The Physical Therapist Assistant Program at Ivy Tech Community College, Sellersburg, is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org
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**The information contained in this Clinical Education Manual is subject to change without notice. Every attempt will be made to keep this guide current and accurate.**
ACCREDITATION/ DEGREE/ LICENSURE:

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

In order for graduates to be able to sit for any state certification or licensure examinations, the PTA Program must be accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) by the time of graduation. The Physical Therapist Assistant Program at Ivy Tech Community College, Sellersburg, is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

DIVERSITY STATEMENT

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

NON-DISCRIMINATION AND EQUAL OPPORTUNITY POLICY

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

PTA PROGRAM DESCRIPTION:

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

The curriculum is designed with the classroom, laboratory, and clinical experience for graduates to gain the knowledge and skills necessary to provide physical therapy services in the role of a Licensed Physical Therapist Assistant. The technical core of the curriculum is designed to allow the graduates to become clinical problem solvers, rather than exclusively treatment givers.
IVY TECH COMMUNITY COLLEGE
ASSOCIATE IN SCIENCE
PHYSICAL THERAPIST ASSISTANT

PROGRAM OUTCOMES

- Demonstrate critical and creative thinking.
- Recognize and understand cultural and individual differences, in terms of both contemporary and historical perspectives.
- Recognize and understand social, political, civic, and environmental responsibilities relative to our society.
- Apply basic scientific concepts in a variety of settings.
- Communicate effectively in written, oral and symbolic forms.
- Exhibit quantitative literacy.
- Apply ethical reasoning.
- Demonstrate the acquisition and use of information.
- Practice confidentiality, perform within ethical and legal boundaries, practice within the scope of education, and exercise efficient time management in patient care.
- Integrate knowledge of clinical theory by utilizing infection control, assisting the physical therapist, and performing delegated procedures.
- Apply a comprehensive treatment plan developed by a physical therapist.
- Integrate and participate in timely communication, systematic healthcare delivery, and application of knowledge and skills through patient care and education.
- Practice appropriate assessment and measurement techniques to assist the supervising physical therapist in monitoring and modifying the plan of care within the knowledge and limits of practice.
- Demonstrate interaction with patients and families in a manner which provides the desired psychosocial support including the recognition of cultural and socioeconomic differences.
- Demonstrate application of physical therapy skills for other health care providers, patients, and families.
- Design appropriate documentation for relevant aspects of patient treatment.
- Apply the principles of the physical therapy profession to personal and professional growth.
Mission

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

Vision

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

Philosophy

The program philosophy of curriculum development includes a commitment to coordinated, sequential learning; delineation of the roles and responsibilities of the physical therapist, physical therapist assistant, and the physical therapy aide; an understanding of the changing nature of the profession and health care in general; and an opportunity for exploration of areas of student interest. Additionally, the program philosophy incorporates a commitment to academic and clinical faculty development, with the purpose of enhancing effectiveness of instruction, refining leadership, teaching effectiveness, and interpersonal skills so that the students are prepared to take their place as para-professionals in the field of physical therapy.

Goals

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

1. Graduate competent students into the community who have adopted professional behaviors representative of a physical therapist assistant.
2. Assist students in employment placement before and following graduation.
3. Maintain licensure exam results of graduates equal to or exceeding the national standards.
4. Provide academic and clinical settings, which stimulate student learning.
5. Update, review, or modify curriculum as identified by students, faculty, College administrators, community, and PT/PTA professionals.
6. Maintain state of the art equipment and laboratory facilities.
7. Exemplify and demonstrate the importance of professional membership in the APTA.
8. Ensure that equal educational opportunities are available for all students regardless of race, color, creed, national origin, sexual orientation, age, disability, or marital status.
9. Organize and maintain an advisory committee, which consists of persons who are actively engaged in or support the practice of physical therapy.
10. Maintain equal or greater than the APTA required three-year average 80% passage rate on the National PTA Examination.
FACULTY ROLE

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

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

PHYSICAL THERAPIST ASSISTANT PROGRAM FACULTY

PTA PROGRAM CHAIR:

Kim Kruer, PT, MPT
kkruer4@ivytech.edu
812-246-3301 ext. 4290

ACADEMIC COORDINATOR OF CLINICAL EDUCATION:

Amy Hinton, PT
ahinton7@ivytech.edu
812-246-3301 ext. 4537

FULL-TIME FACULTY:

Kim Kruer, PT, MPT
Amy Hinton, PT
Nancy Cox, BS, PTA
ncox41@ivytech.edu

LAB ASSISTANTS:

Lindsay Hudson, DPT
CLINICAL EDUCATION SEQUENCE

The PTA Student will complete three clinicals. Clinical I/ PTAS 115 (integrated clinical) will consist of 40 hours per week for three weeks. Clinical II/ PTAS 205 (terminal clinical) will consist of 40 hours per week for seven weeks and Clinical III/ PTAS 215 (terminal clinical) will consist of 40 hours per week for seven weeks.

