinical Sites

WAIVER AND CONSENT:

STUDENT RECORDS AND PRIVACY ACT

In consideration for arranging clinical studies which are a curriculum requirement, the undersigned waives his or her rights under the Student Records and Privacy Act and permits Frederick Community College to release results of criminal background checks, physical examinations ("Information"), and other necessary personal medical information to clinical sites.

The undersigned further acknowledges understanding and agreement that the release of such Information is for his or her benefit to facilitate access to the clinical site; and that release of the Information does not, however, guarantee acceptance of the undersigned at the clinical site; and that the undersigned may be rejected by the clinical site on the basis of the Information released to it; and the undersigned shall and hereby does hold harmless the Board of Trustees of Frederick Community College, Frederick Community College, and all agents and employees of Frederick Community College from any and all liability, cost, and loss in the event of such rejection because of the Information.

Signature: _____

Printed Name: _____

Date: _____

Frederick Community College PTA Vaccination Records

****Submit this form to CastleBranch 120 days prior to your first clinical experience****

Required Vaccination	Acceptable Record
<p>PPD Test Dates: Step 1 _____ Results in mm: _____ Step 2 _____ Results in mm: _____</p> <p>It is done in a four appointments: Visit 1: Place the PPD injection. Visit 2: The test must be read 48-72 hours post test the injection</p>	<p>Tuberculin Skin Test (TST)* 2 step PPD</p> <p>Students who have had a positive PPD in the past may provide: Documentation of previously positive Test and completion of preventive therapy <u>and</u></p>

<p>Visit 3: 1-2 weeks after Visit 1, the second PPD is placed Visit 4: Again 48-72 hours later, the PPD must be read.</p> <p>Record of Previous Positive Test Results Test Date _____ Results in mm: _____ Send proof of additional required testing with this form</p>	<p>Documentation of a chest radiograph within the last six months. or Documentation of a history of tuberculosis disease and the completion of treatment. or QuantIFERON Gold Blood test within six months</p>
<p>MMR vaccine dates: Dose 1: _____ Dose 2: _____ Or Titer Date _____ Result _____</p>	<p>Measles, mumps and rubella MMR Vaccine 2 doses or evidence of immunity/ Titer</p>
<p>Varicella vaccine dates: Dose 1: _____ Dose 2: _____ Or Titer Date _____ Result _____</p>	<p>Varicella vaccine 2 doses or evidence of immunity/ Titer ***Record of Varicella "Chicken Pox" Disease is not sufficient***</p>
<p>Yearly Influenza Vaccine: Date: _____ Must be completed yearly prior to October 1</p>	<p>Influenza Vaccine Attach record with date received, lot number, provider and providers site.</p>
<p>DTap Vaccine: Date: _____</p>	<p>DTap Vaccine Proof of one Tdap vaccine within the last 10 years.</p>
<p>Hep B Vaccine: Dose 1 _____ Dose 2 _____ Dose 3 _____ Or Titer Date: _____ Result _____</p>	<p>Hep B Vaccine: 3 doses or evidence of immunity/ Titer</p>
<p>Polio Vaccine: Date: _____</p>	<p>Polio Vaccine: Proof of vaccine or evidence of immunity/ Titer</p>

Student Signature _____

Date _____

Physician Signature _____

Date _____

Signing Physician must be a MD, DO, PA, or NP

Clinical Education Student Goals

Student Name: _____ **Date:** _____

Clinical Facility: _____

Clinical Education Course: I II III

Please complete the following information based on your experience in lecture, lab, and if applicable, previous clinical education experience(s). This information will assist your clinical instructor in planning the clinical experience.

