CLINICAL EDUCATION MANUAL



PTA PROGRAM

2022-2023

Academic Year

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[Program Webpage](http://www.sinclair.edu/program/params/programCode/PTA-S-AAS/); [Program Clinical Webpage](http://www.sinclair.edu/academics/divisions/hs/reh/pta-clinical-education/)

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### Abbreviations List

|  |  |
| --- | --- |
| ACCE | Academic Coordinator of Clinical Education |
| CAPTE | Commission on Accreditation for Physical Therapy Education |
| CCCE | Center Coordinator of Clinical Education |
| CI | Clinical Instructor |
| PAS | Performance Assessment System |
| FIF | Facility Information Form |
| HS | Health Science |
| SCC | Sinclair Community College |

### Introduction

This manual is to provide you, your staff, and the students with information about the SCC PTA program. The PTA program has been in existence since 1979. It is accredited by the Commission for Accreditation of Physical Therapy Education (CAPTE). The program consists of general education, scientific and technical coursework. The program is designed to prepare the student to graduate with an Associate of Applied Science (AAS) degree and take the licensure exam to practice Physical Therapy as a PTA. Currently the PTA Program has one of cohort on the Main Campus in Dayton, OH.

The contents of this handbook are items to inform you of the design of the PTA Program at SCC. Many of the pages of this handbook will be forms the student may present to you or your staff during clinical affiliations. Some of the forms may clarify school policy or procedure. The handbook is divided into five sections:

**Section I- Pre-Clinical Information:** Provides background information on student preparation for clinical affiliations, clinical assignments and forms presented to students to educate them about the clinical atmosphere and expectations.

**Section II- Clinical Affiliation Information:** Provides policies and procedures for the student to follow during the clinical affiliation, assignments the student will complete, and forms the student, CI, ACCE, and site visitor will complete during and at the completion of the clinical experience.

**Section III-** **Post-Clinical Information:** Identifies the process used to have the students and ACCE evaluate the clinical experience and what the student and CI can expect at the end of the clinical affiliation. Students also complete a seminar, related to clinical topics, at the end of the affiliation.

**Section IV- Forms Appendix:** Contains all of the forms required for completion before, during, and after a student’s clinical rotation. *All forms should be printed for use.*

**Section V-** **ACCE / CCCE Information:** Provides forms and information generally used by the ACCE and CCCE when developing and maintaining clinical affiliation agreements.

**Section VI –** **Student Forms to be Signed**: Contains forms, strictly for the students, that require signature prior to clinical affiliation. These forms can be electronically copied and signed.

While this handbook may answer many of your questions, it is not intended to take the place of personal contact with the Academic Coordinator of Clinical Education. The ACCE is always available to answer questions and make site visits to clarify issues and provide support. Additional information is available on the PTA Program web page at <http://www.sinclair.edu/program/params/programCode/PTA-S-AAS/>

As the ACCE, I want to thank each of you for your support of the PTA program at SCC. You are an integral part of ensuring the success of our students and of our PTA Program.

Sincerely,

Heather Stoner, PTA, MPH

Associate Professor / ACCE

### Pre-Clinical Information



### Contract Acquisition & Maintenance (CAPTE 6J2, 8F, 8G)

The purpose is to assure a variety of clinical site experiences over a broad geographic area. Contracts are acquired and updated routinely. The PTA program maintains 100+ contracts to assure adequate placement of students. A contract developed by SCC is the preferred contract for use by all HS Programs. Alternative contracts must be approved by SCC Legal Counsel before being submitted for adoption.

**Responsibilities**:

ACCE responsibilities:

* Locating clinical sites from a variety of referral sources including: students, alumni, other HS programs, peers, professional contacts and networking with other PTA programs in Ohio and across the country for out-of-state clinical sites
* Contacting facility representatives to arrange for a visit, when able
* Providing a written contract and program information via the program website
* Visiting the facility, when able, or communicate via other means to speak with CCCE and/or administrator to explain the affiliation process and responsibilities of each party
* Acquire adequate signatures on all contracts
* Maintaining contract
	+ Clinical site files are maintained electronically on the department network drive.
* Working with facilities to assure that FIF’s are completed on Acadaware in a timely manner and updated frequently
* Completing, updating, and saving the FIF in the PTA Program Clinical Community

CCCE responsibilities:

* Returning the yearly form indicating intent to accept students, including number of students, which clinical rotation and type of population served

**Procedure:**

* Initial contact
	+ Either facility CCCE or representative or ACCE make initial contact.
* Initial site visit
	+ If feasible, the ACCE will make an initial site visit to meet with CCCE, CIs, and other staff who will be having contact with the student. The visit is to introduce the program to the facility, inform the CCCE about the clinical process of the PTA program at SCC and to present the contract to the CCCE.
* Contract negotiation and signatures
	+ ACCE will present the SCC PTA Program Standard Contract to the facility representative
	+ If the facility prefers an alternative contract or modifications to the SCC contract, ACCE will review contract for appropriate language
		- If inappropriate language is present, ACCE will request a change in language to the CCCE or facility representative
		- Any alternative contract initiated from a facility or any contract with questionable language will be reviewed by SCC Attorney prior to continuation with agreement.
	+ Once a contract is in agreement by all parties, the facility will have the contract signed and return two copies to the ACCE. The ACCE will have the school sign the contract and forward an executed contract to the facility.
	+ Upon receiving the executed contract, the CCCE will complete their FIF information and return it to the Sinclair PTA Program
	+ In the case that a FIF form has not been completed or updated prior to a Sinclair PTA student performing a clinical at that facility:
		- ACCE will assure that pertinent information about the clinical site has been provided by the CCCE in order to make an appropriate decision about student placement
		- CCCE’s will be offered the opportunity for Sinclair PTA affiliated student to complete or update the site’s FIF form
* Contract is updated every 8-10 years or more often if ownership of facility or rehabilitation services in a facility is changed or policy updates are required.
	+ Contract review is initiated when contact is made for clinical placement for an academic year.
	+ Contract review can be initiated by SCC or facility as needed
	+ Contracts must be approved by the Provost and when questions of legality arise, by Legal Counsel.

### Identifying Clinical Site Availability (CAPTE 8F, 8G)

The ACCE will utilize an annual process to determine the ability of individual clinic sites to take students for clinical affiliation in the upcoming academic year.

* Each year, the ACCE will determine the dates of each affiliation for the upcoming calendar year.
	+ There will be two full-time clinical practicums scheduled, each lasting 7 ½ weeks: one in October-December and another in March-May.
* On or around March 1st, the ACCE will send each CCCE a Clinical Affiliation Email and Request Form, identifying the dates for the affiliations for the next academic year, with a return requested by April 30th.
* The CCCE will return the completed Affiliation Request Form by the indicated date, identifying the availability of the clinical site, which location(s), if multiple locations are available, and whether those slots are on a “first come, first serve basis” or are being held solely for the Sinclair PTA Program.
* If necessary, the ACCE will send a second emailing in May, with return requested for June 1st to facilities not responding to the first mailing.
* The ACCE will notify each CCCE as soon as possible of the intent to utilize any offered clinical placements.
* It is understood that staffing may change in the time between the return of the request form and the actual clinical affiliation. Therefore, the CCCE is asked to contact the ACCE as soon as possible if the clinical placement is no longer available.
* The ACCE will provide each CCCE with contact information for students assigned to their facility at least 6-8 weeks prior to clinical placement.
* Unless otherwise requested by the clinical site, the student is notified to contact the CCCE about 4-6 weeks prior to the start of the clinical affiliation.
* In order to assure a variety of clinical experiences for students, a clinical site that is available for a student placement may not get a student assignment.
* Also, due to unforeseen circumstances, the ACCE may need to request changes in clinical placement through the CCCE close to the start of a clinical experience.
* Whenever possible, the ACCE will notify each CCCE of non-use of their facility for that academic year at least 6 weeks in advance of the assigned clinical rotation.

See [***Student Clinical Assignment***](#_Student_Clinical_Assignment) for more information

### Student Clinical Assignment (CAPTE 6D, 6J1-5)

**Purpose**: To assure each student is assigned in a timely manner to appropriate clinical sites that provide a diversity of educational experiences that meet the needs and trends of current PTA practice

The ACCE will:

* Assure clinical contracts are up-to-date prior to assigning students to those facilities.
* Evaluate each clinical contract for specific patient care opportunities to assure a diverse experience for each student.
	+ Categorize each clinical practice site using the Facility Information Form (FIF), information gathered from Center Coordinator of Clinical Education (CCCE), and information gathered by faculty making site visits.
	+ Review and modify categorization, as necessary, based on feedback from Site Visitor or student (via APTA PTA Student Evaluation: Clinic Site and Clinical Instructor).
	+ Utilize the attached legend to categorize each clinical.
* Make available clinical affiliation lists to pre-program and program students upon request.
* Assign students to two 7 ½ week full-time (36-40 hrs./wk.) affiliation sites: Level 1: Fall term of 2nd year in program; Level 2 Spring term of 2nd year in program
	+ Students will be assigned based on availability, previous assignment, distance (up to approximately 75 miles from home or available housing), individual student learning needs, and overall level of skill, utilizing the categories ascribed to each facility to assure diversity of learning environments.
	+ Each student will be assigned to 1 “inpatient” and 1 “outpatient” experience. Examples are as follows:
		- Inpatient: acute care, inpatient rehab, skilled nursing, long-term acute care, transitional care, subacute care, pediatric hospital, home health
		- Outpatient: general orthopedics, sports medicine, school-based therapy, outpatient pediatrics, outpatient specialty clinic
	+ Any clinical experience assignment that must be rescheduled due to the clinical site canceling within two weeks of the start of the experience may result in an exception to the policy.
* Inform students that the site may be up to a 75 mile drive from their residence or available housing, and additional driving requirements set forth by the clinic site may also be necessary (e.g. driving between patient homes on a home health rotation; driving between multiple clinical facilities)
	+ Students with housing in a location distant from the Dayton area may request investigation into additional site availability or acquisition in that region. Clinical education experiences outside of Ohio must be approved through [Sinclair’s State Authorization policy.](https://www.sinclair.edu/locations/online/state-authorization/) This allows additional possibilities for lodging to prevent excessive travel.
* Request information from the students, during Spring term of the first year, about where they may have housing availability to ensure ease of clinical placement
* Distribute the Pre-Affiliation Form during Spring term of the first year of the curriculum to assist in determining student’s interests
	+ As much as possible, the ACCE will attempt to place each student in at least 1 clinical that meets their personal interests.
* Inform students of their clinical assignment about 6 weeks prior to the affiliation (using the Student Affiliation Assignment form).
* Notify the CCCE, via email, about students who have been assigned to the facility, provide contact information for the student, and provide expectations for clinical instructor qualifications (i.e. at least 1 year clinical experience in the field they are currently practicing).
	+ First notification of intent to place student will occur several months before assignment
	+ Contact information and final confirmation will be sent at least 6-8 weeks prior to clinical affiliation
* Notify the CCCE of any changes in assignments throughout the year.
* Reassign students to new clinical sites when changes in clinical site availability occur
	+ **Please note:** Although the student will be reassigned to a new clinical site based on changes in site availability, the ACCE **is not** responsible for reassigning a student if the student has been denied placement on a clinical site due to results of a background check, immunization exemption, drug / alcohol screens, or request for accommodation. The student who is denied placement as a result of a background check, immunization exemption, drug / alcohol screen, or accommodation request may be disqualified from continuing the PTA Program and be advised to withdraw and seek career guidance via Academic Advising.
* Provide the CCCE with student health information, CPR certification, and notification that background checks are available upon request.
* Handle requests for changes in any clinical assignment due to student personal emergency or other undue circumstances approved by ACCE.
* Remove the student from a clinical site, when necessary, due to lack of progress, violation of student conduct rules, violation of the American Physical Therapy Association Core Values for the Physical Therapist and Physical Therapist Assistant and at the request of CCCE, or undue circumstances.
* Reassign students, when appropriate, to a different clinical site or an additional remedial clinical, as warranted. (See [***Make-Up / Remedial Clinical Affiliations***](#_Make-Up_and_Remedial)policy for more information)

The student will:

* Complete the Pre-Affiliation Form to assist the ACCE in identifying the student’s interests related to different clinical placements.
* Acquire all necessary immunizations and submit a completed 2nd Year Student Health Certificate Form and Seasonal Influenza Vaccination Verification form to the PTA Program by the assigned due date.
* Submit proof of Health Insurance prior to clinical affiliations
* Complete both a BCI&I and FBI background check prior to clinical affiliations.
* Sign appropriate release forms to allow Sinclair PTA faculty and staff and CCCE’s access to health records and background checks.
* Successfully complete training in the PTA Acadaware PAS.
* Have reliable transportation to accommodate any required travel during clinical rotation (up to 75 miles from available housing).
* Assume the cost of housing if the student wishes to stay closer to the clinic site than their current home or available housing.
* Make the initial contact with CCCE prior to each clinical assignment.
* Inform ACCE of the CIs name, contact information, and scheduled work time for clinical affiliation.
* Adhere to policies in the Clinical Education Handbook.

The CCCE will:

* Complete the Clinical Request Form, sent out annually in early March.
* Verify clinical availability.
* Assign each student to a CI who is either a PT or PTA, part of the PT/PTA team, licensed in the state in which they are working, with at least 1 year of experience in the field of physical therapy in which they are currently practicing.
	+ The CCCE may pair the student with more than 1 CI or may pair a student with a CI who is supervising more than 1 student
		- The CCCE is responsible for determining the abilities of the current staff at a facility and assuring readiness of a PT or PTA to be a CI
* Notify ACCE as soon as possible of any changes in ability to take students for previously-verified clinical dates.
* Assure that no changes in contract are required by their facility prior to an upcoming clinical
* Update FIF form, as necessary, to assure it accurately defines the current clinical structure.

### Make-Up and Remedial Clinical Affiliations (CAPTE 1C4, 5E)

Students may be scheduled to perform a clinical affiliation during the Summer Term of their 2nd year in the program in the following cases:

* The student was unable to initiate or complete a prior clinical rotation for personal reasons or reasons unrelated to poor performance on the clinical rotation, and therefore, the student requires a “Make-Up Clinical”.
* The student failed a prior clinical rotation and therefore requires a “Remedial Clinical”.
	+ \*Per the [***Clinical Conduct***](#_Clinical_Conduct_(CAPTE) Policy, students with behavioral or professionalism issues that cause failure from a clinical may not be granted the opportunity to continue in the program and perform a Remedial Clinical.
* The student previously required a Remedial Clinical, and is therefore behind in completing clinical rotations (needs a “Make-Up Clinical”).

The ACCE, with the assistance / approval of the PTA Program Director, will be responsible for determining eligibility of a student to complete a summer Make-Up or Remedial clinical affiliation, based on:

* Reason for need of Summer clinical assignment
* Prior performance in the Sinclair PTA Program
* Demonstrated clinical and professional behaviors
* Any other criteria pertinent to the reason for not completing clinical affiliations on time

When a student requires a **Make-Up** clinical, the process is as follows:

* ACCE will identify the need for a Make-Up clinical as early as possible.
* ACCE will determine the type of clinical required, based on policy for providing a variety of clinical experiences.
* ACCE will acquire a suitable clinical site for a full-time 7 ½ week clinical rotation.
	+ In the case that a student initiated a prior clinical and was unable to complete it for reasons unrelated to performance, the ACCE may give student credit for at least a portion of the previous clinical as long as the student remained on that clinical through at least midterm and had a successful Midterm PAS score.
		- In this case, the student may be assigned to less than a 7 ½ week summer Make-Up Clinical.
* Monitoring of student will occur per normal procedures (i.e. via weekly reflections and midterm site visit).

When a student requires a **Remedial** clinical, the process is as follows:

* ACCE will identify the need for a Remedial clinical as early as possible.
* ACCE will determine the type of clinical required, based on the type of clinical the student failed.
* ACCE will specifically attempt to match the student with an experienced CI that will best meet the special needs of the student.
* ACCE will meet with the CI prior to the start of the clinical rotation to discuss the general goals for the Remedial clinical and offer resources, as needed, to assist the CI in educating the student.
* ACCE will meet with both student and CI together during the 1st week of the clinical rotation to assist in creating concrete goals for the clinical rotation and to answer any questions or concerns.
* ACCE will follow-up with both the CI and student on a weekly basis to determine progress and concerns.
	+ ACCE will intervene, as necessary throughout this process.
	+ ACCE will also complete a site visit at Midterm of the clinical.

