

Physical Therapist Assistant Program



ALLEGANY COLLEGE
— of MARYLAND —

CLINICAL EDUCATION HANDBOOK

2022 ★ 2023

12401 Willowbrook Road, SE * Cumberland, MD 21502

<https://www.allegany.edu>

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**Allegany College of Maryland- Physical Therapist Assistant Program
CLINICAL EDUCATION Handbook
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PURPOSE OF THE PHYSICAL THERAPIST ASSISTANT PROGRAM CLINICAL EDUCATION HANDBOOK

Many healthcare practitioners and facilities in the community and the surrounding Tri-State area cooperate with Allegany College of Maryland (ACM) to provide Physical Therapist Assistant (PTA) students the opportunity to participate in a variety of didactic and clinical learning experiences. This handbook was developed to provide necessary information and guidelines for all involved in the educational process including:

1. the student PTA (SPTA),
2. the faculty members of the PTA Program at Allegany College of Maryland,
3. the Center Coordinator of Clinical Education (CCCE) at each clinical education facility,
4. the Clinical Instructor (CI) at each clinical education facility.

The purpose of the *PTA Program Clinical Education Handbook* is to serve as a personal reference for the policies and procedures of the PTA Program. All PTA students are responsible for knowing and complying with the material contained within this Handbook.

This Handbook is to be used in conjunction with the *Allegany College of Maryland Catalog* and *Student Handbook* that is available at www.allegany.edu

- To access the *College Catalog*, click on Programs & Courses then Credit Catalog
- To access the *Student Handbook*, go to Search on the homepage and type Student Handbook.

This handbook is distributed to all new PTA students at the beginning of the first semester of the clinical phase of the program. Interpretation and clarification of the policies and procedures found herein may be obtained from the program director.

There is also a *PTA Program Handbook* that is distributed at the beginning of the first semester of the clinical phase of the program.

Interpretation and clarification of the policies and procedures found in both the *PTA Program Handbook* and the *PTA Clinical Handbook* may be obtained from the program director.

This Handbook may be revised or supplemented at the discretion of and upon the authority of the program director and PTA program faculty. New or revised policies and/or procedures will be established by the program director when appropriate in response to local concerns and changing program needs. Supplements will be mailed and/or delivered to the student in the form of a memo.

Please note for simplicity, the following references will be abbreviated as shown below:

Resource Full Name	Resource Abbreviated Name
Allegany College of Maryland Student Handbook	Student Handbook
PTA Program Handbook	Program Handbook
<u>PTA Program Clinical Education Handbook</u>	Clinical Handbook
The Physical Therapist Assistant Program	The Program
Allegany College of Maryland	The College

I. ALLEGANY COLLEGE OF MARYLAND (ACM)

A. ACM- History

Allegany College of Maryland was founded in August of 1961 by a resolution passed by the Allegany County Board of Education and approved by the Allegany County Commissioners. The college, which now has separate governance under a Board of Trustees, is an example of the rapid growth in the development of Maryland's community college system.

Allegany College of Maryland was established to provide low-cost, high quality, higher education for the residents of the area. Its accessibility to the county's center of population permits students to live at home, thus saving a substantial part of out-of-pocket costs for a college education.

Although heavy emphasis was placed on liberal arts transfer programs in the College's early development, in recent years the College has developed highly specialized curricula, including those in the technological and pre-professional areas, as career programs to satisfy identified needs of the region. Ever cognizant of its responsibility to an industrial area pocketed in Appalachian western Maryland, Allegany College of Maryland has accepted a mission to make tangible contributions through higher education to the economic and cultural growth of the area. Through its Board of Trustees, the College presents a dimension of learning that prepares men and women for the excitement and satisfaction of creative lives.

B. ACM- Philosophy

In developing and implementing the offerings of the College, the Board of Trustees, the faculty, and the staff have steadfastly held, and continue to hold, the following beliefs:

- ... We believe in democracy as a way of life, and in both the freedoms and responsibilities inherent in a democracy. We believe in preparation for active participation in a democracy.
- ... We believe that education is a process by which certain objectives of society are reached. We believe that education is sustained, utilized, and protected by society.
- ... We believe that our college, as an essential and integral part of the American way of life, has a direction relationship and responsibility to the community to serve as a leader in educational thought and practice. To this end, the educational resources of the institution are made available for use by the community.
- ... We believe that education embraces knowledge, training, and aspiration. Consequently, we believe in the dissemination of knowledge, the liberation of minds, the development of skills, the promotion of free inquiry, the encouragement of the creative or inventive spirit, and the establishment of a wholesome attitude toward order and change, with an emphasis on ethical and legal concerns.

- ... We believe that we should educate broadly through a program of general education which introduces the students to the basic fields of knowledge - the arts and humanities, English composition, social and behavioral sciences, mathematics, and the biological and physical sciences.
- ... We believe that it is our responsibility to guide students in the exercise of self-direction and self-discipline in the solution of their problems, and to instill in them the desire to continue education as long as they live.
- ... We believe in the development of the total personality - intellectual, social, emotional, spiritual, physical, and ethical.
- ... We believe that knowledge alone is not good enough. Ethics is indispensable; therefore, our program emphasizes appreciation of and response to beauty, truth, and justice, thus contributing to the general cultural development of the community through the individual.
- ... We believe in the cooperation of the college with all segments of its service area and in the continual evaluation of the College, its purpose and program, to the end that it may contribute to the maximum development of the individual and the area.

C. ACM- Vision

We will be the college of choice that transforms lives, strengthens communities, and makes learners the center of everything we do.

D. ACM- Mission

We deliver diverse and relevant education centered around student success in a supportive and engaging community.

E. ACM- Values

<i>QUALITY</i>	We improve through assessment.
<i>INTEGRITY</i>	We promote honesty and trust.
<i>RESPECT</i>	We foster dignity and worth.
<i>OPPORTUNITY</i>	We provide innovative choices.
<i>WELLNESS</i>	We promote healthy lifestyles.

F. ACM- Mission- Based Guiding Principles

1. To provide convenient geographical access to post-secondary education to people within the service region of the college.
2. To provide financial access to a college education by assuring reasonable tuition rates, comprehensive financial assistance, and college scholarship opportunities.
3. To provide quality education and services, in a safe and comfortable environment, at a reasonable cost.
4. To support an environment that promotes quality teaching and learning.
5. To promote a college that enhances lives and the community through education and service.
6. To instill in our students a philosophy of life-long learning.
7. To foster a pro-learning campus environment that embraces the values of Allegany College of Maryland.
8. To develop the technical competence and knowledge and other essential skills that prepare students for direct entry into the workforce, for career change and advancement, or for transfer to another college or university.
9. To continually assess our programs and services in order to promote and encourage continuous improvement.

G. ACM- Expectations

ALLEGANY COLLEGE OF MARYLAND | STUDENT & LEGAL AFFAIRS EXPECTATIONS

Our Mission: Allegany College of Maryland is a lifelong learning community dedicated to excellence in education and responsive to the changing needs of the communities we serve. Our focus is the preparation of individuals in mind, body, and spirit for lives of fulfillment, leadership, and service in a diverse and global society.

EXPECTATION #1: Attend Class. Go to each of your classes each time it meets. Be on time and stay for the entire class session. If you must miss class because of illness or emergency, check your course syllabus to know the instructor’s attendance policy. Make up any missed work promptly. (It is vitally important that you read each course syllabus! It contains what you need to know to be successful in that class; it also tells you what each individual instructor’s expectations are.)

EXPECTATION #2 Do the Work. It is true that for every hour you spend in class you should study two hours outside of class. (If you are taking 12 credits, you should be studying/doing homework 24 hours each week.) Read each assignment. Turn in your homework when it is due.

EXPECTATION #3: Ask for Help. If you are having problems with a class or an assignment, help is available. See the instructor. Go to the Student Success Center for a tutor. Form a study group with classmates. Meet with your advisor. But don’t wait until it is too late! Waiting until the final weeks of a semester is unlikely to help.

EXPECTATION #4: Read the Handbook. The Student Handbook is full of useful information to help you negotiate the often-roiling waters of college life. It also details the responsibilities of campus citizenship. (Ignorance of the rules is NOT an excuse for breaking them.) The answer to virtually any question you have about Allegany College of Maryland is in this Handbook.

EXPECTATION #5: Respect Others. One of the College's Core Values is Respect. Showing respect means many things, including being courteous in the classroom, hallway, library, cafeteria, courtyard, parking lot – anyplace you encounter other people. Respect also means treating others as you would like to be treated; insulting, humiliating, judging, or ignoring another person hurts feelings. Shouting and cursing are always inappropriate in a learning environment.

EXPECTATION #6: Be Responsible. We trust that you meet all obligations that are part of attending college. As an adult, you must learn to read all notices given to you, mailed to you, or posted for you to read, to show up for work study assignments, to pay your bills on time, and to manage problems/issues yourself without demanding special treatment or immediate gratification.

EXPECTATION: Professionalism Standard. You will also be expected to follow the Allied Health Programs Professionalism Standards. (See Appendix B for Details).

College is about more than merely attending classes and getting grades. College is about finding and creating opportunities to grow. It is about learning independence, making your own decisions, and becoming a community citizen. We are here to help you learn those things, too.

We promise to treat you with respect, to give you quality education, to act with integrity, to provide you with opportunities to learn and to grow as a person, and to promote wellness in mind, body, and spirit. That's our part. You must do yours.

H. Grievances and Complaint Processes

As an educational institution engaged in continuous and systematic evaluation for improvement, Allegany College of Maryland welcomes comments, suggestions, ideas, and constructive criticism from current and prospective students, employees, community members, and other persons affiliated with the College. Individuals in the community who do not have a formal affiliation with the institution or any particular program are also encouraged to provide feedback. Complaints should be submitted in accordance with established procedures.

The College has various policies and procedures to file a complaint for students (see Grievance Policies in the *Student Handbook*) and (see Grievance Policy and procedure in the *All College Human Resources Policy/ Manual*). Individuals who do not have a formal affiliation with the institution or any particular program and fall outside of due process for grievances should refer the PTA Program Website for the [Policy for Public Complaints](#) link.

Records of complaints about the program, including the nature of the complaint, the disposition of the complaint, and how the complaint was resolved will be maintained by the program. Please note, any person (student, faculty, staff, or individuals falling outside of due process) who has a complaint must be able to communicate the complaint with confidence that it will be heard and acted upon appropriately- without risk of retaliation.

In addition, the Commission on Accreditation in Physical Therapy Education (CAPTE) considers complaints about programs that are accredited, or are seeking accreditation by CAPTE, and complaints about CAPTE itself. Please refer to www.capteonline.org/complaints for more details about this process.

I. Policy Mandates

Allegany College of Maryland is required to inform prospective and current students of important College policies including: Non-Discrimination Statement, Title IX, Child Abuse Mandated Reports, Clery Act, Heroin & Opioid Policy, Drug and Alcohol Use, Academic Disabilities, FERPA, Accreditation, Gainful Employment Disclosure, and Medical Disclosure Procedure. Please access the following link <https://www.allegany.edu/policy-mandates/> for a current detailed narrative of these policies and mandates.

NON-DISCRIMINATION STATEMENT

Allegany College of Maryland does not discriminate on the basis of age, ancestry/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

NON-DISCRIMINATION POLICY

Please refer to the link below:

<https://www.allegany.edu/legal-information/documents/Non-discrimination-Policy-Final-2020.pdf>

TITLE IX

Allegany College of Maryland prohibits sexual misconduct and sex discrimination by or against all students, employees, and campus guests. If you have any questions or concerns or if you need to make a complaint, contact ACM's Title IX Coordinator, Dr. Renee Conner in CC-152, by email or by phone at (301) 784-5206. For detailed information about policy, procedures, and prevention education, visit our Title IX webpage.

CHILD ABUSE MANDATED REPORTS

Allegany College of Maryland complies with Maryland law which requires all educators to report suspected child abuse. By law, educators are mandated reporters which means that if an educator suspects child abuse has occurred or if a person discloses that child abuse has occurred, the educator is required to make a report to Child Protective Services. A report must be made if regardless of when, where, or by whom the abuse occurred. For detailed information about Mandated Reporters including how to make a report, see [here](#).

The College provides free counseling services. Also, the College's Title IX policy may also apply, so be sure to see the [Title IX information](#).

CLERY ACT

A report on Allegany College of Maryland's Campus Security Policies and Crime Statistics (34 CFR Part 668) and the Clery Act, 20 U.S.C. 1092 (a) and (b) in

accordance with the FBI Uniform Crime Reporting (UCR)/National Incident-based Reporting System (NIBRS) is available in the Office of the Dean of Student and Legal Affairs (College Center, room CC-152) or through the Department of Campus Safety and Special Police webpage.

HEROIN & OPIOID POLICY

Allegany College of Maryland recognizes drug and alcohol abuse/addiction as a health risk; the dangers associated with heroin and opioids are gravely concerning to this institution. The college urges everyone to be informed and offers educational resources(including treatment information). All new, full time students are required by Maryland law to participate in heroin/opioid training. In an overdose emergency, call 911. If you have any questions or concerns or if you need help, contact the Department of Campus Safety and Special Police by email or by phone at 301-784-5252 or the Office of Student & Legal Affairs by email, or by phone at 301-784-5206. *Allegany College of Maryland prohibits the possession and use of drugs and alcohol on all college property and in all college-affiliated activities without the express permission of the College President.

DRUG AND ALCOHOL USE

Allegany College of Maryland supports the efforts of the State of Maryland and the United States to provide workplaces and learning centers free of illicit drug use and free of unlawful alcohol use. The College supports the Federal Drug-Free Workplace Act of 1988, the Federal Drug-Free Schools and Communities Act Amendments of 1989, and drug and alcohol abuse policies of the Maryland Higher Education Commission.

It is the College's intention to provide and maintain a work environment for employees and students that is drug-free, healthful, safe, and secure. When a student is on campus, the student is expected to be in an appropriate mental and physical condition, free of any illegal drugs/alcohol and capable of fulfilling their daily duties. Violations of this Policy statement shall be immediately addressed by the College and may result in disciplinary action which could include expulsion. The College may also refer violations for criminal prosecution by civil authorities where circumstances warrant.

ACADEMIC DISABILITIES

In compliance with federal 504/ADA requirements, Allegany College of Maryland supports the belief that all otherwise qualified citizens should have access to higher education and that individuals should not be excluded from this pursuit solely by reason of handicap. The College is committed to the inclusion of students with disabilities within all areas of college life. Therefore, support services are intended to maximize the independence and participation of disabled students. Further, the College complies with applicable state and federal laws and regulations prohibiting discrimination in the admission and treatment of students.

Any student who wishes to receive accommodations must register with the Academic Access & Disability Resources Office, providing documentation of the declared disability. Once documentation is received, the Director will establish eligibility for specific accommodations based on the student's documented functional limitations and the essential functions of each course. Any student who wishes to declare a

disability should contact the [Academic Access & Disability Resources office](#) at 301-784-5234. For more information visit the [Academic Access & Disability Resources](#) webpage.

FERPA

In compliance with the Family Educational Rights and Privacy Act of 1974, Allegany College of Maryland will not disclose any information from the students' educational records without the written consent of students except to personnel within the institution, to accrediting agencies carrying out their accreditation function, to persons in compliance with a judicial order, and to persons in an emergency in order to protect the health or safety of students, other persons, or other lawful exception. At its discretion, the institution may provide directory information to include: student name, address, field of study, degrees/awards, and full- or part-time status. Students may withhold directory information by notifying the Registrar in writing within two weeks after the first day of class for each semester. Request for nondisclosure will be honored by the institution for only one academic year; therefore, authorization to withhold directory information must be filed annually in the Registration Office.

ACCREDITATION

Allegany College of Maryland is accredited by the Middle States Commission on Higher Education, 3624 Market Street, 2nd Floor West, Philadelphia, PA 19104-2680; 267-284-5000. The Middle States Commission on Higher Education is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation. The College is also accredited and approved for operation by the Maryland Higher Education Commission, 6 North Liberty Street, Baltimore, MD 21201; 1-800-974-0203. The Pennsylvania Department of Education has granted certification to the Allegany College of Maryland campus in Bedford County and to the academic programs offered.

MEDICAL DISCLOSURE PROCEDURE

Students are responsible for their own health and should always consult a qualified health care provider if a health or medical condition interferes with the students' ability to attend class in excess of what is permitted by the course syllabus or program requirements or to participate in an essential class function. Medically necessary absences will be excused with documentation from a qualified health care provider; students are responsible for contacting the instructor about if/how to complete any missed work.

II. PHYSICAL THERAPIST ASSISTANT (PTA) PROGRAM

A. PTA- History/Background

The Physical Therapist Assistant program graduated its first class in 1996, and has undergone reaccreditation by the Commission on Physical Therapy Education (CAPTE) in 2001, and 2011. Our next site visit is scheduled for 2021. Physical Therapist Assistant is an Associate in Applied Sciences Degree designed to provide students with the knowledge and skills necessary to prepare for the national licensure examination and for state approval as a Physical Therapist Assistant, enabling them to be employed as a Physical Therapist Assistant and provide patient services under the supervision of a Physical Therapist. We strive for success and closely monitor our student progression both in the classroom and after employment. Please see our website for current student outcomes.

The Physical Therapist Assistant program can lead to gainful employment, solving both the individual desires of students to return to their local communities as well as continuing to provide competent physical therapist assistants, able to be competitive in seeking employment in the healthcare field. There are many opportunities for employment in Cumberland and the surrounding areas.

In this regard, the program is composed of two related but distinct phases. The first consists of 28 units of college level, general education credit (which can be completed in as little as one, or as long as five years) followed by a second phase of technical training that is completed over the course of one academic year. The 1+1 nature of the program enables regional students to complete the first year of its program at local institutions, such as Garrett College or Hagerstown Junior College, both located in Western Maryland, Potomac State College located in Keyser, West Virginia, and University of Pittsburgh - Johnstown Campus located in Johnstown, Pennsylvania.

B. PTA- Philosophy

Keeping with the mission, vision, and philosophy of the college, the Physical Therapist Assistant program faculty and staff uphold the following beliefs:

1. We believe in preparation for active participation within the profession, the community, and a democratic society.
2. We believe that physical therapy is a rapidly changing profession that is influenced by societal factors, and the education provided should keep pace with progress of the profession and society. We believe in being a leader in educational opportunities provided to students that uphold standards set forth to protect rights of individuals seeking physical therapy services.
3. We believe that the education provided by the Physical Therapist Assistant program embraces knowledge, training, and aspiration. We believe in dissemination and acquisition of knowledge along with development of skills needed to practice in physical therapy. We also believe in promoting free and critical inquiry, encouraging creativity and self-reflection, and establishing an attitude toward professional development with emphasis on ethical, safe, and legal behavior.

4. We believe that the Physical Therapist Assistant program should build upon a sound general education background that introduces students to the humanities, social, biological, and physical sciences, health, math, and English composition.
5. We believe that it is our responsibility to instill within students that learning is an active, internal lifelong process, and as faculty, we will provide students the opportunity to share in construction of meaning by integrating a variety of academic and clinical education experiences.
6. Our program emphasizes integration of technical skills and knowledge with ethical and moral behavior, communication skills, patient education, health and wellness, and professional development. We believe that integration of these skills can lead to successful development of the individual, allowing them to become productive members of the healthcare team and the community. The Physical Therapist Assistant program provides a service to students that meet the needs of the healthcare arena in this area, and we are dedicated to continually meeting these needs.

C. PTA- Vision

Our vision is to be the region's leader in providing quality Physical Therapist Assistants who are prepared with knowledge and skills to enter the profession. We will advocate a model where students learn not only to treat, but also to educate and empower consumers of physical therapy services.

D. PTA- Mission

Our mission is to provide individuals with high quality academic and clinical education experiences that prepare students for safe, ethical, and legal practice within a variety of settings. Our mission is to create an environment that is responsive in meeting the needs of students, the community, and the profession. We are committed to preparing individuals to be competent in basic and applied skills and knowledge for the rapidly changing profession, while providing personal attention throughout their educational experience.

E. PTA- Program Goals

Goals for the Graduate

Upon completion of the program, the graduate will:

1. apply fundamental knowledge of *ethical, legal, and professional values, and responsibilities* associated with the professional practice of Physical Therapy by the American Physical Therapy Association. ^(7D1-14)
2. demonstrate *competence and safety with patient/client care* that is expected of an entry-level clinician in a variety of settings in the contemporary field of physical therapy. ^(7D15-26)
3. work effectively in a *healthcare team* environment by consistently demonstrating knowledge, skill, and behaviors associated with collaborative care and practice management. ^(7D27-31)

Goals for Faculty and Program

The Faculty/Program will:

1. conduct periodic reviews of the program including faculty/staff, clinical affiliations, and students/graduates (ongoing informally on a day-to-day basis and formally on an annual basis) utilizing evaluation and assessment methods to meet the program needs and goals.
2. support and incorporate sufficient quantity and quality faculty and staff members committed to lifelong learning and excellence and who strive to provide the student with optimal learning experience.
3. support and incorporate sufficient quality and variety of clinical affiliation for student placement throughout the regional area.
4. recruit and prepare qualified students who will be an exceptional representation of the program and achieve successful outcomes.

F. Accreditation

The Physical Therapist Assistant Program is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22035-3085, telephone: 703-706-3245, email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call 301-784-5538 or email jandres@allegany.edu.

G. Licensure

Graduates of the program are eligible to apply for an Associate of Applied Science Degree in Physical Therapist Assistant and sit for the certification examination administered by Federation of State Boards of Physical Therapy (FSBPT), 124 West Street South, Third Floor, Alexandria, VA 22314, www.fsbpt.org, Phone: 703-299-3100.

Not until successful completion of this examination can one work as a Physical Therapist Assistant.

If a student has any criminal history, he or she may not be able to complete clinical rotations. As clinical rotations are an integral part of the PTA curriculum, the student may also not be able to complete the program. In addition, a criminal history must be reported to the Federation of State Boards of Physical Therapy (FSBPT) by the student and may prevent the student from becoming certified and licensed to practice physical therapy.

See also Graduation Requirements for more details.

H. Instructional Methods

The program faculty members believe that just as patient treatment is a multi-sensory process that requires active participation for the consumer, so too PTA education at Allegany College of Maryland requires a series of organized, sequential, and integrated learning experiences. Examples of these experiences consist of:

1. classroom & virtual presentations, role-playing, demonstrations, counter-demonstrations, and panel discussions to encourage professional level interpersonal skills
2. audio-visual materials to augment and reinforce learning in lecture and labs
3. lab experiences to provide opportunity for hands-on learning and application of knowledge
4. library research assignments to encourage independent study
5. guest lecturers to provide opportunity to interface with information of various viewpoints and expertise
6. clinical experiences beginning with observation and culminating with back-to-back clinical practicums, providing students first with the opportunity to observe, and, later to actively participate and practice using skills and knowledge from the classroom

The educational theory incorporates cognitive and experiential learning.

Instructional principles include participation, repetition, relevance, transference, and feedback.

I. Academic Faculty Ongoing Development Activities

Academic faculty will participate in ongoing development activities that are designed to improve faculty effectiveness based on needs of the faculty and needs of the program, and based on needs identified in the evaluation processes.

