

LATI PTA Clinical Education Handbook



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SECTION 1.0 LATI Physical Therapist Assistant Program Mission, Goals and Curriculum

1.1 Mission Statement

The Physical Therapist Assistant program will provide students with a comprehensive education leading to an associate of applied science degree, including the training, knowledge, skills and professional attitudes necessary to prepare the students to be competent and integral members of a health-care delivery team. The program will be dedicated to providing educational opportunities which will allow the students to reach their maximum potential and excel in their profession.

1.2 Institutional and Program Goals

1. Responsibility: Students will demonstrate personal and social responsibility including time management skills, professionalism and community service.

Program Goals:

1. Provide a curriculum that emphasizes safe, legal and ethical practices.
2. Encourage altruism, compassion, cultural competence and social responsibility by providing opportunities for student learning and growth in these areas.

2. Outcomes: Students will set reasonable and realistic personal goals and assess their progress toward achieving them.

Program Goals:

1. Emphasize the importance of ethical considerations in the practice of physical therapy and make the students cognizant of the value of professional organizations, as well as the need for continuing education.

3. Communication: Students will demonstrate clear and accurate communications skills including listening, speaking and writing.

Program Goals:

1. Provide a curriculum that promotes effective communication in all the roles of a physical therapist assistant.

4. Knowledge and skills: Students will demonstrate technical competence, learning to learn, information literacy, and problem solving/critical thinking.

Program Goals:

1. Provide a competency-based curriculum which will prepare students to perform the professional duties of a physical therapist assistant.
2. Ensure that the students understand the role and scope of the physical therapist assistant within the physical therapy profession and the health-care delivery system.

1.3 Graduate Outcomes

1. Graduates will provide safe physical therapy interventions to progress a patient through their plan of care.
2. Graduates will maintain CPR competency and respond appropriately to emergency situations.
3. Graduates will demonstrate good patient management skills, such as time management, accurate billing, appropriate supervision of support personnel, etc.
4. Graduates will act in a manner consistent with the Standards of Ethical Conduct for the Physical Therapist Assistant.
5. Graduates will participate in learning activities that improve their abilities as a physical therapist assistant and enhance their role in the profession.
6. Graduates will promote health, wellness and prevention to their patients and their community.
7. Graduates will effectively communicate with their supervising physical therapist, patients, caregivers, healthcare workers and the public.
8. Graduates will complete accurate and timely documentation supporting physical therapy services.
9. Graduates will provide healthcare education to colleagues, students, and the community.
10. Graduates will be competent in reviewing physical therapy documents and medical records recognizing the rationale for selected interventions and the PTA's role in application of the plan of care.
11. Graduates will competently apply interventions as directed in the plan of care, including progression or identifying when modifications are necessary.
12. Graduates will perform accurate data collection.
13. Graduates will provide effective instruction to patients and others to achieve the goals and outcomes as described in the plan of care.
14. Graduates will demonstrate the ability to read and understand healthcare literature.

1.4 Clinical Education Curriculum Goals

1. The student will demonstrate the behavioral practice expectations of: accountability, altruism, compassion and caring, integrity, cultural competence, duty, and social responsibility.
2. The student will demonstrate competency in performing the following patient/client management expectations: review of the plan of care, data collection, intervention, patient instruction & progression, documentation and emergency response.
3. The student will demonstrate competency in the practice management expectations of resource management, communication, career development and education.

1.5 Purpose of Clinical Education

The purpose of clinical education is to provide clinical experiences that allow for the application of physical therapy theories and techniques acquired during lecture and laboratory instruction. As an integral part of the overall curriculum, it is imperative that clinical education opportunities reflect the mission and goals of the Lake Area Technical Institute Physical Therapist Assistant Program. Although each student will have a variety of clinical education experiences, the overall emphasis will be directed toward the development of a graduate who is prepared as a generalist and able to work as a physical therapist assistant.

1.6 Physical Therapist Assistant Curriculum

The Lake Area Technical Institute's curriculum leads to an Associate of Applied Science - Physical Therapist Assistant (PTA) degree. The physical therapist assistant student enrolls in the following courses:

First Year – Fall Semester

Course Number	Course Title	Clock Hours	Credits
* ANAT 142	Anatomy	48	3
* PSYC 101	General Psychology	48	3
* ENGL 101	Composition	48	3
* MATH 100	Applied General Math	48	3
PTA 100	Introduction to Physical Therapist Assisting	56	2
PTA 110	Fundamentals of Physical Therapist Assisting	112	4
PTA 116	Ethics and Issues in Physical Therapy	56	2
MA 115	Medical Terminology	42	1.5
Total		458	21.5

First Year – Spring Semester

Course Number	Course Title	Clock Hours	Credits
* PHGY 210	Human Physiology	64	4
PTA 106	Kinesiology	84	3
PTA 120	Observation and Measurement	112	4
PTA 125	Physical Agents and Massage	112	4
PTA 145	Theories of Therapeutic Exercise	42	1.5
PTA 150	Pathology for the PTA	56	2
AED 100	Automated External Defibrillator	14	.5
Total		484	19

First Year – Summer Session

Course Number	Course Title	Clock Hours	Credits
PTA 136	Electrotherapy (2 1/2 weeks)	84	3
PTA 141	Clinical Affiliation I (6 weeks)	240	4
Total		324	7

Second Year – Fall Semester

Course Number	Course Title	Clock Hours	Credits
* SPCM 101	Fundamentals of Speech	48	3
* SOC 100	Introduction to Sociology	48	3
PTA 220	Musculoskeletal Disorders and Treatment	112	4
PTA 228	Neuroanatomy and Neurological Dysfunction	84	3
PTA 229	Human Development and Pediatric Disorders	42	1.5
PTA 242	Rehabilitation Procedures	112	4
Total		446	18.5

Second Year – Spring Semester

Course Number	Course Title	Clock Hours	Credits
PTA 216	Applications in Therapeutic Exercise	56	2
PTA 225	Psychosocial Considerations in Patient Care	56	2
PTA 231	Special Topics	56	2
PTA 245	Clinical Affiliation II (6 weeks)	240	4
PTA 250	Clinical Affiliation III (6 weeks)	240	4
Total		648	14

1.7 Course Descriptions for Physical Therapist Assistant Curriculum

PTA 100 - Introduction to Physical Therapist Assisting - 2 credits

Course Description: This course will introduce students to the field of physical therapy. Topics will include history of the physical therapy profession, role and scope of PT/PTA, professional organization, educational and job opportunities, career decisions, confidentiality, licensure, physical therapy terminology, basic research procedures, multi-disciplinary team approach, communication within the health-care fields, reimbursement, professionalism and service learning, as well as current issues affecting the field of physical therapy.

PTA 110 - Fundamentals of Physical Therapist Assisting - 4 credits

Course Description: This course will include lecture and classroom instruction on the fundamental skills of physical therapist assisting required for patient care and treatment. These skills include documentation of patient care; aseptic techniques as well as a review of universal precautions; preparation of the patient, treatment areas, and equipment; vital sign, monitoring and collection; posture and body mechanics; patient transfers; gait training with or without assistive devices; wheelchairs and wheelchair mobility; architectural barriers, and activities of daily living. The primary focus of this class will be the lab; most of the skills are hands-on.