When a Make-Up clinical or Remedial Clinical is scheduled in the summertime, the ACCE will attempt to schedule the clinical in the earliest possible timeframe of Summer Term. However, summer clinicals will be scheduled around the dates that work best for the CI’s who are volunteering their time to assist.

### Curriculum Overview (CAPTE 6D)

The faculty of Sinclair’s PTA Program consists of both full-time and part-time instructors. The full-time faculty members have many years in clinical practice and education. The part-time members are both PT's and PTA’s who are currently working in the field of physical therapy. Having a variety of part-time faculty members allows the students to be exposed to different teaching styles and level of experience in the profession. In addition, the students see current trends in practice, and interact with professionals from many different practice areas.

The faculty of the PTA program at SCC strives to keep the curriculum current with practice trends and profession guidelines. CAPTE is the accrediting organization that regulates this process. The curriculum is composed of five consecutive semesters. The course work is arranged to allow the student to benefit from non-technical courses such as English, Psychology or Sociology, Math, Communication, Anatomy and Physiology, and the technical courses of the PTA program. The PTA courses are designed to assist the students in learning content in a manner that allows for knowledge growth, critical thinking, problem solving, and professional behavior.

Program outcomes are reflected in a near 100% passage rate of graduates on the National examination. Graduates are employed in all types of practice environments throughout Central and Southwest Ohio. The academic portion of the curriculum is integrated with the clinical experiences to assure students have entry level skills at graduation.

* [PTA Program Curriculum](http://www.sinclair.edu/program/params/programCode/PTA-S-AAS/)

### Knowledge & Skills Acquired Prior to Clinical Rotations (CAPTE 6D)

The table below lists general topics and skills to which the student has been exposed prior to the initiation of full-time clinical rotations. For the topics below that include a hands-on skill component, students have demonstrated competency in ***performing*** the clinical skill listed, unless otherwise indicated as having ***general knowledge only*** (\*). Acquisition of general knowledge indicates the student has a level of understanding necessary to expand on their knowledge in a clinical environment.

|  |  |  |
| --- | --- | --- |
| TOPIC or SKILL | Competence in Performance | General Knowledge |
| Anatomy & Kinesiology |
| * Basic Kinesiology & Biomechanics
 |  | **X** |
| * Musculoskeletal Anatomy
 |  | **X** |
| * Neuroanatomy
 |  | **X** |
| Communication |
| * Patient Education
 | **X** |  |
| * Educating the Public
 |  | **0** |
| * Documentation (SOAP format)
 |  | **X** |
| * Interdisciplinary Communication
 |  | **X** |
| Manual Therapies |
| * Massage
 | **X** |  |
| * Mulligan Technique
 |  | **0** |
| * Muscle Energy Techniques
 |  | **0** |
| * Peripheral Joint Mobilizations
 | **X- shoulder, knee, ankle; Grades I-IV** |  |
| * Soft Tissue Mobilization
 | **X** |  |
| * Strain-Counterstrain
 |  | **0** |
| Passive Modalities |
| * Diathermy
 |  | **0** |
| * Electrical Stimulation
 | **X** |  |
| * Fluidotherapy
 |  | **0** |
| * Hot / Cold Packs
 | **X** |  |
| * Ice Massage
 | **X** |  |
| * Infrared
 |  | **0** |
| * Laser
 |  | **0** |
| * Mechanical Traction
 | **X** |  |
| * Paraffin
 |  | **0** |
| * Pneumatic Compression
 |  | **0** |
| * Ultrasound
 | **X** |  |
| * Whirlpool
 |  | **0** |
| * Ultraviolet
 |  | **0** |

**X** = Topic / skill acquired prior to **Level I** clinical **0** = Topic / skill acquired prior to **Level II** clinical

|  |  |  |
| --- | --- | --- |
| TOPIC or SKILL | Competence in Performance | General Knowledge |
| Practice Management |
| * Billing
 |  | **X** |
| * 3rd-Party Payors / Health Insurance
 |  | **X** |

|  |
| --- |
|  |
| PTA Role |
| * PT / PTA Relationship
 |  | **X** |
| * Interprofessionalism
 |  | **X** |
| * Evidence-Based Practice
 |  | **X** |
| * Case Management
 |  | **X0** |
| Risk Management |
| * Departmental Policies / Procedures
 |  | **0** |
| * Legal / Ethical Practices
 |  | **X0** |
| * Patient Safety
 |  | **X** |
| Tests & Measures |
| * Balance & Coordination Testing
 | **X** |  |
| * Gait Assessment
 | **X** |  |
| * Goniometry
 | **X** |  |
| * Manual Muscle Testing
 | **X** |  |
| * Orthopedic Special Tests
 | **X** |  |
| * Posture Assessment
 | **X** |  |
| * Reflex Testing
 |  | **X** |
| * Sensory Testing
 | **X** |  |
| * Vitals
 | **X** |  |
| Therapeutic Exercise |
| * Balance & Coordination
 | **X** |  |
| * Cardiovascular Training
 | **X** |  |
| * Flexibility & Stretching
 | **X** |  |
| * Isokinetics
 |  | **X** |
| * Muscle Strength & Endurance
 | **X** |  |
| * Plyometrics
 | **X** |  |
| * Range of Motion
 | **X** |  |
| * Spinal Stabilization
 | **X** |  |

|  |  |  |
| --- | --- | --- |
| TOPIC or SKILL | Competence in Performance | General Knowledge |
| Therapeutic Interventions |
| * Adult Neurorehabilitation
 | **X** |  |
| * Amputee and Prosthetic Rehabilitation
 |  | **X** |
| * Aquatics
 | **0** |  |
| * Bariatrics
 |  | **X** |
| * Basic Wound Care & Prevention
 | **X** |  |
| * Bed Mobility & Transfers
 | **X** |  |
| * Body Mechanics & Ergonomics
 | **X** |  |
| * Continuous Passive Motion
 |  | **X** |
| * Energy Conservation & Work Simplification
 | **X** |  |
| * Gait Training
 | **X** |  |
| * Lymphedema
 |  | **0** |
| * Medically Complex Patients
 |  | **X** |
| * Orthopedic treatment of extremities & spine
 | **X** |  |
| * Patient Positioning
 | **X** |  |
| * Pediatric Developmental Treatment
 |  | **X** |
| * Stress Management
 | **X** |  |
| * Vestibular Training
 |  | **X** |
| * Wheelchair Fitting
 |  | **X** |
| * Women’s Issues
 |  | **0** |

**\*\*The ACCE makes every attempt to place students into clinical sites that are appropriate for the students’ level of skill and knowledge. During the clinical affiliation, students are only expected to demonstrate competency in topics or skills already learned in class.\*\***

### Defining Professional Behavior (CAPTE 7D4, 7D5)

Professional Behavior has been defined as the process of becoming an effective therapist by attaining competency in professional knowledge, skill, and behavior. Each part of the acquired behavior is built upon the generic abilities required to be a professional, and each is deemed to be an important part of professional growth and development as the student progresses through the didactic and clinical portion of the curriculum. These specific behaviors are assessed by faculty in each course of the program weekly and during all skill-based competencies in the classroom, as they are foundational to all clinical skills in the healthcare clinical environment.

The students discuss and assess their understanding and development of these foundational behaviors throughout the didactic and clinical portions of the curriculum. The student will identify areas needing attention and share that information with the academic faculty, then the clinical instructor. Before entering the first clinical experience the student will use the [***Student Pre-Clinical Self-Assessment Form***](#_Student_Pre-Clinical_Self-Assessmen_1) and will share this with the CI during the 1st week of the clinical. During the clinical experience the Performance Assessment System (PAS) will also be used to assess progress toward entry-level behaviors. The ACCE is responsible for developing strategies to educate the CI in how to assist with this specific teaching assignment.

Two tables are included in this handbook.

[**Table 1**](#_TABLE_1:_Definition)= Identifies and defines the professional behaviors assessed when student enters the program.

[**Table 2**](#_TABLE_2:_Correlation)= Relates the behaviors to the 9 sections of the PAS. Each section of the PAS is listed with corresponding professional behaviors.

The **Core Values for the Physical Therapist and Physical Therapist Assistant** are also integrated in the curriculum and expected of the entry-level graduate following the final clinical experience and include:

**Accountability:** Active acceptance of the responsibility for the diverse roles, obligations, and actions including self-regulation.

**Altruism:** Placing the needs of the patient/client ahead of the PTA’s self-interest.

**Collaboration:** Working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals.

**Caring and Compassion**: Identify with another’s experience and provide caring and empathetic consideration.

**Duty:** Provide safe and effective physical therapy services and positively influence health of society

**Excellence:** Consistently use current knowledge and skills while understanding personal limits.

**Integrity:** Adherence to truthfulness, fairness and ethical behavior.

**Social Responsibility:** Promotion of between the PTA and the larger public

A copy of the [Core Values for the Physical Therapist and Physical Therapist Assistant](https://www.apta.org/apta-and-you/leadership-and-governance/policies/core-values-for-the-physical-therapist-and-physical-therapist-assistant) can be found on the APTA website.

### TABLE 1: Definition of Professional Behaviors

|  |  |
| --- | --- |
| **Professional Behavior** | **DEFINITION** |
| 1. Commitment to Learning | The ability to self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding; develop reading and language skills. |
| 2. Interpersonal Skills | The ability to interact effectively with patients, families, colleagues, other health care professionals and the community; deal effectively with cultural or ethnic diversity issues; display respectful behavior in all interactions. |
| 3. Communication Skills | The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes; teach patients and families/caregivers and participate on health care teams |
| 4. Effective Use of Time and Resources | The ability to obtain the maximum benefit from a minimum investment of time and resources; plan work completion; follow policies and procedures of program clinical site. |
| 5. Use of Constructive Feedback | The ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving interpersonal interaction; work effectively in the PT/PTA relationship. |
| 6. Problem-Solving | The ability to identify and define problems, utilizes data, develop and implement solutions; react to emergency situations; provide safe treatment interventions and use clinical reasoning in delivery of care.  |
| 7. Professionalism | The ability to exhibit appropriate professional conduct and to represent the profession effectively. Attend APTA functions; participate on health care teams and adhere to the Code of Ethics of the APTA. |
| 8. Responsibility | The ability to fulfill commitments and be accountable for actions and outcomes, including safe and ethical use of treatment interventions and adherence to policies and procedures. |
| 9. Critical Thinking | The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, and assumptions; distinguish the relevant from the irrelevant. |
| 10. Stress Management | The ability to identify sources of stress and to develop effective coping behaviors, providing patient care in a safe manner. |

### TABLE 2: Correlation of Professional Behaviors to PAS Criteria

|  |  |
| --- | --- |
| **PROFESSIONAL BEHAVIOR** | **PAS PERFORMANCE CRITERIA** |
| **Commitment to Learning** | Professionalism and Professional Development |
|  | Interpersonal Relations and Communication  |
|  | Clinical Reasoning |
| **Interpersonal Skills** | Professionalism and Professional Development |
|  |  |
|  | Interpersonal Relations and Communications |
| **Communication Skills** | Professionalism and Professional Development |
|  | Interpersonal Relations and Communications |
|  | Documentation and Billing |
| **Effective Use of Time and Resources** | Professionalism and Professional Development |
|  | Administration and Management  |
| **Use of Constructive Feedback** | Safety |
|  | Professionalism and Professional Development |
| **Problem Solving** | Safety |
|  | Professionalism and Professional Development |
|  | Clinical Reasoning |
|  | Interventions |
|  | Data Collection and Usage |
|  | Administration and Management |
| **Professionalism** | Clinical Reasoning  |
|  | Professionalism and Professional Development  |
|  | Interpersonal Relations and Communications |
| **Responsibility** | Safety |
|  | Professionalism and Professional Development  |
|  | Documentation and Billing |
|  | Administration and Management |
| **Critical Thinking** | Safety |
|  | Professionalism and Professional Development |
|  | Clinical Reasoning  |
|  | Interventions |
| **Stress Management** | Professionalism and Professional Development  |
|  | Administration and Management  |

### Student Pre-Clinical Self-Assessment of Professional Behaviors (CAPTE 7D4, 7D5)

Although all 10 generic abilities that make up professional behavior are of great importance in becoming a successful health care professional, through review of student experiences and outcomes in the clinic, 6 of these 10 behaviors appear to have critical importance in the success of students in their academic and clinical experiences. These 6 behaviors are:

1. Effective Use of Time and Resources
2. Use of Constructive Feedback
3. Problem Solving
4. Critical Thinking
5. Communication
6. Stress Management

Prior to each clinical rotation, the students are required to complete a [***Student Pre-Clinical Self-Assessment Form***](#_Student_Pre-Clinical_Self-Assessmen_1) to self-identify areas of behavioral skill as well as potential areas of clinical challenge and goals related to these behaviors. A copy of these completed forms will remain with the ACCE, and the originals will be provided to the CI by the students bring to their clinical experiences. Each student will review his/her self-assessment with their CI within the first week of the practicum experience. Personal goals related to these professional behaviors must be discussed and an action plan for achievement of these goals will be discussed by the student and the CI. A signed copy of this form must be sent by the student to the ACCE.

During the academic faculty site visit, the site visitor will discuss progress towards both professional behavior and other clinical goals that have been set with both the student and the CI. Education, as necessary, in assisting the student toward these goals will occur between the PTA faculty and the CI. Discussion / education of the student regarding their goals will also occur (See [***Clinical Site Visit Form***](#_Clinical_Site_Visit) in Forms Appendix). The site visitor will also assist the CI in developing strategies to assist any student with these specific professional behaviors.

### Student Pre-Clinical Self-Assessment of Personality and Learning Style (CAPTE 6G)

It is important for students to understand key components of their personality, as it can impact how they develop relationships with patients and other healthcare professionals in the clinical setting. It is also essential for students to be aware of their preferred learning style so they can better communicate their learning needs with their Clinical Instructor(s). A better understanding of these elements by both the student and the CI can help to enhance the clinical learning experience and interpersonal relationship between the student and their CI. For these reasons, prior to their clinical rotation, students review the self-assessments of personality and learning style that were performed on admission to the program. These assessments include:

 1) Jung’s Typology Test

 2) The VARK

The results of these assessments are documented on the [***Personality / Learning Style Self-Assessment Form***](#_Personality_Profile_/). The students will bring a copy of this form to their CI at the beginning of each clinical experience. Each student will review his/her self-assessments with the CI within the first week of the practicum experience. CI’s are also encouraged to take these same assessments to compare results with their student. A signed copy of this form will be sent to the ACCE by the student by the end of the first week of the clinical.

When appropriate, during the academic faculty site visit, the site visitor will discuss how personality and/or learning style have been addressed during the clinical rotation and how differences in styles have been managed. If necessary, education will be given to assist the student and/or the CI in better understanding and addressing the student’s personality and learning style.

The objectives of this assignment include:

1. Continue to improve self-reflection abilities necessary for success in a clinical environment.
2. Enhance student success in clinical education through improved self-awareness of personality and preferred learning style and their impact on developing rapport and gaining knowledge in the clinical setting.
3. Provide the CI with information early in the clinical rotation to assist in getting to know and understand the student’s preferences and learning needs.
4. Give the CI the opportunity to self-assess and compare personality and learning preferences with those of the student to improve development of rapport between CI and student and assist in preventing unintended conflict.
5. Open dialogue between student, CI, and ACCE (or faculty site visitor) specific to the student’s needs
6. Shorten the time CI and student require to identify best communication style during clinical experience.
7. Assist with overall assessment and development of the CI.

### Student Pre-Clinical Information Provided to Clinicals

Students are required to possess the forms of information listed below prior to entry into the first clinical practicum. Each form needs to be current so that it can be duplicated for the clinic site if needed. **Some of the sites may require additional forms, medical testing, immunizations, or other pre-affiliation activities. It is the students’ responsibility to comply with these requests, when necessary. If there is a cost to the requested activity that is not covered by the clinic site, the activity will be at the student’s expense.** Examples of additional pre-clinical activities that may be requested include: student orientation, drug screen, internal background check, nicotine screen, etc.…

It is not the intention of the SCC PTA Program to overburden the student with additional expenses. However, potential clinical requirements are so varied and difficult to assess that the student needs to be prepared in the event that these additional requirements are necessary.

Prior to the affiliation, some sites will send the student a packet indicating the specific medical information required for that site. All student information is to be confidential as outlined in [Federal Education Right and Privacy Act (FERPA)](http://www.sinclair.edu/services/basics/registration-and-student-records/student-records/family-education-rights-privacy-act-ferpa/).