J. Overview of Curriculum

Upon successfully completing Allegany College of Maryland's Physical Therapist Assistant Program, the student will have been exposed to a comprehensive curriculum plan consisting of a series of didactic and clinical learning experiences needed for entry-level preparedness. Phase I would have included General Education courses including English, Math, Anatomy & Physiology, Speech, Psychology, Medical Terminology, and Physical Education. Phase II would have included all of the career specific course work such as Introduction to PTA, Pathology, Modalities, Procedures, Principles of Rehabilitation, Kinesiology Therapeutic Exercise, and clinical/fieldwork coursework.

K. EDUCATIONAL OBJECTIVES & OUTCOMES of the Comprehensive Curriculum

1. Phase I- General Education Component

Upon completion of the Pre-PTA (general education) portion of the program, students will have acquired necessary biological, physical, physiological, and anatomical principles. Other principles acquired during this phase are related to social and behavioral sciences, health and wellness, English, the humanities, and math.

General Education Learning Objectives (GELOs)

Arts and Humanities Inquiry: *Apply fundamental knowledge, skills and values to explore the uniquely human ways we experience the world. Students will be able to*

AHI-1 Explain how various forms of written, oral, musical, and/or visual expression contribute to human knowledge and experience.

AHI-2 Utilize knowledge of various theoretical frameworks to analyze and respond to works in humanities and/or in the arts.

AHI-3 Demonstrate growth in creative expression.

Critical Analysis and Reasoning: *Analyze, evaluate, and synthesize ideas within and across disciplines to address complex questions and problems. Students will be able to*

CAR-1 Identify problems and ask relevant questions.

CAR-2 Interpret information to investigate arguments, claims, and beliefs.

CAR-3 Support a position (perspective/thesis/hypothesis).

CAR-4 Identify and weigh alternative outcomes to a problem or case.

CAR-5 Summarize, generalize and draw conclusions.

Information Literacy: *Access and integrate sources into written, oral, and/or visual media. Students will be able to*

IL-1 Identify and access sources of information that are credible, relevant to a stated purpose, and appropriate within a discipline.

IL-2 Synthesize source material to support a specific point.

IL-3 Use an appropriate documentation style consistently and correctly to credit source material.

Personal and Civic Responsibility: *Explore and develop understanding of oneself and others, the community, other cultures, and issues of local, national, and global significance. Students will be able to*

PCR-1 (Personal Awareness): Describe their own civic and cultural background, including its origins and development, assumptions, and predispositions.

PCR-2 (Cultural Awareness): Analyze diverse cultural perspectives on democratic values and practices.

PCR-3 (Civic Awareness and Community Involvement): Participate in a community project and then complete either a spoken or written reflection that identifies the civic issues encountered and personal insights gained from this community experience.

Scientific and Quantitative Reasoning: *Apply fundamental scientific and/or mathematical concepts to investigate, evaluate and/or to solve problems. Students will be able to*

SQR-1 Identify problems and formulate questions and hypotheses.

SQR-2 Collect, summarize, and interpret data.

SQR-3 Draw appropriate conclusions based on data analysis.

SQR-4 Use mathematical skills to solve application and/or real-world problems.

Technological Competency: *Use the appropriate discipline-specific technologies to complete tasks effectively. Students will be able to*

TC-1 Demonstrate effective use of a specific technology to achieve a desired task outcome.

Written and Oral Communication: *Use writing and speaking skills to communicate effectively. Students will be able to*

WOC-1 Develop and articulate ideas coherently and cogently for a specific audience, purpose, and situation.

WOC-2 Use standard English and conventions of usage appropriate to a discipline to produce substantially error-free and precise communications.

WOC-3 Present ideas compellingly through the use of delivery aids and techniques, such as of voice, eye contact, gestures, and posture.

2. Phase II-Technical/Clinical Education Component

After acceptance into and completion of the Phase II of the program, students will have successfully demonstrated entry-level competency verbally, in writing, or by practical application, the ability to work under the direction and supervision of a licensed physical therapist.

Specific skills to be acquired during Phase II include:

Ethics, Values, & Responsibilities

- a. Adhering to *legal practice standards*, including all federal, state, and institutional regulations related to patient/client care and fiscal management. (7D1)
- b. Reporting to appropriate authorities suspected cases of *abuse* of vulnerable populations. (7D2)
- c. Reporting to appropriate authorities suspected cases of *fraud and abuse* related to the utilization of and payment for physical therapy and other health care services. (7D3)
- d. Performing duties in a manner consistent with the *Guide for Conduct* of the Physical Therapist Assistant (PTA) and *Standards or Ethical Conduct* (PTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary. (7D4)
- e. Performing duties in a manner consistent with APTA's *Values Based Behaviors* for the PTA. (7D5)
- f. Implementing, in response to an ethical situation, a plan of action that demonstrates sound *moral reasoning* congruent with core professional ethics and values. (7D6)
- g. *Communicating* effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. (7D7)
- h. Identifying, respecting, and acting with consideration for patients'/clients' *differences, values, preferences, and expressed needs* in all work-related activities. (7D8)
- i. Applying current knowledge, theory, and *clinical judgment* while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist. (7D9)
- j. Identifying basic concepts in professional *literature* including, but not limited to, validity, reliability and level of statistical significance. (7D10)
- k. Identifying and integrating appropriate *evidence-based resources* to support clinical decision-making from progression of the patient within the plan of care established by the physical therapist. (7D11)
- l. Effectively *educating* others by using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel. (7D12)
- m. Participating in *professional and community organization* that provides opportunities for volunteerism, advocacy and leadership. (7D13)
- n. Identifying career development and *lifelong learning* opportunities, including the role of the PTA in the clinical education of PTA students. (7D14)

Patient/Client Management

- o. Interviewing patients/clients, caregivers, and family to obtain current information related to *prior and current level of function* and general health status (e.g., fatigue, fever, malaise, unexpected weight change.) (7D15)
- p. Using the *International Classification of Functioning, Disability and Health (ICF)* to describe a patient's/client's impairments, activity and participation limitations. (7D16)

Plan of Care

- q. Communicating and understanding of the *plan of care* developed by the physical therapist to achieve short- and long-term goals and intended outcomes. (7D17)
- r. *Reviewing health records* (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care. (7D18)
- s. *Monitoring and adjusting interventions* in the plan of care in response to patient/client status and clinical indications. (7D19)
- t. *Reporting any changes* in patient/client status or progress to the supervision physical therapist. (7D20)
- u. Determining when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is *beyond* that which is appropriate for the PTA. (7D21)
- v. Contributing to the *discontinuation* of episode of care planning and follow-up processes as directed by the supervision physical therapist. (7D22)

Intervention

- w. Demonstrating competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include: (7D23)
 - 1. *Airway Clearance Techniques*: breathing exercises, coughing techniques and secretion mobilizations. (7D23a)
 - 2. *Application of Devices and Equipment*: assistive/adaptive devices and prosthetic and orthotic devices. (7D23b)
 - 3. *Biophysical Agents*: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies. (7D23c)
 - 4. *Functional Training* in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life. (7D23d)
 - 5. *Manual Therapy Techniques*: passive range of motion and therapeutic massage. (7D23e)
 - 6. *Motor Function Training* (balance, gait, etc). (7D23f)
 - 7. *Patient/Client Education*. (7D23g)
 - 8. *Therapeutic Exercise*. (7D23h)
 - 9. *Wound Management*: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal. (7D23i)

Test and Measures

- x. Demonstrating competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during, and after interventions) for the following areas: (7D24)
1. *Aerobic Capacity and Endurance*: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise). (7D24a)
 2. *Anthropometrical Characteristics*: measurements of height, weight, length, and girth. (7D24b)
 3. *Mental Functions*: detect changes in a patient's state of arousal, mentation, and cognition. (7D24c)
 4. *Assistive Technology*: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment. (7D24d)
 5. *Gait, Locomotion, and Balance*: deterring the safety, status, and progression of patient while engaged in gait, locomotion, balance, wheelchair management and mobility. (7D24e)
 6. *Integumentary Integrity*: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue. (7D24f)
 7. *Joint integrity and Mobility*: detect normal and abnormal joint movement. (7D24g)
 8. *Muscle Performance*: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone. (7D24h)
 9. *Neuromotor Development*: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions. (7D24i)
 10. *Pain*: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations. (7D24j)
 11. *Posture*: determine normal and abnormal alignment of trunk and extremities at rest and during activities. (7D24k)
 12. *Range of Motion*: measure functional range of motion and measure range of motion using an appropriate measurement device. (7D24l)
 13. *Self-care and Civic, Community, Domestic, Education, Social and Work Life*: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community, and work environments; recognize level of functional status; administer standardized questionnaires to patients and others. (7D24m)
 14. *Ventilation, Respiration, and Circulation*: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics. (7D24n)

Documentation

- y. Completing accurate *documentation* that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies. (7D25)

Response to Emergencies

- z. Responding effectively to patient/client and environmental *emergencies* that commonly occur in the clinical setting. (7D26)

Participation in Health Care Environment

- aa. Contributing to the efforts to increase patient and healthcare provider *safety*. (7D27)
- bb. Participating in the provision of patient-centered *interprofessional* collaborative care. (7D28)
- cc. Participating in performance improvement activities (*quality assurance*). (7D29)

Practice Management

- dd. Describing aspects of *organizational planning and operation* of the physical therapy service. (7D30)
- ee. Describing accurate and timely information for *billing and payment* purposes. (7D31)

L. Phase II- Clinical Education Component

In order to achieve the foregoing and to foster entry-level abilities, Phase II will include, and the student will be evaluated on, participation in clinical education requirements. These are an organized sequence of learning activities integrated within the curriculum, and they follow completion of relevant didactic instruction. The clinical education component includes part-time and full-time assignments.

1. Such clinical education provides students with the opportunity to interact with individuals common to the physical therapy profession, while allowing the students to perform their responsibilities under appropriate supervision and with positive role modeling.
2. The experience will provide the professional term student exposure to a variety of patients and learning activities.
3. The clinical component of education is provided in a variety of practice and health care settings and ensures participation in direct patient care.
4. Specific procedures are in effect to assure timely communication among clinical faculty, academic faculty, and students regarding information about the program and student clinical performance.

M. Phase II- Course Requirements

Fall Semester

<u>Course</u>	<u>Title</u>	<u>Credit</u>
PTA 201	Introduction to PTA	2
PTA 203	Pathology I	2
PTA 205	Modalities I	3
PTA 207	Procedures	3
PTA 209	Clinical Kinesiology	4
PTA 213	Clinical I	2

Spring Semester

<u>Course</u>	<u>Title</u>	<u>Credit</u>
PTA 204	Pathology II	2
PTA 206	Modalities II	3
PTA 208	Principles of Rehabilitation	4
PTA 210	Therapeutic Exercise	4
PTA 214	Clinical II	2

Summer Session

<u>Course</u>	<u>Title</u>	<u>Credit</u>
PTA 216	Trends	1
PTA 218	Practicum I	5
PTA 219	Practicum II	5

N. PHASE I AND II COURSE DESCRIPTIONS

Phase I: First Year

ENG 101 (Freshman English I): Students develop skills in expository and argumentative academic writing by reading and responding to texts; by engaging in the writing process of prewriting, drafting, revising and editing; and by mastering the conventions of American Edited English. The course includes instruction in research methods such as use of library resources, documentation, citation, and the avoidance of plagiarism. Credit may be conferred by way of the CLEP general examination in English composition (with essay). Students seeking to earn credit by examination should consult their advisors.

MATHEMATICS: All courses listed under the heading of Mathematics in the course description section of the catalog, *except* development mathematics courses and Mathematics 216 (Mathematics for Elementary Education I), are acceptable mathematics electives. Mathematics 109 Probability and Statistics is recommended as a preferable elective.

BIO 121 (Musculoskeletal Anatomy)**: This course is designed to provide experience with basic concepts and terminology associated with the study of the human body. The major focus of the course is to develop the student's detailed knowledge of the human muscular system and skeletal system.

BIO 201 (Human Anatomy and Physiology)**: The course is designed to provide an understanding of the working of the human body in terms of the structure and function of representative systems. The laboratory work involves a complete study and dissection and physiological activities with comparison to the human.

** Bio 201 is a combined Bio 207/208 (Anatomy and Physiology of the Human I & II) course. For students transferring from another institution or Allegany College of Maryland students seeking transferable credit, Bio 207/208 may be substituted for Bio 121 and Bio 201.

Speech 101 (Speech Communication I): A survey course incorporating intrapersonal, interpersonal, and public speaking. A student will acquire theory and develop skills in interviewing, small group, and informative/persuasive speaking.

Psych 101 (General Psychology): A foundation course in psychology. Review of the nature and purpose of psychology, the dynamics of adjustment, sensory development, psychometry, and the application of psychological knowledge to practical problems.

Psych 203 (Human Growth and Development): The processes affecting and effecting human development, with implications for educational practices used by and in the family, school, and community. Attention given to measurements and evaluative techniques for assessing total growth. The case method will be used, with direct and recorded observation being required.

MDAA110 (Medical Terminology): This course provides students with the knowledge of medical language needed to communicate with members of the health care team. Emphasis is placed on word analysis of anatomic structures, diseases and surgical procedures.

Physical Education Elective(s): Students must complete 2 credit hours of physical activity of their choice as per catalog guidelines. PHED153 Cardiopulmonary Resuscitation and First Aid is suggested.

Phase II: Fall Semester

PTA 201 (Introduction to Physical Therapist Assistant): The student will learn: 1) the roles of the physical therapist (PT) and the physical therapist assistant (PTA) including the history, ethical, and legal aspects; 2) information regarding acquiring malpractice insurance; 3) structure and organization of the health care system in general and as it relates to the physical therapist assistant; 4) general information of the American Physical Therapy Association (APTA) as an organization and enrollment; 5) psychosocial aspects of the health care professional and the patient; 6) verbal and nonverbal communication; 7) principles of teaching and learning; 8) basic medical terminology and record keeping, including SOAP note documentation (subjective, objective, assessment and plan); 9) asepsis, sterile techniques, and hand washing; 10) body mechanics and lifting; and 11) vital signs. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted.

PTA 203 (Pathology I): This course describes the etiology, signs, symptoms and treatment of diseases, disorders, and injuries commonly requiring physical rehabilitation in a systems approach.

PTA 205 (Modalities I): This course provides an introduction to patient treatment including preparation of the patient and related equipment. Patient issues such as inflammation and repair, pain, tone, and movement restrictions will be explored. The student will learn the physics, physiology, application, indications, and contraindications behind various biophysical agents including superficial and deep thermal agents, cryotherapy, electromagnetic agents, compression therapies, hydrotherapy, and light therapy. Paraffin bath, ultrasound, phonophoresis, ultraviolet, and diathermy will also be covered. In addition, students will have an introduction to electrotherapeutic modalities such as transcutaneous electrical stimulation (TENS). Related medical terminology and SOAP format documentation are utilized. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted.

PTA 207 (Procedures): This course includes: 1) introduction to patient care, positioning, and draping; 2) manual techniques including passive joint range of motion and therapeutic massage; 3) joint measurements including goniometry; 4) application of assistive/adaptive equipment; 5) wheelchair maintenance and mobility; 6) functional training in self-care and domestic, education, work, community, social, and civic life; and 7) motor function training (i.e. transfers, gait training, balance) with emphasis on proper body mechanics. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted.

PTA 209 (Clinical Kinesiology): The student will learn: 1) advanced anatomy of the musculoskeletal system with special considerations of joints of the body; 2) movement analysis of the body with emphasis on osteokinematics and arthrokinematics; 3) gait analysis in the normal and involved patient; 4) gross muscle testing, basic understanding of manual muscle testing; 5) related medical and SOAP format documentation; and 6) palpation of bony and soft tissue structures. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted.

PTA 213 (Clinical I): This course consists of two hours of laboratory a week plus 96 hours of on-site clinical experience in local settings. The course involves mostly observation but may include some aide type patient set-up, and elementary application of hot and cold modalities, activities of daily living (ADL) and ROM activities as per Academic Coordinator of Clinical Education (ACCE) and Clinical Instructor (CI) discretion. Weekly seminar on topics pertinent to the field of physical therapy including professionalism, ethics, reimbursement, etc., as well as, an orientation to nursing and hospital equipment and techniques will also be covered. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted.

Phase II: Spring Semester

PTA 204 (Pathology II): This course describes the etiology, signs, symptoms and treatments of diseases, disorders, and injuries commonly requiring physical rehabilitation in a system approach.

PTA 206 (Modalities II): The student will learn the physics, physiology, application, indications, and contraindications behind various biophysical agents including electrotherapeutic physical agents for pain, tissue healing, muscle strengthening, and muscle reeducation including direct, alternating, and pulsed current. The student will also learn both cervical and lumbar mechanical traction, hydrotherapy including pool therapy, and related documentation for all of the above. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted.

PTA 208 (Principles of Rehabilitation): The course includes an understanding of advanced anatomy and physiology, documentation including medical terminology, and treatment of the following: 1) pediatric nervous system disorders and neurodevelopmental sequencing; 2) adult nervous system disorders including, but not limited to, cerebral vascular accidents, traumatic brain injury, and spinal cord injuries; 3) individuals with amputations; 4) orthotic and prosthetic considerations; 5) cardiopulmonary rehabilitation; and 6) integumentary concerns such as wounds and burns. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted.

PTA 210 (Therapeutic Exercise): This course provides an in-depth study of therapeutic exercise with development of understanding in basic exercise physiology. The student will learn: 1) theory and practice of therapeutic exercise in a treatment and preventative role; 2) proper use of exercise equipment, mat activities etc. to address flexibility, strengthening, endurance, etc.; 3) measurement of endurance, flexibility and ROM including goniometric measurement; and 4) related medical terminology and SOAP format documentation. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted.

PTA 214 (Clinical II): The student will rotate to a different type of facility for each of the week sessions. Clinical sites are located in the region, which may require some travel. The student will participate in patient treatment skills mastered in the fall PTA coursework as well as clinical applications of the theory and techniques in the spring PTA coursework as per lab skill check-off sheet, Academic Coordinator of Clinical Education (ACCE) and Clinical Instructor (CI) discretion. All clinical competencies will be scored as per format in the PTA Student Handbook using the clinical assessment instruments. Weekly seminar on topics pertinent to the field of physical therapy including professionalism, ethics, reimbursement, etc. will also be covered. Skill checks and/or practical examinations on all appropriate clinical topics will be conducted.

PHASE II: Summer Session (13 weeks)

PTA 218 (Practicum I): The course consists of a five-week long, forty hours per week clinical rotation at one clinical site area. Experience will be assessed in relation to clinical skills check-off found in the clinical assessment instrument. Several experiences may be available in one area (i.e. several weeks at a hospital followed by several weeks at a clinical associated with the same clinical site). Student must be willing to commute for extended distances within the greater region during this time. Clinical competencies will be continued, and an oral presentation will be presented to the staff on a topic other than the topics presented in previous clinical rotations.

PTA 219 (Practicum II): The course consists of a five-week long, forty hours per week clinical rotation at one clinical site area. Experience will be assessed in relation to clinical skill check-offs found in the clinical assessment instrument. All critical clinical skills must be completed at the end of this rotation. Several experiences may be available in one area (i.e. several weeks at a hospital followed by several weeks at a clinical associated with the same clinical site). The student must be willing to commute for extended distances within the greater region during this time. Clinical competencies will be completed, and an oral presentation will be presented to the staff on a topic other than the topics presented in previous clinical rotations.

PTA 216 (Trends): This course is intertwined with Practicum I and II in which various aspects of physical therapy encountered clinically by the students are explored for relevancy and future professional implications. This course also includes licensing exam preparation among other assignments.

III. Enrollment in the PTA Courses

Once admitted into the Clinical (Phase II), students are required to provide proof of the following information. These requirements are the financial responsibility of the student.

A. ACM Medical Examination Record Form

All students will be required to have a complete physical examination with a statement from the physician stating that he/she is both physically and mentally competent to enter the PTA program. Physicals must be submitted prior to the first day of PTA classes. Failure to do so will result in the student being unable to continue in the Program. This form includes a:

- a. physical examination indicating good mental and physical health;
- b. satisfactory health record, including immunizations; and
- c. signature(s) of completion by a licensed, practicing physician, nurse practitioner, or physician assistant;
- d. signature of the student indicating agreement with their records.

See Student Health Section, PTA Booklet, and college catalog for more details.

B. Cardiopulmonary Resuscitation CPR Certificate AND First Aid Certification

All students are required to obtain and maintain American Heart Association Basic Life Support CPR Certification and First Aid Certification prior to participating in all clinical rotations. A copy of both the front and back of each card must be submitted and be kept on file in the PTA Program. The student shall present the original card with the copy and provide updates as needed. It is the student's responsibility to keep the CPR and First Aid current throughout the program. Failure to do so will result in inability to perform the clinical affiliation. Missing the clinical affiliation due to not providing evidence of current CPR and First Aid will be counted as an unexcused clinic absence and could result in a failing grade for the clinical affiliation and dismissal from the program.

C. Health/ Medical Insurance

All students must be covered by health/medical insurance before practicing in the clinical settings. A copy of the current insurance policy and/or card will be maintained in the Nurse Management Wellness Center and/or the PTA Program Department student file. The student must assume responsibility for all medical expenses incurred as a result of any type of exposure to infectious agents or injury incurred in any campus setting or clinical/lab setting. The cost of the insurance policy is at the student's expense and it is the student's responsibility to keep the policy current throughout the program. Failure to do so will result in the inability to perform the clinical affiliation. Missing the clinical affiliation due to not providing evidence of medical insurance will be counted as an unexcused clinic absence and could result in a failing grade for the clinical affiliation and dismissal from the program.

See Section V Student Health for more details

D. Liability Insurance and Hospital Regulations

- a. All students must be covered by liability insurance before practicing in the clinical settings. A copy of the current insurance policy will be maintained in the PTA Program Department student file. The cost of the insurance policy is at the student's expense, and it is the student's responsibility to keep the policy current throughout the program. Failure to do so will result in the inability to perform the clinical affiliation. Missing the clinical affiliation due to not providing evidence of

liability insurance will be counted as an unexcused clinic absence and could result in a failing grade for the clinical affiliation and dismissal from the program.

- b. Students are governed by rules, regulations, and employee health policies of the cooperating facility for clinical rotations. It is the student's responsibility to become familiar with this information. A student with a physical liability may be required to sign a waiver.

E. American Physical Therapy Association (APTA) membership

F. PTA uniform (includes professional dress, scrubs, and name badge)

G. Criminal Background Check/Drug Screening

All students enrolled in the clinical phase of the program, per the requirement of a clinical facility, will be requested to undergo a criminal background check and/or drug screening. Students will be given instructions for Background Checks after acceptance into the program, but before start of the fall semester as part of a *To Do List*.

The student will be notified of specific clinical facility requirements by the ACCE at the beginning of the semester when clinical rotation schedule is distributed. Clinical specific requirements must be completed PRIOR to the start of the clinical rotation. *It is the responsibility of the student to assure this obligation is completed, including financial costs. (See also Expectations of a Candidate in the Program Application and Section VI of this Handbook)*

- a. If participating in clinical rotations in Pennsylvania, students must also obtain PA Access to the Criminal History (PATCH), fingerprinting, and a Child Abuse History Clearance.
- b. During enrollment, any official change or the initiation of any governmental proceeding affecting the information revealed by the required criminal or child abuse background check must be reported immediately by the student to the director of the PTA program.
- c. If a student has a criminal background history, he/she can still be admitted to the program. However, he/she may be unable to find clinical sit placement or take the licensure examination. It is the responsibility of the student to report criminal background information to the licensure review board prior to sitting for the exam. Students will not be permitted to participate in clinical affiliation until these items have been submitted to the clinical coordinator.