The clinical education experience will include one rotation in each of the following settings: inpatient physical therapy, outpatient physical therapy, and a setting in an area of interest for the student. A variety of clinical settings are available for the PTA student’s clinical education assignments. Examples of these settings include: hospital based, rehabilitation, extended care/skilled nursing, home health, outpatient, sports physical therapy, pediatrics, geriatrics, and aquatics.

PTAS 115 - First Year PTA Students

This affiliation is the students' first official clinical setting experience. The students have completed: anatomy, kinesiology, disease and trauma, medical terminology, modalities, basic patient care including treatment of the orthopedic patient, and aspects of administration. The students would best be served with a rotation that provides a majority of either inpatient and/or outpatient opportunities that focus on areas of treatment as listed below. This affiliation is full time for three weeks and is situated in the curricular sequence at the end of technical semester two. The students are expected to demonstrate beginning proficiency in the areas listed below and should manage a small caseload by the end of the rotation.

- Manual muscle testing
- Goniometry
- Modalities
- Gait training w/ assistive devices
- Vital signs
- Safety
- Beginning exercise development with the orthopedic population
- Transfers
- Documentation
- Disease/disability awareness
- Patient positioning
- P/A/AA/RROM
- Understanding PTA/PT relationship
- Ethical/Legal practice
- Communication

PTAS 205/215 - Second Year PTA Students

These consecutive terminal affiliations consist of supervised clinical work in preparation for entry-level practice in any therapy setting. Each affiliation is a full-time clinical experience, seven weeks in duration. The students have completed all classroom coursework and have increased knowledge in special populations, neurological, cardiovascular, pediatric, orthotics/prosthetics, and wound care. This includes increased understanding of treatments, precautions/contraindications, and outcomes for the above areas of care. Students are expected to begin each of these clinicals with direct supervision from a CI allowing the students to acclimate to the responsibilities of the facility. At the completion of these clinicals, the student is expected to be at advanced intermediate or entry-level on the majority of the required skills on the PTA Clinical Performance Instrument.

The following pages list our current affiliation facility agreements. The clinical site folders with specific information regarding each site are kept in the PTA offices for student review.
CURRENT AFFILIATION FACILITY AGREEMENTS:

HOSPITALS:

BAPTIST HOSPITAL FLOYD
BAPTIST HOSPITAL LOUISVILLE
BAPTIST HOSPITAL LAGRANGE
CLARK MEMORIAL
COUMBUS REGIONAL HOSPITAL
FRAZIER REHAB INSTITUTE
HARRISON COUNTY HOSPITAL
IU HEALTH- PAOLI
JEWHISH HOSPITAL MEDICAL CAMPUS-DOWNTOWN
JEWHISH HOSPITAL SHELBYVILLE
KINDRED HOSPITAL- INDIANAPOLIS NORTH
KINDRED HOSPITAL- INDIANAPOLIS SOUTH
KINDRED HOSPITAL INDIANAPOLIS

KING’S DAUGHTERS’ HOSPITAL
NORTON BROWNSBORO
NORTON DOWNTOWN
NORTON WOMEN’S/ KOSAIR CHILDREN’S HOSPITAL
RUSH MEMORIAL HOSPITAL
SCHNECK MEDICAL CENTER, SEYMOUR
SOUTHERN INDIANA REHAB HOSPITAL
SAINTS MARY AND ELIZABETH HOSPITAL
ST. VINCENT, SALEM
ST. VINCENT, DUNN- BEDFORD
UNIVERSITY OF LOUISVILLE
VA MEDICAL CENTER
TRANSITIONAL CARE/ SKILLED NURSING:

AMERICAN SENIOR COMMUNITIES (ASC)
CLARK REHAB AND SNF, CLARKSVILLE, IN
RIVERVIEW VILLAGE, CLARKSVILLE, IN
WESTVIEW NURSING AND REHAB, BEDFORD, IN
SEYMOUR CROSSING, SEYMOUR, IN
SALEM CROSSING, SALEM, IN
TIMBERS OF JASPER, JASPER, IN
LAKE POINTE VILLAGE, SCOTTSBURG, IN
MEADOWVIEW, SALEM, IN
SWISS VILLA, VEVAY, IN
ADDITIONAL SITES THROUGHOUT INDIANA (SEE INFORMATION IN PTA OFFICE)