The Academic Coordinator of Clinical Education (ACCE) will provide written verification to the facility that the student has the following pieces of information:

* Statement from physician of general good health of the student and their ability to perform all essential functions of a PTA while in the clinic. This statement will not be greater than 1 year by the first day of any clinical assignment.
* Records of up-to-date immunizations (MMR, Td/Tdap, HepB, Influenza, Covid vaccination or exemption).
* Current TB test results (Two Step Mantoux or Quantiferon Gold). If a student had had a positive result, there must be x-ray results to indicate a non-contagious state.
	+ These records will be no greater than 1 year old on the first day of any clinical assignment.
* Current Health Care Professional (or equivalent) CPR certification.
* Fingerprinting and Background check information (BCI & FBI).
	+ Students pre-pay for fingerprinting through the Bursar’s office and use SCC Campus Security to have the [***National Webcheck Criminal History Checklist***](#_NATIONAL_WEBCHECK®_CRIMINAL) done. Samples of these forms are available in Forms Appendix.
	+ These records will be no greater than 1 year old on the first day of any clinical assignment.

If this information is not available as indicated, it will delay or cancel clinical placement. This situation could be cause for dismissal from the PTA program.

A sample of the Student Health Certificate can be found on the link:

* [PTA Essential Functions](https://www.sinclair.edu/academics/divisions/hs/reh/pta-program-specific-information/)

### Clinical Education Responsibilities (CAPTE 5D)

Each of the four main parties in clinical education (ACCE, CCCE, CI, Student) have responsibilities to make the clinical experience a good educational experience.

**The ACCE for SCC is responsible for:**

1. Assuring students have completed all health requirements, background checks, other individual requirements of a specific clinical facility, CPR training, PTA PAS Acadaware training, and meet the Essential Functions of a PTA.
2. Providing the clinic site with copies of the student’s health records, immunizations, background checks, current CPR cards, and any other required material at or prior to the beginning of the clinical rotation.
3. Acquiring and maintaining clinical site contracts.
4. Assuring clinical instructors meet minimal required criteria, including 1+ year of experience in their type of clinical setting, ability to provide a full-time (36-40 hour/week) clinical experience (alone or in combination with other CI’s), and completion of the PTA PAS Acadaware training course.
5. Education of clinical instructors including ongoing assessment and professional development.
6. Preparing students for clinical affiliations.
7. Assigning students to clinical affiliations.
8. Coordinating on-site visits for purposes of monitoring progress, counseling students, clinical site evaluation and CI assessment and development.
9. Determining student’s final grade for each clinical rotation, based on input from the CI, CCCE, and others, as necessary.
10. Determining student’s readiness for clinical advancement.
11. Remediation, if necessary.
12. Providing input regarding use of the PAS.
13. General assessment of each clinic site and CI.
14. Adhering to [FERPA](http://www.sinclair.edu/services/basics/registration-and-student-records/student-records/family-education-rights-privacy-act-ferpa/) standards in all communications with CI’s and CCCE’s

**The CCCE for the facility is responsible for:**

1. Working with the ACCE to acquire and maintain the clinical placement.
2. Maintaining an updated Facility Information Form (FIF) for SCC.
3. Meeting with the CI and ACCE, as needed.
4. Assisting the CI, as needed, during preparation for and carrying out the clinical rotation.

**The CI is responsible for:**

1. Completing the PTA PAS Acadaware training prior to having a PTA student.
2. Orienting students to facility policies and procedures.
3. Providing a learning environment including: patient care, use of equipment, all aspects of documentation, in-service education opportunities, progress on the PAS clinical skills.
4. Assessing the student utilizing the PAS with input from student and other peers in the facility.
5. Communicating constructive feedback to student.
6. Communicating student progress to ACCE via PAS, verbal and written communication and meeting with the faculty site visitor.
7. Ongoing personal development related to teaching clinical skills

**The student is responsible for:**

1. Providing copies of health records, immunizations, background checks, proof of health insurance, CPR cards, and any other requested information so they are available for the clinical sites.
2. Completing PTA PAS Acadaware training prior to entering the first clinical experience.
3. Adhering to all professional behaviors and the PAS standards.
4. Providing safe and effective treatment interventions under the direction of the CI according to the plan of care from the PT.
5. Maintaining patient confidentiality, as outlined in the Patient Bill of Rights and Health Insurance Portability and Accountability Act (HIPAA).
6. Demonstrate professionalism through adherence to all clinical site policies, including Patient Bill of Rights.
7. Complying with all Sinclair’s rules and regulations and policies and procedures, as well as those of the clinical site.
8. Assuring that patients are aware that they are a PTA Student.
9. Practicing professional dress and acceptable hygiene for clinical practice.
10. Meeting requirements for attendance and punctuality.
11. Providing an educational presentation to facility personnel.
12. Providing reliable transportation to and from the clinical site.
13. Paying for any medical treatments necessary, aside from emergency care, for any personal injury incurred on the clinical site.
14. Communicating with CI and ACCE regarding all aspects of the educational clinical experience.
15. Demonstrating a willingness to learn through self-motivation, acceptance of constructive feedback and application of intellectual curiosity.
16. Understanding the PAS and contributing to self-evaluation of progress throughout the clinical experience.
17. Completing a weekly self-reflection for the ACCE as well as other assignments due either during or at the end of the clinical experience.
18. Maintaining documentation of the clinical experience using forms provided by the ACCE.
19. Completing assessment of clinical experience and the CI.

The list is not comprehensive and additional responsibilities may be required of the student depending on the facility, the expectations of the CI.

Upon initiation of limited enrollment courses in the PTA curriculum, all students signed a ***Student Assumption of Risk and Release of Liability*** form, as well as a ***Student Acknowledgement of Risks and Obligations Associated with Laboratory and Clinical Education Experience*** form, available in the PTA Program Student Handbook. Students remain bound by the obligations outlined within these documents, as well.

### Fingerprinting / Background Check (CAPTE 5D, 5E)

It is the policy of the Sinclair Community College PTA Program that all students will be fingerprinted prior to assignment to the first clinical practicum, which is Fall semester of the second year of the curriculum. Students will utilize the Sinclair Community College resources to complete this fingerprinting requirement. Background checks will not be greater than 1 year old by the 1st day of any clinical assignment.

Prior to the Date of Fingerprinting:

* ACCE will educate students in spring of first year about required fingerprint/background check process.
* ACCE will set up a fingerprinting schedule with the appropriate resources for all PTA students to acquire their BCI/I and FBI fingerprints (approximately 2 months prior to Fall clinical).
* Students will be notified of the schedule.
* Students who have a known history of arrest may select to schedule a fingerprinting date prior to the group fingerprinting date in order to assure that test results are received in a timely fashion to prevent delay or cancellation of clinical rotation.
	+ Students must still use Sinclair Community College resources when scheduling an appointment.
* Student will pay the fee for fingerprinting at the Bursar’s office.

On the Date of Fingerprinting:

* When students report for fingerprinting, they must present:
	+ A receipt of payment
	+ Social security card
	+ Government Issued Driver’s License or Government Issued ID Card
	+ Completed Webcheck® Request Form
		- All BCI and FBI reports will be sent to the ACCE.

After Fingerprinting:

* ACCE will receive BCI and FBI reports and maintain those records in each student’s permanent file.
* Students will complete a Fingerprint Verification Form, stating that they have been fingerprinted and they agree to make those results available to a clinical site.
* If the ACCE received notice that a student “may not meet requirements for licensing or employment”, based on their background check, the student will need to apply for a copy of their Rap Sheet.
	+ Student will need to bring the Rap Sheet to the ACCE in its original, sealed envelope prior to entering the clinical environment.
* ACCE will forward reports to the clinical facility as a part of the student’s pre-clinical paperwork.
* Per SCC Student Background Check Policy and Procedure, when placing a student for a clinical affiliation, if a student has a criminal offense prohibited for healthcare professionals (per the list below), the ACCE will contact the prospective clinical site to ask whether an individual with that specific criminal offense would be allowed employment at that clinical site. If the clinical site would deny employment of an individual with the student’s criminal record, the student will automatically be disqualified from continuation in the PTA Program and will be advised to withdraw and seek career guidance via Academic Advising.

During the PTA student’s orientation to SCC’s PTA Program prior to initiation of limited enrollment / restricted courses, as well as in both PTA 1000 and again in PTA 1100, the student is provided basic information on the potential risks involved in having a criminal background and attempting to complete the Sinclair PTA Program. Although Sinclair PTA faculty, including the ACCE, cannot be certain which offenses will be acceptable and which will be unacceptable to an individual clinic site, the students are offered the opportunity to review the list of Felony Offenses Prohibited for Health Care Professions in the state of Ohio so they can “deselect” themselves from the PTA Program, if necessary. These offenses would disallow a health care provider from treating both pediatric and geriatric patients in the state of Ohio.

The full Sinclair Community College Background Check Policy is located at:

[Sinclair Community College Background Check Policy](https://www.sinclair.edu/www/assets/File/Hom-Aca-AcaDiv-HS/background-check.pdf)

### Pre-Clinical Health Records Policy (CAPTE 5D, 5E)

* Students will be informed in a pre-clinical meeting of the immunization and health requirements for clinical affiliation.
* Students are required to have proof of the following, prior to clinical affiliation:
	+ 2-step Mantoux test in Year 1 and 2-step Mantoux in Year 2 of program with negative result, or chest x-ray, (-) for tuberculosis that will not be more than 1 year old by the last clinical rotation
	+ MMR titer that shows immunity to each disease or 2 booster vaccines for parotitis and rubeola / 1 booster vaccine for rubella
	+ Td vaccine (tetanus & diphtheria) within the last 10 years
	+ Hepatitis B vaccine series or titer verifying immunity
	+ Varicella titer that shows immunity to the disease or 2 booster vaccines
	+ Covid Vaccine (or notified ACCE to apply for exemption for clinic sites as most mandate the vaccination, some do have an exemption policy and process in place).
	+ Influenza (for the current year)
	+ Good general health (per physician)
	+ Ability to perform Essential Functions of the PTA student (as outlined in the immunization form)
		- [Student Health Certificate -2nd Year Form](https://www.sinclair.edu/academics/divisions/hs/reh/pta-program-specific-information/)
		- Students with questions regarding reasonable accommodation should consult [Accessibility Services](http://www.sinclair.edu/services/support/accessibility-services/)
		- ***\*\*Please note:*** *If a student is denied clinical placement due to request for reasonable accommodation, the PTA Program will to attempt an alternative placement. This is due to the accreditation requirement that each student experience a variety of populations in order to complete the curriculum. In this case, the student will automatically be disqualified from continuing in the PTA Program.*
* Students will be expected to have a health care provider complete the Student Health Certificate and Immunization Form, as well as a Seasonal Influenza Form, and submit these forms to the PTA Program by the deadline provided by the ACCE during the 2nd year in the program.
* Students must also sign an Authorization for Release of Records in order for the ACCE, other necessary PTA staff, and CCCE to have access to their records.
* Copies of these health records will be sent with each student to be given to the CCCE at the beginning of each clinical rotation.
* Students have the right to request exemption to the immunization policy for medical or religious reasons.
	+ While Sinclair does not have decide Exemption status for medical or religious reasons, the ACCE will work with the student to attempt to find clinical placement at facilities that have exemption processes in place.
		- ***\*\*Please Note:*** *If the student is denied a clinical placement due to lack of proper immunizations, the PTA Program will attempt an alternative placement. However, this may delay clinical placement and progression in the program. If clinical placement cannot be found the student may be disqualified from continuing in the PTA Program. Due to the accreditation requirement that each student experience a variety of populations in order to complete the curriculum.*
* Students who do not complete and hand in these forms by the required date will be denied the ability to initiate their first clinical rotation.
* Clinical sites may require that the student acquires additional immunizations or health assessments. The students are responsible for complying with any of these requests at their own expense. Lack of compliance will either prevent the student from initiating the clinical or cause immediate withdrawal from the clinical site.
* In the event that a student’s health or medical status change between receipt of the Student Health Certificate & Immunization Form and the beginning of the clinical rotation, the student will be required to have their primary health care practitioner sign a ***Student Health Certificate—Injury/ Illness/ Medical Condition***, verifying the student’s good general health and ability to perform all Essential Functions, or the student will be denied from initiating clinical rotation.

### Drug Screens & Other Requirements (CAPTE 5D)

**Purpose:** Because it is impossible to determine all the different requirements of each clinical site, the student needs to be prepared to meet the individual requests of a particular clinical site.

**Procedure:**

* Students will be informed in the Student Handbook, and again during orientation to clinicals that he/she may be responsible for other activities / tests / immunizations than those required by the PTA Program, prior to initiating a particular clinical rotation.
* Some of these additional requirements may include, but are not limited to:
	+ Drug Screenings
	+ Nicotine Screenings
	+ Clinical Orientations
	+ Additional clinical forms
	+ Background checks performed specifically by the clinical location
* These activities and expenses are the responsibility of the student and must be completed prior to the start of the clinical (or in the timeframe given by the CCCE) or the student will not be allowed to enter or remain on the clinical rotation.
	+ Drug test and nicotine screen results will be received by the ACCE who will forward them to the clinical site.
		- Authorization for Release of Records should already be on file with the ACCE prior to the student requiring these types of screenings.
* Sinclair Community College’s PTA Program has developed agreements with the following companies for the purpose of acquiring drug screenings and other additional lab tests.
	+ Primer Occupational Health – Central, 1520 South Main St., Suite 210
	+ Primer Occupational Health – South, 4220 Grand Ave, Middletown, OH 45044
		- Students are not required to use one of these facilities, but reasonable prices for services have been negotiated with these entities.
* The ACCE will make every effort to prevent any individual student from being placed in 2 different clinical locations that both have additional requirements that require out-of-pocket expenses on the student’s part; however, this is not always feasible.
* Students will be informed either by the ACCE or the CCCE of any additional requirements of the clinical site as early as possible to allow the student as much opportunity as possible to complete those requirements in a timely manner.

### CPR Certification (CAPTE 5D)

Students are required to hold certification in Healthcare Professional Cardiopulmonary Resuscitation prior to and throughout their clinical affiliations.

**Procedure:**

1. Students will be informed in a pre-clinical meeting of the CPR requirements for clinical affiliation.
2. Students must complete CPR certification for the healthcare professional.
	1. American Heart Association Basic Life Support (BLS) for the Healthcare Provider is currently the only course approved to meet this requirement.
3. Students may complete this standard by:
	1. Completing BLS training as a portion of the PTA 1200 coursework
	2. Presenting a current CPR card for BLS through the American Heart Association
		1. This certification must be good throughout all of the student’s clinicals, or the student will need to renew the card prior to its expiration and present a copy to the ACCE.
4. Students who do not submit this information by the date provided by the ACCE will be prohibited from initiating their clinical affiliation (or remaining in clinical affiliation if a renewal card is required during affiliations).
5. Although First Aid is not a requirement, students are also encouraged to complete training in First Aid prior to clinical affiliation.

### CCCE / CI / ACCE Communication

Throughout the clinical process, the CCCE and ACCE will have several forms of communication. This process is to ensure the smooth entry of the student into the clinic, the ongoing communication between facility and ACCE and to provide the CI with feedback following the clinical affiliation. The following outline is meant as a guide to allow the facility to better understand the connection between the program and the clinical affiliation. Both the program and affiliation are integral parts of the student’s education and their licensure process.

**Prior to the start of the clinical affiliation:**

1. The ACCE will notify the CCCE and CI of the following:
	1. Name and contact information of the student who will be coming to the facility.
	2. Information on acquiring PTA PAS Acadaware training, as needed.
	3. List of materials students will bring to the clinical.
	4. ACCE contact information.
2. The student is expected to contact the CI directly, but the CI or CCCE may contact the student if any information, forms, additional testing, or orientation activities are required prior to the affiliation. Any additional information which a facility may request will be the student’s responsibility to produce. If any requested information is not produced by the student, the CCCE will notify the ACCE.

**At the start of the clinical affiliation:**

1. The ACCE will assure the CCCE receives the student’s health information, a copy of their CPR card, background checks, and any other information requested.
2. The CI will receive:
3. A link to the Clinical Handbook.
4. A copy of the student’s self-assessment of the professional behaviors they need assistance with during their clinical experience.
5. A copy of the student’s self-assessment of personality and learning styles.
6. A list of the skills the student should have competence in performing.
7. A list of minimal skills the student should experience by the end of both clinical rotations.
8. Resource materials to assist with the CI’s teaching skills.
9. Information on accessing the online CPI evaluation.
10. Copies of Patient Satisfaction Surveys to be completed by patients throughout the student’s clinical rotation.