H. Computer and Internet knowledge and access.

I. Finances & Fees for Clinical Placement

Students will be responsible for providing their own transportation, and where necessary, ***room and board***, for all clinical affiliations throughout the entire period of the PTA educational program.

Students will not be permitted to participate in PTA213 in the fall semester until these items have been submitted to the Clinical Coordinator. The above phase II post acceptance requirements are the financial responsibility of the student. This cost is beyond tuition, fees, and books. A more detailed list of estimated costs can be found in *Student Information, Section III* or the Program's Website under Cost to Student.

The total number of credits for the program is 70 (28 for Phase I and 42 for Phase II). Like Phase I, Phase II coursework must be completed with a **“C” or better** with the student having maintained an **overall 2.5 GPA**, or the student will not be able to proceed in the program.

Information Shared with the Clinical Facility CAPTE 5D

Information shared with the Clinical Facility may include but is not limited to criminal background checks, academic standing, probationary status from the Program, and/or any relevant health or professionalism concerns. This information may be in written or verbal form to the Clinical Coordinator or Clinical Instructor.

See also Violations of Policies where it states:

Note: The respective clinical site will be notified if a student is on probation. The clinical site has the right to decline and/or dismiss any student. If a student is on probation and the clinical site files a complaint about this student for any reason, he/she will be immediately dismissed and ineligible for readmission.

IV. CLINICAL AFFILIATIONS

A. Clinicals I and II (Fall and Spring semesters)

1. Every student is required to attend a minimum of 96 and 120 hours for Clinical I and II, respectively.
2. Participation in all clinical activities are dependent upon successful completion of laboratory competency skills and the passing of all the technical phase courses taken up until the start of that clinical rotation.
3. All Clinical I and II rotations will be assigned by the Academic Coordinator of Clinical Education (ACCE).
4. ***Travel and temporary relocation are a strong possibility.***

B. Practicums I and II (Summer session)

1. A minimum of 400 hours of direct clinical time is required, usually completed as 10 weeks of full time (unpaid) employment.
2. Practicums I and II are designed to provide in-depth experiences in delivering Physical Therapy services and to develop and expand the repertoire of Physical Therapy practice.
3. Clinical assignments will be scheduled to include a variety of settings that represent possible areas of practice. The variety will include groups at different stages of the life span, various physical disabilities, and a variety of treatment settings/service models.
4. Practicums I & II will be assigned by the ACCE with input from the student.
5. Practicum II must be completed within 12 months of completion of academic coursework.
6. ***Travel and temporary relocation are strong possibilities.***

C. ATTENDANCE IN THE CLINICAL SETTING

1. **Disclaimer.** The program director has the right to modify the attendance policy as he/she deems fit.
2. **Prioritization.** Students are required to attend **EVERY** clinical session except in cases of emergency. Classes and clinical rotations take precedence over any outside job. Arrangements for working must be made so that they do not interfere with meeting the requirements of the PTA courses. Please remember that when in the clinic, patient care is not always confined to a specific time allotment and there will be occasions where patient care could run beyond a clinic session.
3. **Accountability.** When absent or tardy, it is the responsibility of the student to notify their clinical instructor AND the academic clinical coordinator when and why he/she is absent from the clinical session and to make arrangements as necessary for make-up, and to fill out the necessary documentation. It is the

student's responsibility to make up all the clinical time missed. All work missed must be completed prior to the next clinical rotation, as set forth by the instructor.

4. **Determining excused or unexcused absences.** In determining whether the absence was justified, the instructor may require such evidence as he/she sees fit (i.e., excuse from physician). It is at the discretion of the instructor to determine if your absence is excused or not. Excessive absences regardless if excused or unexcused could jeopardize your grade. (See Absences section below and Individual course syllabi).
5. **Steps to Take If Absent.** If clinical absence is unavoidable, students must complete the following requirements:
 - a. Contact the clinical site BEFORE the start of the work day or as soon as possible thereafter.
 - b. Contact the Academic Coordinator of Clinical Education: (301) 784-5537
Voicemail on 24 hours per day
 - c. **All clinical time missed must first be rescheduled with the ACCE so that the student will make up comparable clinical assignments. This time will be based upon availability of and acceptance by the clinical facility. All makeup clinical time not arranged with the ACCE in advance will not be applied toward semester clinical hours.**
6. **Documentation.** Students must fill out a *Notification of Absence Form* for any time missed. If the student knows that he or she will be absent, then the *Notification of Absence Form* must be filled out and signed by the student and the instructor prior to the absence. If the absence is unexpected, the absentee form must be completed when the student returns and signed by the instructor at the next session.
7. **Tardiness.** Tardiness to clinic will not be tolerated and may result in the lowering of a letter grade. Failure to comply with the attendance policy will result in the student receiving a grade of "F" as his/her final grade and possible dismissal from the program. It is recommended that you arrive to your clinical site fifteen minute prior to the start of your day.
8. **Absences.** Because of the clinical experience, responsibilities to patient and the student's loss of educational opportunities, student absences are unacceptable. Missed clinical patients and laboratory experiences must be make-up during additional clinical/skills laboratory sessions. These make-up sessions are permitted only after prior approval from either the Clinic Coordinator or the course instructor, and if time and personnel are available. **MAKE-UP tests, papers, clinical, labs, etc., are not guaranteed.**

Students may not leave the clinical rotation for any reason without permission from the instructor. Students will remain in the clinic until check-out time, at which time they will be dismissed by the instructor.

Any student who displays an episode of absence, tardiness, or early departure in the clinic will be placed on probation under the following conditions:

1. One unexcused episode
2. Two or more excused episodes
3. Any student who has a history of being on probation for attendance while in the program regardless of semester

One offense while on probation for attendance regardless if excused or unexcused **will** result in **dismissal** from the rotation and possibly the program.

The Clinical Instructor and Academic Clinical Coordinator in conjunction with the Program Director reserve the right to modify the reprimands in case of extenuating circumstances.

9. **Excessive Absences/tardiness.** When the number of your absences or tardy episodes is such that the instructor believes that you cannot successfully complete the course in the time remaining, the instructor may drop you from the class roll (See the College Catalog for more details). This does not relieve you from any financial obligations to the College or the PTA Club fundraising account. If the student is dropped before the official college drop date, a grade of "W" shall be recorded. If the student is dropped after the official college-drop date, a grade of "F" shall be recorded. It would be the student's responsibility to appeal the academic standards committee for appealing the "F" grade after the drop date.
10. **Consecutive Absences.** Students absent more than two consecutive days from clinic because of illness must submit a written physician's certification indicating that the student is fit and able to resume normal clinical activities. **The program director reserves the right to request a physician certification at any time.**
11. **Never call the instructor at home!!! Nor have anyone else call the instructor's home!** Feel free to send an e-mail or text message as per instructor preference via secure apps.
12. **Unforeseen Circumstances.** Unforeseen circumstances or personal tragedies such as a death in the family or hospitalization resulting in absence will be dealt with individually and are limited to immediate family members only.
13. **Make-Up.**
 - a. See *Steps to Take If Absent* and *Absences* Sections
14. **Inclement Weather:**

Use your best judgment when deciding whether or not to travel in poor weather conditions. All missed clinical time due to weather is to be made up unless otherwise approved by the program director.

As a student in this program, you may be required to travel under adverse weather/road conditions. Allegany College of Maryland and this program value your safety and your educational needs.

We encourage you to register for the College's e-Safe alert system and monitor weather/road conditions. We encourage you to attend all clinical/internship hours when weather/road conditions are not an issue so you are on track to complete the course requirements; consistent and strong attendance on days when travel is not questionable will be important for any days you may need to miss pursuant to the next paragraph.

If ACM is closed or delayed (including weather related events), you may report to your clinical site in accordance with the site's and this program's requirements or policies unless it is unsafe for you to do so. In that case, you must contact the site supervisor about your attendance and hours. If there is a disagreement between you and the site supervisor about your attendance, you must contact your ACM Clinical Supervisor for direction.

– AH Directors/ Weather Closures Statement

You must report all missed clinical time to your ACM Clinical Supervisor.

15. **Dismissal Due to Lack of Professionalism.** The clinical instructor and/or clinical coordinator or program director reserves the right to dismiss a student from the clinic at any time due to lack of professionalism. If this situation occurs, the dismissal will be counted as a tardy and/or unexcused episode and will result in point deductions.
16. **Third Parties:** Children, family members, pets, and /or friends are not permitted in the classroom, laboratories, or clinics without prior authorization. Pets are not permitted on campus grounds without prior authorization. Children are not permitted in classrooms or campus labs. They should never be left unattended in any area. It is the student's responsibility prior to the semester to provide arrangements for child care while attending class/lab/clinic and the student should have a backup plan for child care in case the caregiver becomes ill or has an emergency.
17. **Classroom Policies.** Please reference the *Program Handbook* for Classroom Attendance policies.
18. **Reputation.** Each student is held responsible for his/her attendance and performance. The program treats your role as a student as full-time employment. The same habits and behaviors that define you in the class/lab are typically the same that will be revealed in the clinic. Please remember that our clinical instructors and clinical sites are not paid to take you as a student. Hence, we rely substantially on our reputation of withholding high standards of the students and the faculty to keep in good standing with our clinical sites

D. **GRADING POLICY** for Clinical Assignments

1. Clinical I is on a “Satisfactory”, “Needs Improvement”, and “Unsatisfactory” scale as rated by the clinical instructor. At least 75% or more of all categories on the evaluation form must be in the “Satisfactory” or “Needs Improvement” rating to successfully pass each rotation.
2. Clinical II and Practicums I and II are given a letter grade and will be assigned for as rated by the Clinical Instructor.
3. After careful review of the evaluation and discussion with the assigned Clinical Instructor, the ACCE will make the final determination of assigning a grade for the student for the particular rotation.

Grievance Policies and Procedures for Students

Students with a grievance related to credit classes (e.g., grades, dismissal from programs) shall utilize the *College’s Academic Grievance Procedure* located in the *Student Handbook*.

E. **ASSIGNMENTS**

1. Program scheduling is composed of two parts: didactic and clinical. Didactic courses are scheduled according to college guidelines. Clinical assignments vary from semester to semester. Students are required to participate in no less than 70 credit hours of instruction and no less than 616 hours of clinical experience in addition to academic coursework. All clinical experiences will be arranged by the Academic Coordinator of Clinical Education (ACCE).
2. Clinicals I and II will be supervised by the student's Clinical Instructor (CI). Students are not to handle/work with patients/clients unsupervised unless previously approved by the CI and the ACCE. Practicums I and II (after completion of coursework) levels of supervision are determined individually for each site. The student is expected to abide by all rules applicable to a given site.
3. Students employed by the clinical affiliate shall accept employment assignments during hours when they are not involved in classroom, laboratory, or clinical assignments. Employed students may not assume the responsibility of supervising other students. While students are engaged in educational activities, they may not assume the responsibility of paid staff.
4. Students will be assigned to didactic and clinical experience a minimum of 16 hours per week in Clinical I and a minimum of 40 hours per week during Clinical II and Practicums I and II (not including breaks, lunch, travel, or study time).
5. Students may be assigned occasional afternoon, evening, and weekend clinical rotations. The ACCE will post rotation schedules at the beginning of each semester.
6. Students receive meal periods and breaks as per clinical site regulations.

7. Students should schedule all appointments, medical and other, during times when they are not participating in didactic or clinical experience.
8. Students must arrive no later than their assigned starting time. There is no grace period. Students arriving later than their assigned starting time will be considered tardy. ***Tardiness is reflected in the Clinical/Practicum courses as a grade reduction.*** It is recommended that a student arrives 15 minutes prior to their start time.
9. Students are expected to participate in all scheduled didactic and clinical experiences. Absenteeism is defined as not being present for an assigned educational experience.

F. EXPECTATIONS IN CLINIC / REASONS FOR REMOVAL FROM CLINIC

1. Professionalism Standards.

Physical Therapist Assistant student are expected to abide by the *Allied Health Professionalism Standards* (See Appendix B of the *Program Handbook*). These expectations include, but are not limited to the following behaviors:

- a. Adhere to acceptable ethical practices;
- b. Be prepared in theory and practice to complete the clinical focus for the day within the prescribed time limit;
- c. Be fit for duty and in appropriate uniform;
- d. Be responsible for the care of the assigned patients and related tasks;
- e. Conduct yourself in a professional manner and be responsible for the completion of specific duties:
 - 1) Rooms must be kept clean and orderly;
 - 2) Patients may never be left unattended;
 - 3) No eating, smoking, chewing gum or drinking in the clinical assignment areas;
 - 4) Gratuities may not be accepted from patients;
 - 5) Use of intoxicating drugs or beverages is prohibited;
 - 6) Use of profanity or disrespectful actions is not permitted in the clinical areas;
 - 7) Patients are to be addressed in a respectful manner;
 - 8) Hands should be washed before and after each patient.

2. Withdrawal/ Termination Initiated by the Program.

The instructor reserves the right to immediately dismiss the student, and the program may **initiate withdrawal or termination** of a student from the Program in the following cases:

- a. ***Grades & Absences.** When a student receives a final course grade of less than “C” or an unsatisfactory grade (W, X due to academic performance, D, or F) in any PTA course, or when a student has accumulated excessive absences from courses or any clinical rotation during the course of a semester. (See *Attendance Policy*). If the aforementioned is the case, the student will be

reassigned to “pre-PTA” status, and may be eligible for readmission according to the *Readmission Policy* as described below. The student is not permitted to continue taking subsequent courses in the program until readmission and satisfactory completion of all required courses for that semester are completed. The student must make up any clinical time missed unless excused by the program director in conjunction with the academic clinical coordinator and clinical instructor.

***Absences.** More than 3 episodes of tardiness or absences whether excused or unexcused unless otherwise determined by the program director in conjunction with the clinical coordinator.

- b. ***Performance.** When a student’s performance places others in physical or emotional jeopardy. If a student is injured during phase II and is unable to physically perform skill requirements (i.e. lifting and transferring) within the required timeframe, he/she may be dismissed from the program with the opportunity to reapply the following year. An updated medical/physical form may be required upon reentry.
- c. ***Emotional or physical health.** If a student’s emotional or physical health appears such that he or she cannot competently function at the level of his or her student peers. Students must advise faculty and the Program Director of any change in health status for the students own safety and for the safety of the patients. (Refer to Section VI. Item A of the *Program Handbook* for physical and mental requirements for the student). This may also include individuals who are under the influence of illegal substances.
- d. ***Ethical or Professional Standards.** When the student demonstrates **unethical or** unprofessional conduct in the classroom or clinical setting which adversely affects the therapeutic environment or reflects unfavorably on the clinical institution, the program, or the College. Documents that the program and student should utilize to determine professional standards are listed in the Professionalism Section and the Academic Policies of this Handbook. Guidelines as described in the *Allied Health Professionalism Standards* will be followed (see Appendix B).

If the student was dismissed due to unethical or unprofessional conduct, the student may be ineligible for readmission. Eligibility for readmission will be determined by the program director in conjunction with input from the clinical coordinator. See the *Readmission Policy* in this Handbook for more details.

If the student demonstrates unprofessional conduct in the clinical setting which adversely affects the therapeutic environment or reflects unfavorably on the clinical institution or the College. (Refer to *Allied Health Professionalism Standards* in the *Program Handbook* and the Professionalism Section of this Handbook for more details.) This conduct includes, but is not limited to:

- 1) inadequate preparation for clinical assignment (e.g. inappropriate dress/ violating dress code, incomplete assignments, etc.);

- 2) inappropriate verbal and nonverbal communication with clients, staff, instructors, or classmates;
 - 3) threatening statements or actions against clients, staff, instructors, or classmates;
 - 4) conduct or performance that would impair or interfere with classroom and clinical assignments (e.g. use of drugs or alcohol);
 - 5) violation of tobacco policy for classroom and/or clinic, including snuff. (Please note, if a student comes into the clinical setting smelling strongly of cigarette smoke, he or she may be asked to leave the site.);
 - 6) the use of personal cell phones during classroom or clinical rotation hours; and
 - 7) inability to apply knowledge and skills from previously completed courses.
 - 8) other factors as listed under grounds for termination.
- e. ***Confidentiality.** If, at any time, the student breaches confidentiality of examination information, practical examinations, and especially of patient information. Please see Confidentiality section under Policies and Procedures for more details.
- f. ***Current criminal felony charge or conviction.** A student may be suspended from the clinical site if he/she is charged or convicted of a recent crime. This case will be reviewed on an individual basis by the program director.
- g. ***Two Facility Rule.** If the student is declined or removed by two or more clinical sites for any reason (i.e. behavioral concerns, academic concerns, criminal background,) the student will be dismissed from the program **and ineligible for readmission.**

*See also Information is also listed in the *Program Handbook*.

3. **Attire, Appearance, & Personal Hygiene (Dress Code) during Clinical Rotations**
- a. **Uniform.** All students are expected to be dressed in **program polo, khaki pants, and name badge** for all clinical rotations. All clothes must be clean and pressed at all times. Pants must be hemmed so that they are at least ½ to 1 inch off the floor. You may be required to wear a lab coat for some clinical rotations.
 - b. **Headwear.** During clinical rotations, hair must be pulled back neatly and away from the face. No hair ornamentations are permitted. Such items can fall onto clients, impairing care given or even causing injury.
 - c. **Jewelry.** During clinical rotations, **NO** jewelry, including body jewelry and tongue piercing, may be worn unless the facility permits it. If body jewelry is unable to be removed, it **MUST** be replaced with a clean retainer and covered with a Band-Aid (provided by the student). Dangling earrings and jewelry that can be caught with transfers should be removed. Medical Alert bracelets or necklaces may be worn.
 - d. **Footwear.** Foot wear shall include dress shoes or tennis shoes that are quite, clean, not falling apart, nonskid soles, and allow for the clinician to be safe with

functional mobility. Heels should be less than two inches. No flip flops or open toes shoes are permitted during clinical rotations.

- e. **Hygiene.** Under no circumstances shall a student appear in dirty, ragged, sloppy, or otherwise unacceptable clothing. You should also be aware of your body hygiene. Brush your teeth and make sure you do not wear any scented products (i.e., cologne, perfume, after shave lotion, body lotions, shampoos, essential oils, hair sprays, body deodorants, or anything that has been washed or dried with scented detergent or fabric softener). Clients and/or classmates may have allergic reactions to even the slightest perfume, odor, or pet hair or dander. Any odors emitted from tobacco products, including e-cigs, can adhere to you and your clothing. Do not smoke or partake of any e-cig products prior to your clinical experience.
 - f. **Appearance.** As part of your professional training, all students shall present themselves in a neat, clean, tidy manner. Clothes shall be modest in nature and not provocative, have no holes, be worn without any disclosure of underwear, and appropriate in fit. Clothes shall be clean and washed after every use. Students appearing in unacceptable clothing will be asked to leave and go home to change. Grade points will be deducted for time missed due to this type of infraction. Exposure of the “3 Bs” (breast, belly, and/or buttocks) is prohibited unless it is necessary to perform the task at hand. Make-up may be used in moderation.
 - g. **Hair Color.** Hair color must be within the spectrum that is considered natural (i.e. hot pink, green, blue, purple, etc. are not permitted).
 - h. **Fingernails.** Fingernails must be short and should not extend past the end of the finger. ONLY clear polish is permitted. Artificial nails, gel nails, or any nail embellishments are unacceptable and not permitted during clinical rotations.
 - i. **Tattoos.** All visible tattoos must be covered while in lab/clinical settings. The student is responsible for providing their own Band-Aids throughout the program.
 - j. **Chewing gum** is not permitted during clinical rotations.
 - k. **Watch.** Student may be responsible to wear a watch. It is expected that this watch will be capable of measuring seconds and be easy to wash/disinfect.
 - l. **Pen & Notebook.** Student will be responsible to have pen and notebook.
 - m. Additional requirements may apply according to the policies of each clinical facility.
4. **Performance of Therapeutic Procedures**
- a. Students may perform a therapeutic or diagnostic procedure in the clinical setting ONLY after a program official has documented their competency with that procedure. (Refer to “Competency Skill Check-Off List”)
 - b. Documentation of competency with any procedure by a program official states only that on the date indicated, the student demonstrated cognitive, psychomotor, and affective competency as defined by the program procedure manual and program standards.
 - c. Documentation of competency will be on the student's "Classroom Lab Competency Skill Check-Off List." The student will share this document daily with his/her clinical instructor. A master copy will be maintained in the PTA Program office.

- d. After completing a clinical procedure, the student will have a program instructor document its satisfactory performance by initialing and dating the appropriate form.
- e. A program instructor who documents a procedure as described in #4 above is indicating ONLY that on the date indicated, the student performed the procedure competently. No guarantee of future performance is being made.

H. STUDENT PERSONAL SAFETY

1. **Safety regarding body substances and hazardous material:**

Classroom or laboratory sessions that involve body substances and/or hazardous materials must be handled and discarded properly. This may include the disposal in a sharps container or red biohazard bag. Consult the instructor for further information as the need arises. (For additional information, please refer to the *Student Handbook* policy on Infectious Diseases and also the *Program Handbook* policies on Communicable Disease, Occupational Exposure to Blood-Borne Pathologies, Electrical/Chemical Safety, and Injury Management)

2. **Safety regarding use of equipment in the program laboratory:**

Students are to be supervised at all times during laboratory sessions utilizing electrically and/or chemically involved equipment. In order to utilize these items when class is not in session, students will need to request supervision accordingly. If program faculty/staff are not on the premises of the college, these materials are not to be utilized.

3. **Safety in student interactions in the classroom and laboratory settings:**

For your own safety, there shall be no inappropriate or aggressiveness student interactions in the Allied Health Building. This also includes utilizing appropriate safety while performing activities that may have been taught in class or lab. For example, there shall be no wheelchair wheelies while the instructor is out of direct line of vision and without appropriate safety precautions.

4. **Safety of students when in the role of subjects or patient-simulators:**

Throughout phase II of the program, you will be required to simulate patient activities both inside and outside of student class time. This is to be done in a safe and appropriate manner with the appropriate supervision necessary. Please notify the instructor if you are hurt or injured during lab activities.

5. **Safety equipment checks:**

All equipment requiring safety checks and calibrations are monitored annually or sooner if needed. Annual safety inspections are performed by CE Services of Somerset, PA.

6. **Safety During off-campus educational experiences:**

Unless otherwise specified, the same policies and procedures for on-campus laboratory safety applies to that of off-campus laboratory sessions. In the case of an emergency, the student will be supervised by the instructor who will summon the emergency response team. It is the responsibility of the student to fund the cost of emergency services in off-campus educational experiences.

Each student will need to sign a *Field Trip and Special Activity Release* form prior to any off-campus experience related to program activities. In addition, at the beginning of each off-campus experience, the assigned instructor will review safety exits and policies of that particular setting.