PTA 116 - Ethics and Issues in Physical Therapy - 2 credits

Course Description: This course includes classroom instruction and discussion in ethics and important issues facing the physical therapy profession and health care in general. Topics will include medical law and ethics, multi-disciplinary team approach, standards for practice and ethical conduct, professional liability, medical malpractice, confidentiality, quality assurance, employment issues, fiscal considerations, and third-party payers, bio ethics, professional duty and standards.

PTA 106 – Kinesiology - 3 credits

Course Description: This course includes classroom instruction on basic kinesiological and biomechanical principles related to normal movement and their importance in understanding and implementing treatment programs. The course will provide an in-depth anatomy review with emphasis placed on musculoskeletal and neuromuscular relationships and function.

PTA 120 - Observation and Measurement - 4 credits

Course Description: This course will include classroom and laboratory instruction on the basic assessment skills necessary for monitoring patient progress and safety, and for making recommendations for treatment modification. Assessment techniques include vital signs, goniometry, manual muscle testing, segmental length, girth and volume, skin and sensory assessment and environmental assessment.

PTA 125 - Physical Agents and Massage - 4 credits

Course Description: This course will include classroom and laboratory instruction on the theory and techniques of applying physical therapy modalities including therapeutic heat and cold, ultrasound, hydrotherapy, phototherapy, and intermittent compression pump, and traction. Students will also be exposed to proper positioning and draping techniques for treatment to various body regions. This course will discuss the topics of universal precautions, sterile techniques, wound care, burn care, dressings, and bandaging of burns and wounds.

PTA 145 – Theories of Therapeutic Exercise - 1.5 credits

Course Description: This course will include classroom and laboratory instruction on the theory and techniques of therapeutic exercise. Students will receive instruction in theories of therapeutic exercise, stretching, strengthening, aerobics and acute total joint rehabilitation.

PTA 150 – Pathology for the PTA - 2 credits

Course Description: This course will provide students with the basic knowledge of diseases of the human body. Emphasis will be put on the description, etiology, clinical manifestations, treatment, prognosis and prevention of pathology. The primary focus will be the implications that each pathology has on physical therapy treatments

PTA 136 - Electrotherapy - 3 credits

Course Description: This course will include classroom and laboratory instruction on the theory and application of therapeutic electrical current and biofeedback for pain modulation and neuromuscular facilitation and re-education as well as the use of electrical stimulation in combination with other therapeutic agents.

PTA 141 - Clinical Affiliation I (6 weeks) - 4 credits

Course Description: This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting over a period of six consecutive weeks. It occurs after the completion of the first year of coursework. The student attends the clinic setting each day for a full workday. While in the clinic setting, the student practices physical therapist assistant procedures necessary for patient care. The clinical instructor provides opportunities for the student to observe and implement physical therapist assistant standards of practice.

PTA 220 - Musculoskeletal Disorders and Treatment - 4 credits

Course Description: This course will consist of classroom and laboratory instruction on the management of common musculoskeletal disorders with emphasis on physical therapy treatment protocols. This course will also include a review of basic assessment and treatment procedures.

PTA 228 - Neuroanatomy and Neurological Dysfunction - 3 credits

Course Description: This course includes classroom instruction on basic neuroanatomy, review of sensory and motor systems, higher cognitive processes, autonomic nervous systems, and adult neurological disorders.

PTA 229 – Human Development and Pediatric Disorders - 1.5 credits

Course Description: This course includes classroom instruction on: embryology, neurodevelopmental sequences, reflexes, critical competencies, pediatric disability and intervention. Students will become familiar with normal and abnormal development. This course will give students an opportunity to interact with children and understand the importance of play.

PTA 242 - Rehabilitation Procedures - 4 credits

Course Description: This course includes classroom and laboratory instruction on rehabilitation procedures used specifically for CVA, amputee, Multiple Sclerosis, Parkinson's disease, brain tumors, cerebellar disorders, Guillian Barre', and peripheral neuropathies. We will discuss specific techniques for head injury and spinal cord injury, as well.

PTA 216 – Applications in Therapeutic Exercise – 2 credits

Course Description: This course will include application of the theory and technique of basic therapeutic exercises and equipment used for the treatment of musculoskeletal disorders.

PTA 225 - Psychosocial Considerations in Patient Care - 2 credits

Course Description: This course will consist of classroom instruction and discussion on topics such as therapist, patient, family responses to illness and disability, cultural and age related considerations, death and dying, the grieving process, and appropriate interaction between the PTA and the patient and family.

PTA 231 - Special Topics – 2 credits

Course Description: This course will include classroom and laboratory instruction in a variety of topics in practice of physical therapy. Students will be exposed to the following: patient education, business concepts, geriatric management, cardiopulmonary disease processes and PT management, orthotics, complementary and alternative therapies.

PTA 245 - Clinical Affiliation II (6 weeks) - 4 credits

Course Description: This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting over a period of six consecutive weeks. It occurs after the completion of the first and second year of coursework and the Clinical Affiliation I. The student attends the clinic setting each day for a full workday. While in the clinic setting, the student practices physical therapist assistant procedures necessary for patient care. The clinical instructor provides opportunities for the student to observe and implement physical therapist assistant standards of practice.

PTA 250 - Clinical Affiliation III (6 weeks) – 4 Credits

Course Description: This course is a clinical practicum learning experience that takes place in a community-based physical therapy setting over a period of six consecutive weeks. It occurs after the completion of the first and second year of coursework and Clinical Affiliations I and II. The student attends the clinic setting each day for a full workday. While in the clinic setting, the student practices physical therapist assistant procedures necessary for patient care. The clinical instructor provides opportunities for the student to observe and implement physical therapist assistant standards of practice.

1.8 Terms Used in Clinical Education

The following list of terms and abbreviations are used throughout the LATI Physical Therapist Assistant *Clinical Education Handbook*, in the forms and contracts used for the clinical education experiences and in the program of study/curriculum.

- A. **Academic Coordinator of Clinical Education (ACCE)** - An individual, employed by the educational institution, whose primary concern is related to the student's clinical education in the Physical Therapist Assistant Program's curriculum. The ACCE administers the clinical education program and, in association with the academic and clinical faculty, plans and coordinates each student's program of clinical experiences taking into consideration his/her academic preparation. The ACCE also evaluates the student's progress.
- B. **Affiliation Agreement**—A contractual agreement between the educational institution and the clinical education center. The affiliation "agreement" describes the purpose, the relationship that exists between the parties, the respective obligations and responsibilities of the parties and the terms of agreement, modification and termination.
- C. **Center Coordinator of Clinical Education (CCCE)**—The Center Coordinator of Clinical Education is the person at each clinical education center who arranges for the clinical education experience of the PTA student. The CCCE also communicates with the ACCE and other faculty at the educational institution. The CCCE may or may not have other responsibilities at the clinical education center.
- D. **Clinical Education**—The portion of a PTA student's professional education that involves the practice and application of classroom knowledge and skills to on-the-job responsibilities is called clinical education. These educational opportunities occur at a variety of centers and include experiences in evaluation and patient care, administration, research, teaching and supervision. This is a participatory experience with limited time spent in observation.
- E. **Clinical Facility**—A health care agency, or other setting, where learning opportunities and guidance in clinical education are provided for PTA students is called a clinical facility. A clinical education center/facility may be a hospital, agency, clinic, office, school or home that is affiliated with one or more educational programs through a contractual agreement.
- F. **Clinical Education Experience/Clinical Rotation/Clinical Internship**—A specific unit within the total clinical education portion of the PTA curriculum is called a clinical education experience/rotation/assignment/experience. It is provided in a clinical education center/facility. The student is evaluated on his/her performance during this experience.
- G. **Clinical Instructor (CI)**—A person who is responsible for the direct instruction and supervision of the PTA student in the clinical education setting is called a clinical instructor.
- H. **Consortium**—Any association, partnership, union or group which has banded together under mutual agreement.
- I. **Educational Institution/Lake Area Technical Institute**—The academic setting in which the Physical Therapist Assistant Program is located.