**The first week of the affiliation:**

1. The student will review their completed [***Student Pre-Clinical Self-Assessment Form***](#_Student_Pre-Clinical_Self-Assessmen_1)and [***Personality / Learning Style Assessment Form***](#_Personality_Profile_/) with their CI.
2. The student will review the [***Record of Clinical Experience***](#_PTA_STUDENT_RECORD) with the CI and determine which “required experiences” can be achieved at the current clinical site. The student will contact the ACCE if student and CI have concerns that certain required experiences that are typical of that type of clinical setting cannot be completed so the student and ACCE can discuss alternatives for successful completion.
3. CI will then sign off on the ***CI Signature / Verification Form***.
4. The CI will complete the signature page of the [***APTA PTA Student Evaluation: Clinical Experience / CI Form***](#_Physical_Therapist_Assistant_1).
5. The student will submit the signed pages of these forms to the ACCE via assignment folder in the course shell in eLearn.

**During each affiliation:**

At least one site visit will be made by the ACCE or a faculty member from the program. The meeting will occur at a scheduled time and include discussion between the student, CI, site visitor, and CCCE, if desired/needed. The meeting may occur in person, virtually or via phone conference. This meeting will allow immediate constructive feedback for all involved in the clinical education process. During this meeting the ACCE/faculty member and the CI will complete the [***Clinical Site Visit Form***](#_Clinical_Site_Visit).

In the event that a problem arises during the clinical experience, the ACCE will meet with the CI to determine a course of action. If student-related, the ACCE will meet with the student and CI to assure improvement is sufficient for meeting the goals of the specific clinical experience. If CI-related, and it is determined assistance is needed to improve clinical instruction, the ACCE will work with the CI and the CCCE to determine what instruction can be provided (see [**Site and CI Assessment**](#_Site_&_CI) and [**Clinical Instructor Development**](#_Clinical_Instructor_Development) procedures in this manual).

**Prior to the end of the affiliation:**

The CI will be asked to complete a survey assessing the site visit and resource materials provided to assist with the clinical experience.

The CI will perform *at least* a midterm and final student assessment using the Clinical Performance Assessment tool, PAS. The student will also perform a self-assessment. These assessments are immediately accessible to the ACCE to assure communication and understanding of student’s progress. The ACCE is also able to add comments to the PTA PAS, which are visible by the CI and student.

**Following the affiliation:**

1. The student will submit:
	1. [***PTA Student Record of Clinical Experiences Form***](#_PTA_STUDENT_RECORD_1) (this provides specific information concerning the activities of the student during the affiliation, assures at least a minimal set of required experiences as part of clinical affiliations, and is used to ensure that program coursework is continually updated to meet the ongoing needs and trends of the clinical environment).
	2. The [***APTA PTA Student* *Evaluation: Clinical Experience / CI Form***](#_Physical_Therapist_Assistant_1).
	3. [***Student Assessment of Key CI Behaviors***](#_Student_Assessment_of_1).
2. The ACCE will send a synopsis of information gained from these forms along with comments to the CI and the CCCE.

This last assessment is explained in the [**Site & CI Assessment**](#_Site_&_CI) and [**Clinical Instructor Development**](#_Clinical_Instructor_Development) procedures.

### Clinical Affiliation Information



### Clinical Affiliation

Each student is assigned to two, full-time, 7 ½ week clinical affiliations, one in the Fall (PTA 2335) and one in the Spring (PTA 2435) of the 2nd year of the program. The ACCE oversees the clinical experience/affiliation. The clinical affiliations provide each student with the opportunity to learn in a supervised clinical setting. This clinical time is an integral part of the student’s education. It allows the student to develop the professional behaviors and technical skills necessary to function as a licensed PTA. Each CI uses the same rating tool, the PTA PAS Acadaware, to assess the students’ progress though the clinical affiliation. The ACCE or a program faculty member meets at least once during each affiliation with the student and CI. Other meetings are scheduled as necessary. These meetings allow for information about the student, CI, program, and clinic to be exchanged as part of the ongoing process of evaluating the PTA program at SCC and the students’ clinical performance, as well as assisting the CI in professional growth as a clinical educator.

It is the firm desire and plan of the ACCE and faculty to provide the students with the most effective clinical learning available. Final assignments of students to clinical sites occur approximately 8-10 weeks prior to the actual experience. Students will need to be prepared to drive *up to 75 miles from current or available housing* to get to their clinical site. *Additional driving may also be required during the clinical affiliation, dependent upon the clinical experience.* If students wish to live closer to their clinical site, they will assume the responsibility and cost for housing. Due to the dynamic nature of health care, these assignments vary tremendously from term to term and year to year. In the event that any clinical placement gets cancelled, there are policies in place for managing this situation. Students are required to be assigned to *1 Inpatient Setting* (hospital, skilled nursing facility, rehab hospital, long-term acute care center, inpatient pediatric center, transitional care unit, home health) and *1 Outpatient Setting* (outpatient orthopedic center, industrial rehab center, sports medicine clinic, outpatient rehab facility, pediatric rehab center) for their clinical rotations. The clinical experience is designed to progress the student toward entry level competence in the field of physical therapy and to meet the requirements of the Commission on Accreditation of Physical Therapy Education which is the agency that accredits the PTA program for the AAS degree. Requests for accommodations must go through Accessibility Services. Refer to the PTA program [*Student Handbook*](https://www.sinclair.edu/program/params/programCode/PTA-S-AAS/)for the procedure:

It is the responsibility of the CCCE/CI and student to maintain patient confidentiality by adhering to [Health Insurance Portability and Accountability Act](https://www.hhs.gov/hipaa/newsroom/index.html) (HIPAA) guidelines. The confidentiality of student records/information provided to the CCCE/CI by the student or the PTA program at Sinclair Community College is also protected by [Family Education Rights and Privacy Act](http://www.sinclair.edu/services/basics/registration-and-student-records/student-records/family-education-rights-privacy-act-ferpa/) (FERPA) guidelines. These FERPA guidelines affect student information such as health information, fingerprinting, and grades.

### Clinical Conduct (CAPTE 5D, 5E)

The college and clinical facility expect every student to observe basic rules of good workplace behavior. As a member of the health care team, it is important that the student understand the policies and procedures of the program and the consequences of inappropriate workplace behavior. Performance not compatible with appropriate workplace behavior will be documented by the CI and handled in accordance with the Professional Behavior Policy of the PTA program at SCC and the policies outlined in the [PTA Program Student Handbook](https://www.sinclair.edu/program/params/programCode/PTA-S-AAS/) and [SCC Student Judicial Affairs Code of Conduct](https://www.sinclair.edu/services/conduct-safety/student-judicial-affairs/student-code-of-conduct-handbook/)

 The following behavior is subject to immediate clinical and/or course failure and possible dismissal from the PTA program at SCC:

1. Deliberate inattention to patient care.
2. Any poor practice delivery which could result in harm to the patient.
3. Failure to report an injury or incident concerning a patient.
4. Divulging confidential information concerning a patient.
5. Rude or discourteous behavior.
6. Unauthorized absence or chronic absence or tardiness.
7. Falsification of clinic or program records.
8. Refusal to carry out orders or instructions.
9. Use of illicit substances or a positive drug or alcohol test while on clinical affiliation.
10. Lack of progression toward “entry level performance” of clinical skills in PTA 2335 or 2435, as indicated on the PAS.
11. Substandard behavior or lack of progress on the critical indicator items, 1, 2, 3, & 4 on the Acadaware Performance Assessment System tool. Any other performance or conduct determined to be substandard or inappropriate for a professional within a healthcare setting.

In the event a student would need to be removed from a clinical for reasons other than failing grades, the procedure for Administrative Withdrawal would be followed. This procedure can be found in the [Student Judicial Affairs Code of Conduct Handbook](https://www.sinclair.edu/services/conduct-safety/student-judicial-affairs/student-code-of-conduct-handbook/) on-line:

### Clinical Attendance (CAPTE 5D, 5E)

**Students are expected to work their Clinical Instructor’s work schedule**, regardless of whether the CI works late evenings, early mornings, weekends, or holidays. Therefore, students should communicate with their CI early on in the clinical to assure they understand the CI’s work schedule and the CI’s expectations. The student is expected to be on clinic site for “full-time” hours, that is, at least 36-40 hours per week. If the CI works well over 40 hours on a regular basis, the student and CI can discuss a somewhat shorter work schedule for the student. However, patient care shall not be compromised when scheduling. Therefore, if a student must work “overtime” in order to complete any tasks related to a patient’s care, the student must be prepared to do so. If a CI is taking time off of work that would prevent a student from achieving 36-40 hours in a week, the CI and student will make alternative arrangements to assure the student acquires “full time” clinic hours during that week.

In the event of inclement weather, if the campus is closed students are not to attend clinical. The missed day will be made-up at the end of the clinical rotation.

**Any absence from a clinical affiliation must be approved by the ACCE.** If a student is ill, has a personal emergency, **the ACCE must be notified ASAP. Any absence from an affiliation must be made up unless previously excused by the Program Director or ACCE of the PTA program.**

**Tracking attendance:** Attendance is recorded in the Course Attendance Register in the learning management system. The PTA Program uses the following method for recording attendance.

* + AC = Absent, with appropriate communication
	+ ANC = Absent, without appropriate communication
	+ TC = Tardy, with appropriate communication
	+ TNC = Tardy, without appropriate communication
	+ ED = Early departure

\*No entry will be made in the Attendance Register for students who are “Present”

**In Case of Absence:** The following procedure should be followed:

1. **First,** contact ACCE by phone (937/512-5534, 937/512-5355, 937/533-7934) or by email (heather.stoner@sinclair.edu) to inform of absence.
2. **Next,** Student will contact CI or CCCE to inform of absence.
3. Complete Clinical Affiliation Absence Form and submit to ACCE via assignment folder in eLearn course shell *within 1 week* of return to clinical site.
4. Make-up time will be at the discretion of the CI or CCCE.

Excessive absences may be cause for dismissal from the affiliation or prevent progress to the next affiliation. Excessive absences are defined as 2 or more absences during one affiliation. *Please note this attendance policy is different from the policy for lecture/lab classes.* This guideline has been established to prevent a disruption in patient care delivery by the student. Students have a responsibility to the patients they are treating and to the facility where they are affiliating. Excessive absence is not a professional display of this responsibility.

[***Clinical Affiliation Absence Form***](#_CLINICAL_AFFILIATION_ABSENCE) is found in Forms Appendix.

### Guidelines for Clinical Attire (CAPTE 5D)

Working in a health care profession requires attention to health and hygiene. Each facility will have a dress code. The student is expected to follow that code. Common expectations in facilities and therefore requirements of the SCC PTA Program include:

1. Hair needs to be clean and kept off the neck/shoulders and out of the way of the patient.
2. Jewelry needs to be without sharp edges so as not to injure the patient or wearer.
3. No visible body piercings other than earlobes. Most facilities will limit earrings to 2 per ear. Dangling earrings can be no longer the ½” below the earlobe so as not to be caught on things or easily grabbed by the patient. If gauges are worn, they must be solid and of neutral color.
4. Fingernails should be clean and trimmed (not longer than fingertips) so as not to scratch a patient, and no artificial nails are to be worn in the clinic. If nail polish is allowed, it should be a neutral color and not chipped.
5. Cologne, perfume or after-shave need to be used conservatively, if at all.
6. Personal hygiene is expected, including oral hygiene, absence of body odor, and odor of cigarette / cigar smoke on person or clothing.
7. Students will wear name badges provided by the PTA Program while in the clinic. Alternately, the clinic may require the student to wear a name badge issued by the clinic. The name badge (provided by either the PTA Program or the clinic) must identify the student as a student.
8. Beards, mustaches and sideburns need to be well trimmed.
9. No capris, denim, cargo pants, shorts, leisure wear, hip huggers, revealing clothing, sleeveless tops, shirts with advertising logos, pictures or statements. Business casual may be fine for some clinics and some clinics may have students wear scrubs.
10. Socks are to be worn at all times.
11. No open toed or sling back shoes or sandals. Neutral colored and clean athletic shoes or business casual shoes are fine.
12. Tattoos must be covered if they are visible.
13. Some facilities may require a lab coat. Most who do, prefer a short jacket, not a long coat.
14. Clothing must be clean, neat, pressed and mended.
15. Undergarments must be worn and should not be visible.
16. Skirts or skorts must be at least mid-calf in length.
17. Pants must not drag the floor.
18. Shirts must not expose the midsection when arms are raised.
19. No spiked hair, semi-shaved head, or hair color of extreme nature or unnatural colors.
20. Men’s shirts must have a collar.
21. No gum or chewing tobacco.
22. Abide by the 4 B’s: No boobs, butts, backs, or bellies showing.

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### Patient Confidentiality (CAPTE 5D, 5E)

* Students are instructed in HIPAA compliance throughout the PTA curriculum.
* Students sign a ***Student Acknowledgement of Risks and Obligations Associated with Laboratory and Clinical Education Experience*** upon admission to the program. A segment of this acknowledgement form relates to patient confidentiality.
* A copy of the signed Student Acknowledgement form is maintained in the student’s program file.
* Violation of patient confidentiality may be cause for dismissal of the student from that clinical affiliation and potential dismissal from the PTA program at SCC (see [***Clinical Conduct***](#_CLINICAL_EDUCATION_RESPONSIBILITIES))

## Insurance Regulations Related to Supervision of Students

Insurance companies vary in their regulations for reimbursement when a patient is treated by a Student Physical Therapist Assistant.

Medicare regulations related to supervision of students and reimbursement are available on the APTA website at: <http://www.apta.org/Payment/Medicare/Supervision/>

Any questions regarding student supervision and/or insurance reimbursement for student- led treatments can be directed to Heather Stoner, ACCE: heather.stoner@sinclair.edu (937/512-5534, 937/512-5355, 937/533-7934).

### Policy for Injuries Occurring at Clinical Education Centers (CAPTE 5D)

There are inherent risks in working in a health care environment. Students should utilize personal protection techniques as taught in the PTA curriculum (e.g. universal precautions, proper body mechanics,) to help avoid injury while on clinical rotation. Students are mandated to demonstrate proof of personal health insurance prior to the start of clinical rotations*.* Students need to understand the potential for injury while on clinical affiliation and their potential financial responsibilities if this were to occur. Coverage of injuries by Sinclair Community College is limited and follows the policy listed below.

\*\*SCC provides accident insurance for students injured in the clinical settings. It covers most injuries, however any treatment denied for reimbursement is the responsibility of the student, not Sinclair.

* The student should report any injury or contact with blood or body fluids occurring in the clinical education center to his/her clinical instructor **immediately.**
* The student or Clinical Instructor will contact the ACCE, Heather Stoner:

Work Phone =937-512-5534

Cell Phone=937-533-7934

* If the ACCE is not available, the student should contact the Program Director, Emily Garber:

 Office 937-512-3460

 Cell 937-510-8403

Program administrative assistants: 937-512-5355 (Eileen)

**The following guidelines are for injuries that *do not* involve contact with *blood* or other *body fluids*.**

1. If the student or Clinical Instructor determine that medical treatment is needed, the student may determine where they seek care, based on their health insurance coverage.
2. *The student must present for appropriate medical care as the responsible party.* Sinclair will provide additional insurance forms, as appropriate.
3. The ACCE will acquire and assist the student in completing both an ***Incident Report / Student Injury Form*** and a ***Medical Claim Form*** and submit it to the ACCE within 24 hours.
4. Upon completion, the Claim Form and Incident Report will be submitted to the Dean of Health Science’s office.
5. The Office of the Director of Business Services will submit the completed claim form to the insurance company.
6. Reimbursement of expenses incurred is determined by the insurance company (The Hartford Group). The student is responsible for payment of the bill and is reimbursed directly once a determination is made.

**The following guidelines are only for injuries that** **involve *contact* with *blood* or other *body fluids*, and are to be followed regardless of clinical assignment**.