7. **Safety during Clinical Rotations.** When at clinical rotations, students are governed by rules, regulations, and protocols of the clinical site. In addition, students are subject to random drug testing and/or additional background checks per the site's request, which would be at the expense of the student. Pennsylvania may also require additional items be completed

8. **Communicable Disease Policy.**

Communicable Disease Policy Precautions to Prevent Transmission Diseases such as HIV:

Medical history and examination cannot identify all patients infected with the human immunodeficiency syndrome (HIV), the virus that causes acquired immunodeficiency syndrome (AIDS), or other blood pathogens. Diseases can be transmitted through exposure to body fluids, including secretion and excretions. The potential risk that health care workers may be exposed to blood and body fluids emphasizes the need to consider ALL patients as potentially infected with transmittable pathogens. All health care workers should adhere rigorously to infection control precautions in order to minimize the risk of exposure to blood and body fluids of ALL patients.

To minimize the transmission of blood-borne pathogens, **UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS** should be used in the care of ALL patients.

- a) **Personal Protective Equipment (PPE).** All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. This protection is for the safety of both you and the patient.
 - 1) **Gloves** should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each patient.
 - 2) **Masks** and **protective eyewear** (i.e., safety glasses with side shields) **or face shields** should be worn during procedures that are likely to generate droplets of blood or other body fluids in order to prevent exposure of mucous membranes of the mouth, nose, and eyes.
 - 3) **Gowns or aprons, head coverings, and shoe coverings** should be worn during procedures that are likely to generate contact with or splashes of blood or other body fluids. If a gown or uniform becomes visibly blood-splattered during treatment procedures, it must be changed and put in the proper bag for laundering. Aerosol producing procedures mandate the wearing of plastic aprons by the clinician and the client.

- 4) **Disposal.** Disposal of all PPE will be in accordance to specific clinical instruction.
- b) **Handwashing.** Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
- c) **Sharps.** All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent, or broken by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area.
- d) **Resuscitation.** To minimize the need for emergency mouth-to-mouth resuscitation for infection control reasons, mouthpieces, resuscitation bags, or other ventilation devices should be available for used in areas in which the need for resuscitation is predictable.
- e) **Exudate.** Health care workers who have exudate lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
- f) Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of "Blood and Body Fluid Precautions" previously recommended by CDC (7) for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (e.g., enteric, "AFB"(7) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

9. Occupational Exposure to Blood-borne Pathogens

During class assignments, on and off campus:

Students and faculty/staff will use the following procedures when handling any items contaminated with blood or body fluids during class assignments, on and off campus.

- a) Any blood or body fluids found in PTA classrooms, office space, or laboratory space should be reported to the PTA Program Faculty/Staff.
- b) Universal precautions must be used when handling any items contaminated with blood or body fluids. Personal Protective Equipment will be provided by the PTA Program.
- c) Students are not permitted to clean any items containing blood or body fluids. PTA Program Faculty and Staff should follow the procedure

identified by Allegany College of Maryland for cleaning of contaminated items.

- d) Any items containing blood or body fluids should be disposed of in the appropriate container. Biohazardous waste containers will be provided, marked, and placed in the PTA Program Laboratory.
- e) All students will be trained in appropriate handling of blood and body fluids and will also be trained in the use of Universal Precautions during PTA 201, Intro to PTA.
- f) Any PTA Student exposed to blood or body fluids should file an incident report. This should be followed by appropriate medical evaluation.

During a clinical affiliation:

- a) The student is required to follow the clinical affiliate's written exposure control plan.
- b) The student is highly encouraged to receive the Hepatitis B vaccine and vaccination series as outlined in the Physical Examination Form.
- c) If the student is exposed during his/her clinical rotation, he/she must report the exposure to the clinical instructor and follow up procedures regarding post-exposure evaluation and follow-up.
- d) The student is required to adhere to the warning labels.
- e) Students are required to purchase eye protection at their own expense; the clinical affiliate provides protective equipment such as gloves, gowns, and other required devices at no cost.
- f) The clinical affiliate will maintain extensive confidential medical records for individuals receiving an occupational exposure and retain such records for at least the duration of education plus 30 years.

10. Electrical/Chemical Safety Policy

All program students must be supervised by PTA program faculty/staff to utilize electrical equipment in the PTA program laboratory area.

11. Injury Management Plan

Any injury that occurs to PTA Program Students should be managed by administration of basic first aid. A first aid kit can be found on top of the file cabinet in the PTA/OTA office area. If the injury is beyond that of what can be provided with basic first aid, then transportation via ambulance to a medical center should be done by a faculty or staff member calling Emergency Medical Services. Any injury must be reported to the PTA Program Director as soon as it occurs and an incident report should be filed in the manner outlined by Allegany College of Maryland. All students are required to be certified in Cardiopulmonary Resuscitation for the Healthcare Provider and Basic First Aid.

12. Tobacco Use Policy

The Program will adhere to the College Tobacco Use Policy as located in the *Student Handbook* and of each specific clinical site.

13. Drug Policy

The Program will adhere to the College Drug and Alcohol Abuse Policy as located in the *Student Handbook* and the *Program Handbook* for any issues beyond the Program Drug Policy.

Please Note: A positive drug test for marijuana falls under having a positive drug test. Also, it may be possible that taking over-the-counter hemp-derived products such as CBD oil can yield a positive drug test. Any positive drug exam may lead to dismissal from the program, inability to attend clinical rotation, and/or inability to sit for the board exam.

14. Sexual Harassment

The Program will adhere to the College's Sexual Harassment Policy as located in the *Student Handbook*.

15. Refer to the *Student Handbook*. Unless otherwise specified, the program follows the college policies for Student Health and Safety.

I. INFORMED CONSENT

All students enrolled in the clinical phase of the program will be required to read and sign an Informed Consent to include 1) acting as models in the laboratory setting for educational procedures and treatment techniques; and 2) to allow for videotaping, audio-taping, photographing, or imaging for instructional purposes.

All patients must be informed when a student is involved in his or her care. The patient reserves the risk-free right to refuse participation in any treatment involving a student.

J. LEGAL DOCUMENTS

Students may not witness legal documents.

K. CONFIDENTIALITY OF STUDENT INFORMATION

1. The program maintains the statements set forth in the Academic Regulations Section in the *Student Handbook* regarding student confidentiality and in the college catalog regarding the Family Education Rights and Privacy Act of 1974 (FERPA).
2. Communication with and about students regarding academic and clinical performance and other protected information will be conducted behind closed doors to maintain privacy.
3. Student records, including any medical records protection of student privacy in the identity verification processes will be kept in a secure locked location.
4. Confidentiality as it pertains to distance education shall be maintained by the following methods:

- a. the student must provide his/her student identification number upon logging onto the respective website;
 - b. the student is provided with a protective password in order to officially sign onto the respective website;
 - c. the student must provide a photo I.D. at the testing center; and
 - d. the testing center staff will be provided with a specific confidential password which applies only to the specific test which is to be taken.
5. Students will not discuss and/or post patient/client information outside of an appropriate learning situation such as in classroom or conference room. This confidentiality includes but is not limited to:
- a. patients and human subjects used in demonstrations and practice for educational purposes;
 - b. protected health information; and
 - c. information other than protected health information that is obtained from patients, subjects, or the clinical site (e.g., patient care protocols, administrative information.)

J. CONFIDENTIALITY REQUIRED BY THE STUDENT

1. You are always expected to identify yourself to the client/patient. You must always have a College photo ID while in the practical examination and practicum site and when working with clients/patients.
2. You will not discuss clients outside of an appropriate learning situation such as a classroom or conference room. **Client names and records must be kept confidential.** This confidentiality includes but is not limited to: patients and human subjects used in demonstrations and practice for educational purposes; protected health information; information other than protected health information that is obtained from patients, subjects, or the clinical site (e.g., patient care protocols, administrative information.)
3. Under no circumstances are you allowed to remove a client record or information from the facility. You may review the record with permission of the clinical instructor, but no part of it shall be permitted outside of the facility.
4. When writing papers/reports about clients, the identity of the client should be protected by using an alias or as Mr. or Ms. "XYZ".
5. Conversations between classmates should be of a professional nature. Remember, you are in an "open area" and the volume of your voice will carry throughout a clinical area.
6. Utmost respect is to be given in protecting the client's right to privacy. Always knock on the door and announce yourself, arrange clothing and covers/drapes to maintain the client's modesty, and protect your client from injury.
7. If you violate these policies/guidelines, you will have points deducted from the professionalism section of your grade.
8. Students found guilty of breach of confidentiality will be subject to **disciplinary action and /or dismissal** from the PTA Program. HIPPA (Health Insurance Portability and Accountability Act) guidelines are to be adhered to at all times.

K. CELLULAR PHONES

Cell phones must be in “silence” mode and out of view of instructors during clinic time. It is inappropriate to engage in cell phone discussion (this includes texting) during clinic rotation hours. Failure to adhere to this policy **may result in dismissal** from the PTA Program.

L. SOCIAL NETWORKING

We understand the importance, frequency and ease of students’ communication with fellow students through various means. Past classes have found it helpful to set up a PRIVATE Facebook page to be used for sharing ideas, study tips, and announcements. This is encouraged; however, under NO circumstances should social media of any kind be used for the following:

- Inappropriate disclosure of confidential information;
- Inappropriate disclosure of personal information and/or photographs;
- Inappropriate and/or unauthorized publications;
- Damage to personal relationships;
- Bullying;
- Derogatory comments about classmates, the PTA program, PTA program faculty, fieldwork supervisors or facilities.

Failure to abide by this policy will result in disciplinary action including the possibility of **immediate termination** from the ACM PTA Program.

The use of social networking by students and health care professionals should be done with careful consideration. In order to avoid any potential biases, students are **STRONGLY** discouraged from initiating or accepting friend requests from anyone associated with the clinical experience. This includes but not limited to clinical instructors, professional staff, patients, and/or family members. This allows students to be evaluated solely on clinical performance and not on personal information from social networking sites.

As both a professional ethic and legal requirement, students are expected to maintain patient confidentiality. Due to public nature of social networking sites, privacy and professionalism may potentially be compromised. Students may not post anything that compromises patient confidentiality. This includes, but is not limited to, names, references to the clinical site or clinical staff, pictures of any part of the patient’s body, and any information that may identify the patient. Students should refrain from posting any negative comments about their clinical experience, site, clinical instructor, patients, or any other staff member on their personal social networking profile. The PTA Program at Allegany College of Maryland has a social networking page on Facebook; however, in addition to the policies above, all postings on this network should be for professional purposes only. Failure to comply with the policy stated above may result in the student being removed from the program immediately.

M. RECORDING VIDEO AND/OR AUDIO

Recording audio or video of the instructor, classmates, or patients/clients is strictly prohibited unless the instructor, classmate, and/or client provide written consent for each incident. This also includes the use of computerized applications such as Snap Chat. Recordings are restricted due to the nature of how this information can

be tampered with and misconstrued. Failure to comply may lead to disciplinary action.

N. VIOLATIONS OF POLICIES

Unless otherwise specified, failure to comply with any of the PTA Program policies or College Wide Policies will result in the following actions:

1st offense: a verbal warning with the possibility of being sent home.

2nd offense: written warning and placed on **probation** with the possibility of being sent home.

3rd offense: dismissal.

ONE episode during the probationary period will result in **dismissal** from the program unless otherwise determined by the instructor.

Note: The respective clinical site will be notified if a student is on probation. The clinical site has the right to decline and/or dismiss any student. If a student is on probation and the clinical site files a complaint about this student for any reason, he/she will be immediately dismissed and ineligible for readmission.

V. PROFESSIONALISM

Students are expected to maintain a professional bearing throughout their clinical training. Students will be evaluated on their affective performance as well as their knowledge and skill. The following clinical affective objectives apply to all clinical experiences in the program.

As a student, you are expected to maintain a professional and ethical bearing throughout your training (classroom, skills lab, clinical) and any representation you perform that is associated with the College.

Professional conduct must be of the highest order to insure confidence of the patient in the student, the school, and the profession. Courtesy and consideration of the patient must prevail at all times. Grades will be influenced by the student's attitude and finesse in handling patients and in the relationship with other students and members of the staff. Students will be evaluated on their affective performance, as well as their cognitive and psychomotor domains.

Staff and faculty members must be addressed by their last names with the proper prefix of Dr., Mr., Mrs., Ms., and Miss at all times unless otherwise released from this type of addressing by the addressor.

The student will always display courteous behavior towards the client/patient, and follow our colleges' nondiscrimination standards.

As future auxiliary members of the healthcare profession, students' conduct, attitude, and appearance are expected to be consistent with the highest level of professional life. Strict adherence to the APTA profession, College, and Program's requirements will be expected. Guidance for these expectations can be found in the following documents:

- a. Professional Documents (refer to APTA.org website)
 - 1) *Standards of Ethical Conduct for the PTA*
 - 2) *Guide for Conduct for the PTA*
 - 3) *Core Values*
 - 4) *Values-Based Behaviors*
- b. College Documents
 - 1) *Allied Health Professionalism Standards* (see Appendix B of this Handbook)
 - 2) *Code of Student Conduct* (see *Student Handbook*)
- c. Program Specific Documents
 - 1) *Expectations of a Candidate* (see *PTA Program Application* and Section VI of this Handbook)
- d. Professionalism Section (see the *Program and Clinical Handbook*)

Depending on the type of unprofessional behavior, the student may be terminated immediately or given a written warning of unaccepted behavior. Repeat offences of this behavior can result in **immediate termination** from the PTA Program. Refer to the *Allied Health Program Professionalism Standards* and the Academic Policies Withdrawal/Termination Policy for more details.

A. Student- Patient Interaction

1. **Attitude.** The student will consistently display a **professional and positive** via:
 - a. always identifying himself/herself to patients.
 - b. displaying courteous behavior towards the patient.
 - c. displaying respect for the patient regardless of race, religion, creed, color, sex, or sexual orientation.
 - d. adhering to the above objectives regardless of the patient's condition.

2. **Confidentiality.** The student will maintain **confidentiality** of all patient records and information via:
 - a. recording all information accurately in the patient's chart. The patient's chart belongs to the health care institution and will not be taken from the nursing unit or medical records department unless otherwise authorized by hospital/college personnel.
 - b. discussing the patient information only with other medical personnel involved in the care of the patient.
 - c. displaying respect for the patient regardless of race, religion, creed, color, sex, or sexual orientation.
 - d. discussing with the patient only information already known to the patient.
 - e. discussing the patient's condition with his/her clinical instructor only when out of audible range of the patient and/or family.

3. **Privacy.** The student will display respect for the patient's right to **privacy** via:
 - a. arranging clothing and bedding to maintain the patient's modesty.
 - b. knocking on the patient's door before entering the room.
 - c. being familiar with the American Hospital Association's "Patient Bill of Rights."

4. **Safety.** The student will demonstrate concern for the **protection** of the patient from injury during procedures via:
 - a. performing only those procedures in which he/she has been deemed competent by the instructor.
 - b. adhering to skill sheet when performing any procedure.
 - c. assessing the patient's condition in response to therapy in accordance with the skill sheets.

B. Student-Clinic Personnel Interaction

1. **Attitude.** The student will consistently display a professional and positive attitude in all dealings with clinic personnel via:
 - a. identifying himself/herself by wearing proper uniform, name pin, and other identification as may be required.
 - b. displaying respect for all hospital personnel regardless of race, religion, color, creed, sex, or sexual orientation.
 - c. reading and practicing all rules, regulations, and procedures that are established for the department to which he/she is assigned.

2. **Reasoning/Judgment.** The student will first discuss with the Allegany College of Maryland instructor any established clinic procedure or any technique observed in

the clinic with which he/she does not agree. The student will not discuss or debate any clinic procedure in the presence of a patient.

3. **Equipment.** The student will demonstrate respect for the clinic by careful and responsible use of the clinic's facilities and equipment including:
 - a. using only equipment with which he/she is familiar.
 - b. notifying the instructor of any malfunctioning equipment.

4. **Clinical Set-Up.** ONLY the Academic Clinical Coordinator can have conversations with the clinical site regarding the scheduling of student placements. Just because a prospective Clinical Instructor at said company is willing to take a student, does not mean that the granting authority has given their approval. A student who tries to circumvent the Academic Clinical Coordinator by directly attempting to set up a rotation may damage the reputation of the program and ruin the clinical site's willingness to take future students. In addition, the student (**and only the student**) may communicate with the clinical site regarding any additional dealings with that clinical site **only with** the approval of the academic clinical coordinator. The use of extenders of the student (i.e. family members) to communicate with the clinical affiliation is prohibited. Failure to abide by this policy may result in a **delayed start or termination** of a clinical rotation which may result in the inability to graduate or to graduate on the scheduled time.

C. Student-Student Interaction

1. **Attitude.** The student will consistently display a professional and positive attitude in all dealings with his/her fellow students via:
 - a. completing, without the aid of another student, all assignments that he/she is expected to complete alone.
 - b. performing cooperatively when working in assigned areas with other students.

D. Student-Instructor Interaction

1. The student will consistently display a professional and positive attitude in all dealings with his/her instructor.
 - a. The student will work to the best of his/her ability to complete all assignments.
 - b. The student will use established procedures in mediating any differences between himself or herself and the instructor.
 - c. The student will demonstrate respect for the instructor at all times.
 - d. During clinical time the student shall not leave the clinical facility without notification of, and permission from, the instructor. Failure to adhere to this policy may result in dismissal from the PTA Program.
 - e. Rotations and daily assignments are left to the discretion of the instructor. Any student argument or refusal to accept an assignment will be cause for dismissal from clinic and possible expulsion from the program. However, a student may decline an assignment if the student

feels the procedure presents undue risk to the patient or if the student feels a particular patient's care to be beyond his/her level of competency.

- f. Affective objectives require that all students shall maintain a professional attitude at all times in the clinic, in the laboratory, and in the classroom.
- g. A "professional attitude" implies that students will be non-offensive in speech, dress, and dealings with facility personnel, patients, physicians, college personnel, and with other students.
- h. Students must realize that dishonesty, abusive language or conduct, swearing, or threats in either the classroom or clinical setting will be just cause for immediate dismissal from the course or program once such action is deemed justified by the Program Director and Vice President of Instructional Affairs. The student will be suspended from clinicals until a decision is made. If the student is reinstated, the clinical time will need to be made up.
- i. Such dismissal may or may not be preceded by a verbal or written warning depending on the circumstances, but in all cases will require a conference with the Program Director and involved persons to hear both sides of the case before any such severe action is taken.
- j. It must be emphasized that in the clinical areas, the students are GUESTS of the facility. Any problems between students and facility personnel should be referred DIRECTLY and IMMEDIATELY to the instructor and/or Program Director, who will mediate the situation. Students are NOT to involve themselves in arguments with or between any facility personnel, physicians, patient, or visitors AT ANY TIME, FOR ANY REASON. Any event in which the facility administration or department administration would recommend that the student be dismissed from the clinical area WILL involve dismissal from the course or program if the Program Director sees the conflict as an unsolvable situation.

VI. RESPONSIBILITIES/ RIGHTS AND PRIVILEGES

A. Academic Coordinator of Clinical Education (ACCE)

The Academic Coordinator of Clinical Education is responsible for the academic portion of clinical education for the physical therapist assistant program. The ACCE is a member of the program faculty at the college and works directly with the students, clinical facilities, CCCE's, clinical instructors, and program faculty to ensure proper clinical educational experiences and student success. The ACCE's responsibilities include:

1. Performing ongoing review of written agreement/contracts with the clinical affiliation to assure that this contract is current and to assess the language of the contract. This review shall occur a minimum of every 2 years or when guidelines from the financial office change to assure they meet the needs of the program.
2. Identifying performance deficits and promoting safe practices of students, determining student readiness to engage in clinical education, and monitoring and facilitating ethical and clinically appropriate behaviors in students as required by CAPTE.
3. Identifying, establishing, coordinating, and supervising clinical/practicum placement sites for students.
4. Maintaining ongoing communication with the CCCE/CI at all utilized clinical education facilities in order to provide ongoing reports of college and program policies, as well as, reports of student skills and abilities to provide for the most effective teaching.
5. Performing clinical on-site visitations when applicable to assess student learning.
6. Assisting the clinical instructor with problem solving strategies as necessary
7. Arranging continued learning experiences for the clinical instructors to enhance their clinical education skills
8. Assigning a letter grade for each clinical rotation each semester
9. Counseling students on progress and deficiencies in their clinical education in conjunction with clinical instructors and address any concerns with the Program Director.

B. Clinical Faculty

Clinical faculty are any faculty that are affiliated with the PTA Program at Allegany College of Maryland.

Rights and Privileges:

By being part of the faculty, the CCCE and CI are entitled to free passes to Basketball games, use of the college pool, use of the college and program library, and early notification of upcoming continuing education courses offered at Allegany College of Maryland.

Ongoing Developmental Activities for Clinical Faculty:

The program provides ongoing development activities for the clinical education that are 1.) designed to improve the effectiveness of the clinical education faculty, 2.) based on the needs of the clinical education faculty as determined by the clinical faculty evaluation and the evaluation of the clinical education program, and 3.) designed to meet the needs of the program. Questions regarding ongoing education can be addressed to the PTA Program Director or ACCE.

1. Center Coordinator of Clinical Education (CCCE)

The Center Coordinator of clinical Education is responsible for the coordination of clinical education at the clinical facility. The CCCE is an employee of the clinical facility and works directly with and coordinates the clinical instructors and students at that site. Their responsibilities include:

- a. communicating with the ACCE at each college PTA program to arrange schedule for student learning experiences
- b. delegating supervisory responsibility of each student to appropriate clinical instructor
- c. sharing all applicable information regarding the college PTA educational program with the clinical instructor
- d. overseeing the clinical learning experiences of all students
- e. providing the required documentation to the college PTA program (i.e. clinical contracts, clinical center information form, student evaluations, etc.)
- f. assisting with continuing educational opportunities for the clinical instructor relevant to clinical education

2. Clinical Instructor (CI)

The Clinical Instructor is responsible for the direct supervision of the student during the clinical education experience and is employed by the clinical facility. All physical therapists and with a minimum of one-year clinical experience may serve as a clinical instructor. Physical therapist assistants with a minimum of one year of clinical experience may serve as a clinical instructor for physical therapist assistant student under the direction of a physical therapist, where state regulations allow.

The clinical instructor is expected to meet with the PTA student on a routine basis throughout the clinical education experience to review the student's performance in the clinic. If the student is on his/her **5-week** practical rotation, written feedback should be performed by method of the mid-term evaluation after **2.5 weeks** from the start of the rotation. The clinical instructor is responsible for completing all student performance evaluations and to provide written and verbal feedback for strengths and areas to be strengthened.

The clinical instructor is encouraged to discuss with the student early on any areas of concern and work with the student to develop a plan to improve this area. If the area of concern continues, the clinical instructor should make the determination of when to contact the ACCE for additional guidance to resolve the problem. In the event of one or more negative behaviors, a Corrective Actions Form is available upon request from the ACCE. Refer to the sample forms in the back of the Handbook.

The clinical instructor is expected to abide by all clinical education guidelines for learning experiences as outlined by the PTA program as they directly relate to the student.

C. Student Physical Therapist Assistant (SPTA)

A student PTA has successfully completed all general education prerequisite courses (28 credits) and is currently enrolled in the clinical portion of the PTA Program.