SECTION 2: RIGHTS AND RESPONSIBILITIES IN CLINICAL EDUCATION

2.1 Introduction to Rights and Responsibilities

The sections that follow will delineate the rights and responsibilities of the physical therapist assistant student, the clinical education site, the clinical education faculty and the ACCE for the clinical education experiences that are required by the LATI Physical Therapist Assistant Program.

2.1.1 Letter of Agreement Between Lake Area Technical Institute and the Facility

The Letter of Agreement between LATI and the facilities that participate in clinical education delineates the rights and responsibilities of Lake Area Technical Institute (LATI) Physical Therapist Assistant Program, the facility and the student.

On behalf of Lake Area Technical Institute, the LATI Letter of Agreement is reviewed and signed by the Lake Area Technical Institute Therapist Assistant Program Academic Coordinator of Clinical Education (ACCE). At each facility, the Agreement is reviewed and signed by the director of physical therapy and/or the administrator.

Individual facility-generated contracts/addendums to the LATI PTA Program Agreement are reviewed by the ACCE and appropriate legal advisors. After the contract has met the approval of both the ACCE and legal advisors, it is sent to requested individuals for signatures. The facility and the LATI Physical Therapist Assistant Program keep copies of active contracts/agreements on file.

2.2 Student Rights and Responsibilities in Clinical Education

2.2.1 Immunizations, Certifications and Health Risks

Students are required to provide current proof of immunization prior to participating in any clinical education experience. LATI PTA Program requires students provide annual proof of a negative TB test or follow-up documentation from a physician, if the test was positive. The student must provide documentation of two MMR's, a complete Hepatitis B immunization series or provide written declination, and proof of chicken pox. The LATI Nursing Program can provide TB tests at the student's expense. Students are responsible for investigating those immunizations required by the site in which they are placed for clinical internships.

While enrolled in the LATI PTA Program, all students must maintain his/her certification in BLS for Healthcare Providers (CPR & AED). A BLS for Healthcare Providers certification/re-certification course is required for the students each year. It is the student's responsibility to make sure that his/her certification is valid prior to attending each clinical education experience. All PTA students must complete OSHA-regulated blood-borne pathogen exposure training. Students will receive a certificate indicating competence in this area.

During orientation procedures at the clinical education experiences, the PTA students may have an opportunity to participate in infection control and safety procedures provided by the center/facility. During their curricular course of study, students are required to participate in HIPAA training and testing. A certification of successful completion of HIPAA training testing is sent in the student information packet that each CI receives prior to each clinical education experience.

2.2.2 Criminal Background Check and Drug Testing

Students are not required to demonstrate Criminal Background Clearance prior to their initial enrollment into the LATI PTA Program. Students might be requested to provide Criminal Background Checks at certain sites to include: (1) County Criminal Record Search, (2) National Criminal Database Search, (3) ID Search plus Report (SS Trace), and (4) Federal Criminal Search. It is the students' responsibility to share the results of their criminal background checks with their clinical sites when requested.

Drug tests are not required prior to admission to the LATI PTA Program. It is the student's responsibility to know whether drug testing is a requirement of the clinical education placement site and to follow up with a drug test in compliance with the expectations of those sites requiring a drug test.

2.2.3 Health and Professional Liability Insurance

PTA students are not required to have health insurance. Health insurance/information will be provided upon request. The student is accountable for payment of personal medical expenses as a result of illness or injury during the course of clinical education.

Physical Therapist Assistant students are required to purchase liability insurance prior to any clinical education experience. The PTA Program will secure the insurance policy. Students will be assessed a program fee that will be charged on his/her tuition and fee statement.

The student's liability insurance is available through HPSO. The policy provides for general liability limits of \$1,000,000 for each incident and maximum coverage of \$3,000,000. Coverage begins in June of Year I and will be in effect until graduation.

2.2.4 Disability Services

It is the policy of Lake Area Technical Institute, in accordance with Section 504 of The Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, that no qualified person shall, solely by reason of disability, be denied access to educational programs.

Any PTA student who has a disability needs to disclose this information to the Disability Coordinators, Jeanie True or Pam Hohn.

The PTA Program faculty will make the necessary accommodations for students with disabilities only after they have created a plan with the Disability Coordinator.

If a student has disclosed a disability, the student and the ACCE will discuss any accommodations that may need to be made in the clinic. It will be the responsibility of the student to disclose their disability to the clinic facility so that accommodations can be made. All clinical education facilities have agreed to make reasonable accommodations according to the Agreement between LATI and the center/facility.

2.2.5 Learning Objectives and Biographical Information

The student is responsible for creating three to five learning objectives for each clinical education experience. The learning objectives should be based upon areas that the student feels he/she needs improvement or further exposure based upon didactic or previous clinical education experiences. The student also will provide a short biography for each clinical experience. The student prepares this information on a Student Biographical Information and Objectives Form for each clinical education experience/site. By completing the Student Biographical Information and Objectives Form and giving it to the ACCE, the student is giving his/her consent to release the information to the facility/center where the full-time clinical education experience will occur. (A sample of the Student Biographical Information and Objectives Form can be found in Appendix B.)

The ACCE will meet with the student prior to the clinical education experience as needed to provide feedback and guidance on the student's objectives. The student is responsible for meeting with his/her clinical instructor during the first two days of that particular rotation to discuss the learning objectives.

2.2.6 Professional Conduct and Expectations

The American Physical Therapy Association (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant has been adopted as the Code of Ethics for LATI PTA Program. Therefore, all students are required to abide by this Code. Breaches of either the Code of Ethics or confidentiality are considered grounds for academic misconduct and may lead to dismissal from the program as outlined in the program student handbook. Clinicians may refer to Appendix C for a copy of the standards.

The LATI PTA Program faculty has the following expectations for each of the PTA students.

- A. The **student** is responsible for making each clinical experience a success.
- B. Remember a student can **always** learn something even if it wasn't what was expected.
- C. Different students will have different personal and educational experiences at the same facility.
- D. Students are expected to apply their academic knowledge to the best of their individual abilities.
- E. The student is not expected to know everything; **ask many questions!** Students should not ask their CI's general questions, such as, "What do I do with this patient?" The student should develop ideas on his/her own and talk with the CI about whether or not these ideas offer the best course of treatment.
- F. A student should talk to his/her CI about each patient's plan of care so that the student and CI are clear about what the intervention is, what has been done and what is planned for the future. It is usually best to discuss the patient's treatment in advance.
- G. It is the student's responsibility to ask for his/her performance feedback if it is not given routinely by the CI.
- H. **No one** is perfect; there is always room for improvement.
- I. The student is expected to take advantage of "free" time by observing, assisting other therapists and "picking their brains" for additional information.
- J. A student should remember that his/her conduct in these clinical settings will be noted when recommendations are sought for employment.
- K. Students should give constructive feedback to their CI regarding the CI's ability/ assistance in meeting the educational goals of the student.