1. During normal business hours, the student will report to either:
	* Primer Occupational Health - South, 4220 Grand Ave, Middletown, OH. (513) 420-4700.
	* Primer Occupational Health – Central, 1520 South Main St., Suite 210 Dayton, OH. (937) 208-7250.
2. If the occupation exposure occurs after normal business hours, the student should report to a facility covered by their insurance carrier or, if available, the facility where the incident occurred.
3. In all instances the student should inform personnel at the facility that **Primer Occupational Health or the after-hours facility will directly bill Sinclair Community College for the initial visit**.
4. The student should receive a baseline assessment and treatment, as needed. If the facility recommends follow-up appointments, the student should provide documentation to Sinclair to have reimbursement considered.
5. The ACCE will acquire and assist the student in completing both an ***Incident Report / Student Injury Form*** and a ***Medical Claim Form*** and submit it to the ACCE within 24 hours.
6. In addition, the clinical instructor should work with the appropriate representative from the clinical site to identify the HIV status of the exposure source (patient). If available, this information should be shared with the Concentra / Excel staff.

*\*\*Sinclair’s accident insurance coverage for students is limited to emergency care. Financial responsibility for any follow-up care will be reviewed and determined on a case by case basis.\*\**

Regardless of type of injury or occupational exposure:

If the student refuses to seek medical treatment and/or chooses to seek follow-up care on his/her own, the ***Refusal of Medical/Surgical Intervention*** section of the ***Incident Report / Student Injury Form*** must be completed. Students who choose to seek treatment elsewhere assume complete financial responsibility for their care.

### Incident Procedures—Patients & Other Incidents (CAPTE 5D)

**Patient Incident**: In the case of an adverse event (e.g., patient fall, injury, bad reaction to intervention, etc.) during a treatment session in which the student is involved, the following will be followed.

1. The patient’s immediate medical needs must be handled per facility policy.
2. The CI or CCCE will be notified of the incident.
3. Facility guidelines will be followed for documentation of the incident.
4. The ACCE will be contacted **the same day** the incident occurs.
5. A copy of the incident report or a written synopsis of the incident will be provided to the ACCE.
6. In case the student also suffers a personal injury associated with this incident, the personal injury procedure will be followed.
7. Patient incidents are not limited to medical emergencies, but may also include violence, intimidation, sexual harassment or any threatening behavior.

**Other Incidents**: In the case of any other adverse event occurring during the clinical affiliation related to non-therapeutic interactions, the following will occur. These may include situations involving other employees or visitors.

1. The incident / occurrence will be handled by the CI or CCCE immediately. The student will follow facility procedures for handling issues concerning personal safety.
2. The ACCE must be notified **as soon as possible** if this type of incident occurs.
3. Each incident will be handled in an individual manner depending on the circumstances, and consequences will be determined by the ACCE and CI/CCCE.
4. A student creating an unsafe or threatening situation during a clinical affiliation must be immediately reported to the ACCE. The situation will be handled under the student conduct policies and procedures outlined in the SCC Student Handbook

### Site Visit Procedure (CAPTE 4O)

During each clinical affiliation, either the ACCE or designated faculty member will make at least one site visit. This visit is intended to facilitate discussion between the student, CI/CCCE and ACCE. These visits provide a professional atmosphere for the discussion of the student performance, curriculum concerns, practice issues, and topics of general concern for all of the participants. The person making the visit will contact the CI to schedule a time that is convenient for all participants. Site visits last from 45-60 minutes.

**Procedure:**

1. The ACCE, as well as designated faculty members, perform site visits to all students each clinical rotation.
	1. In the event that a “live” site visit is impossible due to distance or other circumstances, the ACCE will set up a means of “remote site visit”, which may include phone calls or live video chat.
2. The ACCE, with the help of appropriate faculty designee(s), will determine which faculty member is responsible for each site visit.
3. The ACCE will mentor all faculty Site Visitors (SV) prior to, during, and after completion of all site visits to assure knowledge and comfort of SVs, as well as continuity in site visit meetings.
4. Students are notified, prior to entry into their clinical, that a site visit will occur, including the general objectives of the site visit.
5. The student is responsible for providing ACCE with CI name and clinic schedule to facilitate site visit.
	1. The ACCE will distribute this information to any designated faculty to assist in setting up the visit.
6. ACCE or designated faculty will contact the CI or CCCE to set up a site visit
7. Site visits will generally occur between weeks 3 – 5 of a 7 1/2 weeks clinical.
	1. The ACCE is available at any time for additional visits should there be a request for one. The request can be from the student, CI, CCCE or ACCE/faculty.
	2. Additional site visits may be required if a problem or concern occurs regarding the progress of the clinical experience or at the request of any party involved
8. Generally, 1 hour should be allotted for the site visit.
	1. Site Visitor will plan to spend approximately 20 minutes each with student, CI / CCCE, and student and CI/CCCE together.
9. The Site Visitor will assess and address any questions, concerns, or educational needs during and also following the site visit, as needed.
10. The site visit is also an opportunity for the Site Visitor to acquire an “overall feel” for the clinical environment, the clinical relationships between clinicians and between the student and clinicians, and any “red flags” or visible concerns.
	1. The Site Visitor will utilize the CI Self-Assessment Form and verbal communication with the CI / CCCE, and student to determine what needs each of these parties has.
11. The Site Visitor (if not the ACCE) will communicate back with the ACCE after site visit to assure the ACCE is aware of student progress and status.
	1. Concerns that may require ACCE follow-up are communicated at that time.
	2. The ACCE will then address any concerns requiring follow-up.
12. The Site Visitor will document each visit using the Site Visit Form and the Site Visitor Communication Form.
	1. A copy of the Site Visitor Communication Form will be sent to the CI after the site visit. The original will go in the CI’s electronic file.
	2. The Site Visit Form will be placed in the student’s electronic file.
13. Observation of the student during patient care is not a requirement of the site visit, although the opportunity to do so is welcomed.
14. At the completion of the site visit, the Site Visitor will leave a Site Visit Survey and Employability Survey with the CI.
	1. The student is responsible for handing in these forms at the end of the clinical rotation.
15. After the site visit, the Site Visitor will complete a Site Visitor Assessment of the CI
	1. Information gathered through a compilation of the Site Visitor Assessment of CI, the CI Self-Assessment, and a Student Assessment of CI are used to further identify potential learning needs for the CI.
		1. The ACCE will subsequently address these learning needs
16. The global objectives of the site visit are to:
	1. Review the student’s advancement toward personal and CI / CCCE-driven goals, as well as overall progress toward minimal requirements for successful clinical completion.
	2. Address any questions or concerns that the CI, CCCE, or student might have and provide education, when warranted.
	3. Assist the CI, CCCE, and student in their knowledge and growth in each of their roles
	4. Work as a liaison between the student and the CI / CCCE / clinic site.
	5. Catch issues that may decrease student success at an early stage in the clinical to improve the odds of success.
	6. Maintain a positive working relationship between the Sinclair PTA Program and the clinic sites, CIs and CCCEs.
	7. Assure appropriate level of education and supervision is being provided by each CI / CCCE and clinic site to meet the course and program objectives and minimize ethical / legal issues.

If there are identified issues for improvement from any of the participants, ACCE intervention will be required, and additional visits may be necessary. Some issues may include, but are not limited to:

* The CI has a concern about student progress.
* The student has a concern about the facility/CI/clinical progression.
* The ACCE/faculty member has a concern.
* There is a question of the student not adhering to policy.

Any actions or decisions taken regarding the student’s performance in the clinic will be documented and provided to the student, CI and CCCE. See [***ACCE Intervention***](#_ACCE_Interventions_(CAPTE) for more information.

### ACCE Interventions (CAPTE 5E)

The ACCE is responsible to follow up on any issue / concern / question presented by any site visitor, CI, CCCE, or student.

**Procedure:**

1. Site visitor, CCCE, CI, or student will notify the ACCE about issue / concern / question.
2. CIs are encouraged to utilize the “Critical Indicator” nomenclature in the Acadaware Performance Assessment System tool as a way to immediately inform the ACCE of issues in the clinical setting.
3. In the event of any issues / concerns / questions, the ACCE will:
	1. Contact all concerned parties.
	2. Gather more information, as necessary, for clarification.
	3. Determine the need for site visit(s) vs. continued contact via phone or e-mail.
	4. Complete the [***ACCE Communication / Intervention Form***](#_ACCE_Communication_/)or other means of documentation.
	5. Potentially create a [***Critical Incident Report***](#_Critical_Incident_Report) log and / or a [***Learning Contract***](#_Clinical_Learning_Contract)***,*** dependent upon the issues raised and the severity of the issues.
	6. Determine whether to remove student from clinical site, with input of CCCE and / or CI in circumstances where student has behavioral or performance issues that prevent the student from being successful, making progress, or being appropriate for continued affiliation with a particular facility.
		1. Removal of a student from a clinical site generally occurs only after a Critical Incident Report has been completed and/or a student has been placed on a Learning Contract, and the student was unable to meet the goals discussed and outlined in the intervention.
		2. Removal of a student from a clinical site may occur without the assigning of a Critical Incident Report or Learning Contract in the following 2 cases:
			1. Clinical misconduct (see [***Clinical Conduct***](#_CLINICAL_EDUCATION_RESPONSIBILITIES)***)***
			2. Upon request of the CCCE or CI
		3. If a student is removed from a clinical site for any reason, the ACCE and PTA Program Coordinator will determine the student’s status in the program, based on circumstances of the removal.
4. When a student-related issue requires the assigning of a Critical Incident Report or a Learning Contract:
	1. ACCE will meet with student and CI / CCCE to discuss the issues and create a plan and goals for the student and CI, with an attached timeframe.
	2. Potential consequences, based on final student performance outcomes, will be discussed and documented.
	3. Grading of the student’s clinical performance will be based, in part, upon the final outcome of the interventions.
5. ACCE will continue to follow-up on all concerns until a resolution has occurred.
6. After problem resolution has occurred, ACCE will assess effectiveness of interventions for student-related issues with CI / CCCE.

### Student Assignments During Clinical Affiliation (CAPTE6J3,6J4, 7D1-7D3, 7D5, 7D8, 7D9, 7D11, 7D12, 7D14, 7D17-7D20, 7D22, 7D27-7D31)

Clinical affiliations are considered to be a portion of the curriculum, and as such, the students will complete assignments to assist in their learning and to acquire formative and summative assessment of that learning. During each clinical affiliation, the student will concurrently be enrolled in a hybrid seminar-style course (PTA 2330 or PTA 2430). Assignments related to clinical education are housed within both the clinical practicum courses (PTA 2335 & PTA 2435) and the concurrent seminar courses (PTA 2330 & PTA 2430). Some of the assignments are as follows:

**Student Personal Self-Assessment**

Each student will write weekly, self-assessing progress notes during each clinical. These notes are in a journaling format but address specific criteria, given to them by the ACCE, about their performance that week. The purpose of the note is to allow the student to self-assess their level of performance and progress in clinical and professional behavior skills. Each week, the student is expected to share and discuss their note with their CI. Both the student and CI will then sign the note and submit it to the ACCE. In this way, the note allows for timely communication between student and CI and allows the CI to see, in a timely manner, the student’s perception of their clinical performance.

**Educational Presentation**

During each clinical rotation, the student must give an educational presentation to Clinical Instructor and/or other health care professionals in the clinic. This presentation must be a topic of interest to the clinicians who will attend the educational presentation and must be agreed upon by the student and the student’s clinical instructor. The student will not only provide information about the topic, but will explain what the PTAs role is related to the topic presented.

Once the educational presentation has been given, both the student and the student’s CI will complete the [***Educational Presentation Assessment Form***](#_INSERVICE_ASSESSMENT) to be submitted to the ACCE at the end of each clinical. Along with the form, the student must provide copies of the materials presented.

**Clinical Behaviors Assignments**

 During each clinical, the students will be required to complete an assignment intended to improve their understanding and self-reflection on the behaviors and attitudes of health care professionals. The assignments vary, but the student is asked to observe healthcare professionals during their interactions and identify different types of conduct such as the generic abilities, value-based behaviors, ethical conduct, and cultural competence. Students also perform self-assessments related to these various behaviors, as well. The assignments may be presented as either written or oral reports, dependent upon the individual assignment.

**Clinical Management Assignments**

 The students will also complete an assignment during each clinical to enhance their understanding of activities involved in managing and maintaining a physical therapy clinic. The topics of the assignments vary, dependent upon the clinical, but include business, risk, and resource management topics. The students will present their discoveries in either written or oral formats, dependent upon the individual assignment.

**Career Development Assignment**

 During the final clinical, the student will be asked to consider their commitment to lifelong learning by identifying a topic of interest and researching resources which could be utilized to learn more about that topic, as the student moves forward into the professional world.

### Performance Assessment System (PAS) (CAPTE 1C4, 1C5)

The PAS for the PTA is an evaluation tool developed by a group of PTA Educators to uniformly assess PTA students’ performance in the clinical setting. It was developed to address the needs and interests of the physical therapy community, including academic faculty, clinical educators, researchers and students.

The most current version of the PAS for PTA students is the PTA PAS Acadaware. It is a web-based tool, containing 9 assessment criteria. The PTA PAS Acadaware requires that both the CI and the student successfully complete an approximately 15-minute online training prior to utilizing the software. Therefore, all CIs will be successfully trained in use of the PTA PAS Acadaware before acquiring a student on their clinical site, and all students will complete training before entering their 1st clinical. The ACCE is responsible for notifying the CCCE and CI of this requirement and assuring that training is completed prior to a student’s clinical rotation. The ACCE is also responsible for assuring that all students meet this requirement prior to involvement in their first clinical rotation.

The performance criteria are applicable to all venues of practice and levels of students. Every performance criterion in this instrument is important to the overall assessment of clinical competence and most criteria are observable in every clinical experience. It is strongly recommended that all criteria be rated whenever possible. In every category there is a rating scale used to identify the students’ progression from Novice to Entry Level Competent (ELC). It is generally expected that the student will progress to a rating of**ELC** on the rating scale, for every criterion, by the end of the final clinical affiliation. This would signify the students’ readiness to enter the work force. (see information on **Grading of Clinical Experience** for more information on how the student is assessed). Both the student and the CI are expected to perform a midterm and a final assessment of the student’s performance during the clinical affiliation, using the Acadaware tool.

The ELC rating is governed by these entities: APTA, CAPTE, and the scope of practice. Each of these entities may have differing criteria for determining ELC but the PAS reflects this in the compilation of suggestions for each category criteria. These suggestions are at the top of each page of the PAS. While these suggestions are not an inclusive list, they provide ideas for each category and are intended to assist the CI in the evaluation process. ***The ACCE is available at any time to meet to discuss the PAS process***.

Not only does the PAS use the rating scale, but it also has space provided for comments for each category. These comments are a vital part of the overall grading process which occurs after the clinical affiliation.

The PTA Acadaware also contains four critical elements considered foundational elements in clinical work. These 4 critical elements are the first four element:

* Safety (Criteria #1)
* Professionalism and Professional Development (Criteria #2)
* Interpersonal Relations and Communications (Criteria #3)
* Clinical Reasoning (Criteria #4)

A higher level of performance at an earlier time is expected in all of these behaviors except for “clinical reasoning”. If significant concerns are noted in any of these areas, immediate attention, including expanded documentation, contact with the ACCE, potential learning contract, remediation, or dismissal from clinical are warranted.

The overall expectations for student performance on the CPI are as follows:

Level 1 Clinical: Student will achieve *at least* ***Advanced*** on all **Critical Elements** and be ***approaching* *Advanced*** (midway between Intermediate and Advanced) on **all other** PAS criteria.

Level 2 Clinical: Student will be ***Entry Level*** on all **Critical Elements** and ***approaching*** ***Entry Level*** (midway between Advanced and Entry Level) on **all other** PAS criteria.

The final grading process is composed of a number of items, with the PAS only being 1 component. The ACCE is responsible for determining the student’s final grade, based on performance on all assignments, PAS ratings, and feedback from the student’s CI. (See ***Student Assessment and Grading of Clinical Experience*** in this handbook for more information on grading.)

### PTA Student Record of Clinical Experiences (CAPTE 2A, 2C, 6J1, 6J3-6J5)

The Record of Clinical Experiences (RCE) Form is utilized to document the number and frequency of experiences each student has while on each clinical rotation. It helps the faculty to identify the experiences students have had, assure that certain minimal experiences occur, and determine when classroom content needs to be modified to more closely match clinical trends.