D. Description and Schedule of Clinical Education Learning Experiences

Each student is required to participate in 616 hours of clinical education experience in addition to the academic coursework of the PTA program. All clinical education experiences will be arranged by the Academic Coordinator of Clinical Education.

Clinicals I and II will be supervised by the student's clinical instructor. Students are not to handle/work with patients/clients unsupervised unless previously approved by the clinical instructor and the ACCE. Practicums I and II levels of supervision are determined individually for each site. The student is expected to abide by all rules applicable to a given site.

Throughout the clinical education experience, the student will receive a variety of treatment experiences. The clinical facilities assigned include, but are not limited to, acute care, extended care, home care, outpatient, and rehabilitation.

VII. Overview of Clinical and Practicum Rotations

Each student will demonstrate competence prior to the respective clinical rotation by completing the coursework up to that point in time with a grade of "C" or better and maintaining a cumulative GPA of 2.5 or higher.

The Physical Therapist Assistant student has demonstrated knowledge of the subject matter listed below. This has been evaluated by written exam. In addition, the student has demonstrated an acceptable level of performance in the principles and skills of physical therapy patient care identified below. Acceptable level of performance has been evaluated by laboratory practical examination performed on fellow students or on the instructor. While acceptable performance must be safe and accurate it may be slower and less proficient than the skilled, clinical practitioner.

There are four total clinical rotations including the following:

- Clinical I- Fall Semester- Thursday and Friday (8 hours/day) for 6 weeks
- Clinical II- Spring Semester- three 40-hour week rotations (one a month)
- Practicum I- Summer Session- five 40-hour week rotations
- Practicum II- Summer Session- five 40-hour week rotations

A. CLINICAL I (PTA 213) - Fall Semester

Student will participate in clinical education learning experiences during the second half of the fall semester of the PTA program on Thursdays and Fridays throughout the semester. These will be scheduled for a minimum of eight hours each day, for a total of a minimum of 32 hours at each clinic site. The student will rotate every two weeks for a total of three different clinical sites. These sites may include acute care, rehabilitation, private practice, long term care, etc.

The experience is primarily observational in nature with the student performing simple tasks as outlined on the "Student Preparation for First Clinical Visit." In addition, the student will concurrently be learning further skills in the classroom as outlined on the "Classroom Lab Competency Skill check-off List." The student will carry this list with them throughout the clinical experience to inform the clinical instructor of competency skills they have completed in the classroom that may then be performed at the clinical site under the supervision and direction of the clinical instructor.

The student will be evaluated using the "Initial Clinical Experience Student Performance Evaluation" by the clinical instructor upon completion of the experience.

1. Student Preparation for First Clinical Experience (Fall Semester)

Please keep in mind that this is the first clinical experience and for most students this will be their first contact with patients. Therefore, while they are ready to practice these general patient care skills, and where deemed appropriate specific patient care skills, with patients, close initial supervision will be needed.

If you would like the student to participate in other activities (Specific Patient Care Skills) not listed below but indicated by the student's "Classroom Lab Competency

Skill check-off List," please give adequate preparation and close supervision. However, the student should not be expected to demonstrate competency in such activities.

2. Completed Education

- a) Basic Anatomy and Physiology of:
 - 1) The musculoskeletal system
 - 2) The nervous system
 - 3) The circulatory system
 - 4) The respiratory system
 - 5) The digestive system
 - 6) The genitourinary system
 - 7) Cell and tissue structure and function

- b) Role of Physical Therapist and Physical Therapist Assistance in Patient Care
 - 1) Role of the PTA in health care and his/her relationship with other health care workers.
 - 2) Historical, ethical and legal aspects of physical therapy and the PTA.
 - 3) Organization and structure of the APTA
 - 4) Basic theory of pain, both the physical and psychological components.
 - 5) Verbal and non-verbal communication.
 - 6) Medical Terminology
 - 7) Basic understanding of S.O.A.P. notes
 - 8) Psychosocial aspects of the patient and the patient/therapist relationship.
 - 9) Basic principles of teaching and learning

3. Skills

- a) General Patient Care
 - 1) Medical asepsis/handwashing
 - 2) Vital signs
 - 3) Blood pressure
 - 4) Heart rate
 - 5) Respiration
 - 6) Treatment preparation
 - 7) Station preparation
 - 8) Patient preparation
 - 9) Patient positioning
 - 10) Body Mechanics/Lifting

4. Concurrent Education

During this semester, the student will be enrolled in PTA 201 Introduction to P.T.A, PTA 205 Modalities 1, PTA 203 Pathology, PTA 209 Kinesiology, and PTA 207 Procedures. The student will be learning about various specific patient care procedures and non-electrical modalities (including ultra sound) in Modalities 205 and Procedures 207; about normal and abnormal posture and gait, bony parts, articulation, muscles and nerve supplies in Kinesiology; and common conditions of the musculoskeletal, cardiovascular, and respiratory systems in Pathology. While the student will not have had course work or skill

preparation in treatment application of these problems, he/she will benefit from observation of signs, symptoms, medical history and physical exam findings, physical therapy evaluation and treatment. The student will at all times carry with him/her a "Classroom Lab Competency Skill Check-off List" which the CI may consult at any time to assess current didactic and laboratory exposure and progress and at his/her discretion may initiate limited student participation in these activities under direct supervision. The student should not, however, be expected to demonstrate competency level in such activities.

5. Summary of Learning Experiences Needed

a) Departmental orientation

- 1) Patient referral mechanism
- 2) Charts and records
- 3) Hospital or clinic policies, procedures, and physical plant

b) Patient Contact

- 1) Transport
- 2) Preparation
- 3) Observation of physical therapy evaluation and treatment and discharge planning
- 4) Specific patient care procedures and modalities activities as indicated by the students "Classroom Lab Competency Skill Check-off List" and as deemed appropriate

c) Chart Review

- 1) Identification of diagnosis and problem list
- 2) Identification of treatment specific diagnosis
- 3) History and physical
- 4) Nurses notes - vital signs
- 5) Special consultations
- 6) Other rehabilitation notes
- 7) Physical therapy notes
- 8) Other pertinent data

d) Attendance at meetings, clinics, and in-service at discretion of clinic

6. Minimal Competency Level Expectation

This is the student's first experience with patient treatment, so close supervision and instruction are needed.

7. Objectives Specific to Clinic or Hospital

To be developed together by the CCCE and ACCE. Also, the student will inform CCCE/CI/ACCE of personal goals that can be achieved at the facility.

B. CLINICAL II (PTA 214) - Spring Semester

Students will participate in clinical education learning experiences during the spring semester of the PTA program for three one-week sessions full-time (minimum 40 hours per week). These will be scheduled periodically throughout the semester; no academic courses will be conducted during the week of each clinical education experience.

Possible sites may include acute care, rehabilitation, private practice, home health, pediatrics, long term care, etc. Guidelines for student activities may be found in the "Student Preparation for Clinical II Visit."

The student will be evaluated by the clinical instructor using the "Student Clinical Performance Evaluation" at the end of the experience only (i.e. Friday). The evaluation will be calculated into a letter grade for each rotation of Clinical II.

As the students begin the Spring Semester, they have had one clinical experience (in four distinct settings) for a total of 96 hours. While experiences varied, the students had opportunities to transport, transfer, and ambulate a variety of patients and to use selected heat/cold modalities.

The emphasis for the present semester should be to build upon the learning experiences gained and to provide experience in therapeutic exercise and rehabilitation procedures, and continuance of skill development in modalities. As the semester continues, the student should be able to select and instruct the patient in specific exercises if given the evaluation results and the treatment program with specific short- and long-term goals and the time frame for goal achievement, and to instruct patients with various disabilities in the activities of daily living.

1. Student Preparation for the Second Clinical Experience (Spring Semester)
Please bear in mind that while acceptable performance must be safe and accurate, this is still only the students' second clinical experience, and following it the student has four hundred (400) hours of further practicum in which to increase speed and overall proficiency to that of minimal entry-level required for graduation.
2. Completed Education
 - a) Basic Anatomy and Physiology of the major systems
 - b) Role of the Physical Therapist and Physical Therapist Assistant in patient care.
 - c) Applied Anatomy and Kinesiology
 - 1) Muscles – origins, insertions, and actions of muscles of head, neck, and trunk.
 - 2) Bones – names of all major bones; including landmarks, joint articulations, and motions.
 - 3) Cardiovascular Respiratory System – components of heart, lungs, and major blood vessels.
 - d) Medical Disabilities
 - 1) Orthopedic – fracture care, joint replacement, osteo and rheumatoid arthritis, soft tissue disabilities, back problems.
 - 2) Lung Diseases – Emphysema, bronchitis, asthma.

- 3) Heart Diseases – myocardial infarct, congestive heart failure, hypertension, valvular and congenital diseases.

3. Skills

a) General Patient Care

- 1) Asepsis
- 2) Vital Signs – blood pressure, pulse rate, respiration rate
- 3) Patient preparation and bed positioning

b) Specific Patient Care

- 1) Modalities application – hot pack, ice pack, ice massage, contrast bath, ultrasound (direct, underwater, and phonophoresis), intermittent compression, and diathermy
- 2) Wheelchair transfer – pivot transfer, sliding transfer, non-weight bearing transfer, car transfer.
- 3) Ambulation – fitting canes, crutches, walkers; crutch, cane, and walker gaits; ambulation on level, ramps and stairs; spotting and use of gait safety belt.
- 4) Massage – back/neck
- 5) CPM application
- 6) Goniometry
- 7) MMT

c) Charting – Recording treatment given and response to same

4. Concurrent Education

During the Spring Semester, the student is enrolled in PTA 204 Pathology II, PTA 206 Modalities II, PTA 208 Principles of Rehabilitation, and PTA 210 Therapeutic Exercise. As the semester continues, PTA 206 Modalities II will cover in order: theory and application of therapeutic electrical modalities, theory and application of therapeutic traction, and theory and application of hydrotherapy.

PTA 208 Principles of Rehabilitation is a modular course and will cover: anatomy and physiology of the nervous system as it applies to pediatric and adult patients, orthotics/prosthetics as they apply to pediatric and adult patients; and, too, the understanding of the traumatic brain injured patient, spinal cord injured patient, amputee, and post burn patient.

PTA 210 Therapeutic Exercise will cover in order: Basic exercise physiology, administration of therapeutic exercise treatment, and measurement of endurance, flexibility and ROM, including goniometric measurement, and the use of exercise equipment.

5. Summary of Learning Experiences Needed

- a) Continued practice and skill development in transfer, gait, modalities application, and massage
- b) Application of:
 - 1) Tens
 - 2) Biofeedback
 - 3) Practice with close supervision electrical stimulation for muscle reeducation, with or without nerve injuries
 - 4) Intermittent compression
 - 5) Intermittent cervical/lumbar traction
 - 6) Hydrotherapy, with or without burn complications
 - 7) Postural drainage
- c) Practice in both written and oral expression through charting, case reports, discussion of patient progress with preceptor and/or rehabilitation team.
- d) Identification of assets and problem areas through review of physical therapist's evaluation of patient.
- e) Instruct patient exercise routines for low back syndrome, neck syndrome, scoliosis, and poor posture.
- f) Administer passive range of motion for patients with contractures, flail muscles, spasticity, loss of consciousness, burn scars and other conditions needing PROM.
- g) Administer active, active assistive experience and conditioning exercise, lead group exercise class.
- h) Administer exercise program for a given disability; i.e., stroke, pulmonary, amputee, peripheral vascular, nerve injury, fracture, etc.
- i) Recognize when patient is ready to advance in program and report this to preceptor.
- j) Retraining patients with various disabilities in the activities of daily living.
- k) Attend rounds, conferences, and in-services as scheduling permits.

C. PRACTICUM I AND II (PTA 218 AND PTA 219) - SUMMER SESSION:

Students will participate in clinical education learning experiences during the final summer session of the PTA program for a minimum of 400 hours. This will be scheduled as two five-week full-time sessions (minimum 40 hours per week).

Clinical education experiences will be scheduled to include a variety of settings that represent possible areas of practice. The variety will include groups at different stages of the life span, various physical disabilities, and a variety of treatment settings/service models. Practicum II fieldwork must be completed within 18 months of completion of academic coursework.

1. Student Preparation for the Second Clinical Experience (Spring Semester)
The student will be evaluated by the clinical instructor using the "Student Clinical Performance Evaluation" at the mid-term and final day of the clinical education experience.
2. Completed Education
Before beginning Practicum I & II, the student has satisfactorily completed all academic course work. The practicums provide the student with the opportunities to enhance skill development in all aspects of patient care with the ultimate goal of being an entry-level PTA.
3. Learning Experiences Needed in Clinic
 - a) Continued **practice and skill** enhancement in:
 - 1) Transfer
 - 2) Gait
 - 3) Application of all PT Modalities
 - 4) Massage
 - 5) Postural Drainage
 - b) Practice in both **written and oral expression** through charting, case reports, discussion of patient progress with preceptor and/or rehabilitation team.
 - c) Identification of **assets and problem areas** through review of physical therapist's evaluation of the patient.
 - d) Instruct patient **exercise routines** for low back syndrome, neck syndrome, scoliosis, poor posture, etc.
 - e) Administer **passive range of motion** for patients with contractures, flail muscles, spasticity, loss of consciousness, burn scars and other conditions needing PROM.
 - f) Administer active, active assistive experience and conditioning exercise, lead **group** exercise class.
 - g) Administer exercise program for a given **disability**; i.e., stroke, pulmonary, amputee, peripheral vascular, nerve injury, fracture, etc.
 - h) Recognize when patient is ready to **advance** in program and report this to preceptor.
 - i) **Retrain** patients with various disabilities in the activities of daily living.
 - j) Attend **rounds, conferences, and in-services** as scheduling permits.

**ALLEGANY COLLEGE
PHYSICAL THERAPIST ASSISTANT
CLINICAL EDUCATION HANDBOOK**

APPENDIX A

Allegany College of Maryland
Physical Therapist Assistant Program
LEARNING CONTRACT/ ACTION FORM

Student Name: _____ Date: _____
Instructor: _____ Facility: _____

Disciplinary Action:

- _____ Verbal
- _____ Written with Reprimand, Specific Corrective Action, and Probation
- _____ Recommendation: Suspended
- _____ Recommendation: Dismissed

Observations of Actual Performance/Conduct:

Performance/Conduct Expectations:

Specific Actions Required to Meet Expectations:

Additional Comments:

You are expected to improve your performance in the areas described above to fully meet your didactic/clinical expectations. It is expected that once you have achieved a level of performance that meets expectations you will continue to perform at or above that level of performance. I encourage you to speak with me if you have questions or need my support. We will have a follow-up meeting on _____ to assess your performance. Failure to meet expectations could result in failure of this course/clinical rotation. I understand that a copy of this form will be kept in my personnel file. **I have read and understand this document.**

Instructor Date

Student Date

ACCE Date

Program Director Date

**Allegany College of Maryland
Physical Therapist Assistant Program
COMPETENCY SKILL CHECK-OFF LIST**

Note: Critical Safety and performance items listed below must completely satisfactory prior to practicing in the clinic and all must be completed satisfactory in order to graduate the program.

Student: _____

S = Satisfactory U = Unsatisfactory

Skill	Classroom	PTA 213 Clinical I	PTA 214 Clinical II	PTA 218 Prac I	PTA 219 Prac II
Universal Precautions					
Vital Signs					
Body Mechanics					
Positioning and Draping					
Range of Motion					
Goniometry					
Wheelchair Management					
Transfers					
Gait Training					
Massage					
Manual Muscle Testing					
Continuous Passive Motion					
Cold Packs / Ice Massage					
Cryotherapy					
Hot Packs					
Paraffin					
Fluidotherapy					
Ultrasound					

Phonophoresis					
Intermittent Compression					
Ultraviolet					
Diathermy					
Infrared					
Whirlpool					
Iontophoresis					
Biofeedback					
Electrical Stimulation					
TENS					
Neuromuscular E-Stim					
Cervical Traction					
Lumbar Traction					
Inhibition/Facilitation Techniques					
Stump Wrapping					
Orthotics/Prosthetics (don/doff)					
Developmental Activities					
Therapeutic Exercise:					
Upper Extremities					
Lower Extremities					
Cervical					
Lumbar Spine					

Sample

Physical Therapist Assistant Program
Pre-Clinical Student Questionnaire

Name _____ Date _____

Please answer the following questions to the best of your knowledge. Your responses will be considered when determining the fall clinical rotation schedule which you will receive during the first week of the fall semester. If after completing this questionnaire you feel the need to meet with Jeremy personally to discuss clinical education, please contact by email at joldham@allegany.edu, call 301-784-5537, or make an appointment with Jamie.

Please return the questionnaire to Jeremy by August 9, 2021. Thanks!!

What experience have you had in physical therapy as a **volunteer**, including your **observation hours**? (Please the clinical facility as well as PT/PTA names, if known)

What experience have you had in physical therapy as an **employee**? (Please list the clinical facility as well as PT/PTA names, if known)

What area(s) of physical therapy are you most interested in (ex. acute care, pediatrics, sports medicine, rehabilitation, etc.)? If you have no one specific area you are interested in, please indicated N/A.

Do you have any questions or concerns regarding the required medical insurance, liability insurance, physical exam, CPR, and First Aid certifications? If so, what?

All students will be required to travel to many, if not all, of their clinical rotation assignments. Do you anticipate any problems with transportation for these clinical rotations? Do you have family/friends you may stay with in a location other than your hometown? If so, please indicate the city/state.

What do you consider your strengths to be? (**List at least 5**)

- 1.
- 2.
- 3.
- 4.
- 5.

What areas do you feel you need to strengthen? (**List at least 3**)

- 1.
- 2.
- 3.

What is your learning style preference? (circle one for each answer)

Work best in a more structured setting OR Work best in a less structured setting

Prefer feedback at the time an error is noted OR Prefer feedback at set times during the day

More comfortable with close supervision OR More comfortable with distant supervision

Respond well to new or unfamiliar situations OR Uncomfortable in unfamiliar situations

How did you get interested in the physical therapy profession?

Indicate the *approximate* number of miles from your home to the following locations. If you plan to have an apartment near the college during the fall and spring semester, please indicate the mileage for **both** your home and your apartment address. (If you are unsure how to determine the mileage, utilize www.mapquest.com or similar tools on the Internet to assist you).

Bedford, PA _____ Altoona, PA _____ Uniontown, PA _____

Somerset, PA _____ Johnstown, PA _____ Pittsburgh, PA _____

Romney, WV _____ Keyser, WV _____ Winchester, VA _____

Hagerstown, MD _____ Frederick, MD _____ Morgantown, WV _____

Oakland, MD _____ Windber, PA _____ McConnellsburg, PA _____

Do you have any questions or concerns regarding the clinical education portion of the PTA Program?

*Thank you for taking the time to complete this questionnaire. I really appreciate it!!
Please complete the following information to confirm our records:*

Full Name: _____

Nick Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

All students are required to have a WORKING email address for communication purposes with instructors as well as online class work. This email address may also be used for you to communicate with your clinical rotation instructors. For this reason, please choose an email address that is professional in nature (i.e. no nicknames, etc.).

Please note: The college's email system automatically filters out "yahoo" and "hotmail" email accounts into the SPAM folder. Therefore, it is STRONGLY recommended that you utilize your student account with the college or "gmail" as your email account. To date, there have been no problems with gmail account emails going in to the spam folder. This is a free service and can be accessed via gmail.com. Thanks!

College Email Address: _____
Personal Email address: _____

Allegany College of Maryland
Physical Therapist Assistant Program
Personal Profile Sheet

Student Picture
* Optional

Facility: _____
Rotation: _____

Name: _____
Address: _____
Phone Number: _____

Health Information

Health Insurance: _____

Group #: _____ Policy #: _____

Person to contact in emergency (including address, phone number, relationship):

Important health information (allergies, etc.):

Miscellaneous Information

CPR Certification : _____ Date of last PPD : _____

Liability Insurance: _____

Policy Number: _____ Expiration Date: _____

Educational Information

Previous college or university attended: _____

Degree obtained: _____ Date received: _____

Describe prior experience in physical therapy (list facility name and date of experience both as a volunteer and as a PTA student):

Dates	Facility Name
-------	---------------

(over)

Personal Profile Sheet, cont.

Strengths identified by the student:

- 1.
- 2.
- 3.

Areas needing to be strengthened:

- 1.
- 2.
- 3.

Learning style preference (please underline):

- I work best in a more/less structured setting
- I prefer feedback at the time an error is noted/at set times during the day
- I am more comfortable with close supervision/distant supervision
- I usually respond well/sometime uncomfortable to new or unfamiliar situations

Students goal for this clinical affiliation?

- 1.
- 2.
- 3.
- 4.
- 5.

Student's Signature

Date

ACCE's Signature

Date

p:\ptal\forms\persprof
8/20/2008

**ALLEGANY COLLEGE
PHYSICAL THERAPIST ASSISTANT
CLINICAL EDUCATION HANDBOOK**

**APPENDIX B
Fall & Spring Forms**

PTA 213 – Clinical I
Weekly Goal Sheet

Student Name: _____
Facility: _____ Rotation #: 1 2 3

The following skills have been identified as skills the student needs to practice during the spring clinical rotations. All students are required to complete this form for each rotation to share with his/her Clinical Instructor at the beginning of the first day. Each of these skills ***must be performed with the supervision of the Clinical Instructor unless the student has demonstrated competence at the classroom level as documented on the Competency Skill Check-off List*** which the student will carry with them for each day of the clinical rotation. When the student has identified competence with a skill in the clinical setting, the Clinical Instructor may initial / date the Competency Skill Check-off sheet in appropriate column.

Skills identified by the student to perform at clinic:

- _____ Using universal precautions
- _____ Donning and doffing sterile gloves
- _____ Demonstration of proper body mechanics
- _____ Measuring vital signs
- _____ Pulse oximetry
- _____ Girth measurements
- _____ Leg length
- _____ Identification of short and long term memory deficits
- _____ Identification of orientation to person, place, and time
- _____ Test gross dermatomes, uses light touch to test sensation
- _____ Use scales such as pain man, visual analog scale, and/or pain rating scale
- _____ SOAP note documentation
- _____ Review a medical chart
- _____ Perform ROM techniques
- _____ Apply hot packs, cold packs
- _____ Perform ultrasound
- _____ Perform goniometric measurements
- _____ Manage wheelchair
- _____ Perform transfers
- _____ Perform gait training
- _____ Perform palpations of _____
- _____ Perform MMT of _____
- _____ Perform movement analysis of _____

Student's goals for this week:

- 1.
- 2.
- 3.
- 4.
- 5.

Clinical Instructor Signature / Date

Student Signature / Date

Allegany College of Maryland
Physical Therapist Assistant Program
PTA 213 – Clinical I
Fall Semester

Initial Clinical Experience Student Performance Evaluation

Student Name: _____

Clinical Facility: _____

Center Coordinator of Clinical Education _____

Clinical Instructor: _____

Rotation: 1 2 3 4 Dates: _____

Number of days absent _____ Reason: _____

Were days made up? _____ Yes _____ No

Please complete this evaluation at the end of your clinical education experience at this facility. Place an (X) in all appropriate spaces. Some questions may not apply to your clinical education experience because of the type of center or the length of time you spent at the center. In these instances, please use the not applicable (NA) response. Please share the completed evaluation with your Clinical Instructor(s) before returning the evaluation to the ACCE at Allegany College of Maryland. This form is due to the ACCE by the first Monday after completion of each clinical affiliation.