- L. It is the student's responsibility to contact the ACCE if there are any issues that cannot be discussed or resolved with the CI after getting the CCCE to intervene on his/her behalf.
- M. **The student's behavior is a reflection of the LATI PTA Program. As a future graduate, it is hoped that the student would not want to tarnish his/her reputation or that of the LATI PTA Program.**

2.2.7 Attendance

Attendance during clinical education is mandatory. Excused absences are permitted **only** for illness, death in the family, emergencies, or special circumstances with prior approval of the clinical supervisor and the ACCE and/or faculty.

2.2.7.1 Obtaining an Excused Absence for an Unplanned Event

To obtain an excused absence for illness, a death in the family, or an emergency during a clinical, the student must contact his/her clinical instructor before the absence or, in the case of illness, prior to the start of the working day. The student must inform the LATI PTA Program in the same working day.

2.2.7.2 Obtaining an Excused Absence for a Planned Event

To obtain approval for an excused absence for a special circumstance during a clinical, the student must follow the "planned absences" procedure outlined in the *LATI PTA Program Student Handbook*. The student must present a written request for absence to the Program Chair and the ACCE.

2.2.7.3 Required Clinical Make-up Time

If a student misses clinical days or other amounts of time during a clinical education experience due to inclement weather, the student must inform the ACCE. The student is required to make up the clinical hours with a plan approved by the clinical facility and the ACCE. The only exception is if the clinical site is "closed" due to weather. The student should have a back-up plan for staying in the town of the clinical facility during the winter months in case the weather changes unexpectedly.

Students are expected to attend clinical experiences as arranged by the ACCE. Students on clinical assignments will be expected to be present at the facility during evening hours, weekends and holidays if scheduled to do so by the facility. Students should plan to work the holidays unless notified otherwise by their CI. Students will not ask for holidays or personal days off. Students will schedule their time around clinic hours, not vice versa. Excessive absences may result in a continuation of the clinical affiliation or a failure of the affiliation.

2.2.8 Dress Code for Clinical Assignments

The LATI PTA Program student should be dressed in a professional, coordinated and conservative manner for clinical experiences. Attire should be nonrestrictive, allowing for ease of movement. **Students are reminded that they are representing themselves, the profession, and the LATI PTA Program.** The following chart should be used as a dress code guideline for student clinical education experiences. Students will follow department guidelines during clinic placement;

however, in the event that department and clinic specific guidelines conflict, the student should modify his/her attire to match clinic guidelines.

Dress Code Lake Area Technical Institute PTA Program Clinical Education Experiences		
Working Attire	Acceptable	Unacceptable
Pants/ Skirts or dresses	Pants: <ul style="list-style-type: none"> • Khakis • Chinos • Wool Blend • Linen • Cotton • Twill • Corduroy • Knit Skirts/Dresses: <ul style="list-style-type: none"> • May not be appropriate for environments with more movement and physical patient contact (ie: high patient transfer environments such as rehab and inpatient environments). 	Fabrics: <ul style="list-style-type: none"> • Leather Pants: <ul style="list-style-type: none"> • Jeans • Spandex/stretch • Sweat or jogging • Bib overalls • Shorts • Clamdiggers/pedal pushers/Capri • Carpenter pants • Pants that are too loose at the waist/too low riding at the hips and reveal undergarments or skin when squatting down Skirts/Dresses: <ul style="list-style-type: none"> • Spaghetti straps • Shorter than knee length
Shirts/Blouses/ Sweaters	<ul style="list-style-type: none"> • Long-or short-sleeved blouses • Dress shirts with or without ties • Long or short sleeved sweaters, cardigans, vests • Long or short sleeved shirts (such as Polo shirts, Turtlenecks) • Appropriate, modest neckline with midriff and back coverage. • Neat, clean, conservative, practical, dignified, safe, and appropriate for duties. 	Fabrics: <ul style="list-style-type: none"> • Lace • Sheer • Leather Shirts: <ul style="list-style-type: none"> • T-shirts with logos and designs • Tank tops • Camisoles • Sweatshirts • Spaghetti Straps • Shirts that reveal back, midriff, or cleavage when reaching or bending • Form fitting/immodest shirts
Undergarments	<ul style="list-style-type: none"> • Discrete and modest 	<ul style="list-style-type: none"> • Bright and/or noticeable colors, patterns or lines • Undergarments should not be visible when bending or reaching
Foot Attire	<ul style="list-style-type: none"> • Socks or Stockings required • Clean 	<ul style="list-style-type: none"> • Canvas Tennis Shoes • Colored Emblems

	<ul style="list-style-type: none"> • Leather/leather-like shoes or boots (Clogs, Casual dress shoes, Flats) • Closed toed • Athletic shoes may be appropriate, depending upon environment. 	<ul style="list-style-type: none"> • Heels • Hiking boots
Accessories	<ul style="list-style-type: none"> • Watch • Appropriate and conservative jewelry 	<ul style="list-style-type: none"> • Visible body piercing (tongue, nose, eyebrow, etc), with exception of ear piercing. Earrings should not extend beyond border of ear. No more than 1 set of earrings per ear in most environments. • Tattoos must be covered during clinic hours.
Grooming	<ul style="list-style-type: none"> • Clean and Neat • Hair neatly cut, styled, worn safely (pulled back) during patient care. • Facial hair should be neatly trimmed. • No perfumes or colognes (patient allergies, potential for patient seizures, pt heightened olfactory senses when ill). • Nails – trimmed, clean, and well groomed; conservative nail polish. 	<ul style="list-style-type: none"> • Artificial nails • Discernable body odor
Swim Wear	<ul style="list-style-type: none"> • One-piece swim suit; may choose “board” or other shorts and/or tasteful, plain t-shirt to wear over the swim suit for added professionalism (females) • Boxer-type swim suit; may choose tasteful, plain, t-shirt for added professionalism (males) 	<ul style="list-style-type: none"> • Immodest swimwear
Name Tags	<ul style="list-style-type: none"> • Worn at all times • Worn on upper torso or on lanyard 	<ul style="list-style-type: none"> • Damaged or peeling

2.2.9 Inservice Presentations or Projects

The student is responsible for completing an inservice presentation or project on a given topic pertinent to the practice setting during Clinical Education experiences I, II, & III. The student should meet with his/her CI at the start of the clinical education experience to discuss the inservice or project and receive approval on the topic, purpose and audience.

- The inservice needs to incorporate a minimum of one published study relevant to the topic. The student is required to develop a purpose and goals/objectives for the project. The inservice presentation will be reviewed by the CI based on an *Inservice Assessment Form* supplied by the LATI PTA program. Clinicians may refer to Appendix D for a copy of this form.
- The project should be of similar scope to the inservice. The student is required to develop a purpose and goals/objectives for the project. The student is expected to use current literature and pertinent background information to prove the need for the project. The project will be reviewed by the CI based on an *Project Assessment Form* supplied by the LATI PTA program. Clinicians may refer to Appendix D for a copy of this form.