 The students are to keep track of the availability of various topics and experiences during each clinical affiliation by completing the [***PTA Student Record of Clinical Experiences***](#_PTA_STUDENT_RECORD_1) form. This form is to be submitted to the ACCE at the end of the clinical affiliation. The student will utilize the same form for both clinical experiences. There are items on the form that are highlighted, as they are “required” experiences. Students are expected to complete all “required” experiences (and as many other experiences listed on the form as possible) by the completion of the 2 clinical experiences. In order to assure this occurs, the following procedures are in place:

1. During the first week of clinical, student will meet with their CI to review the RCE Form. Both student and CI will sign off on the ***CI Signature / Verification Form***, stating that they have reviewed the RCE form and will try to complete as many of the “Required” experiences as possible. This form must be submitted by ***Midnight on Friday of the first week of the clinical rotation***.
	1. Student and CI will assess, based on the “type” of experience, which of the “Required” experiences can reasonably be met on that clinical rotation, understanding that **all** “Required” experiences must be completed by the end of the 2nd clinical.
	2. If there are concerns about not being able to complete certain required experiences, the student will contact the ACCE as soon as possible about how-to best approach completion of these requirements.
	3. If the student is in a “specialty setting” (ex: pediatrics, home health,), the student will communicate with the ACCE to determine alternatives for completion.
2. At the end of the clinical rotation, students will document the frequency for which both ***required*** and ***additional*** experiences occurred using the following guide:
	1. **N = Never**
	2. **R = Rarely** (had this experience with no more than 1 – 6 different patients)
	3. **O = Occasionally** (had this experience with no more than 7 – 24 different patients)
	4. **F = Frequently** (had this experience with more than 25 different patients)
3. For any ***required*** experience that “Never” occurred, the student will document why, with an explanation for how these experiences were addressed appropriately or plan to be addressed on the next clinical rotation.
4. The completed form will be signed by the CI and handed in with post-clinical paperwork.

At the end of the final clinical:

* The ACCE will assess each student’s returned forms to assure that all minimally-expected experiences (highlighted activities) have been met.
	+ In the event that certain experiences have not occurred, the ACCE will work with the student on ways to complete these activities prior to completion of the program.
* The ACCE compiles the statistics and maintains a record of frequency of clinical experiences. This data helps to identify areas of clinical concentration and practice that are not utilized frequently, or alternatively, are increasing in frequency of use. This statistical data is reviewed annually to determine potential changes to the SCC PTA curriculum.

### Post-Clinical Information



### Post-Clinical Seminars (CAPTE 2A, 2C, 2D)

As a portion of PTA 2330 / 2335 and PTA 2430 / 2435, the students participate in Post-Clinical Seminar sessions following the completion of clinical rotations. The Senior Seminar sessions may include case study presentations, review of PAS, submission and review of completed forms and assignments from clinical rotations, as well as presentation of special topics in physical therapy.

*Following the final clinical affiliation*, the students will also participate in a terminal student assessment session (“Exit Interview”). The Exit Interviews are performed by individuals who are “neutral parties” generally a combination of PTA Program Advisory Committee members, adjunct faculty who are not familiar with the students they are interviewing, and Sinclair faculty / staff from other divisions within the college. These sessions allow the student to provide feedback concerning the program and affiliations. The data is collected by the Exit Interviewers in an anonymous, disaggregate manner. The information collected will be summarized and shared with the PTA Program faculty and the relevant stakeholders for future planning.

This data is used to:

* Suggest changes in the PTA curriculum;
* Determine need for modification and/or improvement in procedures within the PTA Program;
* Report information to the accrediting bodies;
* Provide information for the faculty and staff of the PTA Program.

### Grading of Clinical Experience (CAPTE 1C4, 1C5, 5E)

The ACCE will monitor student progress during clinical via:

* Midterm and Final PTA Acadaware assessments
* Critical Incident reports and Clinical Learning Contracts, when drafted
* Site visits at least once during each rotation (and more frequently, when necessary)
* Students’ weekly self-reflection assignments
* Other forms of communication with student and / or CI / CCCE

Students are expected to reach the following PAS markers by the end of each clinical assignment:

* + Level 1 Clinical: *At least* ***Midpoint*** *between* ***Intermediate*** *and* ***Advanced*** on all performance criteria **except Criteria 1, 2, 3,** (Safety, Professionalism and Professional Development, Interpersonal Relations and Communications, and Clinical Reasoning), for which student must reach *at least* ***Advanced.***
	+ Level 2 Clinical: ***Entry Level*** on **Critical Element Criteria 1, 2, 3, 4** and ***approaching*** ***Entry Level*** (midway between Advanced and Entry Level) on **all other** PAS criteria. **(♦)**

However, since there may be variation in each student’s clinical experience, as well as their CI’s interpretation of the PAS, the student’s final grade for each clinical experience is based on all of the following criteria:

* The PAS tool (PTA PAS Acadaware),
	+ Since the CI completes the PAS, the comments and information provided by the CI are an integral part of the grading process. Self-assessment by the student is also considered. If there are issues or concerns during the clinical affiliation, the CI is encouraged to contact the ACCE and document those events using the PAS tool, as well as any additional documentation, as necessary.
	+ The ACCE and site visitors also communicate with the CI at various points throughout the student’s clinical to discuss the final PAS expectations for each clinical and acquire feedback from the CI regarding concerns whether the student will reach those markers.
	+ Upon review of the Final PAS, the ACCE will contact the CI if it is felt that more information / explanation is required about a student’s grades.
* Site visit information,
* ACCE advising with the student,
* Paperwork and assignments completed before, during, and after clinical affiliation.
* Outcomes of any Critical Incident Reports or Clinical Learning Contracts that may have been put in place during the clinical affiliation.
* CI End-of-Clinical Employability Survey. **(♦)**

***The ACCE is responsible for determining the final grade for the clinical experience.***

* Student’s status upon grading will be as follows:
	+ Passing grade (A, B, or C) = continuation in program
	+ Failing grade (D or F) = either remediation of clinical rotation or removal from program, dependent upon circumstances
	+ Incomplete (I) = remediation of skills and activities not at “entry level” by end of clinical.

**(♦)** Students must meet the listed PAS criteria and/or be deemed **“employable”** across all 9 criteria on the CI End-of-Clinical Employability Survey (aggregated across both clinical rotations) in order for the student to be considered “entry-level” and successfully complete the PTA Program without remediation.

### Site & CI Assessment (CAPTE 4O, 8F)

Assessment of the overall clinical site, clinical experience, and the CI are carried out during each clinical affiliation. Parties involved in these assessments include the student, ACCE, and faculty site visitor.

The objectives of these assessments include:

1. Assure seamless linkage between academic and clinical education portions of the curriculum
2. Assist in ongoing evaluation of the program curriculum to ensure quality and relevance to current PT practice.
3. Share information between the student, CI, ACCE, and CCCE to assure everyone involved has current information.
4. Assist the ACCE in continually creating and modifying appropriate educational materials for CIs and CCCEs, based on their developmental needs.
5. Allow the ACCE to provide feedback and create educational opportunities with the CI related to their personal and ongoing professional development as a CI.

The forms utilized to perform these assessments are:

Site Assessment:

* ***[APTA Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction](http://www.apta.org/Educators/Clinical/SiteDevelopment/)***

CI Assessment:

* ***[APTA Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction](http://www.apta.org/Educators/Clinical/SiteDevelopment/)***
* [***CI Self-Assessment***](#_CI_SELF-ASSESSMENT)
* ***Site Visitor Assessment of CI***
* [***Student Assessment of Key CI Behaviors***](#_Student_Assessment_of_1)

The general process for assessment includes:

* ACCE initially acquires and maintains background information about each clinic site via facility visit and / or information provided by the site verbally, in writing, and through the FIF
	+ This information is used to assist in appropriate matching of student to clinical site
* During the faculty site visit:
	+ The CI will perform a written self-assessment ([***CI Self-Assessment***](#_CI_SELF-ASSESSMENT)***)***.
	+ The site visitor will address any evident needs obtained via interview and CI Self-Assessment.
	+ The Site Visitor will gather anecdotal information from the CI and student to assist in assessing the effectiveness of the CI and the clinic site and rule out any “red flags” or visible concerns.
* After the site visit:
	+ The Site Visitor will complete a written assessment of the CI (***Site Visitor Assessment of CI)***.
	+ The Site Visitor, if different than the ACCE, will report to the ACCE any concerns related to the student, CI, or clinical environment.
* The ACCE will follow-up, as necessary, with the CI after the site visit to assure the CI is comfortable with any new information that was provided and to offer additional information / guidance to the CI, as necessary and helpful.
* The ACCE will communicate with the CI and student as frequently as necessary to assess the issue(s) and how the CI and student are managing those issues and to provide guidance and intervention, when necessary.
* At the end of the clinical, the student will complete 2 separate assessments: 1 that assesses both the CI and the clinic site, based on data researched by the APTA ([***APTA Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction***](#_Physical_Therapist_Assistant_1)***)***, and 1 that assesses the CI based on research of 15 key behaviors of an effective CI ([***Student Assessment of Key CI Behaviors***](#_Student_Assessment_of_1)***).***
* Data from all of the CI and clinic site assessments is compiled and scored to determine the CI’s and the clinic site’s strengths and areas that need improvement.
	+ The ACCE utilizes this data, as well as anecdotal information gathered through visits and conversations with the site visitor, CI, CCCE, and student, to assist in providing feedback and education to the CI and CCCE to enhance the CI’s skills as an educator and the value of the clinical site and clinical experience.
* Pertinent pieces of information from these assessments is shared with the CI and the CCCE to promote growth.
* Assessment information is retained by the ACCE in order to make comparisons between site and CI assessments over time to assess growth and improvements.
* Assessment is ongoing and is always paired with feedback and education to continually assist in the development of the clinical program, its clinic sites, and CI’s.

### Clinical Instructor Development (CAPTE 4O)

The Sinclair PTA Program is dedicated to improving the educational linkage between the PTA Program and the clinic and in enhancing the growth and development of clinical instructors as educators. To assist in this regard, the Sinclair PTA Program has developed a series of Assessments for the CI and is continually creating Growth & Development Opportunities for the CI.

**Assessment of the CI**

Overall effectiveness and developmental needs of the CI are identified through many means, including site visitor conversation with CI, CI self-assessment, student evaluation, and site visitor assessment. (*see* [**Site & CI Assessment**](#_Site_&_CI) in this handbook for full information). These assessments are utilized to determine and create educational and developmental opportunities for each individual CI.

The following activities have, and continue to be, developed in order to assist in facilitating growth for Clinical Instructors:

**CI Growth & Development Opportunities and Activities**

* An email letter is sent to each clinical instructor and their CCCE prior to clinical rotation to provide them information on the upcoming clinical affiliation. This letter includes information about the CPI instrument for student assessment and any other timely and pertinent information related to student education that is of a general, but necessary nature.
* The CI will receive a packet of resources on the first day of the clinical. This packet contains information that may be helpful and of educational value to the CI. Some things included in this packet are general supervision guidelines, curriculum list, information on student learning preferences and personality profiles, as well as expectations related to the clinical experience. Links to the Clinical Handbook and the Sinclair PTA Program Clinical Education Website (where more information is available) are included, as well.
* The Sinclair PTA Clinical Education Website and the CI Packet are continually being updated with new and interesting articles and information that may be pertinent and helpful to the CI.
* During the faculty site visit, the emphasis will be on the professional and clinical behavior development of the student and the CI’s efforts to assist the student with their identified needs. The site visitor will provide the CI with individualized instruction related to clinical education and follow-up with educational materials, as deemed appropriate. The ACCE will perform follow-up, as needed, to continue to assist the CI in development. The CI will perform a Site Visit Assessment to provide feedback to the ACCE about effectiveness of the site visit in meeting the CIs needs.
* As the need arises, the ACCE mails or e-mails timely information related to clinical education to CCCE’s to disseminate to their CI’s.
* Sinclair Community College’s PTA Program intermittently offers courses, available to all CI’s and CCCE’s, related to clinical education and advancement as a clinical instructor.
* After the clinical rotation, a summary of the student assessment along with ACCE comments and potential suggestions will be sent to the CI to assist in self-improvement. The CCCE of the facility receives a copy of the summary.
* Any performance by the CI that has been identified for additional instruction will be the responsibility of the program ACCE and facility CCCE. Documentation of all interactions with the ACCE, CCCE and CI and resource materials provided will be maintained to meet accreditation guidelines. Student outcomes rely on integration of both academic and clinical faculty instruction and ongoing assessment of effectiveness of that instruction.

When utilizing repeat CI’s, the ACCE will utilize the assessment data to perform ongoing reassessments of the CI to determine level of improvement in previously problematic areas and provide continued educational / informational support, as needed, to promote professional growth of the CI.

### Ongoing Assessment of Clinical Processes & Experiences (CAPTE 2A, 2C, 2D, 4O, 6D)

Following the clinical experiences of each class, the ACCE completes a review and analysis of all documentation related to the current graduating class. Included in that review are:

1. Site Visit Forms
2. Site Visit Surveys
3. Student Evaluation Forms of Clinical Experience and Clinical Instructor
4. PTA Student Record of Clinical Experiences
5. Acadaware tool
6. CI End-of-Clinical Employability Survey
7. Individual and compiled CI assessment data (self-assessment, site visitor assessment, & student assessment of CI)
8. Anecdotal information received via student’s weekly reflection and conversations with students, CI’s, and CCCE’s
9. Status of clinical contract and FIF forms for necessary updates or changes

Information from the ACCE review is reported to the program faculty and relevant stakeholders as appropriate. The ACCE will seek the input of relevant stakeholders, including, but not limited to the PTA Program Advisory Committee, when needed to assist in making modifications and improvements to the clinical processes.

Pertinent information is also shared with individual CI’s and CCCE’s to assist in CI and clinical site development.

Any changes in policy and procedures from the annual review are put into effect before the next class cohort enters the clinical education portion of their education.

Clinical assessment is ongoing and has resulted in:

1. Changes and additions to equipment used for instruction
2. Changes in emphasis in curricular content--for example increasing variety and complexity of therapeutic exercise programs with decreasing use of passive modalities.
3. Continuation of site visits to each clinical site during every clinical rotation.
	1. To decrease the distance traveled by the ACCE, other faculty site visitors are trained to perform the site visits in addition to those conducted by the ACCE.
4. Changes in the emphasis of site visits from simple “check-ins” to information-gathering and education-sharing events.
5. Increased communication with the ACCE and CI regarding student outcomes and the role of the CI and personal professional development.
6. Revision of the process for assuring student compliance with acquisition of health information and background check data.
7. Change from three 5-week full-time clinical rotations to two 7½ week full-time clinical rotations.

### Forms Appendix



The following forms will be utilized before, during, or after your clinical experiences.

**They should be utilized as sample copies only.**

**DO NOT** write on the forms in this section unless you are certain you will never need another copy.

Instead, make copies of the forms for personal use.