Indicate your top four areas of strength:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Indicate your top four areas for improvement:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Draft four specific, realistic, objective and measurable goals you hope to accomplish during this clinical education experience. These should relate to your areas for improvement and should be appropriate for the setting where you are assigned.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Use this space and the back of this sheet to provide any other pertinent information about yourself, your goals and/or your special interests:

Student Weekly Evaluation Form

Student: _____

Clinical Instructor: _____

Date: _____

TO BE COMPLETED BY THE STUDENT

1. I was great this week when I...
2. I could have done better this week when I...
3. It was very helpful this week when my Cl...
4. My CI could have helped me more this week when...
5. Were goals from prior week met? Enter NA if this is your first week.
 - a. Yes No, _____
 - b. Yes No, _____
 - c. Yes No, _____
6. My goals (at least three concrete measurable goals) for next week are:
 - a. _____

b. _____

c. _____

TO BE COMPLETED BY THE CLINICAL INSTRUCTOR

7. CI's feedback on student's progress and achievements of goals

8. Do you have any critical concerns or red flag areas that need to be addressed? If No, please explain.

Student Signature: _____ **Date:** _____

CI Signature: _____ **Date:** _____

In-service Verification Form

Student name: _____

Topic of In-service: _____

Date: _____

Comments:

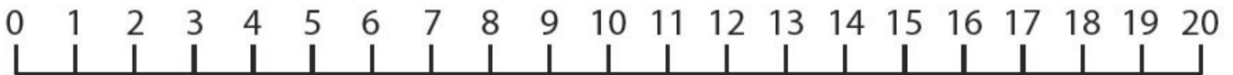
Was the information thorough and applicable to your site? _____

Did the student cite contemporary evidence-based research? _____

Did the student make good eye contact and engage the audience? _____

What suggestions would give the student to help them improve their teaching skills? _____

Please rate the student's in-service on a 0-20 scale



Exposure Reporting Form

Student name and ID number: _____

Date of Exposure: _____

Date of Report: _____

Details of the exposure:

What procedure was being performed?

Where and how the exposure occurred?

What kind of bodily fluid was involved in the exposure?

What was the condition of the student's skin (chapped, intact, cut)?

Information about the exposure source and infection risk if allowed by the facility?

Did the student report the exposure to their CI immediately?

Follow-up

Date:

Outcome/Conclusion

Date:

Accident/Incident Reporting Form

Student name and ID number: _____

Date of Incident: _____

Date of Report: _____

Details of the incident:

What therapy was being performed?

Where and how was the student injured?

Was the patient or other any other person injured as well?

Was the patient or student sent for further treatment including imaging?

Was the accident/incident immediately reported to the CI?

What could have been done differently to prevent the injury, if anything?

Follow-up

Date:

Outcome/Conclusion

Date:

Clinical Education Experience Anecdotal Record

Date: _____ Student Name: _____

Facility: _____ Clinical Instructor: _____

The following is a record of a critical incident or behavior. (Use back of the sheet or attach a separate page if needed). All Anecdotal Records must be returned to the DCE with the final performance evaluation form. The DCE should also be notified of significant problem performance or behavior issues when they occur.

Type of Incident: (Circle or highlight)

Potential Injury of student or patient	Unprofessional behavior	Student attendance	Appearance/Dress Code
Violation of Standards of Ethical Conduct. (Indicate which standard) 1, 2, 3, 4, 5, 6, 7, 8	Other please specify: _____		

Date and time of incident:

Setting: _____

Individuals involved: (**Do not include patient names**)

Student action or behavior: (Please provide as much description as possible and quotes if appropriate)

CI's penalties of student action or behavior:

Does remediation need to occur and if so, what and how?

Student's comments:

Expectations for future behavior and or corrections:

The information above was discussed with me. I understand the concerns raised and the performance/behavior expected of me in the future.

Student Signature

Date: _____

Clinical Instructor Signature

Date: _____

DCE Signature

Date: _____

Clinical Education Clinical Instructor Evaluation

Clinical Faculty: Please complete this questionnaire as it applies to the Physical Therapist Assistant Clinical Education Program at FCC over the past clinical experience

Clinical Site Name _____

Type of practice: ___ Acute/Hospital ___ Acute Rehabilitation ___ Hospital ___

Outpatient ___ SNF/long-term care ___ Specialty ___ Other _____

Using the Scale Provided Please rate your experience as a Clinical Site for FCC.

The Director of Clinical Education (DCE) was accessible to me when I had any questions.

1.Excellent 2.Very Good 3. Good 4. Poor 5. NA

The DCE provided me with information regarding the student being placed at my clinic in a timely manner?