2.2.10 Student Self-Assessment and Appraisal of the CI/Clinical Education Site

Students are required to self-assess and complete the *Clinical Performance Instrument (CPI)* prior to the midterm and final evaluation meetings with their clinical instructor (CI). The self-assessment is a way to promote professional growth and development for the student and communication skills between the student and the CI. Students are required to complete online training to use the online version of the CPI (PT CPI Web). This training is available through the APTA Web site. Online training is provided at no cost to students and only needs to be completed once.

If a formal midterm evaluation with the CI is not completed, it is the responsibility of the student to request one. After making the request, if a formal midterm evaluation still is not completed, it is the responsibility of the student to contact the ACCE.

Students are required to send weekly journals via email during each clinical experience. Both student and CI midterm and final assessment results of the CPI will be available to the ACCE online after both student and CI have “signed off” on the evaluation. Students are responsible for returning the *Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction* form and a copy of their inservice/project via mail or in person at the end of each experience. These items can also be sent with the *Inservice/Project Assessment Form* that the CI is responsible for sending back after the clinical experience.

2.2.11 Situations that Require Student Action

If a problem develops during a clinical rotation, the student is to discuss the situation with his/her CI first. If the problem is not resolved and the CI is unable to help, the student should then discuss the situation with the CCCE. The ACCE may be contacted once the situation has been discussed with the CCCE. If the CCCE is the CI, the student may contact the ACCE directly.

Students and clinical instructors can contact the ACCE at Lake Area Technical Institute at (605) 882-5284. The home phone number of the ACCE is given to the students as a courtesy, should the matter of concern require a private conversation. In such an event, students can make a collect call to the ACCE; the call needs to be made before 10 p.m. In the event that the ACCE is away doing site visits, a message can be left at the Physical Therapist Assistant Department with another faculty member or at the ACCE’s home, and the ACCE will return the call within 24 hours.

2.2.12 Supervision

Students must be supervised by a licensed physical therapist, and/or a licensed physical therapist assistant; and one of these must be physically on the premises (on-site) at all times when a LATI physical therapist assistant student is providing patient care. Direct supervision, as defined by the American Physical Therapy Association (HOD 06-00-15-26), is the preferred type of supervision for LATI PTA students. Direct supervision is defined by the physical therapist being physically present and immediately available for direction and supervision. The direction and supervision does not have to be continuous throughout the time the student is with the patient. The PT or PTA has direct contact with the patient during each visit. Telecommunications does not meet the requirement of direct supervision.

2.2.13 Consent

Students are required to allow patients/clients to give informed consent regarding assessment procedures and interventions that would be completed by the students. This consent does not need to be written. Students should introduce themselves as “students” from Lake Area Technical Institute Physical Therapy Department. Patients/clients must be allowed to refuse to be seen by a PTA student.

2.2.14 Travel Arrangements and Expenses

Students are responsible for arranging their own transportation to the various clinical education sites and for the costs associated with this travel.

2.3 Site and Clinical Education Faculty Rights and Responsibilities in Clinical Education

2.3.1 Evaluation of Clinical Education Experience

For the evaluation procedures for clinical education experiences, see Section 4: Evaluation of Clinical Education Experiences. Clinical Instructors and CCCEs are required to complete online training to use the online version of the CPI (PTA CPI Web). This training is available through the APTA Web site. Continuing education credits are offered for the completion of this training. Online training is provided at no cost to CIs/CCCEs and only needs to be completed once.

2.3.2 Evaluation of Inservice Presentations or Projects

Students are responsible for completing an inservice presentation or project on a given topic pertinent to the practice setting during Clinical Education experiences I, II, & III. The CI should meet with the student at the start of the clinical education experience to discuss the inservice or project and provide approval of the topic, purpose, and audience.

- The inservice needs to incorporate a minimum of one published study relevant to the topic. The student is required to develop a purpose and goals/objectives for the inservice. The inservice presentation will be reviewed by the CI based on an *Inservice Assessment Form* supplied by the LATI PTA program. Clinicians may refer to Appendix D for a copy of this form.
- The project should be of similar scope to the inservice. The student is required to develop a purpose and goals/objectives for the project. The student is expected to use current literature and pertinent background information to prove the need for the project. The project will be reviewed by the CI based on an *Project Assessment Form* supplied by the LATI PTA program. Clinicians may refer to Appendix D for a copy of this form.

2.3.3 Situations that Require CI or CCCE Action

If a red flag item or a significant concern box is checked on the *Clinical Performance Instrument*, it is the responsibility of the CI/CCCE to contact the ACCE.

If a problem or concern develops during a clinical rotation, it is the responsibility of the CI to inform the student in a timely manner, both verbally and in writing, about areas improvement and objectives which facilitate improvement. The student will be given appropriate timelines to meet levels of expectation. The CI should document how the situation is resolved.

Should the objectives for improvement not be met in the specified time frame, the CI should document this with specific examples and contact the ACCE immediately. If the ACCE is not available, the CI should speak with the program director. Should the ACCE or the program director be unavailable, the call will be directed to the Instructional Coordinator. Any call relating to this type of situation will be returned within 24 hours and a site visit will be scheduled.

2.3.4 Supervision of PTA students

PTA students may not practice in the capacity of a licensed physical therapist assistant. **PTA students must have on-site supervision available by a licensed physical therapist or physical therapist assistant with at least one year of clinical experience at all times during clinical education experiences when the students are providing patient care.** Direct supervision, as defined by the American Physical Therapy Association (HOD 06-00-18-30), is the preferred type of supervision for LATI PTA students. Direct supervision is defined by the physical therapist or physical therapist assistant being physically present and immediately available for direction and supervision. The direction and supervision does not have to be continuous throughout the time the student is with the patient. The PT or PTA has direct contact with the patient during each visit. Telecommunications does not meet the requirement of direct supervision.

It is the clinical instructor's responsibility to ensure that adequate supervision is available for the student at all times during the clinical education affiliation. Clear delineation of supervision is necessary when a primary CI is unavailable.

2.3.5 Attendance

Attendance during clinical education is mandatory. Excused absences are permitted **only** for illness, death in the family, emergencies, or special circumstances with prior approval of the clinical supervisor and the ACCE and/or faculty. In the case of an illness or other emergency the student and CI must inform the ACCE of the absence. The ACCE will work with the CI and student to determine if the student will need to make up the missed clinical time.

In the case of an excused absence for a special circumstance, the ACCE will contact the CI to determine if the student can be excused and determine how the student will make up the missed clinical hours. The CI should not approve any excused absences for special circumstances without first contacting the ACCE to determine if the student followed the appropriate steps in requesting approval for the absence. Please refer to Section 2.2.7 for additional details on student attendance and excused absences.

If a student misses clinical days or other amounts of time during a clinical education experience due to inclement weather, the student and CI must inform the ACCE. The student is required to make up the clinical hours with a plan approved by the clinical facility and the ACCE. The only exception is if the clinical site is "closed" due to weather.

2.3.6 Weekend or Holiday Assignment

It is the responsibility of the clinical instructor to create assignments involving the physical therapist assistant student's clinical education experience while the student is at the center/facility. Should

the CI feel that it is educationally beneficial for the student to be assigned to work on a weekend or during a holiday; the CI must notify the student in advance.

2.3.7 Surgical Observation

The observation of any surgical procedure that may be available and that would be beneficial to the student's professional development is encouraged. If possible, at least one day should be set aside for such an observation during the clinical rotation.