If there are any questions or concerns regarding this evaluation tool, please do not hesitate to contact:

Jeremy Oldham, M Ed, BS, PTA
Academic Coordinator of Clinical Education
PTA Program, Allegany College of Maryland
(301) 784-5537 or email joldham@allegany.edu

Please rate the student on the following scale:

- S = Satisfactory (The student is competent for level of training)
- I = Needs Improvement (The students' performance is acceptable but needs more practice)
- U = Unsatisfactory (The student's performance is unacceptable)
- NO = Not Observed

I. Demonstrate Professional and Ethical Behavior

Rating

- | | | |
|------|--|-------|
| 1.1 | Is punctual and dependable and adheres to scheduled assignments. | _____ |
| 1.2 | Wears appropriate attire | _____ |
| 1.3 | Adheres to ethical and legal standards of practice. | _____ |
| 1.4 | Demonstrates active listening that shows the student is receptive to learning | _____ |
| 1.5 | Shows respect for other patients and peers). | _____ |
| 1.6 | Accepts responsibility for learning; seeks out new information | _____ |
| 1.7 | Maintains confidentiality. | _____ |
| 1.8 | Treats patients in a manner which reflects dignity and concern for human life. | _____ |
| 1.9 | Demonstrates initiative, enthusiasm, and professional curiosity. | _____ |
| 1.10 | Expresses a positive attitude. | _____ |
| 1.11 | Student is prepared for treating patients. | _____ |
| 1.12 | Student performs evaluation of self after interacting with patients. | _____ |

Comments:

II. Demonstrates Safe Practice:

- | | | |
|-----|---|-------|
| 2.1 | Observes health and safety precautions | _____ |
| 2.2 | Uses accepted techniques for safe handling of patients. | _____ |
| 2.3 | Requests appropriate assistance when necessary | _____ |
| 2.4 | Offers assistance in a timely manner. | _____ |

Comments:

III. Communication Skills:

- 3.1 Ability to interact effectively with staff and patients. _____
- 3.2 Appropriateness of questions and comments. _____
- 3.3 Speaks with tact and diplomacy _____
- 3.4 Uses tone of voice appropriate to the situation _____
- 3.5 Acknowledges feedback given _____
- 3.6 Expresses and responds to questions, needs, and requests in a clear and easily understood manner _____
- 3.7 Interacts with clinical instructor to maintain open and honest communication _____
- 3.8 Recognizes the effects of his/her own non-verbal Communication (posture, gestures, and facial expressions upon others) _____
- 3.9 Correctly interprets and responds to the non-verbal Behaviors of others (i.e. patients, family members) _____

Comments:

IV. Effectively Applies Physical Therapeutic Techniques:

** Please refer to the students Competency Check-of Sheet of completed competency skills from classroom lab sessions to identify appropriate skills to be assessed.

4.1 Physical Agents:

- 4.1.1 Hot packs _____
- 4.1.2 Cold packs _____
- 4.1.3 Contrast bath _____
- 4.1.4 Intermittent compression _____
- 4.1.5 Paraffin _____
- 4.1.6 Infrared _____
- 4.1.7 Ultrasound _____
- 4.1.8 Ultraviolet _____
- 4.1.9 Diathermy _____

4.2 Functional Activities:

- 4.2.1 Bed mobility _____
- 4.2.2 Transfers _____
- 4.2.3 Wheelchair mobility _____
- 4.2.4 Gait training _____
- 4.2.5 Tilt table _____

4.3 Miscellaneous:

- 4.3.1 Massage _____
- 4.3.2 Wound care _____
- 4.3.3 Patient Education:
 - 4.3.2.1 Instructs patient to perform _____
 - 4.3.2.2 Gives appropriate commands _____
 - 4.3.2.3 Provides demonstration _____
 - 4.3.2.4 Adapts teaching style with patient's learning style _____
- 4.3.4 Other (please specify): _____

Comments:

V. Demonstrates Administrative / Management Techniques:

- 5.1 Organizes time effectively _____
- 5.2 Uses free time productively _____
- 5.3 Maintains work area in a manner conducive to efficiency and safety. _____

Comments:

CLINICAL INSTRUCTOR – Please identify the student's:

Areas of Strength:

Areas to Strengthen:

STUDENT – Please identify:

Areas you felt prepared:

Areas you were not prepared:

Identify ideas of how the student may improve:
(should be reviewed and used as goals for next clinical rotation)

Summary of Clinical Evaluation:

Date of discussion: _____

Student signature: _____

Clinical Instructor Signatures: _____

Summary of Experiences

Please summarize the student's experiences during this rotation:

Patient Problems Observed:

Patient Problems Treated:

Special experiences Observed / Attended:

Sample

PTA 214 – Clinical II
Clinical Rotation
Weekly Goal Sheet

Student Name: _____

Facility: _____

Rotation #: 1 2 3

The following skills have been identified as skills the student needs to practice during the spring clinical rotations. All students are required to complete this form for each rotation to share with his/her Clinical Instructor at the beginning of the first day. Each of these skills ***must be performed with the supervision of the Clinical Instructor unless the student has demonstrated competence at the classroom level as documented on the Competency Skill Check-off List*** which the student will carry with them for each day of the clinical rotation. When the student has identified competence with a skill in the clinical setting, the Clinical Instructor may initial / date the Competency Skill Check-off Sheet in appropriate column.

Skills identified by the student to perform at clinic:

- _____ Using universal precautions
- _____ Donning and doffing sterile gloves
- _____ Demonstration of proper body mechanics
- _____ Measuring vital signs
- _____ Pulse oximetry
- _____ Girth measurements
- _____ Leg length
- _____ Identification of short and long term memory deficits
- _____ Identification of orientation to person, place, and time
- _____ Test gross dermatomes, uses light touch to test sensation
- _____ Use scales such as pain man, visual analog scale, and/or pain rating scale
- _____ SOAP note documentation
- _____ Review a medical chart
- _____ Perform ROM techniques
- _____ Apply thermo/cryotherapy techniques
- _____ Perform ultrasound
- _____ Perform goniometric measurements
- _____ Manage wheelchair
- _____ Perform transfers
- _____ Perform gait training
- _____ Perform MMT
- _____ Provide patient / family education
- _____ Perform whirlpool treatment and dressing changes
- _____ Perform massage
- _____ Perform Iontophoresis
- _____ Perform electrical stimulation as per physical therapy plan of care
- _____ Instruct patient in TENS unit utilization
- _____ Set-up CPM unit
- _____ Perform intermittent compression
- _____ Perform pelvic and/or cervical traction
- _____ Demonstrate facilitation / inhibition techniques
- _____ Instruct patient in therapeutic exercises for _____

Student's goals for this week:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Sample

Clinical Instructor Signature Date Student Signature / Date

Allegany College of Maryland
Physical Therapist Assistant Program
PTA 214 – Clinical II
Spring Semester

CLINICAL II STUDENT CLINICAL PERFORMANCE EVALUATION
(Modified Version of the New England Consortium)

Student Name: _____

Clinical Facility: _____

Center Coordinator of Clinical Education: _____

Clinical Instructor: _____

Rotation: 1 2 3 Dates: _____

Number of days absent: _____ Reason: _____

Were days made up? Yes No When: _____

Please complete this evaluation on the performance of the student during their scheduled time at your facility. The student will also complete a copy of this form each time as a self-evaluation. Open-ended comments are very important as well and provide both the student and the program faculty with important feedback. The primary clinical instructor and the student should meet on the last day of the rotation to discuss the results and to develop goals for the student to address during the remainder of the rotation.

If you have any questions or concerns regarding this evaluation tool or the student(s) assigned to your facility, please do not hesitate to contact:

Jeremy Oldham, M Ed, BS, PTA
Academic Coordinator of Clinical Education
Physical Therapist Assistant Program
Allegany College of Maryland
12401 Willowbrook Road SE
Cumberland, MD 21502
301-784-5537 * joldham@allegany.edu

Instructions for completion of the Student Clinical Performance Evaluation

The Purpose of Physical Therapy Clinical Education:

Although each academic physical therapist assistant program possesses some unique features of sequence, format, and focus within their curriculum, all professional entry-level physical therapist assistant programs are designed to prepare a physical therapist assistant for entry-level practice. The function of all clinical education is to teach the student the process of thinking, feeling, and acting as a physical therapist assistant. To this end, the clinical education component of all programs holds common goals and functions.

The process of achieving entry-level competence is best accomplished through a progression of clinical education experiences. These experiences should be designed to reflect the student's individual needs and to allow the student time to practice, to apply, and to investigate academic knowledge, skills, and attitudes in five basic areas:

1. Professional demeanor
2. Logic and comprehension skills
3. Clinical Skills
4. Communication
5. Administration / Management

These five areas are essential for entry-level competence. Thus, the use of a standardized tool in assessing and documenting a student's performance in the clinical setting is both possible and beneficial.

The Clinical Performance Evaluation Tool:

The Student Clinical Performance Evaluation form is divided into five sections. Each section has objectives, which are further determined by sub-objectives. Each sub-objective requires an assessment by the Clinical Instructor using the rating scale definitions outline on page 4 of the evaluation form. Space has been provided at the end of each section for comments.

In order to clarify the purpose of each section and subsequent objectives, a summary of each section is presented.

Section I concerns the student's professional behavior and attitude. This section includes the student's punctuality, dress, appropriate attitude regarding the clinical education experience, and adherence to ethical and legal standards of practice.

Section II refers to the student's ability to safely practice as a physical therapist assistant. The definition of safety includes appropriate handling procedures and safe patient programs. Section III details the student's ability to establish effective interpersonal relationships and appropriate communication skills. Effective interpersonal relationships include establishing rapport with patients, family members, clinical instructor(s), and other members of the health care team. Appropriate communication skills involve verbal, non-verbal, and written components.

Section IV details the treatment procedures utilized in providing effective patient management. The process and subsequent objectives are: a) understanding of the physical therapy problem and b) implementation of treatment techniques. A physical therapy treatment procedure checklist has been included.

Section V refers to the student's administration and management skills. This included effective time management, appropriate use of supportive personnel, and adaptation to administration procedures.

The final pages of the form provide space for the clinical instructor to: a) summarize the student's experiences and observations; b) list areas of strength and areas to strengthen; c) list strategies for improving performance; and d) summarize the clinical evaluation.

The Principles of Educational Domains:

The evaluation form is organized around the concept of "educational domains", namely, the domains of Cognition (knowledge), Affect (attitude), and Psychomotor Expertise (skills). It may be helpful to the Clinical Instructor to think in terms of these categories when analyzing a student's problem by considering whether the problem falls in one or more of these domains and thereby making it possible to design the most effective program for remediation.

The Concepts of Evaluation:

Accurate completion of the evaluation form should be based on direct observation of the student's performance and every effort should be made to observe each performance on several occasions, so that no grading is based on an isolated incident.

Students should be given the opportunity to practice new skills both within the department and in direct patient care before they are graded on performance of those skills. It is the responsibility of the Clinical Instructor to determine how much practice is appropriate for a given student, based on the complexity of the skills and the educational level of the student.

This form has been designed to be useful both in formative feedback as well as in summative evaluation. While the grades are useful in giving a relatively objective picture of the student's performance, comments are particularly helpful in assisting the student in focusing on specific aspects of his/her performance. Whenever possible, it is recommended that examples of both positive and negative performance be recorded to broaden the evaluative feedback.

The Mechanics of Completing the Form:

The clinical facility is requested to perform a final summation of the student's performance for Clinical II using this form. The student will also be completing a copy of this form as a means of self-evaluation, to be shared with the Clinical Instructor. The evaluations are discussed with the student and signed by the Clinical Instructor (CI), the Center Coordinator of Clinical Education (CCCE), and the Student. This form should be returned to the program within three business days of the last day of the clinical rotation. This may be sent back to the school with the student upon completion of the rotation, thereby making it the student's responsibility to return it on time. Any failing evaluation must be reported to the Academic Coordinator of Clinical Education (ACCE) as soon as possible.

The rating scale definition of *1 to 4, N/A, and N/O* is provided on page 4 of the evaluation form. The definitions are provided for consistency and clarity. Please utilize a whole number when rating a category, thereby avoiding half-grades or plus and minus grades.

Section V refers to the student's administration and management skills. This included effective time management, appropriate use of supportive personnel, and adaptation to administration procedures.

The final pages of the form provide space for the clinical instructor to: a) summarize the student's experiences and observations; b) list areas of strength and areas to strengthen; c) list strategies for improving performance; and d) summarize the clinical evaluation.

The Principles of Educational Domains:

The evaluation form is organized around the concept of "educational domains", namely, the domains of Cognition (knowledge), Affect (attitude), and Psychomotor Expertise (skills). It may be helpful to the Clinical Instructor to think in terms of these categories when analyzing a student's problem by considering whether the problem falls in one or more of these domains and thereby making it possible to design the most effective program for remediation.

The Concepts of Evaluation:

Accurate completion of the evaluation form should be based on direct observation of the student's performance and every effort should be made to observe each performance on several occasions, so that no grading is based on an isolated incident.

Students should be given the opportunity to practice new skills both within the department and in direct patient care before they are graded on performance of those skills. It is the responsibility of the Clinical Instructor to determine how much practice is appropriate for a given student, based on the complexity of the skills and the educational level of the student.

This form has been designed to be useful both in formative feedback as well as in summative evaluation. While the grades are useful in giving a relatively objective picture of the student's performance, comments are particularly helpful in assisting the student in focusing on specific aspects of his/her performance. Whenever possible, it is recommended that examples of both positive and negative performance be recorded to broaden the evaluative feedback.

The Mechanics of Completing the Form:

The clinical facility is requested to perform a final summation of the student's performance for Clinical II using this form. The student will also be completing a copy of this form as a means of self-evaluation, to be shared with the Clinical Instructor. The evaluations are discussed with the student and signed by the Clinical Instructor (CI), the Center Coordinator of Clinical Education (CCCE), and the Student. This form should be returned to the program within three business days of the last day of the clinical rotation. This may be sent back to the school with the student upon completion of the rotation, thereby making it the student's responsibility to return it on time. Any failing evaluation must be reported to the Academic Coordinator of Clinical Education (ACCE) as soon as possible.

The rating scale definition of *1 to 4, N/A, and N/O* is provided on page 4 of the evaluation form. The definitions are provided for consistency and clarity. Please utilize a whole number when rating a category, thereby avoiding half-grades or plus and minus grades.

SECTION I

<u>Demonstrate Professional and Ethical Behavior</u>	<u>Rating</u>
1.1 Is punctual and dependable and adheres to scheduled assignments.	_____
1.2 Wears appropriate attire.	_____
* 1.3 Adheres to ethical and legal standards of practice.	_____
1.4 Demonstrates initiative, enthusiasm and professional curiosity.	_____
1.5 Demonstrates active listening that shows the student is receptive to learning.	_____
1.6 Accepts criticism and responds in a manner which reflects an understanding of constructive criticism.	_____
1.7 Shows respect for others (patients and peers).	_____
1.8 Accepts responsibility for learning; seeks out new information.	_____
1.9 Maintains confidentiality and uses discretion when conversing with, and in front of, patients.	_____
1.10 Treats patients in a manner which reflects dignity and concern for human life.	_____
1.11 Expresses a positive attitude.	_____
1.12 Student is prepared for treating patients.	_____

Comments (Section I):

SECTION II

<u>Demonstrates safe practice</u>	<u>Rating</u>
* 2.1 Observes health and safety precautions.	_____
* 2.2 Uses accepted techniques for safe handling of patients.	_____
* 2.3 Requests appropriate assistance when necessary.	_____
2.4 Offers assistance in a timely manner.	_____
* 2.5 Recognizes changes in the patient's physiological and psychological status.	_____
* 2.6 Responds to changes in the patient's physiological and psychological status.	_____
* 2.7 Performs safe patient care programs.	_____
* 2.8 Demonstrates awareness of contra-indications and precautions to treatment.	_____
2.9 Uses appropriate body mechanics.	_____

Comments (Section II):

SECTION III

<u>Interpersonal Relationships and Communication Skills</u>	<u>Rating</u>
3.1 Speaks with tact and diplomacy.	_____
3.2 Uses verbal and nonverbal communication appropriately.	_____
3.3 Uses terminology appropriate to the level of the listener (refrains from using inappropriate slang or jargon).	_____

- 3.4 Establishes effective relationships with patient/family:
 - 3.4.1 Offers appropriate introduction. _____
 - 3.4.2 Secures and develops the patient's interests and confidence. _____
 - 3.4.3 Provides appropriate and timely feedback. _____
 - 3.4.4 Demonstrates active listening. _____
 - 3.4.5 Communications are organized and logical. _____
- 3.5 Establishes effective relationships with clinical instructor(s):
 - 3.5.1 Acknowledges feedback received appropriately. _____
 - 3.5.2 Asks relevant questions in a timely manner. _____
 - 3.5.3 Gives appropriate and timely feedback to supervisor. _____
- 3.6 Establishes and maintains effective relationships with other members of the healthcare team:
 - 3.6.1 Discusses patient's status in a clear and concise manner. _____
 - 3.6.2 Reports accurate and pertinent information. _____
 - 3.6.3 Recognizes the responsibilities of each member of the healthcare team. _____
- 3.7 Maintains documentation in accordance with policies of the facility.
 - 3.7.1 Writes in an organized, logical, and concise manner. _____
 - 3.7.2 Writes legibly using correct spelling and grammar. _____
 - 3.7.3 Uses appropriate medical terminology and abbreviations. _____
- 3.8 Billing information is complete and submitted in a timely manner. _____

Comments (Section III):

SECTION IV

<u>Logic and Comprehension</u>	<u>Rating</u>
4.0 Understanding of physical therapy data / problems within the scope of the plan of care:	
4.1 Recognizes and understands key points in physical therapy notes.	_____
4.2 Clearly understands physical therapy problems as outlined by the plan of care.	_____
4.3 Recognizes the patient's own goals.	_____
4.4 Performs data gathering procedures correctly:	
4.4.1 Measures standard vital signs	_____
4.4.2 Measures height, weight, length and girth	_____
4.4.3 Determines patients state of arousal, mentation, and cognition.	_____
4.4.4 Goniometry	_____
4.4.5 Manual muscle testing	_____
4.4.6 Administers standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain.	_____
5.0 Safely and effectively applies all physical therapeutic techniques appropriate to patient needs:	
5.1 Physical Agents:	
5.1.1 Ultrasound	_____
5.1.2 Electrical Stimulation	_____
5.1.3 Hot packs	_____
5.1.4 Cold packs	_____
5.1.5 Contrast bath	_____
5.1.6 Hydrotherapy	_____

- 5.1.7 Cervical traction _____
- 5.1.8 Pelvic traction _____
- 5.1.9 Intermittent compression _____
- 5.1.10 Massage _____
- 5.1.11 Paraffin _____
- 5.1.12 TENS _____
- 5.1.13 Ultraviolet _____
- 5.1.14 Infrared _____
- 5.1.15 Diathermy _____
- 5.1.16 Wound Care _____
- 5.1.17 Other (specify) _____
- 5.2 Therapeutic Exercise and Procedures:
 - 5.2.1 Range of motion _____
 - 5.2.2 Strengthening exercises _____
 - 5.2.3 Trunk exercises (Williams, etc.) _____
 - 5.2.4 Balance _____
 - 5.2.5 Aquatics _____
 - 5.2.6 Other (specify) _____
- 5.3 Functional Activities:
 - 5.3.1 Bed mobility _____
 - 5.3.2 Transfers _____
 - 5.3.3 Wheelchair mobility _____
 - 5.3.4 Donning orthotics _____

- 5.3.5 Donning prosthetics _____
- 5.3.6 Other (specify) _____
- 5.4 Gait Training:
 - 5.4.1 Assistive devices _____
 - 5.4.2 Guarding _____
 - 5.4.3 Elevation activities (curbs, ramps, etc.) _____
 - 5.4.4 Other (specify) _____
- 5.5 Neurological Treatment Techniques:
 - 5.5.1 Developmental sequencing _____
 - 5.5.2 Facilitation techniques _____
 - 5.5.3 Inhibition techniques _____
 - 5.5.4 Other (specify) _____
- 5.6 Cardiopulmonary Care:
 - 5.6.1 Postural drainage _____
 - 5.6.2 Breathing exercises _____
 - 5.6.4 Other (specify) _____
- 5.7 Miscellaneous:
 - 5.7.1 Draping _____
 - 5.7.2 Sterile precautions _____
 - 5.7.3 Tilt table _____
 - 5.7.4 Transporting patients _____
 - 5.7.5 Discharge planning and home exercise/care plan _____
 - 5.7.6 Other (specify) _____

- 5.8 Educates patient / family regarding physical therapy management and home program.
 - 5.8.1 Gives appropriate feedback _____
 - 5.8.2 Corrects unwanted behavior in timely manner. _____
 - 5.8.3 Provides demonstration to patient/family. _____
 - 5.8.4 Matches teaching style with learning style of patient/family. _____

Comments (Section V):

SECTION VI

<u>Administrative / Management Skills</u>	<u>Rating</u>
6.0 Demonstrates administrative / management skills:	
6.1 Organizes time effectively and works within time limits.	_____
6.2 Uses free time productively.	_____
6.3 Demonstrates the ability to treat patients simultaneously, as appropriate.	_____
6.4 Identifies administrative procedures (i.e. billing, scheduling, transportation, coordination with other appointments, etc.) as required.	_____
6.5 Maintains working area in a manner conducive to efficiency and safety.	_____
6.6 Demonstrates awareness of capabilities of supportive personnel.	_____
6.7 Utilizes supportive personnel appropriately.	_____

Comments (Section VI):

SUMMARY OF EVALUATION

CLINICAL INSTRUCTOR – Please identify the student's:

Areas of Strength:

- 1.
- 2.
- 3.
- 4.
- 5.

Areas to Strengthen:

- 1.
- 2.
- 3.
- 4.
- 5.

STUDENT - Please identify:

Areas you felt prepared academically for this rotation:

- 1.
- 2.
- 3.
- 4.
- 5.

Areas you felt you were not prepared academically for this rotation:

- 1.
- 2.
- 3.
- 4.
- 5.

CLINICAL INSTRUCTOR: Identify ideas of how the student may improve:
(should be reviewed and used as goals for next clinical rotation)

Summary of Clinical Evaluation:

Date of discussion: _____

Student Signature: _____

Clinical Instructor Signature: _____

Summary of Experiences

Please summarize the student's experiences during this rotation:

Patient Problems *Observed*:

Patient Problems *Treated*:

Special Experiences Observed / Attended:

**ALLEGANY COLLEGE
PHYSICAL THERAPIST ASSISTANT
CLINICAL EDUCATION HANDBOOK**

**APPENDIX C
Summer Forms**

PTA 218 & 219 – Summer Practicum
Weekly Goal Sheet

Student Name: _____

Facility: _____

Rotation #: 1 2

Week Number: (Circle one) 1 2 3 4 5

Student's goals for this week:

- 1.
- 2.
- 3.
- 4.
- 5.