### CI Self-Assessment

*\*\*\*This form is to be completed by the CI during the site visit. The faculty member will submit it to the ACCE. \*\*\**

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

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

**Please use the scale 1-5 to rate yourself on the following questions:**

**1=strongly disagree 2=disagree 3=neutral 4=agree 5=strongly agree**

|  |  |
| --- | --- |
| Question | Rating |
| Do you model behavior that is expected of a PT / PTA, including an appropriate PT / PTA relationship?2 |  |
| Do you display the use of clinical reasoning & evidence-based practice in the delivery of healthcare?2 |  |
| Do you demonstrate legal & ethical behavior in the practice of PT?2 |  |
| Do you help the student connect classroom theory to clinical practice?3 |  |
| Do you collaborate with the student to develop a plan for clinical learning?4 |  |
| Do you facilitate communication with the student?5 |  |
| Do you provide formal & informal feedback to the student?5 |  |
| Do you provide frequent / timely feedback to the student?5 |  |
| Do you utilize both positive feedback and constructive feedback with the student?5 |  |
| Do you review / analyze feedback with the student?5 |  |
| Do you act in a way that shows you value the student & the student’s experience?6 |  |
| Do you demonstrate patience & cooperation in interactions with the student?7 |  |
| Are you fair & objective in your feedback & evaluations of the student?8 |  |
| Are you willing to share your own strengths & weaknesses with students?9 |  |
| Do you demonstrate enthusiasm toward your profession?10 |  |
| Do you use various learning styles to benefit the student?11 |  |
| Do you monitor & modify learning experiences based on the student’s performance?11 |  |
| Do you review curriculum & student’s current clinical performance when setting goals for the clinical experience?11 |  |
| Do you demonstrate respect for & sensitivity to individual differences?11 |  |
| Are you approachable to students?12 |  |
| Do you encourage the student to develop & use critical thinking and problem-solving?13 |  |
| Do you present clear performance expectations to the student?14 |  |
| Do you attempt to maximize hands-on experiences for the student?15 |  |
| Do you sequence learning experiences to allow progression toward goals? |  |
| Do you use planned & unplanned learning opportunities for the student? |  |

**CI Signature / Verification Form**

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Clinical Rotation:** PTA 2335 / PTA 2435

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

**CI(s) Name(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received and reviewed the following forms with the student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Pre-Clinical Self-Assessment Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Learning Inventory and Personality Profile Letter**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PTA Student Record of Clinical Experience Form**

*I will attempt to assist the student in completing as many of the “required” experiences on this form as possible.*

*If there are concerns about not completing certain required experiences, we will communicate those to Heather Stoner, ACCE (937-533-7934;* *heather.stoner@sinclair.edu**) as soon as possible to assist in determining alternatives for completion.*

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

 CI Signature Date CI Signature Date

**CI Signature / Verification Form**

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Clinical Rotation:** PTA 2335 / PTA 2435

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

**CI(s) Name(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have received and reviewed the following forms with the student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Pre-Clinical Self-Assessment Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Learning Inventory and Personality Profile Letter**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PTA Student Record of Clinical Experience Form**

*I will attempt to assist the student in completing as many of the “required” experiences on this form as possible.*

*If there are concerns about not completing certain required experiences, we will communicate those to Heather Stoner, ACCE (937-533-7934;* *heather.stoner@sinclair.edu**) as soon as possible to assist in determining alternatives for completion.*

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

 CI Signature Date CI Signature Date

Site Visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### CI Site Visit Survey

Dear CI:

Please answer the following short questionnaire and return it to your student in the attached envelope for delivery to the ACCE.

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | Explain |
| 1. Do you feel that the site visit occurred at an appropriate time during the clinical experience?
 |  |  |  |
| 1. Was the site visit valuable for you and the student?
 |  |  |  |
| 1. Did your site visitor provide you with any on-site education / information related to your duties as a CI during the site visit?
 |  |  |  |
| 1. Did you find this education / information helpful to your knowledge and role as a clinical instructor?
 |  |  |  |
| 1. Is there anything we could do to make the site visit better or more helpful?
 |  |  |  |

Thank you for taking the time to complete this questionnaire, and thank you for your time and dedication to our students and to the Sinclair PTA Program! You are an invaluable part of the students’ education!

Sincerely,

Heather Stoner, PTA, MPH, ACCE

### Clinical Affiliation Absence Form

***\*\*To be completed and submitted to the ACCE within 1 week of absence\*\****

**STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLINICAL INSTRUCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE ABSENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON FOR ABSENCE:**

**MAKE UP TIME:**

**SIGNATURES / Date**

**Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_**

**CI/CCCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_**

**ACCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_**

**PTA Program Sinclair Community College**

### Clinical Site Visit Form

**Clinical Site:** **Date:**

**Student:** **CI:** **PT:       PTA:**

**Surveyor:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Comments:**

|  |  |
| --- | --- |
| CI FEEDBACK | STUDENT FEEDBACK |
|  |  |
| **Effective Use of Time & Resources**Skills:      Challenges:      **Use of Constructive Feedback**Skills:      Challenges:      **Problem Solving / Critical Thinking**Skills:      Challenges:      **Stress Management**Skills:      Challenges:       | **Effective Use of Time & Resources**Skills:      Challenges:      **Use of Constructive Feedback**Skills:      Challenges:      **Problem Solving / Critical Thinking**Skills:      Challenges:      **Stress Management**Skills:      Challenges:       |
| **Goal Status (of pre-clinical goals):**      | **Goal Status (of pre-clinical goals):**      |
|  |  |

**Goals for Remainder of Clinical Discussed: *(see attached Site Visitor Communication Form)***

Yes       N/A

**CI Education / Discussion / Resources Provided: *(see attached Site Visitor Communication Form)***

Yes       N/A

**Student Education / Discussion: *(see attached Site Visitor Communication Form)***

Yes       N/A

**Other Questions / Concerns Addressed: *(see attached Site Visitor Communication Form)***

Yes       N/A

***Specific Questions to be Asked of All CI’s***

1. Do you feel that the student was prepared for this clinical? Yes       No

 Comments:

1. Any concerns about student meeting minimal required experiences listed on Record of Clinical Experience? Yes       No

Comments:

1. Your student is expected to be:

**(1st Clinical):** ***At least*** *Advanced* on ***Critical Element skills*** and ***Approaching*** *Advanced* (midway between Intermediate & Advanced) on **all other PAS criteria** by clinical completion.

**(2nd Clinical):** *Entry Level* on **Critical Elements** by clinical completion & ***approaching Entry Level*** in all other criteria (midway between Advanced & Entry Level).

Are there concerns about the student meeting these standards? Yes      No

 Comments:

1. Has or will this student have the opportunity to be involved in interprofessional patient care?

PT/PTA Team: Yes       No

Comments:

Other health care professionals: Yes       No

Comments:

**Disposition:**

      No concerns noted that require a follow-up visit

      Concerns are sufficient that follow-up visit(s) recommended (explain):

      Another follow-up required (explain):

### Educational Presentation Assessment

**OBJECTIVES:**

* Perform research on a topic related to healthcare, utilizing evidence-based resources.
* Relate knowledge of topic to audience.
* Apply information to evidence-based practice.
* Illustrate application of knowledge to physical therapy treatment interventions or populations being treated.
* Discuss a PTA’s role related to the topic discussed.
* Demonstrates professional demeanor in delivery of information including oral presentation, written materials and method of delivery.

**FACILITY NAME** *(1 pt)*:

**AUDIENCE ATTENDING**: (PT, OT, non-professional staff) *(1 pt)*

**NUMBER PRESENT FOR Presentation***(1 pt)***:**

**TOPIC** *(1 pt)***:**

 **REFERENCES AND RESEARCH MATERIALS USED (Must have at least 5 peer reviewed articles) Must be submitted to ACCE through eLearn Dropbox by the last Sunday of Practicum. References should be submitted as a Bibliography in AMA format and then referenced in the presentation handout in appropriate AMA format. Please also see prompt in Dropbox for reasoning of choice of each research article.**

**PRESENTATION MATERIALS** (ie, power point, handouts,)—***Please attach copies to the Dropbox in eLearn for the ACCE by the last Sunday of Practicum. Reminder all references should be cited throughout the presentation in correct AMA format.*** *(5 pts)*

**Educational Presentation Assessment (Cont.)**

**CI ASSESSMENT:**

**Please answer the questions using the following scale:**

**1 = Very Poorly 2 = Poorly 3 = Fair 4 = Well 5 = Very Well**

**How well did the student do the following?** *(2 pts each)*

1. Choose a topic appropriate for the intended audience: \_\_\_\_\_\_\_\_\_\_\_\_
2. Provide the information at a level appropriate for the audience served:\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Utilize research to support the topic:\_\_\_\_\_\_\_\_\_\_\_\_
4. Apply the topic to evidence-based practice:\_\_\_\_\_\_\_\_\_\_\_
5. Apply the information to PT interventions and/or the populations served:\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Describe the PTA’s role related to the topic discussed:\_\_\_\_\_\_\_\_\_\_\_\_\_

**CI Comments and Suggestions** *(2 pts)***:**

**CI Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(2 pts)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT SELF ASSESSMENT**:

What did you learn about yourself and presentation skills? *(10 pts)*

What did you learn about the expectations of the audience you were presenting to? *(10 pts)*

**Sinclair Community College**

### National Webcheck® Criminal History Check Request Form

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

 Last First Middle

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip

SS # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MM DD YYYY

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been a resident of Ohio for the past 5 years? □ Yes □ No

Note: If you answered **No**, you will be required to **complete both State (BCI) and Federal (FBI) checks.**

I am requesting the following National WebCheck®:

 □ State (BCI) Only (10-3445-44051-0507) $ 35.00

 □ Both State (BCI) AND Federal (FBI) (10-3445-44051-0507) $ 65.00

 Note: No “FBI Only” checks are permitted by WebCheck®

Purpose of Criminal History Check: \_Responsible for direct care of elderly/ Direct care of the elderly\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(See Reverse for list)

My signature indicates that I request a National WebCheck® be conducted by the Sinclair Community College Police Department or its authorized agent. I grant permission to the Sinclair Community College Police Department or its authorized agent to obtain all criminal history information regarding my past from the Ohio Bureau of Criminal Identification and Investigation (BCI&I) and/or the Federal Bureau of Investigation (FBI).

I understand that the criminal background checks are conducted by the electronic imaging of my fingerprints and then electronically submitting my fingerprints and personal information to the National WebCheck® system, which is administered by the Ohio Attorney General’s Office.

By having my fingerprints scanned on a National WebCheck® scanner, I authorize the Ohio BCI&I to release any criminal history information obtained from their files regarding me, and/or the files held by the FBI, and hereby release the Ohio BCI&I and the Sinclair Community College Police Department from all liability in connection with the dissemination of any criminal history information obtained.

I request the results obtained by the National WebCheck® system be delivered:

 By US Mail to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Operator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trans #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEBCHECK® is a registered trademark of the Ohio Attorney General’s Office. Prices effective July 1, 2008

### Personality Profile / Learning Preference Letter

Dear Clinical Instructor:

In preparation for my clinical, I completed a Personality Profile, called the Jung’s Typology and a Learning Style Inventory, called the VARK.

I hope that the results of these tests will provide you with a little information about me that helps in the development of our working relationship and assists in my education while on clinical rotation.

By the way, you are encouraged to take these tests, too! The links to the online versions of these tests are listed below.

**Jung Typology Personality Profile:** <http://www.humanmetrics.com/cgi-win/JungType.htm>

The results of the Jung’s Typology show that I am an: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What I would most like you to know about my personality is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VARK Learning Inventory:** <http://www.vark-learn.com/english/index.asp>

The results of the VARK show that I learn best in the following fashion(s):

Visual Aural Reading/Writing Kinesthetic Multimodal

What I would most like you to know about my learning style is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s Signature CI’s Signature

### Physical Therapist Assistant Student Evaluation:

**Clinical Experience and Clinical Instruction**

June 10, 2003



**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 [ ]  Yes [ ]  No

information and resources that you would need for the experience?

1. 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** |  | **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 |  |  |
|  |  | Five Most Common Interventions |
| Data Collection |  | 1.      2.      3.      4.      5.       |
| Implementation of Established Plan of Care |  |
| Selected Interventions |  |
| * Coordination, communication, documentation
 |  |
| * Patient/client related instruction
 |  |
| * + 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.

|  |  |
| --- | --- |
| **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 than1 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**

**PTA STUDENT RECORD OF CLINICAL EXPERIENCES**

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

Clinic Site #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic Site #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Key:*** **F**=**Frequently** (>25x/rotation); **O**=**Occasionally** (7-24x/rotation); **R**=**Rare** (1-6x/rotation); **N**=**Never**

*\*This form to be used for both clinicals. Place checks in LEFT columns for clinical #1, checks in RIGHT column for #2.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLINICAL EXPERIENCE** **(\*) indicate experiences that are required to occur by completion of the final clinical and are recommended to occur during all clinical rotations)** | **F** | **O** | **R** | **N** | **For (\*) items:** **If not experienced, explain *why*** |
|  |
| Family/patient education\* |  |  |  |  |  |  |  |  |  |
| Observed treatments of other healthcare providers (e.g. OT, ST, ATC)\* |  |  |  |  |  |  |  |  |  |
| Involved in interprofessional collaborative care of patients with non-PT healthcare providers\* |  |  |  |  |  |  |  |  |  |
| Attended team conference/meeting\* |  |  |  |  |  |  |  |  |  |
| Assisted with discharge planning\* |  |  |  |  |  |  |  |  |  |
| Observed Surgery: *Please list @ end of report* |  |  |  |  |  |  |  |  |  |
| Emergency Situations (CPR, Code, Fall) *Please list @ end of report* |  |  |  |  |  |  |  |  |  |
| Ethical Dilemma: *Please list @ end of report* |  |  |  |  |  |  |  |  |  |
| **Populations Treated:** |  |
| 1. Infant (birth - 1 yr.)
 |  |  |  |  |  |  |  |  |  |
| 1. Pediatric (1 - 7 yr.)
 |  |  |  |  |  |  |  |  |  |
| 1. Adolescent (8 - 12 yr.)
 |  |  |  |  |  |  |  |  |  |
| 1. Teenage (13 - 19 yr.)
 |  |  |  |  |  |  |  |  |  |
| 1. Young Adult (20 - 25 yr.)
 |  |  |  |  |  |  |  |  |  |
| 1. Adult (25 - 55 yr.)
 |  |  |  |  |  |  |  |  |  |
| 1. Older Adult (56 - 75 yr.)
 |  |  |  |  |  |  |  |  |  |
| 1. Oldest Adult (76 - 100 + yr.)
 |  |  |  |  |  |  |  |  |  |
| **Diagnoses Treated:**  |  |
| 1. CVA |  |  |  |  |  |  |  |  |  |
| 2. TBI |  |  |  |  |  |  |  |  |  |
| 3. CP |  |  |  |  |  |  |  |  |  |
| 4. MS |  |  |  |  |  |  |  |  |  |
| 5. MD |  |  |  |  |  |  |  |  |  |
| 6. Hydrocephalus |  |  |  |  |  |  |  |  |  |
| 7. MRDD |  |  |  |  |  |  |  |  |  |
| 8. Parkinson’s |  |  |  |  |  |  |  |  |  |
| 9. Spinal Cord Injury  |  |  |  |  |  |  |  |  |  |
| 10. Total Joint Replacement |  |  |  |  |  |  |  |  |  |
| 11. Cardiac issues  |  |  |  |  |  |  |  |  |  |
| 12. Pulmonary issues  |  |  |  |  |  |  |  |  |  |
| 13. Vascular issues  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLINICAL EXPERIENCE** **(\*) indicate experiences that are required to occur by completion of the final clinical and are recommended to occur during all clinical rotations)** | **F** | **O** | **R** | **N** | **For (\*) items:** **If not experienced, explain *why*** |
| 14. General Debilitation  |  |  |  |  |  |  |  |  |  |
| 15. Fibromyalgia  |  |  |  |  |  |  |  |  |  |
| 16. Shoulder pain / injury  |  |  |  |  |  |  |  |  |  |
| 17. Elbow pain / injury |  |  |  |  |  |  |  |  |  |
| 18. Wrist/hand pain / injury |  |  |  |  |  |  |  |  |  |
| 19. Hip pain / injury |  |  |  |  |  |  |  |  |  |
| 20. Knee pain / injury |  |  |  |  |  |  |  |  |  |
| 21. Foot / ankle pain / injury |  |  |  |  |  |  |  |  |  |
| 22. Back or neck pain / injury |  |  |  |  |  |  |  |  |  |
| 23. Head pain (headache, migraine) |  |  |  |  |  |  |  |  |  |
| 24. Multi-trauma |  |  |  |  |  |  |  |  |  |
| 25. OTHER: *Please list @ end of report* |  |  |  |  |  |  |  |  |  |
| **Application of:**  |  |
| 1. Orthotic & Prosthetics (braces or splints)
 |  |  |  |  |  |  |  |  |  |
| 1. Compression wraps (ace bandage, sports taping)
 |  |  |  |  |  |  |  |  |  |
| 1. Kinesiotape, McConnell taping, or other active taping
 |  |  |  |  |  |  |  |  |  |
| 1. Wound dressing / sterile technique
 |  |  |  |  |  |  |  |  |  |
| 1. Use of Isolation Procedures\*
 |  |  |  |  |  |  |  |  |  |
| 1. Stump wrapping
 |  |  |  |  |  |  |  |  |  |
| 1. Crutch and walker measurement/adjustment\*
 |  |  |  |  |  |  |  |  |  |
| 1. Acquisition of DME
 |  |  |  |  |  |  |  |  |  |
| 1. Vascular compression hose
 |  |  |  |  |  |  |  |  |  |
| **Therapeutic Interventions:**  |  |
| 1. Ultrasound |  |  |  |  |  |  |  |  |  |
| 2. Hot Packs |  |  |  |  |  |  |  |  |  |
| 3. Cold |  |
| a. Cryotherapy (Gameready, Cryocuff) |  |  |  |  |  |  |  |  |  |
| b. Cold Packs |  |  |  |  |  |  |  |  |  |
| c. Ice Massage |  |  |  |  |  |  |  |  |  |
| 4. Diathermy |  |  |  |  |  |  |  |  |  |
| 5. Electrical Stimulation(IFC, HV, Russian, Premod\*) |  |  |  |  |  |  |  |  |  |
| a. Iontophoresis |  |  |  |  |  |  |  |  |  |
| b. TENS |  |  |  |  |  |  |  |  |  |
| 6. US/EStim Combo |  |  |  |  |  |  |  |  |  |
| 7. Biofeedback |  |  |  |  |  |  |  |  |  |
| 8. Paraffin |  |  |  |  |  |  |  |  |  |
| 9. Cervical Traction |  |  |  |  |  |  |  |  |  |
| 1. Pelvic Traction
 |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |
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| **CLINICAL EXPERIENCE** **(\*) indicate experiences that are required to occur by completion of the final clinical and are recommended to occur during all clinical rotations)** | **F** | **O** | **R** | **N** | **For (\*) items:** **If not experienced, explain *why*** |
| 11. Intermittent compression |  |  |  |  |  |  |  |  |  |
| 12. CPM |  |  |  |  |  |  |  |  |  |
| 13. Hydrotherapy |  |  |  |  |  |  |  |  |  |
| 14. Anodyne |  |  |  |  |  |  |  |  |  |
| 15. Laser |  |  |  |  |  |  |  |  |  |
| 16. SASTM / ASTYM / Graston technique |  |  |  |  |  |  |  |  |  |
| 17. Dry Needling (Observed) |  |  |  |  |  |  |  |  |  |
| 18. Therapeutic Exercise:  |  |
| 1. ROM Exercises\*
 |  |  |  |  |  |  |  |  |  |
| 1. Stretching Exercise\*
 |  |  |  |  |  |  |  |  |  |
| 1. Isometric Exercise\*
 |  |  |  |  |  |  |  |  |  |
| 1. Resistive Exercise with Equipment\*
 |  |  |  |  |  |  |  |  |  |
| 1. Isokinetic Exercise
 |  |  |  |  |  |  |  |  |  |
| 1. Postural Exercise\*
 |  |  |  |  |  |  |  |  |  |
| 1. Balance Exercise\*
 |  |  |  |  |  |  |  |  |  |
| 1. Coordination Exercise\*
 |  |  |  |  |  |  |  |  |  |
| 1. Aerobic Exericse\*
 |  |  |  |  |  |  |  |  |  |
| 1. Cardiac Rehab
 |  |  |  |  |  |  |  |  |  |
| 1. Pulmonary / respiratory Exercises\*
 |  |  |  |  |  |  |  |  |  |
| 1. Reconditioning\*
 |  |  |  |  |  |  |  |  |  |
| 1. Work hardening/work & ADL simulation\*
 |  |  |  |  |  |  |  |  |  |
| 1. Aquatics
 |  |  |  |  |  |  |  |  |  |
| 19. Orthotic Training\* |  |  |  |  |  |  |  |  |  |
| 20. Prosthetic Training |  |  |  |  |  |  |  |  |  |
| 21. Gait Training |  |
| * 1. Without assistive device\*
 |  |  |  |  |  |  |  |  |  |
| * 1. With crutches\*
 |  |  |  |  |  |  |  |  |  |
| * 1. With cane\*
 |  |  |  |  |  |  |  |  |  |
| * 1. With walker\*
 |  |  |  |  |  |  |  |  |  |
| * 1. With Eva or Arjo Walker
 |  |  |  |  |  |  |  |  |  |
| * 1. Stairs & curbs\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Ramps and uneven surfaces\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Community environment (real or simulated)\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Variety of weight bearing status\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Gait suspension harness
 |  |  |  |  |  |  |  |  |  |
| * 1. Use of standing frame
 |  |  |  |  |  |  |  |  |  |
| 22. Computerized Balance Device |  |  |  |  |  |  |  |  |  |
| 23. Wii (or other computer-based device) |  |  |  |  |  |  |  |  |  |