2.3.8 Communication Prior to the Clinical Education Experience

The names of the students are sent to the center/facility prior to the clinical education experience. Students are responsible for creating three to five learning objectives for each of their clinical rotations and have the opportunity to meet with the ACCE individually prior to the clinical education experience for feedback on the objectives. The students provide the ACCE with a copy of their learning objectives as well as other biographical information, which is sent to the facilities prior to the arrival of the students.

Clinical instructors also are provided with the student performance evaluation tool (see Section 4) prior to the students' arrival and the ACCE's telephone/site visit schedule one to two weeks in advance.

2.3.9 Communication During the Clinical Education Experience

The CI is encouraged to give the student frequent feedback about his/her performance throughout the clinical education experience. This type of communication can be verbal or written, and it should be given in a timely manner when problem situations arise. The CI is encouraged to meet with the student within the first two days, to discuss the learning objectives created by the student and any other expectations the CI might have.

The CI is responsible for providing formal feedback, both verbally and in writing, based upon the *Clinical Performance Instrument (CPI)* at midterm and final evaluation periods. The CI and student should discuss the goals of the experience, student strengths, areas of improvement and areas that need further improvement. The ACCE will have access to midterm evaluations after both student and CI have "signed off" on the assessment.

Should a problem or concern arise, the CI should follow the procedures outlined in 2.3.3 (Situations That Require CI or ACCE Action) and in Section 5: Evaluation of Clinical Education Experiences.

2.3.10 Communication after the Clinical Education Experience

The CI will mail the following items to the ACCE immediately following the end of a clinical rotation. These items must be received **within one week**. If the student is returning to the school immediately after the end of the clinical rotation, the forms can be sent with the student in a sealed envelope with the CI's signature across the seal. Grades cannot be assigned for the clinical experience until the items listed below are received.

- A. The *Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction* form, with both CI and student signatures, is required. The form needs to be signed in black ink

and sent to the ACCE. The facility and the student can photocopy the original and keep the copies.

B. The *Inservice Assessment Form/Project Assessment Form* is required.

The CPI is completed online. After the CI and student have “signed off” on this assessment, the ACCE will be able to access the records for grading purposes. It is no longer necessary for CIs using the online CPI to send a paper copy to the ACCE.

2.3.11 Journal Article Requests

The CCCEs/CIs are encouraged to discuss the evidence for physical therapy practice with the students. The CCCEs/CIs can ask for help from the students to search various databases for evidence and request journal article delivery through the LATI Timmerman Library.

2.3.12 Self-Assessment

The *Guidelines and Self-Assessments for Clinical Education* document is available for APTA members at the following website: <http://www.apta.org/AM/Template.cfm?Section=Clinical&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=117&ContentID=15272>. Included in the document are guidelines for clinical education specific to sites, clinical instructors and center coordinators of clinical education. This document also provides the materials necessary for the site, CI, and CCCE to complete a self-assessment for the purpose of enhancing the development and growth of the site, the clinical education, and the student’s clinical education experiences. It is strongly recommended that each facility use this document; however, the completed forms are not required to be submitted to the ACCE.

Following the clinical internship, the ACCE will send a self-assessment to clinical instructors. Clinical instructors are asked to return this self assessment to the LATI PTA Program.

2.4 ACCE Rights and Responsibilities for Clinical Education

If the LATI Physical Therapist Assistant Program’s ACCE is, at any time, unable to fulfill the obligations of the ACCE, an alternate faculty member will be assigned to act, temporarily, in matters regarding clinical education.

2.4.1 Communication Prior to the Clinical Education Experience

It is the responsibility of the ACCE to make sure that the Affiliation Agreement with the clinical education center/facility is current, that it is signed properly and that copies are forwarded to the facilities with the original on file in the Physical Therapist Assistant Program. Throughout the year, it is the ACCE’s responsibility to develop new center or facility relationships.

In March the ACCE must send out commitment forms to the clinical education centers/facilities so that preparations can be made for the clinical rotation schedules that will be completed in the following calendar year.

Approximately four to six weeks before the start of the clinical experience, the ACCE must give each selected site the following materials:

A. The name(s) of the student(s) who will be assigned to their center/facility;

- B. The biographical sketch/objectives for each student assigned to their center/facility;
- C. The immunization and other records required by the center/facility (released with consent by the students), and
- D. The *LATI PTA Program Clinical Education Handbook* which contains the policies and procedures, evaluation forms and course syllabi with goals and objectives for the clinical experiences.

It is the responsibility of the ACCE to be available to meet with each student prior to the start of each clinical rotation in order to discuss and develop individual educational objectives. In addition, the ACCE will meet with the students in a group setting to discuss the objectives and expectations of the clinical education experience as outlined in the course syllabus.

Approximately two weeks before the start of the clinical experience or during the first two weeks of the experience, the ACCE must schedule a site/phone visit with each selected center/facility. However, it is the responsibility of the CI or CCCE to let the ACCE know, as soon as possible, if the site/phone visit needs to be rescheduled. Although the ACCE makes many site/phone visits during each clinical experience, every effort will be made to reschedule the appointment if possible.

In addition, it is the responsibility of the ACCE to inform each student of the center/facility site/phone visit.

2.4.2 Communication during the Clinical Education Experience

It is the responsibility of the ACCE or another assigned faculty member to conduct a site or telephone visit with each clinical education center/facility while the student is doing their affiliation. A typical site visit includes:

- A. An opportunity to meet together with the student, the CI and the CCCE to discuss the student's progress,
- B. An opportunity to meet separately with the student, the CI and the CCCE to discuss the student's progress, problems or other issues,
- C. An opportunity to tour the center/facility if the ACCE/faculty member has not seen it before, and
- D. An opportunity to meet with the department director.

A typical phone visit includes an opportunity to talk individually with the student, the CI and the CCCE. If possible, the environment for the phone visit should be private.

2.4.3 ACCE Responsibilities for Evaluation of the Clinical Education Process

It is the responsibility of the ACCE to analyze the quality and quantity of clinical education sites and experiences annually. This is done by reviewing the documentation collected during the site/telephone visits, the *Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction* form, the *Clinical Performance Instrument (CPI)*, and other assessments completed after the clinical education experiences.

To promote clinical educator professional development, the LATI Physical Therapist Assistant Program ACCE implements a Clinical Education Workshop at least every two years. Frequently,

this workshop is given in coordination with the USD PT Program in Vermillion SD. Individual CI instruction and site-specific presentations are possible as well.