1.Excellent 2.Very Good 3. Good 4. Poor 5. NA

I received the necessary information and paperwork including the student evaluation processes and expectations of the clinical site in a timely manner.

1.Excellent 2.Very Good 3. Good 4. Poor 5. NA

When I had a problem with an FCC PTA student, I have been satisfied with the strategies/resolutions proposed by the DCE.

1.Excellent 2.Very Good 3. Good 4. Poor 5. NA, I did not have a problem with an FCC PTA student

The communication between the DCE and your clinic's SCCE was effective at meeting the needs to place a PTA student at this facility.

1.Excellent 2.Very Good 3. Good 4. Poor 5. NA

I am satisfied with the visit procedure used by the DCE

1.Excellent 2.Very Good 3. Good 4. Poor 5. NA, the DCE did not visit my facility

I am satisfied by the phone and/or email student conference procedure used by the DCE.

1.Excellent 2.Very Good 3. Good 4. Poor 5. NA no conference or email check in occurred

What do you consider the strengths and weakness of the clinical education policies and procedures used by the PTA program such as those involving attendance and grading?

Are there any clinical education topics you would be interested in learning more which would improve your ability to be a clinical instructor?

The one thing the PTA Program could do that would help me be a better clinical instructor is:

Signature of Clinical Instructor _____

Date _____

Thank you for completing this form, your thoughts are important for program improvement!

If this clinic has a specific complaint regarding the FCC PTA Program, they can contact, Amelia Iams, PT, DPT, Director of Physical Therapist Assistant Education at aiams@frederick.edu or Frederick Community College 7932 Oppossumtown Pike Frederick, MD 21702. Individuals submitting complaints about the program will be free from retaliation from the PTA Program and from the college. If the complaint is regarding accreditation of the program it should be directed to the Commission on Accreditation in Physical Therapy Education, 111 North Fairfax Street

Student Clinical Education Evaluation

The FCC student is to please complete this survey as it applies your Clinical Education Experiences over the last year. All responses are anonymous.

Using the Scale Provided Please rate your experience as a Clinical Education Experience

The FCC student evaluation process and the expectations of FCC student on a clinical experience was explained to me prior to attending the clinical site.

1. Excellent 2. Very Good 3. Good 4. Poor 5. NA

All paperwork and onboarding requirements required for my clinical experience were explained to me prior to attending the clinical site.

1. Excellent 2. Very Good 3. Good 4. Poor 5. NA

In addition to direct patient care, I was able to participate in at least 2 additional learning experiences at each clinical experience I attended.

1. Yes 2. No

Check all learning experiences that occurred this year:

Attended an in-service

Presented an in-service

Observed a specialty

Utilized Rehabilitation Aides

Attended a team meeting, healthcare rounds, or family interdisciplinary conference

Observed other disciplines

Observe or Experience Interprofessional Care (interaction with other members of the healthcare team MD, PA, RN, OT, SLP, SW, etc.)

Attended or Observed management practices, administrative practices

Attended Quality Improvement or Assessment meetings or training

Assisted in research, data collection, or discussed researched articles

Observed a Surgery

Other please specify: _____

The Director of Clinical Education (DCE) provided me with the information to contact my clinic experiences in a timely manner?

- 1.Excellent 2.Very Good 3. Good 4. Poor 5. NA

The DCE was accessible to me for any feedback and questions prior to attending and during my clinical experience.

- 1.Excellent 2.Very Good 3. Good 4. Poor 5. NA

When I had a problem while on a clinical rotation, the DCE provided useful strategies for resolution and was easily accessible.

- 1.Excellent 2.Very Good 3. Good 4. Poor
5 NA, I did not have a problem while on this clinical experience

The DCE provided me an in-person, virtual, email or telephone student conference that was sufficient to meet my needs during the clinical experience.

- 1.Excellent 2.Very Good 3. Good 4. Poor
5.NA, a conference was not provided during this clinical experience this clinical

This clinical experience provided exposure to general medical and complex medical patient populations.

Medical complexity is defined as comprehensive array of medical and other services required to manage the multidimensional aspect of the patient's medical conditions.

- Yes, both general and medical populations were present at my clinical experience.
- No, only general medical patients were present at my medical experience
- No, only complex medical patients were present at my medical experience.