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| **CLINICAL EXPERIENCE** **(\*) indicate experiences that are required to occur by completion of the final clinical and are recommended to occur during all clinical rotations)** | **F** | **O** | **R** | **N** | **For (\*) items:** **If not experienced, explain *why*** |
| 24. Neuromuscular Re-education:  |  |
| * 1. Diagonal patterns (PNF)\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Neurodevelopmental treatment (NDT)\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Stabilization exercises\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Developmental Activities
 |  |  |  |  |  |  |  |  |  |
| * 1. Functional E-Stim (FES)
 |  |  |  |  |  |  |  |  |  |
| * 1. Constraint Induced Therapy
 |  |  |  |  |  |  |  |  |  |
| * 1. Mirror Therapy
 |  |  |  |  |  |  |  |  |  |
| 25. Manual Therapy: |  |
| * 1. Therapeutic Massage\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Soft Tissue Mobilization\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Passive ROM\*
 |  |  |  |  |  |  |  |  |  |
| * 1. Peripheral Joint Mobilizations\*
 |  |  |  |  |  |  |  |  |  |
| 26. Functional Activities/ADL\* |  |  |  |  |  |  |  |  |  |
| 27. Posture & Body Mechanics\* |  |  |  |  |  |  |  |  |  |
| 28. Architectural Barriers |  |  |  |  |  |  |  |  |  |
| 29. Bed Mobility &Transfers:  |  |
| 1. Bed mobility\*
 |  |  |  |  |  |  |  |  |  |
| 1. Car transfer
 |  |  |  |  |  |  |  |  |  |
| 1. Commode transfer\*
 |  |  |  |  |  |  |  |  |  |
| 1. Maximum assistance\*
 |  |  |  |  |  |  |  |  |  |
| 1. Moderate assistance\*
 |  |  |  |  |  |  |  |  |  |
| 1. Minimal assistance\*
 |  |  |  |  |  |  |  |  |  |
| 1. Floor transfer
 |  |  |  |  |  |  |  |  |  |
| 1. Scoot / partial stand pivot transfer\*
 |  |  |  |  |  |  |  |  |  |
| 1. Stand pivot transfer\*
 |  |  |  |  |  |  |  |  |  |
| 1. Sliding board transfer
 |  |  |  |  |  |  |  |  |  |
| Data Collection: |  |
| 1. Manual Muscle Testing\* |  |  |  |  |  |  |  |  |  |
| 2. Goniometry\* |  |  |  |  |  |  |  |  |  |
| 3. Anthropometrics / Girth\* |  |  |  |  |  |  |  |  |  |
| 4. Sensation\* |  |  |  |  |  |  |  |  |  |
| 5. Vital signs\* |  |  |  |  |  |  |  |  |  |
| 6. Integumentary integrity\* |  |  |  |  |  |  |  |  |  |
| 7. Pain assessment\* |  |  |  |  |  |  |  |  |  |
| 8. Standardized questionnaires\* |  |  |  |  |  |  |  |  |  |
| 6. Standardized orthopedic, neurological, & functional tests:*Please list at end of report\** |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **CLINICAL EXPERIENCE** **(\*) indicate experiences that are required to occur by completion of the final clinical and are recommended to occur during all clinical rotations)** | **F** | **O** | **R** | **N** | **For (\*) items:** **If not experienced, explain *why*** |
| Practice Management: |  |
| 1. Documentation (written)
 |  |  |  |  |  |  |  |  |  |
| 1. Documentation (computerized)\*
 |  |  |  |  |  |  |  |  |  |
| 1. Billing forms/Procedures\*
 |  |  |  |  |  |  |  |  |  |
| 1. Participate in quality assurance activities\*
 |  |  |  |  |  |  |  |  |  |
| 1. Review facility Policy and Procedure\*
 |  |  |  |  |  |  |  |  |  |
| 1. Delegate to an Aide\*
 |  |  |  |  |  |  |  |  |  |

**Surgeries observed:**

|  |  |
| --- | --- |
|  |  |

**Emergency Situations:**

|  |  |
| --- | --- |
|  |  |

**Ethical Dilemma:**

|  |  |
| --- | --- |
|  |  |

**Other Diagnoses Seen:**

|  |  |
| --- | --- |
|  |  |

**Orthopedic, Neurological, Functional Tests:**

|  |  |
| --- | --- |
|  |  |

\*For any required experience that did not occur, please explain how these activities were addressed appropriately during the clinical rotation or plan to be addressed on the next clinical rotation (if there is one). ***Remember that all required skills must be addressed on at least 1 of your 2 clinical rotations.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Clinical #1 CI Comments:

Clinical #1 CI Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Clinical #2 CI Comments:

Clinical #2 CI Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Site Visitor Communication Form

Student:       CI:       Date:

|  |
| --- |
| **Goals to be Achieved by End of Clinical:**1.      2.      3.      4.      5.       |
| **CI Education / Discussion:**N/A      1.      2.      3.      4.       | **Resources Provided:**N/A      1.      2.      3.      4.       |
| **Student Education / Discussion:**N/A      1.      2.      3.      4.       |
| **Other Questions / Concerns:**N/A      1.      2.      3.       |
| **Follow-Up Plans** *(related to items listed above)***:**N/A      1.      2.      3.       |
| **Other Comments:**      |

*\*This form is now in an online format. Students are asked to submit the form using the link within their course.*

###

*\*\*Please be honest in your assessment of your CI. This information will be kept confidential.\*\**

### Student Assessment of Key CI Behaviors

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

**Rating Scale:**

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

|  |  |
| --- | --- |
| My CI…….. | Rating |
| 1)….demonstrates good clinical knowledge in his/her specialty. |  |
| 2)….models behavior expected of a health care professional, including an appropriate PT / PTA relationship. |  |
| 3)….effectively applies classroom theory into clinical practice. |  |
| 4)….works with me to solve problems and set goals for the clinical experience. |  |
| 5)….provides constructive feedback to assist in clinical growth. |  |
| 6)….values my learning experience. |  |
| 7)….shows patience and a cooperative attitude when working with me. |  |
| 8)….is fair and objective in daily interactions and evaluations. |  |
| 9)….is honest about his/her own individual strengths and weakness. |  |
| 10)….shows enthusiasm for the physical therapy profession and role as CI. |  |
| 11)….shows ability to modify communication and interactions to meet my individual needs. |  |
| 12)….is approachable and permits me to express my thoughts and concerns. |  |
| 13)….encourages critical thinking and problems solving. |  |
| 14)....clearly informed me of his/her expectations of me. |  |
| 15)….provides as much hands-on experience as possible. |  |

### Seasonal Influenza Vaccination Verification

**STUDENT NAME**:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Middle Name

**Verification: Completed by Health Care Provider**

Date of Vaccination:\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

* Flu Shot  Flu Mist

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

### Student Pre-Clinical Self-Assessment Form

**Students are responsible for completing this form prior to *each* clinical rotation and reviewing it with their CI during the *first week* of the affiliation.**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PTA 2335 / 2435 (circle)

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

Clinical Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The following 4 professional behaviors have been identified as priority development needs for student success in academic and clinical skills.***

Please review the definitions and examples given for each professional behavior and determine any behaviors in which you feel you have developed some **skill** and any behaviors you have identified as a continued **challenge**. Please provide *your own* specific examples of how you demonstrate or have difficulty demonstrating any portion of a particular professional behavior.

|  |
| --- |
| **Effective Use of Time and Resources:** The ability to obtain the maximum benefit from a minimum investment of time and resources; plan work completion; follow policies and procedures of program clinical site. |
| **SKILLS***Examples:* Timeliness; preparedness; develops a plan of action in advance; sees a plan through to completion; seeks resources when questions/confusion arise; utilizes unscheduled time effectively; shows flexibility of scheduling when needed | **CHALLENGES***Examples:* Procrastinates; tardiness; initiates activities without a plan of attack (lack of preparedness); leaves activities incomplete; utilizes too few resources when difficulty arises; does not use unscheduled time effectively; rigid with time/scheduling |
|  |  |
|  |  |
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| --- |
| **Use of Constructive Feedback:** The ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving interpersonal interaction; work effectively in the PT/PTA relationship. |
| **SKILLS***Examples:* Gives timely, appropriate feedback; seeks out feedback; responds appropriately to feedback provided; utilizes feedback to modify / improve behaviors; works effectively with others; demonstrates assertiveness in interactions; demonstrate good listening skills; critiques own performance honestly | **CHALLENGES***Examples:* Avoids conflict; demonstrates passive, aggressive, or defensive behavior toward others; does not seek out feedback; responds poorly/defensively to feedback provided by others; difficulty working with others or with specific groups/types of people; has authority issues; poor listening skills; jumps to conclusions before hearing / considering all the facts; difficulty with self-assessment |
|  |  |
|  |  |
|   |  |

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| --- |
| **Problem-Solving:** The ability to identify and define problems, utilizes data, develop and implement solutions; react to emergency situations; provide safe treatment interventions and use clinical reasoning in delivery of care.**Critical Thinking:** The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, and assumptions; distinguish the relevant from the irrelevant. |
| **SKILLS***Examples:* Generally able to identify how pieces of information fit together; can trust your “gut” (uses intuition); shows openness to contradictory ideas; flexible thinking; can connect cause and effect; can “think on your feet” (think and modify in the moment); anticipates the next step in a process; logically identifies the most relevant information to solve a problem | **CHALLENGES***Examples:* Jumps too quickly to an answer/response before fully considering the important components; difficulty with identifying the key elements of a problem; rigid thinking; slow at processing information; struggles with anticipating what is coming/ what is needed next; difficulty identifying relevancy of items |
|   |  |
|  |  |
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|  |
| --- |
| **Stress Management:** The ability to identify sources of stress and to develop effective coping behaviors, providing patient care in a safe manner. |
| **SKILLS***Examples:* Maintain professional demeanor in stressful situations; respond appropriately when a quick response is necessary; separate private life from work/school life; maintain “balance”; accept inconsistencies; develop appropriate outlets for release of stress | **CHALLENGES***Examples:* Respond inappropriately (laughing, crying, retreating, yelling) in stressful situations; retreating instead of maintaining control when a quick response is necessary; difficulty separating personal and professional life; lack of balance; get frustrated easily by inconsistencies |
|  |  |
|  |  |
|  |  |

**Student’s Goals for clinical affiliation related to above behaviors and overall clinical needs / goals:** (write at least 3)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information has been reviewed and discussed.

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student / Date Clinical Instructor / Date

### ACCE / CCCE INFORMATION



### ACCE Communication / Intervention Form

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**Issue / Question / Concern**:

**Important Information Surrounding Issue / Question / Concern:**

**ACCE Feedback / Comment / Resolution**:

Critical Incident Report completed: Yes / No

Clinical Learning Contract initiated: Yes / No

**Sinclair Community College—PTA Program**

### Critical Incident Report

\*\*This document is to be used when incidents or behaviors arise in the clinic that do not meet the expectations or minimal performance standards for the student’s level of clinical affiliation.

|  |
| --- |
| *Directions: Record each entry clearly and concisely without reflecting any biases*Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CI / Observer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date** | **Activities leading up to this incident** | **Incident and behaviors of concern** | **Consequence / Outcome** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CI’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ACCE’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Sinclair Community College**

**PTA Program**

### Clinical Learning Contract

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The purpose of defining specific objectives and performance standards is to make clear the facility’s expectations of my performance during the remainder of my clinical experience.

I understand that it is my responsibility to incorporate these objectives during the remainder of my clinical experience at this facility. Failure to meet these objectives by the date listed will result in the following consequences:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that emphasis on these stated objectives should in no way be construed to mean that nay other goals or objectives for this experience are less important or critical for my successful completion of this clinical rotation.

GOALS:

LEARNING ACTIVITIES:

EVALUATION METHODS FOR SUCCESSFUL COMPLETION:

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CI Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCE Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### FORMS FOR STUDENTS TO SIGN



### Student Acknowledgement Page

 Initials

Section I: Prior to Clinical Affiliation \_\_\_\_\_\_

Section II: During Clinical Affiliation \_\_\_\_\_\_

Section III: After Clinical Affiliation \_\_\_\_\_\_

Section IV: Forms Appendix \_\_\_\_\_\_

Section V: ACCE / CCCE Information \_\_\_\_\_\_

Section VI: Forms for Students to Sign \_\_\_\_\_\_

I acknowledge that I have reviewed each of the sections listed and understand the material therein. My signature indicates that I am knowledgeable of this material and am responsible for its contents when preparing for, carrying out, and completing my clinical affiliations.

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 Student’s Signature Date