2.5 Overview of Communication between the ACCE, Clinical Faculty, Academic Faculty and Students

2.5.1 Clinical Education Internship Scheduling and Communication Prior to the Clinical Experience

- A. The ACCE mails commitment forms to the facilities in March as recommended by the APTA. The commitment form specifies rotation times for the upcoming calendar year.
- B. The CCCE returns the commitment form within two months indicating the availability of the facility to accommodate students.
- C. Site placement occurs in October for the Year I students for PTA 141 Clinical Affiliation I which occur in the summer of the following calendar year.
- D. Site placement occurs in April for PTA 245 Clinical Affiliation II and PTA 250 Clinical Affiliation III which occur during the following calendar year in the spring semester of the second year of the program.
- E. The students acknowledge their clinical education site selections by signing a placement agreement form that is returned to the ACCE prior to notifying the center/facility.
- F. Facilities assigned students acknowledge the assignment of the student by returning a signed placement agreement form to the ACCE indicating acceptance.
- G. Facilities are encouraged to contact the ACCE at any time should changes in its personnel, operations or policies affect clinical education assignments and operations.
- H. The student will be responsible for completing a biographical information form that will be forwarded to the facility by the ACCE with consent of the student. This information form contains the learning objectives created by the student. The Student Biographical Information and Objectives Form is found in Appendix B.
- I. The ACCE will be available to meet with the students individually prior to the clinical education experience to discuss the students' individual learning objectives. The ACCE will also meet with the students as a group to discuss the objectives and expectations of clinical education experiences as outlined in the syllabi.
- J. The ACCE will send the clinical education forms and other pertinent information out to the sites a minimum of four to six weeks prior to the scheduled clinical education experiences.
- K. Students are encouraged to contact the CCCE or CI at their assigned clinical sites prior to the start of the scheduled clinical education experience.

2.5.2 Communication during Clinical Experiences

- A. The ACCE will plan either a site visit or phone call during the clinical experience. The student and clinical education site will be notified of this date and time prior to or during the clinical experience.
- B. Clinical instructors and students should communicate goals, expectations and feedback on a frequent basis.
- C. In the event that a concern develops during a clinical experience, the CI is expected to discuss the concern with the student on a timely basis. If the concern is not resolved after the CI provided sufficient feedback and methods of improvement, the CI should contact the ACCE

immediately. If the ACCE is not available, the CI should ask to speak to the student's faculty advisor. Should the ACCE or the faculty advisor be unavailable, the call will be directed to the PTA Program director. All calls will be responded to within 24 hours. For further information, refer to Section 2.3.3.

- D. In the event that a student has a concern during a clinical experience, he/she should discuss the concern with the CI. If the concern is not resolved after discussion with the CI, the student should contact the CCCE. If the concern is still not resolved after discussion with the CCCE, the student should contact the ACCE at that time. For further information, refer to Section 2.2.11.
- E. Generally, the evaluation data from previous clinical education experiences is confidential. However, if a student has failed an experience or habitually received red flags on the *CPI*, the ACCE, if appropriate, may choose to reveal this information to future CI's through direct learning objectives for the student and his/her clinical education experience.

2.5.3 Communication Following Clinical Experiences

- A. Within one week from the end of a clinical experience, the CI must mail to the ACCE the *Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction* form and the *Inservice Assessment Form/Project Assessment Form*. If the student is returning to the school immediately after the end of the clinical rotation, the forms can be sent with the student in a sealed envelope with the CI's signature across the seal.
- B. The *CPI* will be available to the ACCE when both student and CI "sign off" on the assessment.
- C. The *Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction* form signed in black ink by both the CI and the student must be sent to the ACCE. The facility and the student may keep a copy.
- D. The clinical education experience will not be considered complete and grades cannot be assigned until these forms are received by the ACCE.

SECTION 3: CLINICAL EDUCATION EXPERIENCES

3.1 Purpose

The purpose of clinical education is to provide clinical experiences that allow for the application of physical therapy theories and techniques acquired during lecture and laboratory instruction. As an integral part of the overall curriculum, it is imperative that clinical education opportunities reflect the mission and philosophy of the LATI Physical Therapy Assistant Program. Although each student will have a variety of clinical education experiences, the overall emphasis will be directed toward the development of a graduate who is prepared as a clinical generalist.

3.2 Curriculum

The physical therapist assistant students enrolled participate in three clinical education experiences during the 20-month curriculum. The LATI PTA Program strives to provide students with a comprehensive education that will allow students to be integral members of the healthcare team. Because of this, students may not select to participate in rotations of the same type (orthopedic/sports medicine, pediatric, rehabilitation, rural general, etc.) during the clinical education courses.

At Lake Area Technical Institute, the Physical Therapist Assistant Program's clinical education curriculum is comprised for the following courses, credit hours and contact hours:

Full-time Clinical Education Outline

Term		Course	Course Title	Credit Hours	Contact Hours
III	Summer	PTA 141	Clinical Education I	4	240
IV	Spring	PTA 245	Clinical Education II	4	240
IV	Spring	PTA 250	Clinical Education III	4	240
			Totals	12	720

3.3 Clinical Education Syllabi

Prior to the clinical education experiences, the ACCE meets with the student to review the course syllabi. The course syllabi for PTA 141 Clinical Education I, PTA 245 Clinical Education II, and PTA 250 Clinical Education III, include the objectives, requirements, expectations and grading procedures for each experience. Current copies of these syllabi can be found in Appendix E.

SECTION 4: EVALUATION OF CLINICAL EDUCATION EXPERIENCES

4.1 Introduction to *Physical Therapist Assistant Clinical Performance Instrument (CPI)*

The *Physical Therapist Assistant Clinical Performance Instrument (CPI)* was developed by the Task Force on Student Clinical Performance Instruments as charged by the American Physical Therapy Association (APTA) Board of Directors in March, 1994. The *CPI* was approved for use in 1998. In July 2010, a revised version of the *CPI* was made available for online use. In every possible instance, the online *CPI* version will be used for student assessment.

The student is assessed based upon performance criteria. In the aggregate, these items describe all essential aspects of professional practice for a PTA clinician performing at entry-level. The student and clinical instructor (CI) should be familiar with the use of the *CPI*. If the CI has any questions on the use of the *Clinical Performance Instrument*, he/she can contact the ACCE by phone at (605) 882-5284. Clinical instructors need to assess the student's performance, complete the *CPI* at midterm and final evaluation periods, and meet with the student at given times to discuss the student's assessment and progress. *CPI* scores and comments (both CI assessment of student and student self-assessment) will be accessible to the ACCE at midterm and final after the CI and the student have "signed off" on the assessment. It is not necessary to provide a paper copy of a *CPI* completed online. Results from the *CPI* will be used by the ACCE in determining the overall grade for the student in the clinical education experience.

4.2 Student Performance Evaluations

Student performance evaluations will be completed by the clinical instructor at midterm and, again, at the completion of each full-time experience. The tool used to evaluate the performance of the student is the *CPI*. Refer to Section 4.1 on the use of the *CPI*. If any red flag items or significant concerns boxes are checked on the *CPI*, it is the responsibility of the CI/CCCE to contact the ACCE (refer to Section 2.3.3).

Performance evaluations can provide crucial information to the academic faculty. The evaluations will be used as a basis for student counseling and guidance, for evaluating student progress and for providing a mechanism for valuable feedback regarding the academic curriculum content and teaching effectiveness.

The CI assumes responsibility for conducting the student performance evaluations in a manner that is educational and constructive. The approach should promote student self-assessment as part of the performance evaluation process. In order to provide a valuable evaluation, the clinical instructor should:

- A. Become familiar with the *Clinical Performance Instrument* and guidelines (complete online training);
- B. Be aware that the CI and the student need to "sign off" on the *CPI*
- C. Sign all handwritten/paper evaluation forms as an indication that the review was completed;
- D. Use the "comments" section to augment clarification of student performance;
- E. Know that the student fills out his/her own *CPI* and brings it to the midterm and final evaluation meetings to see how their self-assessment compares to the CI's;
- F. Review with the student his/her performance on a regular basis, especially at midterm and at the end of the clinical experience;

- G. Notify the ACCE if the student is not meeting the expectations or guidelines of the CI or the *CPI*, so that a site visit can be arranged (see Sections 2.3.2 and 4.2);
- H. Know that the student is responsible for contacting the ACCE if any special concerns arise; and
- I. Provide feedback to the academic faculty on the total curriculum or any aspect of student preparation.