Please provide feedback to the DCE on ways to improve the clinical education experience.

Please provide feedback to assist future students to be successful during a clinical education experience.

Thank you for completing this form, your thoughts are important for program improvement!

Student Name (Print): _____

Student Signature: _____

Clinical Education Experience Conference

Student Name: _____

Date of Conference: _____

Clinical Experience | 2 3

Name of Clinical Site _____

Setting: _____

Clinical Instructor (s): _____

Briefly describe the patient population and the nature of the experience offered to the student. Include information on the clinical focus of the facility if appropriate.

Summary of student performance at the time of the conference

Has the student been absent during this clinical experience? Yes No ____ # Days Absent?

Has the student been tardy during this clinical experience? Yes No ____ # Days Tardy?

If the student has been tardy or absent was proper notification given to CI? Yes No

Typical # of work hours per week _____

Questions for the Clinical Instructor

Please use this scale:

EE Exceeding Expectations ME Meeting Expectations NE Not Meeting Expectations

Component	Rating	Comments
Any Red flags? The "red flag 5" - Safety, responsibility (including level of initiative), respectfulness, ethical, legal		
Communication skills – verbal and written		
Clinical thought processes. (E.g.: understanding treatment rationales, clinical problem solving, understanding & participating in treatment progression.)		
Competence in treatment skills		

Interactions with staff and patients- student shows empathy and behaves in a professional manner		
Accepts feedback		
Time management – includes time management with patient treatment and work hours		

CI and student have developed appropriate plans to facilitate improvement in weaker areas and meet objectives. Yes No Comments:

Any suggestions for course/lab work that could have better prepared the student for this clinical experience?

Your skills as a clinical instructor adequate to effectively teach and provide feedback to the student? Strongly Disagree Disagree Agree Strongly Agree

Is there anything we could do at FCC to make you feel more prepared to teach and provide feedback to a PTA student?

Do you have interprofessional practice (IPP) opportunities at your facility?
 Yes No

Please list and briefly describe any of these activities that the student has or will have the opportunity to participate in prior to the end of the clinical education experience?

Questions for the student:

	Yes	No	Comments
Was preliminary information provided to you about this site adequate?			
Was the orientation to the site adequate?			
How often do you meet with your CI? BID Daily Weekly Other			
Is the communication/feedback from your CI sufficient and helpful?			
Are you and CI establishing, adapting, and accomplishing objectives for the clinical education experience			

Are you communicating well and receiving feedback with the supervising PT?			
Is your supervising PT easily accessible?			
Is your CI an effective teacher?			
Do you receive guidance/assistance from staff other than your CI?			
Would you recommend this site to other students?			

Questions for Students: PTHA 235 and 240 only

Is this the clinical education course where your Interprofessional practice (IPP) activities are available? Yes No

If yes, then are you aware that you must complete this IPC requirement prior to the end of this rotation to complete the requirements of the FCC PTA Program?

Yes No

Briefly describe the planned or completed activity.

Signature of DCE _____

Standards of Ethical Conduct for the Physical Therapist Assistant

HOD S06-19-47-68 [Amended HOD S06-09-20-18;

HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 0682-04-08] [Standard]



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 and 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.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

- 1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapist services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

- 2A. Physical therapist assistants shall act in the best interests of patients and clients over the interests of the physical therapist assistant.
- 2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.
- 2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide.
- 2D. Physical therapist assistants shall protect confidential patient and client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

- 3A. Physical therapist assistants shall make objective decisions in the patient's or client's best interest in all practice settings.
- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions.

- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values.
- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants other health care providers, employers, payers, and the public.

- 4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients and clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.
- 4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.
- 4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.
- 4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

Standard #5: Physical therapist assistants shall fulfill their legal and ethical obligations.

- 5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient and client safety.
- 5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

Standard #6: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

- 6A. Physical therapist assistants shall achieve and maintain clinical competence.
- 6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.
- 6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

Standard #7: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients and clients and society.

- 7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
- 7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.
- 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.
- 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients and clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

- 8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
- 8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapist services.
- 8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

Effective June 2019

For more information, go to www.apta.org/ethics.