Clinical Instructor Signature / Date

Student Signature / Date

Allegany College of Maryland
Physical Therapist Assistant Program
PTA 218 and PTA 219 – Practicum I and II
Summer Semester

STUDENT CLINICAL PERFORMANCE EVALUATION (SCPE)
PRACTICUM I and II
(Modified Version of the New England Consortium)

Student Name: _____

Clinical Facility: _____

Center Coordinator of Clinical Education: _____

Clinical Instructor: _____

Credentialed Clinical Instructor yes no

Clinical Specialization yes no If yes, area of specialization _____

Practicum: I II Dates: _____

Number of days absent: _____ Reason: _____

Were days made up? Yes No When: _____

Please complete this evaluation at the *mid-term* and *final week* of the clinical rotation based on the performance of the student during their scheduled time at your facility. The student will also complete a copy of this form each time as a self-evaluation. Open-ended comments are very important as well and provide both the student and the program faculty with important feedback. The primary clinical instructor and the student should meet on the last day of the third week of the rotation (mid-term) to discuss the results and to develop goals for the student to address during the remainder of the rotation. The primary clinical instructor and the student should also meet on the final day of the rotation to discuss the student's performance and to develop goals for the student to continue to master at subsequent clinical rotations.

If you have any questions or concerns regarding this evaluation tool or the student(s) assigned to your facility, please do not hesitate to contact:

Jeremy Oldham, M. Ed., BS, PTA
Academic Coordinator of Clinical Education
Physical Therapist Assistant Program
Allegany College of Maryland
12401 Willowbrook Road SE
Cumberland, MD 21502
301-784-5537

Instructions for completion of the Student Clinical Performance Evaluation

The Purpose of Physical Therapy Clinical Education:

Although each academic physical therapist assistant program possesses some unique features of sequence, format, and focus within their curriculum, all professional entry-level physical therapist assistant programs are designed to prepare a physical therapist assistant for entry-level practice. The function of all clinical education is to teach the student the process of thinking, feeling, and acting as a physical therapist assistant. To this end, the clinical education component of all programs holds common goals and functions.

The process of achieving entry-level competence is best accomplished through a progression of clinical education experiences. These experiences should be designed to reflect the student's individual needs and to allow the student time to practice, to apply, and to investigate academic knowledge, skills, and attitudes in five basic areas:

1. Professional demeanor
2. Logic and comprehension skills
3. Clinical Skills
4. Communication
5. Administration / Management

These five areas are essential for entry-level competence. Thus, the use of a standardized tool in assessing and documenting a student's performance in the clinical setting is both possible and beneficial.

The Clinical Performance Evaluation Tool:

The Student Clinical Performance Evaluation form is divided into **seven** sections. Each section has objectives, which are further determined by sub-objectives. Each sub-objective requires an assessment by the Clinical Instructor using the rating scale definitions outline on page 4 of the evaluation form. Space has been provided at the end of each section for comments.

In order to clarify the purpose of each section and subsequent objectives, a summary of each section is presented.

Section I

(1. Professional & Ethical Behavior) concerns the student's professional behavior and attitude. This section includes the student's punctuality, dress, appropriate attitude regarding the clinical education experience, and adherence to ethical and legal standards of practice.

Section II

(2. Safe Practice) refers to the student's ability to safely practice as a physical therapist assistant. The definition of safety includes appropriate handling procedures and safe patient programs.

Section III

(3. Interpersonal Relationships & Communication Skills) details the student's ability to establish effective interpersonal relationships and appropriate communication skills. Effective interpersonal relationships include establishing rapport with patients, family members, clinical instructor(s), and other members of the health care team. Appropriate communication skills involve verbal, non-verbal, and written components.

Section IV

details the treatment procedures utilized in providing effective patient management. The process and subsequent objectives are:

(4. Logic & Comprehension) understanding of the physical therapy problem and

(5. Application of Intervention) implementation of treatment techniques. A physical therapy treatment procedure checklist has been included.

Section V

(6. Administrative/Management Skills) refers to the student's administration and management skills. This includes effective time management, appropriate use of supportive personnel, and adaptation to administration procedures.

Section VI

(7. Teaching) concerns the student's teaching skills demonstrated during an in-service or a case presentation at the facility. The topic, date, and format are to be agreed upon between the student and clinical instructor. The grading scale consists of forced-choice "yes" and "no" responses.

The final pages of the form provide space for the clinical instructor to: a) summarize the student's mid-term and final experiences and observations; b) list areas of strength at mid-term and final; c) list strategies for improving performance at mid-term; and d) summarize the clinical evaluation.

The Principles of Educational Domains:

The evaluation form is organized around the concept of “educational domains”, namely, the domains of Cognition (knowledge), Affect (attitude), and Psychomotor Expertise (skills). It may be helpful to the Clinical Instructor to think in terms of these categories when analyzing a student’s problem by considering whether the problem falls in one or more of these domains and thereby making it possible to design the most effective program for remediation.

The Concepts of Evaluation:

Accurate completion of the evaluation form should be based on direct observation of the student’s performance and every effort should be made to observe each performance on several occasions, so that no grading is based on an isolated incident.

Students should be given the opportunity to practice new skills both within the department and in direct patient care before they are graded on performance of those skills. It is the responsibility of the Clinical Instructor to determine how much practice is appropriate for a given student, based on the complexity of the skills and the educational level of the student.

This form has been designed to be useful both in formative feedback as well as in summative evaluation. While the grades are useful in giving a relatively objective picture of the student’s performance, comments are particularly helpful in assisting the student in focusing on specific aspects of his/her performance. Whenever possible, it is recommended that examples of both positive and negative performance be recorded to broaden the evaluative feedback.

The Mechanics of Completing the Form:

The clinical facility is requested to perform a **mid-term** and **final** summation of the student’s performance for Practicum I and II using this form. The student will also be completing a copy of this form as a means of self-evaluation, to be shared with the Clinical Instructor. The evaluations are discussed with the student and signed by the Clinical Instructor (CI), the Center Coordinator of Clinical Education (CCCE), and the Student. This form should be returned to the program within three business days of the last day of the clinical rotation. This may be sent back to the school with the student upon completion of the rotation, thereby making it the student’s responsibility to return it on time. Any failing evaluation must be reported to the Academic Coordinator of Clinical Education (ACCE) as soon as possible.

The rating scale definition of *1 to 4*, *N/A*, and *N/O* is provided on page 4 of the evaluation form. The definitions are provided for consistency and clarity. Please utilize a **whole number** when rating a category, thereby avoiding half-grades or plus and minus grades.

An asterisk (*) may appear beside objectives and/or sub-objectives. This indicates competencies, which are felt to be essential criteria for satisfactory completion of the clinical experience. Any inconsistencies (rating below “3”) found in the essential competencies will be interpreted as clinical incompetency and may result in failure of the clinical experience. Full documentation of such inconsistencies must be provided to the student, CCCE, and ACCE.

The evaluation form ratings and comments from the Clinical Instructor will be reviewed by the Academic Coordinator of Clinical Education at Allegany College of Maryland who will assign the final grad for each clinical rotation.

Definitions:

The following definitions are provided for consistency and clarity. Please use the rating scale below to indicate the student's level of competence for each of the stated objectives.

- 4 - *Consistently meets the stated objective. The student seeks confirmation from the Clinical Instructor.*

Confirmation: Student confers with the clinical instructor prior to or following an activity for the purpose of sharing information and/or validating decision-making. The student is capable of functioning safely and independently.

- 3 - *Consistently meets the standard objective. The student needs guidance from the Clinical Instructor.*

Guidance: Student needs advice from the clinical instructor to expand knowledge or skills. The presence of the clinical instructor in the immediate vicinity is not necessary.

- 2 - *Meets the stated objective with inconsistencies. The student requires supervision from the clinical instructor.*

Supervision: Student needs verbal cueing or physical assistance from the clinical instructor. The presence of the clinical instructor in the vicinity is necessary.

- 1 - *Does not meet the stated objective. The student requires constant supervision from the clinical instructor.*

Constant Supervision: Student requires continuous verbal cueing or continuous physical assistance from the clinical instructor.

N/A - *Not Applicable:* Objective not applicable to this clinical situation.

N/O - *Not Observed:* Objective not observed to the extent that a rating is appropriate.

(*) - The asterisk indicates competencies, which are felt to be essential for satisfactory completion of the clinical experience. These relate to safety and adherence to ethical, legal, and administrative procedures. Any inconsistencies (rating below "3") found in the essential competencies will be interpreted as clinical incompetency and may result in failure of the clinical experience. Full Documentation of such inconsistencies must be provided to the student, the CCCE, and the ACCE.

SECTION I

Demonstrate Professional and Ethical Behavior			Mid-term	Final
1.1	7D5	Is punctual and dependable and adheres to scheduled assignments		
1.2	7D5	Wears appropriate attire.		
* 1.3	7D1	Adheres to ethical and legal standards of practice, including all federal, state, and institutional regulations related to patient/client care and fiscal management.		
1.4	7D4	Performs duties in a manner consistent with the <i>Guide for Conduct</i> of the Physical Therapist Assistant (PTA) and <i>Standards of Ethical Conduct</i> (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.		
1.5	Performs duties in a manner consistent with APTA's <i>Values Based Behaviors</i> (VBB) for the PTA including:			
1.5.1	7D5	1 Altruism		
1.5.2		2 Caring & Compassion		
1.5.3		3 Continued Competence		
1.5.4		4 Duty		
1.5.5		5 Integrity		
1.5.6		6 PT/PTA Collaboration		
1.5.7		7 Responsibility		
1.5.8		8 Social Responsibility		
1.6	7D5_VBB1 7D7 7D8	Demonstrates initiative, enthusiasm and professional curiosity.		
1.7	7D5_VBB3 7D5_VBB6 7D7	Demonstrates active listening that shows the student is receptive to learning.		
1.8	7D5_VBB6 7D7	Accepts criticism and responds in a manner which reflects an understanding of constructive criticism.		
*1.9	7D8 7D5_VBB2	Identifies, respects, and acts with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.		
1.10	7D5_VBB7 7D14	Accepts responsibility for learning; seeks out new information.		
*1.11	7D5_VBB4 7D1 7D6 7D7	Maintains confidentiality and uses discretion when conversing with, and in front of, patients.		
*1.12	7D5_VBB2 7D5 7D8	Treats patients in a manner which reflects dignity and concern for human life.		

*1.13	7D5_VBB7 7D5 7D7 7D8	Expresses a positive attitude which reflects cooperation.		
1.14	7D5_VBB7	Student is prepared for treating patients.		
1.15	7D5_VBB1	Willingly accommodates to changing situations.		
*1.16	7D5_VBB8	Maintains a balance between personal and professional relationships.		
*1.17	7D5_VBB3	Demonstrates an awareness of own strengths and weaknesses and actively seeks to improve self.		
1.18	7D6	Implements, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.		
1.19	7D2	Reports to appropriate authorities suspected cases of abuse of vulnerable populations.		
1.20	7D3	Reports to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.		

Comments (Section I):

Mid-term:

Final:

SECTION II^{7D27}

Demonstrate Safe Practice			Mid-term	Final
*2.1	7D27	Contributes to efforts to increase patient and healthcare provider safety.		
*2.2	7D27	Uses accepted techniques for safe handling of patients		
*2.3	7D27	Requests appropriate assistance when necessary.		
2.4	7D27	Offers assistance in a timely manner.		
*2.5	7D27 7D19 724n	Recognizes changes in the patient's physiological and psychological status.		
*2.6	7D27 724n	Detects signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms.		
*2.7	7D27 7D19 7D26	Responds to changes in the patient's physiological and psychological status including emergency situations.		
*2.8	7D27 7D20	Reports any changes in patient/client status or progress to the supervising physical therapist.		
*2.9	7D27	Performs safe patient care programs.		
*2.10	7D27	Demonstrates awareness of contra-indications and precautions to treatment.		
2.11	7D27	Uses appropriate body mechanics.		

Comments (Section II):

Mid-term:

Final:

SECTION III^{7D7}

Interpersonal Relationships and Communication Skills		Mid-term	Final
3.1	7D7	Speaks with tact and diplomacy.	
3.2		Uses verbal and nonverbal communication appropriately.	
3.3		Uses tone of voice appropriate to situation.	
3.4		Uses terminology appropriate to the level of the listener (refrains from using inappropriate slang or jargon).	
3.5		Expresses questions/requests/needs in a clear and easily understood manner.	
3.6		Responds to questions/requests/needs in a clear and easily understood manner.	
3.7	Establishes effective relationships with patient/family:		
3.7.1	7D7	Offers appropriate introduction.	
3.7.2		Secures and develops the patient's interests and confidence.	
3.7.3		Provides appropriate and timely feedback.	
3.7.4		Demonstrates active listening.	
3.7.5		Communications are organized and logical.	
3.7.6		Prepares patient/family psychologically for treatment/discharge.	
3.7.7		Maintains appropriate leadership in patient/ family/self-interactions.	
3.7.8		Accurately explains purpose of chosen treatment procedures.	
3.8	Establishes effective relationships with clinical instructor(s):		
3.8.1	7D7	Acknowledges feedback received appropriately.	
3.8.2		Asks relevant questions in a timely manner.	
3.8.3		Gives appropriate and timely feedback to supervisor.	
3.8.4		Strives to maintain an open and honest relationship with the clinical instructor(s).	
3.9	Establishes and maintains effective relationships with other members of the healthcare team:		
3.9.1	7D7	Discusses patient's status in a clear and concise manner.	
3.9.2		Reports accurate and pertinent information.	
3.9.3		Recognizes the responsibilities of each member of the healthcare team.	

3.9.4		Initiates communication when appropriate.		
3.9.5		Demonstrates preparation when relating information to other staff.		
3.10	Maintains documentation in accordance with policies of the facilities.			
3.10.1	7D25	Writes in an organized, logical, and concise manner.		
3.10.2		Writes legibly using correct spelling and grammar.		
3.10.3		Uses appropriate medical terminology/abbreviations.		
3.11		Billing information is complete and submitted in a timely manner.		
3.12		Completes accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.		

Comments (Section III):

Mid-term:

Final:

SECTION IV

Logic and Comprehension		Mid-term	Final
4	Understanding of physical therapy data /problems within the scope of the plan of care:		
4.1	7D17 7D18	Recognizes and understands key points in physical therapy notes.	
4.2	7D17	Clearly understands physical therapy problems as outlined by the plan of care.	
4.3	Recognizes the goals as set forth in the plan of care.		
4.3.1	7D17	Recognizes the patient's own goals.	
4.3.2		Monitors realistic and timely short term goals	
4.3.3		Selects treatment methods most appropriate to meet goals as set forth in, and keeping with the plan of care.	
4.3.4		Recognizes when patient has achieved goals as set forth in the plan of care.	
4.4	7D9	Applies current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.	
4.5	7D11	Identifies and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.	
4.6	7D21	Determines when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.	
4.7	7D22	Contributes to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.	
4.8	Obtains subjective Information.		
4.8.1	7D15	Interviews patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).	
4.8.2	7D16	Uses the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.	
4.9	TESTS & MEASURES: Performs data collecting procedures correctly:		
4.9.1	7D24a	Aerobic Capacity & Endurance:	

		(i.e., measures standard vital signs, recognize & monitor responses to positional changes & activities).		
4.9.2	7D24b	Anthropometrical Characteristics: Measures height, weight, length and girth.		
4.9.3	7D24c	Mental Functions. Determines patients state of arousal, mentation, cognition.		
4.9.4	7D24d	Assistive Technology: Identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment.		
4.9.5	7D24e	Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility		
4.9.6	7D24f	Integumentary Integrity: Detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue		
4.9.7	7D24g	Joint Integrity/Mobility		
4.9.8	7D24h	Muscle Performance: (i.e., Manual muscle testing; observe the presence or absence of muscle mass; recognize normal or abnormal muscle length, and changes in muscle tone)		
4.9.9	7D24i	Neuromotor Development: Detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions		
4.9.10	7D24j	Pain: Administers standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations.		
4.9.11	7D24k	Posture: Determine normal and abnormal alignment of trunk and extremities at rest and during activities.		
4.9.12	7D24l	Range of Motion (ROM): measure functional ROM and measure ROM using an appropriate device.		
4.9.13	7D24m	Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home,		

		community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others		
4.9.14	7D24n	Ventilation, Respiration, and Circulation: Detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics		
5.0	INTERVENTIONS: Safely and effectively applies all physical therapeutic interventions appropriate to patient needs:			
5.1	Airway Clearance and Cardiopulmonary Care:			
5.1.1	7D23a3	Postural drainage/ secretion mobilization		
5.1.2	7D23a1	Breathing exercises		
5.1.3	7D23a2	Coughing techniques		
5.2	Application of Devices & Equipment:			
5.2.1	7D23b 7D24d	Assistive devices includes skin changes and safety factors		
5.2.2	7D23b	Donning orthotics		
5.2.3	7D23b	Donning prosthetics		
5.2.4		Other (specify)		
5.3	Biophysical Agents: (7D23c)			
5.3.1	7D23c6	Ultrasound		
5.3.2	7D23c2	Electrical Stimulation (i.e., muscle strengthening, pain control, tissue healing, edema control)		
5.3.3	7D23c1	Biofeedback		
5.3.4	7D23c6 7D23c4	Superficial and Deep Thermal Agents: (i.e., hot packs, cold packs, cryotherapy, contrast baths, diathermy, paraffin, fluidotherapy, other:)		
5.3.5	7D23c8	Light Therapy (i.e., Ultraviolet, Infrared, Laser, other:)		
5.3.6	7D23c5	Hydrotherapy (i.e. whirlpool)		
5.3.7	7D23c7	Cervical traction		
5.3.8		Pelvic traction		
5.3.9	7D23c3	Intermittent compression/ Compression		
5.3.10		Other (specify):		
5.4	Functional Activities in Self-Care and Domestic, Education, Work, Community, Social, & Civic Life:			
5.4.1	7D23d	Bed mobility		
5.4.2		Transfers		
5.4.3		Wheelchair mobility		
5.4.4		Gait Training (Includes: guarding, elevation activities such as curbs, ramps, stairs etc.)		

5.5	Therapeutic Exercise, Neuromotor Training, and Procedures:		
5.5.1	7D23e	Manual Therapy Techniques: (i.e., passive range of motion, massage, Other:)	
5.5.2	7D23f	Motor Function Training (i.e., Balance, Coordination, etc)	
5.5.3	7D24i	Neuromotor Training (i.e., developmental sequencing, facilitation techniques, inhibition techniques)	
5.5.4	7D23h	Therapeutic Exercise (i.e., Postural, Strengthening & Flexibility exercises)	
5.5.5	7D23c5	Aquatics	
5.5.6		Other (specify)	
5.6	Integumentary Integrity:		
5.6.1	7D23i	Wound Management: Isolation Techniques, sterile techniques, application and removal of dressing or agents, and identification of precautions for dressing removal.	
5.7	Miscellaneous:		
5.7.1	7D27	Universal precautions	
5.7.2		Positioning & Draping	
5.7.3		Tilt table	
5.7.4		Transporting patients	
5.7.5	7D22	Discharge planning & home exercise/care plan.	
5.7.6		Other (specify)	
5.8	Educates patient / family regarding physical therapy management and home program.		
5.8.1	7D23g	Gives appropriate feedback	
5.8.2		Corrects unwanted behavior in timely manner.	
5.8.3		Provides demonstration to patient/family.	
5.8.4		Matches teaching style with learning style of patient/family.	

Comments (Section IV):

Mid-term:

Final:

SECTION V

Administrative / Management / Community Skills		Mid-term	Final
6.0	Demonstrates administrative / management skills:		
6.1	7D30	Organizes time effectively/works within time limits.	
6.2		Uses free time productively.	
6.3		Demonstrates the ability to treat patients simultaneously, as appropriate.	
6.4		Identifies administrative procedures (i.e. billing, scheduling, transportation, coordination with other appointments, etc.) as required.	
6.5		Maintains working area in a manner conducive to efficiency and safety.	
6.6		Demonstrates awareness of capabilities of supportive personnel.	
6.7		Utilizes supportive personnel appropriately.	
6.8	7D28	Participates in the provision of patient-centered interprofessional collaborative care.	
6.9	7D29	Participates in performance improvement activities (quality assurance).	
6.10	7D30	Describes aspects of organizational planning and operation of the physical therapy service.	
6.11	7D31	Describes accurate and timely information for billing and payment purposes.	
6.12	7D13	Participates in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.	

Comments (Section V):

Mid-term:

Final:

SECTION VI

Topic: _____

Audience Presented to: _____

Format: In-service _____ Case Presentation _____ Special Project _____

Teaching		Please Circle	
		Yes	No
7.0	Demonstrates teaching skills.		
7.1	7D12	Topic selected is appropriate.	
7.2		Relates clear, appropriate objectives.	
7.3		Selects appropriate style of presentation	
7.4		Selects media, which enhances presentation.	
7.5		Speaks clearly and succinctly.	
7.6		Presentation is appropriate to level of audience	
7.7		Information presented is correct.	
7.8		Non-verbal presentation and/or demonstrations are appropriate.	
7.9		Responds to and interacts with audience.	
7.10	7D10	Identifies basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.	
7.11	7D11(part)	Identifies and integrate appropriate evidence based resources to support clinical decision-making.	

Comments:

Mid-Term
SUMMARY OF EVALUATION

CLINICAL INSTRUCTOR- Please identify the student's:

Areas of Strength:

- 1.
- 2.
- 3.
- 4.
- 5.

Areas to Strengthen:

- 1.
- 2.
- 3.
- 4.
- 5.

STUDENT- Please identify:

Areas you felt prepared academically for this rotation:

- 1.
- 2.
- 3.
- 4.
- 5.

Areas you felt you were not prepared academically for this rotation:

- 1.
- 2.
- 3.
- 4.
- 5.

CLINICAL INSTRUCTOR: Identify ideas/plans of how the student may improve during the remaining three weeks of this rotation:
(Should be reviewed and used as goals for final three weeks of this rotation)

Summary of Mid- Term Clinical Evaluation:

Date of discussion: _____

Student Signature: _____

Clinical Instructor Signature: _____

Final
SUMMARY OF EVALUATION

CLINICAL INSTRUCTOR- Please identify the student's:

Areas of Strength:

- 1.
- 2.
- 3.
- 4.
- 5.

Areas to Strengthen:

- 1.
- 2.
- 3.
- 4.
- 5.

STUDENT- Please identify:

Areas you felt prepared academically for this rotation:

- 1.
- 2.
- 3.
- 4.
- 5.

Areas you felt you were not prepared academically for this rotation:

- 1.
- 2.
- 3.
- 4.
- 5.