4.3 Student Evaluation of Clinical Education Experience

A formal midterm evaluation meeting with both student and CI should be completed. Students who have not received formal feedback by means of reviewing the *CPI* at midterm should request a meeting with the CI. If the formal midterm evaluation is not completed after the student made the request, it is the responsibility of the student to contact the ACCE. The student also is responsible for contacting the ACCE in the event that any special needs or concerns arise during the clinical education experience (see Section 2.2.11); the ACCE or other faculty member will do a site visit if indicated.

The student is required to complete the *Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction* form for each of his/her experiences. The student should review the Form with the CI, and both should sign and date it **using black ink**. The *Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction* form should be returned to the ACCE after it is completed. A sample of the *Physical Therapist Assistant Student Evaluation: Clinical Experience & Clinical Instruction* form is sent to clinical facilities prior to clinical education experiences and is available upon request.

4.4 In-service or Project Evaluation

Students are responsible for completing an in-service presentation or project on a given topic pertinent to the practice setting during Clinical Affiliation I, II, and III. The CI should meet with the student at the start of the clinical education experience to discuss the in-service or project and provide approval of the topic, purpose, and audience.

- The in-service needs to incorporate a minimum of one published study relevant to the topic. The student is required to develop a purpose, goals/objectives.
- The project should be of similar scope to the in-service. The student is required to develop a purpose and goals/objectives. The student is expected to use current literature and pertinent background information to prove the need for the project.

4.5 Grading of Clinical Education Experiences

The grading policy for the three clinical education experiences is based upon the student's performance in the clinical setting and the education objectives set by the Academic Coordinator of Clinical Education (ACCE) at the LATI Physical Therapist Assistant Program. The final grade will be assigned by the ACCE. See Syllabi in Section 4 for additional details.

Failure to successfully complete a Clinical Education Experience will result in a formal review by the ACCE and program director.

SECTION 5: CLINICAL EDUCATION SITE PLACEMENT

5.1 Policies and Procedures for Full-Time Clinical Education Site Placement

The physical therapist assistant student is given a *Clinical Education Handbook* during clinical education orientation, which is held prior to going to Clinical Affiliation I. The student will meet with the ACCE to identify interests, learning and communication styles and to discuss previous experiences that the student has had in the field of physical therapy.

Prior to the clinical education placement, the ACCE contacts all clinical education sites to secure which sites can accommodate which students during each clinical education experience. The ACCE then discusses and reviews the list of sites that are available for each clinical education experience. This list is provided to the students. The ACCE encourages student to also gather information about each site from the Clinical Site Information Forms (CSIF), which are made available.

The CSIF is a form designed to collect information from clinical education sites. It is used to determine the learning experiences and opportunities available for clinical education to provide information on the CCCE/CI's and to provide general information about the facility such as housing or meals for students.

5.2 Site Placement

The ACCE is responsible for placement of students in the clinical education experiences. The student placement in clinical education is based on the academic and clinical needs of the individual student. Whenever possible the ACCE will take into consideration the personal needs of the individual student. Together with the ACCE, the student develops clinical education goals and objectives pertaining to the clinical education experiences. The goals and objectives are applied to the clinical education site selection process. The ACCE gives final approval in all aspects of site placement. Following this meeting, facility/center is notified of the placement.

During the site selection process, in addition to the academic considerations, students may not select rotations of the same type (orthopedic/sports medicine, pediatric, rehabilitation, rural general, etc) during the clinical education courses.

The student is also expected to adhere to the following policies and procedures regarding changing sites for clinical education experiences:

- A. After students have been assigned to the various facilities for clinical education experiences, the students sign *Clinical Education Placement Agreement* forms agreeing to their specific rotations. When an extenuating circumstance arises and a student is unable to adhere to the clinical education placement agreement, the student must notify the ACCE in writing no later than 60 days in advance of the first day of the clinical education experience. ACCE approval must be granted for those changes submitted by students less than 60 days in advance of the first day of the clinical education experience. The ACCE is not obligated to change a clinical rotation after the *Clinical Education Placement Agreement* has been submitted to the participating sites. The responsibility is on the student to honor his/her agreement.
- B. The ACCE can change any clinical education assignments based on academic and clinical performance at any time during the clinical education process. Changes may also occur based on clinical education site cancellations and on availability of clinical education experiences. Clinical

sites have cancelled the full-time clinical education experiences from six months to one day prior to the student's arrival. Having a signed *Clinical Education Placement Agreement* form from a facility does not guarantee a rotation at that facility. The ACCE will reassign the student to another facility if this type of cancellation occurs.

5.3 Policies and Procedures for Establishing New Clinical Education Sites

Students are permitted to investigate the possibility of initiating affiliations between facilities and the Institute where current contracts do not exist. The procedure is as follows:

- A. The student makes initial contact with the center coordinator of clinical education (CCCE).
- B. If the CCCE indicates an interest in establishing a clinical rotation for the student, the student will submit, at a Physical Therapist Assistant Meeting, the following items:
 - Name of the facility;
 - Address of the facility;
 - Phone and fax number;
 - The CCCE name;
 - Type of facility;
 - Type of experience(s) available: acute care, rehab/sub/acute care, private practice care, ambulatory care/outpatient care, school/preschool system, extended care/skilled nursing care;
 - Number of physical therapist; and
 - Why is the site a good addition to the clinical rotations.
- C. If the faculty agree that the site would be a good addition to the current clinical education centers/facilities, the ACCE contacts the CCCE at the facility by phone. If the ACCE and the CCCE agree to proceed with the process, the ACCE mails information to the facility, including a *Letter of Agreement* and required forms to be completed and returned.
- D. The process is the same if the ACCE or any other academic faculty member wishes to investigate the possibility of initiating affiliations between facilities and the LATI Physical Therapist Assistant Program.
- E. The following criteria are used to determine the acceptability of a new facility/center:
 - Location of the facility;
 - Type of experience offered;
 - Willingness to continue the affiliation on a year-to-year basis;
 - Desire to have students;
 - Affiliations already existing with other physical therapy programs;
 - A student program in place with objectives;
 - Clinical staff possessing the expertise necessary for quality patient care;
 - Clinical staff that maintains ethical standards;
 - Clinical staff that will allow open exchanges of ideas with students;
 - Adequate treatment space for students;
 - Adequate work space for students;
 - CCCE should have at least two years of clinical experience;
 - CI should have at least one year of clinical experience;
 - CI must be capable of providing both positive and negative feedback to students; and
 - CI must show an interest in professional development as a clinical educator.

Memorandum of Agreement

I have read and understood the contents of the LATI PTA Clinical Education Handbook. I agree to abide by the policies and procedures stated in the LATI PTA Clinical Education Handbook.

I will meet with the Academic Coordinator of Clinical Education to discuss the LATI PTA Clinical Education Handbook as needed.

Student's Name (Printed)

Student's Signature

Date

Academic Coordinator of Clinical Education's Signature

Date