CLINICAL INSTRUCTOR: Identify ideas/plans of how the student may improve during the next clinical rotation:
(Should be reviewed and used as goals for the next clinical rotation)

Summary of Clinical Evaluation:

Date of discussion: _____

Student Signature: _____

Clinical Instructor Signature: _____

Summary of Experiences

Please summarize the student's experiences to date:

PATIENTS PROBLEMS TREATED

Mid-term	Final

PATIENT PROBLEMS OBSERVED

Mid-term	Final

SPECIAL EXPERIENCES OBSERVED/ATTENDED

Mid-term	Final



Last Updated: 09/14/2011
Contact: pta@apta.org

**PHYSICAL THERAPIST ASSISTANT
STUDENT EVALUATION:**

**CLINICAL EXPERIENCE
AND
CLINICAL INSTRUCTION**

June 10, 2003
(updated 9/14/11)

**American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314**

PREAMBLE

The purpose of developing this tool was in response to academic and clinical educators' requests to provide a voluntary, consistent and uniform approach for students to evaluate clinical education as well as the overall clinical experience. Questions included in this draft tool were derived from the many existing tools already in use by physical therapy programs for students to evaluate the quality of the clinical learning experience and clinical instructors (CIs), as well as academic preparation for the specific learning experience. The development of this tool was based on key assumptions for the purpose, need for, and intent of this tool. These key assumptions are described in detail below. This tool consists of two sections that can be used together or separately: Section 1-Physical therapist assistant student assessment of the clinical experience and Section 2-Physical therapist assistant student assessment of clinical instruction. Central to the development of this tool was an assumption that students should actively engage in their learning experiences by providing candid feedback, both formative and summative, about the learning experience and with summative feedback offered at both midterm and final evaluations. One of the benefits of completing Section 2 at midterm is to provide the CI and the student with an opportunity to modify the learning experience by making midcourse corrections.

Key Assumptions

- The tool is intended to provide the student's assessment of the quality of the clinical learning experience and the quality of clinical instruction for the specific learning experience.
- The tool allows students to objectively comment on the quality and richness of the learning experience and to provide information that would be helpful to other students, adequacy of their preparation for the specific learning experience, and effectiveness of the clinical educator(s).
- The tool is formatted in Section 2 to allow student feedback to be provided to the CI(s) at both midterm and final evaluations. This will encourage students to share their learning needs and expectations during the clinical experience, thereby allowing for program modification on the part of the CI and the student.
- Sections 1 and 2 are to be returned to the academic program for review at the conclusion of the clinical experience. Section 1 may be made available to future students to acquaint them with the learning experiences at the clinical facility. Section 2 will remain confidential and the academic program will not share this information with other students.
- The tools meet the needs of the physical therapist (PT) and physical therapist assistant (PTA) academic and clinical communities and where appropriate, distinctions are made in the tools to reflect differences in PT scope of practice and PTA scope of work.
- The student evaluation tool should not serve as the sole entity for making judgments about the quality of the clinical learning experience. This tool should be considered as part of a systematic collection of data that might include reflective student journals, self-assessments provided by clinical education sites, Center Coordinators of Clinical Education (CCCEs), and CIs based on the Guidelines for Clinical Education, ongoing communications and site visits, student performance evaluations, student planning worksheets, Clinical Site Information Form (CSIF), program outcomes, and other sources of information.

Acknowledgement

We would like to acknowledge the collaborative effort between the Clinical Education Special Interest Group (SIG) of the Education Section and APTA's Education Department in completing this project. We are especially indebted to those individuals from the Clinical Education SIG who willingly volunteered their time to develop and refine these tools. Comments and feedback provided by academic and clinical faculty, clinical educators, and students on several draft versions of this document were instrumental in developing, shaping, and refining the tools. Our gratitude is extended to all individuals and groups who willingly gave their time and expertise to work toward a common voluntary PT and PTA Student Evaluation Tool of the Clinical Experience and Clinical Instruction.

Ad Hoc Group Members: Jackie Crossen-Sills, PT, MS, Nancy Erikson, PT, MS, GCS, Peggy Gleeson, PT, PhD, Deborah Ingram, PT, EdD, Corrie Odom, PT, DPT, ATC, and Karen O'Loughlin, PT, MA

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GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

I have reviewed information contained in this physical therapist assistant student evaluation of the clinical education experience and of clinical instruction. I recognize that the information below is being collected to facilitate accreditation requirements for clinical instructor qualifications. I understand that my personal information will not be available to students in the academic program files.

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

Yes

No

Other CI Credential _____ State

Yes

No

Professional organization memberships

APTA

Other _____

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

Yes No

Other CI Credential _____ State

Yes No

Professional organization memberships

APTA

Other _____

SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

Information found in Section 1 may be available to program faculty and students to familiarize them with the learning experiences provided at this clinical facility.

1. Name of Clinical Education Site _____
 Address _____ City _____ State _____
2. Clinical Experience Number _____
3. Specify the number of weeks for each applicable clinical experience/rotation.

_____ Acute Care/Inpatient Hospital Facility	_____ Private Practice
_____ Ambulatory Care/Outpatient	_____ Rehabilitation/Sub-acute Rehabilitation
_____ ECF/Nursing Home/SNF	_____ School/Preschool Program
_____ Federal/State/County Health	_____ Wellness/Prevention/Fitness Program
_____ Industrial/Occupational Health Facility	_____ Other _____

Orientation

4. Did you receive information from the clinical facility prior to your arrival? Yes No
5. Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience? Yes No
6. What else could have been provided during the orientation? _____

Patient/Client Management and the Practice Environment

For questions 7, 8, and 9, use the following 4-point rating scale:

1 = Never 2 = Rarely 3 = Occasionally 4 = Often

7. During this clinical experience, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the above 4-point scale.

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

8. During this clinical experience, describe the frequency of time spent in providing the following components of care from the patient/client management model of the *Guide to Physical Therapist Practice*. Rate all items in the shaded columns using the above 4-point scale. List the five (5) most common interventions that you provided to patients/clients during this clinical experience.

Components Of Care	Rating	Five Most Common Interventions
Data Collection		1. _____
Implementation of Established Plan of Care		2. _____
Selected Interventions		3. _____
• Coordination, communication, documentation		4. _____
• Patient/client related instruction		5. _____
• Direct Interventions		

9. During this experience, how frequently did staff (ie, CI, CCCE, and clinicians) maintain an environment conducive to your work and growth? Rate all items in the shaded columns using the 4-point scale on page 4.

Environment	Rating
Providing a helpful and supportive attitude for your role as a PTA student.	
Providing effective role models for problem solving, communication, and teamwork.	
Demonstrating high morale and harmonious working relationships.	
Adhering to ethical codes and legal statutes and standards (eg, Medicare, HIPAA, informed consent, APTA Code of Ethics, etc).	
Being sensitive to individual differences (ie, race, age, ethnicity, etc).	
Using evidence to support clinical practice.	
Being involved in professional development (eg, degree and non-degree continuing education, in-services, journal clubs, etc).	
Being involved in district, state, regional, and/or national professional activities.	

10. What suggestions, relative to the items in question #9, could you offer to improve the environment for your work and growth? _____

Clinical Experience

11. Were there other students at this clinical facility during your clinical experience? (Check all that apply):
- Physical therapist students
 - Physical therapist assistant students
 - Students from other disciplines or service departments (Please specify _____)
12. Identify the ratio of students to CIs for your clinical experience:
- 1 student to 1 CI
 - 1 student to greater than 1 CI
 - 1 CI to greater than 1 student; Describe _____
13. How did the clinical supervision ratio in Question #12 influence your learning experience? _____
14. In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)
- Attended in-services/educational programs
 - Presented an in-service
 - Attended special clinics
 - Attended team meetings/conferences/grand rounds
 - Observed surgery
 - Participated in administrative and business management
 - Participated in providing patient/client interventions collaboratively with other disciplines (please specify disciplines)_____
 - Participated in service learning
 - Performed systematic data collection as part of an investigative study
 - Used physical therapy aides and other support personnel
 - Other; Please specify _____
15. Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc. _____

Overall Summary Appraisal

16. Overall, how would you assess this clinical experience? (Check only one)
- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student.
 - Time well spent; would recommend this clinical education site to another student.
 - Some good learning experiences; student program needs further development.
 - Student clinical education program is not adequately developed at this time.
17. What specific qualities or skills do you believe a physical therapist assistant student should have to function successfully at this clinical education site? _____
18. If, during this clinical education experience, you were exposed to content not included in your previous physical therapist assistant academic preparation, describe those subject areas not addressed. _____
19. What suggestions would you offer to future physical therapist assistant students to improve this clinical education experience? _____
20. What do you believe were the strengths of your physical therapist assistant academic preparation and/or coursework for *this clinical experience*? _____
21. What curricular suggestions do you have that would have prepared you better for *this clinical experience*? _____

SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

Information found in Section 2 is to be shared between the student and the clinical instructor(s) at midterm and final evaluations. Additional copies of Section 2 should be made when there are multiple CIs supervising the student. Information contained in this section is confidential and will not be shared by the academic program with other students.

Assessment of Clinical Instruction

22. Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

Provision of Clinical Instruction	Midterm	Final
The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.		
The clinical education site had written objectives for this learning experience.		
The clinical education site's objectives for this learning experience were clearly communicated.		
There was an opportunity for student input into the objectives for this learning experience.		
The CI provided constructive feedback on student performance.		
The CI provided timely feedback on student performance.		
The CI demonstrated skill in active listening.		
The CI provided clear and concise communication.		
The CI communicated in an open and non-threatening manner.		
The CI taught in an interactive manner that encouraged problem solving.		
There was a clear understanding to whom you were directly responsible and accountable.		
The supervising CI was accessible when needed.		
The CI clearly explained your student responsibilities.		
The CI provided responsibilities that were within your scope of knowledge and skills.		
The CI facilitated patient-therapist and therapist-student relationships.		
Time was available with the CI to discuss patient/client interventions.		
The CI served as a positive role model in physical therapy practice.		
The CI skillfully used the clinical environment for planned and unplanned learning experiences.		
The CI integrated knowledge of various learning styles into student clinical teaching.		
The CI made the formal evaluation process constructive.		
The CI encouraged the student to self-assess.		

23. Was your CI'(s) evaluation of your level of performance in agreement with your self-assessment?

Midterm Evaluation Yes No Final Evaluation Yes No

24. If there were inconsistencies, how were they discussed and managed?

Midterm Evaluation _____

Final Evaluation _____

25. What did your CI(s) do well to contribute to your learning?

Midterm Comments _____

Final Comments _____

26. What, if anything, could your CI(s) and/or other staff have done differently to contribute to your learning?

Midterm Comments _____

Final Comments _____

Thank you for sharing and discussing candid feedback with your CI(s) so that any necessary midcourse corrections can be made to modify and further enhance your learning experience.

**ALLEGANY COLLEGE
PHYSICAL THERAPIST ASSISTANT
CLINICAL EDUCATION HANDBOOK**

**APPENDIX D
Miscellaneous**

Fall Semester 2022

TERM		START DATE		END DATE	
Full-Term	(15 weeks)	August 22, 2022	Mon.	December 9, 2022	Fri.
Delayed Start Term	(12 weeks)	September 13, 2022	Tues.	December 9, 2022	Fri.

DATE		ACTIVITY	TERM
Aug. 19, 2022	Fri.	Last Day for FULL Refund (Less Non-Refundable Fees)	FULL-TERM
Aug. 21, 2022	Sun.	Last Day for FULL Refund (Less Non-Refundable Fees)	FULL-TERM
Aug. 22, 2022	Mon.	Classes Begin	FULL-TERM
Aug. 26, 2022	Fri.	Last Day to Enroll In Classes (Instructor Approval)	FULL-TERM
Sept. 12, 2022	Mon.	Last Day for FULL Refund (Less Non-Refundable Fees)	DELAYED START
Sept. 12, 2022	Mon.	Last Day for 80% Refund (Less Non-Refundable Fees)	FULL-TERM
Sept. 13, 2022	Tues.	Classes Begin	DELAYED START
Sept. 16, 2022	Fri.	Last Day to Enroll In Classes (Instructor Approval)	DELAYED START
Sept. 28, 2022	Wed.	Last Day for 80% Refund (Less Non-Refundable Fees)	DELAYED START
Oct. 3, 2022	Mon.	Change "I" Grades	SPRING and SUMMER 2022
Oct. 11, 2022	Tues.	Mid-Term Grades (10:00 a.m.)	FULL-TERM
Oct. 12, 2022	Wed.	Follow Monday Class Schedule	FULL-TERM and DELAYED START
Oct. 25, 2022	Tues.	Mid-Term Grades (10:00 a.m.)	DELAYED START
Nov. 2, 2022	Wed.	Last Day to Drop	FULL-TERM
Nov. 7, 2022	Mon.	Registration Opens	SPRING 2023
Nov. 9, 2022	Wed.	Last Day to Drop	DELAYED START
Dec. 9, 2022	Fri.	Classes End	FULL-TERM and DELAYED START
Dec. 13, 2022	Tues.	Final Grades Due (10:00 a.m.)	FULL-TERM and DELAYED START
Dec. 16, 2022	Fri.	Commencement	

DATE		HOLIDAY
Sept. 5, 2020	Mon.	Labor Day - College Closed
Oct 10-11, 2022	Mon-Tues.	Fall Break (No Classes/Offices Open)
Nov. 24-25, 2022	Thur-Fri.	Thanksgiving Break - College Closed
Dec. 17, 2022 - Jan. 1, 2023	Sat. - Sunday.	Winter Break (College Closed)

Spring Semester 2023

TERM		START DATE		END DATE	
Full-Term	(15 weeks)	January 11, 2023	Wed.	May 5, 2023	Fri.

DATE		ACTIVITY	TERM
Jan. 10, 2023	Tues.	Last Day for FULL Refund (Less Non-Refundable Fees)	FULL-TERM
Jan. 11, 2023	Wed.	Classes Begin	FULL-TERM
Jan. 18, 2023	Wed.	Last Day to Enroll in Classes (Instructor Approval)	FULL-TERM
Jan. 18, 2023	Wed.	Follow Monday Class Schedule	FULL-TERM
Feb. 1, 2023	Wed.	Last Day for FULL Refund (Less Non-Refundable Fees)	DELAYED START
Feb. 1, 2023	Wed.	Last Day for 80% Refund (Less Non-Refundable Fees)	FULL-TERM
Feb. 2, 2023	Thurs..	Classes Begin	DELAYED START
Feb. 7, 2023	Tues.	Last Day to Enroll in Classes (Instructor Approval)	DELAYED START
Feb. 17, 2023	Fri.	Last Day for 80% Refund (Less Non-Refundable Fees)	DELAYED START
Feb. 22, 2023	Wed.	Change "I" Grades	FALL 2023
Mar. 7, 2023	Tues.	Mid-Term Grades (10:00 a.m.)	FULL-TERM
Mar. 21, 2023	Tues.	Mid-Term Grades (10:00 a.m.)	DELAYED START
Mar. 29, 2023	Wed.	Last Day to Drop	FULL-TERM
Apr. 5, 2023	Wed.	Last Day to Drop	DELAYED START
Apr. 10, 2023	Mon.	Registration Opens	SUMMER and FALL 2023
May 5, 2023	Fri.	Classes End	FULL-TERM and DELAYED START
May 9, 2023	Tues.	Final Grades Due (10:00 a.m.)	FULL-TERM and DELAYED START
May 13, 2023	Sat.	Commencement	

DATE		HOLIDAY
Jan. 16, 2023	Monday	Dr. Martin Luther King, Jr. (No Classes/Offices Open)
March 13-17, 2023	Mon. - Fri.	Spring Break (No Classes/Offices Open)
April 6-7, 2023	Thurs. - Fri.	Spring Holiday (College Closed)

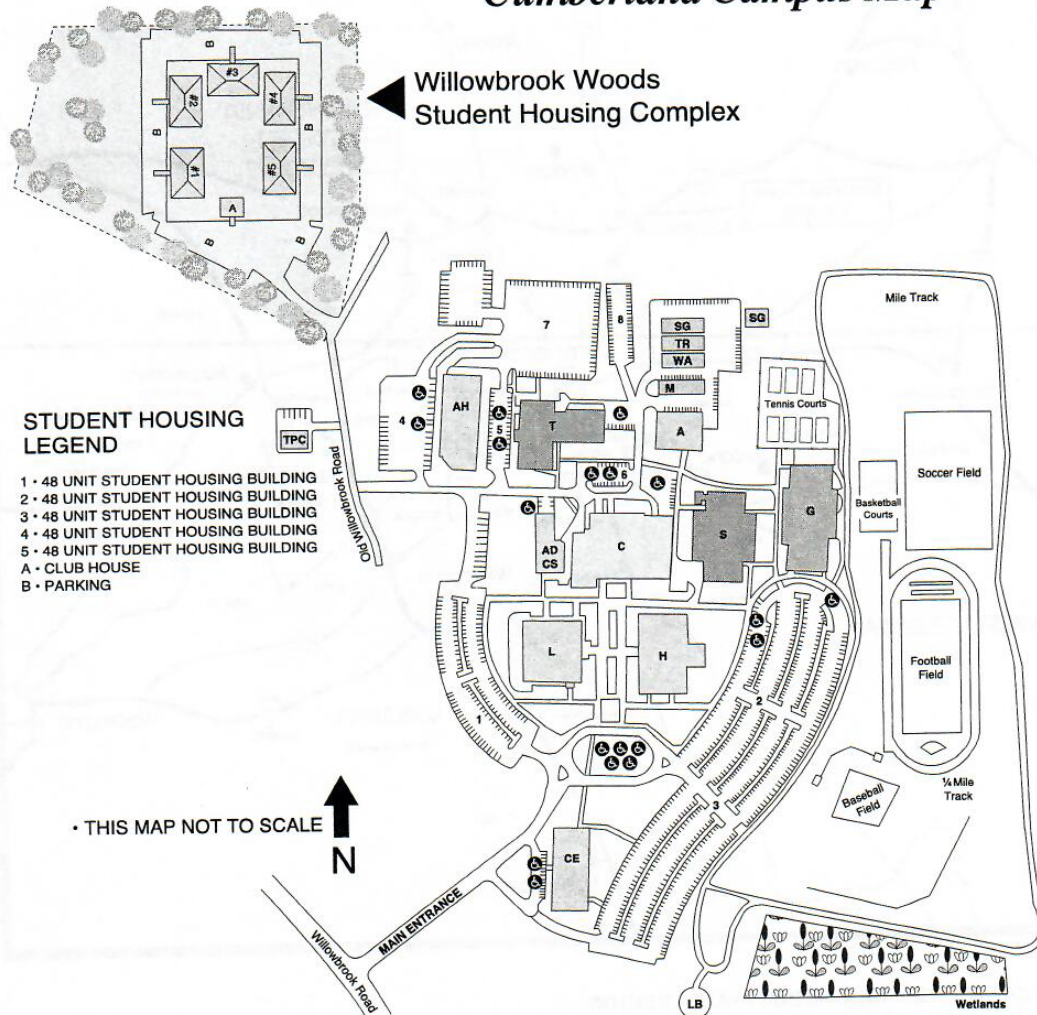
Summer Session 2023

TERM		START DATE		END DATE	
Full-Term	(10 weeks)	May 15, 2023	Mon.	July 25, 2023	Tues.
A-Term	(5 weeks)	May 15, 2023	Mon.	June 19, 2023	Mon.
B-Term	(5 weeks)	June 20, 2023	Tues.	July 25, 2023	Tues.

DATE		ACTIVITY	TERM
May 12, 2023	Fri.	(In Office) Last Day for FULL Refund (Less Non-Refundable Fees)	FULL-TERM and A-TERM
May 14, 2023	Sun.	(WebAdvisor) Last Day for FULL Refund (Less Non-Refundable Fees)	FULL-TERM and A-TERM
May 15, 2023	Mon.	Classes Begin	FULL-TERM and A-TERM
May 16, 2023	Tues.	Last Day to Enroll in Classes (Instructor Approval)	A-TERM
May 17, 2023	Wed.	Last Day to Enroll in Classes (Instructor Approval)	FULL-TERM
May 19, 2023	Fri.	Last Day for 80% Refund (Less Non-Refundable Fees)	A-TERM
May 26, 2023	Fri.	Last Day for 80% Refund (Less Non-Refundable Fees)	FULL-TERM
June 7, 2023	Wed.	Last Day to Drop	A-TERM
June 19, 2023	Mon.	Classes End	A-TERM
June 19, 2023	Mon.	Last Day for FULL Refund (Less Non-Refundable Fees)	B-TERM
June 20, 2023	Tues.	Classes Begin	B-TERM
June 21, 2023	Wed.	Last Day to Enroll in Classes (Instructor Approval)	B-TERM
June 26, 2023	Mon.	Last Day for 80% Refund (Less Non-Refundable Fees)	B-TERM
June 27, 2023	Tues.	Final Grades Due (10:00 a.m.)	A-TERM
June 29, 2023	Thurs.	Last Day to Drop	FULL-TERM
July 13, 2023	Thurs.	Last Day to Drop	B-TERM
July 25, 2023	Tues.	Classes End	FULL-TERM and B-TERM
July 28, 2023	Fri.	Final Grades Due (10:00 a.m.)	FULL-TERM and B-TERM
Aug. 5, 2023	Fri.	Summer Graduation	

ALLEGANY COLLEGE OF MARYLAND

Cumberland Campus Map



STUDENT HOUSING LEGEND

- 1 - 48 UNIT STUDENT HOUSING BUILDING
- 2 - 48 UNIT STUDENT HOUSING BUILDING
- 3 - 48 UNIT STUDENT HOUSING BUILDING
- 4 - 48 UNIT STUDENT HOUSING BUILDING
- 5 - 48 UNIT STUDENT HOUSING BUILDING
- A - CLUB HOUSE
- B - PARKING

THIS MAP NOT TO SCALE



- | | | |
|--|--------------------------------------|---------------------------------|
| A Automotive Technology | H Humanities | T Technologies |
| AD Advancement (Foundation, Public Relations) | LB Labyrinth | TR Transportation |
| CS Campus Store | L Donald L. Alexander Library | TPC Turning Point Center |
| AH Allied Health | M Maintenance | WA Welding & Auto |
| C College Center | S Sciences | 1-8 Parking |
| CE Continuing Education (Information Center) | SG Storage | ♿ Handicap Parking |
| G Gymnasium (Bob Kirk Arena) | | |

Financial Aid, Admissions/Registration Offices are located in the College Center (C).
Ample parking is available, with reserved parking identified for the handicapped.

10/08

ADDITIONAL INFORMATION:

Clinical Site Information Form (CSIF) from the APTA

--Available through the program. Twenty two page document that is issued to new clinical sites and on an as needed basis.

Maryland State Board of Physical Therapy:

<http://www.aptamd.org/practiceact>

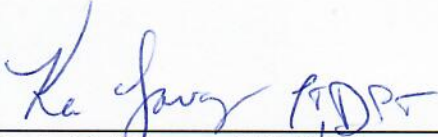
Pennsylvania State Board of Physical Therapy:

http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_physical_therapy/12522

West Virginia State Board of Physical Therapy:

<http://www.wvbopt.com/>

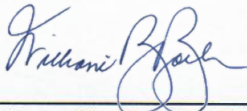
The policies in this manual have been revised and supersede all other published PTA Program policies. These policies and procedures become effective at the PTA Program Orientation for the Academic Year **2022-2023**. Allegany College of Maryland and the Physical Assistant Program reserve the right to make changes in this document as deemed necessary. All students will be given copies of new policies as they arise. The policies have been approved by the following individuals



Karin E. Savage, PT, DPT
Physical Therapist Assistant Program Director

5/31/22

Date



William R. Rocks Ed.D
Dean of Career Education, Instructional and Student Affairs

Date



Kurt Hoffman Ed.D
Senior Vice President of Instructional and Student Affairs

6/7/22

Date

Original: 1995
Revised: 2022