HEALTHCARE THERAPY SERVICES
FOUR SEASONS RETIREMENT CENTER, COLUMBUS, IN
FRANKLIN UNITED METHODIST COMMUNITY, FRANKLIN, IN
GOOD SAMARITAN HOME, EVANSVILLE, IN
HICKORY CREEK AT COLUMBUS, COLUMBUS, IN
HICKORY CREEK AT FRANKLIN, FRANKLIN, IN
HICKORY CREEK AT MADISON, MADISON, IN
HICKORY CREEK AT SCOTTSBURG, SCOTTSBURG, IN
JEFFERSON MANOR, LOUISVILLE, KY
JEFFERSON PLACE, LOUISVILLE, KY
MAPLE MANOR, SELLERSBURG, IN
MEADOWVIEW HEALTH AND REHAB, LOUISVILLE, KY
NAZARETH HOME, LOUISVILLE, KY
OAKLAWN HEALTH AND REHAB, LOUISVILLE, KY
ROCKFORD MANOR, LOUISVILLE, KY
SUMMERFIELD HEALTH AND REHAB, LOUISVILLE, KY
VILLAS OF GUERIN WOODS, GEORGETOWN, IN
ADDITIONAL SITES THROUGHOUT INDIANA AND KENTUCKY (SEE INFORMATION IN PTA OFFICE)

KINDRED HEALTHCARE
SELLERSBURG HEALTH AND REHAB
COLUMBUS, COLUMBUS, IN
WEDGEWOOD, CLARKSVILLE, IN
INDIAN CREEK, CORYDON, IN
HARRISON, CORYDON, IN
ROLLING HILLS, NEW ALBANY, IN
NORTHFIELD, LOUISVILLE, KY
BASHFORD, LOUISVILLE, KY
WESTMINSTER, LOUISVILLE, KY
CHRISTIAN HEALTH CENTER, LOUISVILLE, KY
TREYTON OAKS, LOUISVILLE, KY
ALLISON POINTE- INDIANAPOLIS, IN
ADDITIONAL SITES THROUGHOUT US (SEE INFORMATION IN PTA OFFICES)

AFFIRMA- ASSOCIATED WITH BAPTIST FLOYD HOSPITAL
LINCOLN HILLS

LIFE CARE CENTERS OF AMERICA
GREEN VALLEY CARE CENTER
ADDITIONAL SITES THROUGHOUT US (SEE INFORMATION IN PTA OFFICES)

THERACARE
LUTHERAN HOME
PARAGON
  INDIANAPOLIS ARLINGTON HEALTH CAMPUS
  LAWRENCEBURG RIDGEWOOD HEALTH CAMPUS
  BEDFORD STONE BRIDGEWOOD HEALTH CAMPUS
  COLUMBUS SILVER OAKS HEALTH CAMPUS
  FERDINAND SCENIC HILLS CARE CENTER
  GREENFIELD SPRINGHURST CAMPUS
  HANOVER THORNTON TERRACE HEALTH CAMPUS
  JASPER ST. CHARLES HEALTH CAMPUS
  NEW ALBANY AUTUMN WOODS HEALTH CAMPUS
  RICHMOND FOREST PARK HEALTH CAMPUS
  SEYMOUR COVERED BRIDGE HEALTH CAMPUS
  SHELBYVILLE ASHFORD PLACE HEALTH CAMPUS
  SPENCER OWEN VALLEY HEALTH CAMPUS
  TELL CITY OAKWOOD HEALTH CAMPUS
  VINCENNES BRIDGEPOINTE HEALTH CAMPUS
  VILLAGES AT HISTORIC SILVERCREST
  LOUISVILLE FRANCISCAN HEALTH CARE CENTER
  LOUISVILLE GLEN RIDGE HEALTH CAMPUS
  LOUISVILLE PARK TERRACE HEALTH CAMPUS
  LOUISVILLE WESTPORT PLACE HEALTH CAMPUS
  FOREST SPRINGS HEALTH CAMPUS
  ADDITIONAL SITES THROUGHOUT US (SEE INFORMATION IN PTA OFFICES)

DIVERSICARE
  PROVIDENCE- A TRANSITIONAL CARE COMMUNITY
OUTPATIENT:

ATI PHYSICAL THERAPY
VARIOUS SITES AVAILABLE IN INDIANA

BAPTIST HEALTH
BLUEGRASS INDUSTRIAL PARK- BAPTIST HEALTH OCCUPATIONAL MEDICINE
FERN VALLEY- BAPTIST HEALTH OCCUPATIONAL MEDICINE
RIVERPORT- BAPTIST HEALTH OCCUPATIONAL MEDICINE
BAPTIST PHYSICAL THERAPY- JEFFERSONTOWN
BAPTIST SPORTS MEDICINE AT EASTPOINT

COLUMBUS REGIONAL PHYSICAL THERAPY
MILL RACE CENTER
MARR ROAD CENTER

BAPTIST FLOYD PHYSICAL THERAPY
CONCORD AVENUE, CORYDON, IN
CHARLESTOWN ROAD, NEW ALBANY, IN
HIGHLANDER POINT, FLOYDS KNOBS, IN
STATE STREET, NEW ALBANY, IN
BLACKISTON VIEW DRIVE, CLARKSVILLE, IN
STATE ROAD 403, CHARLESTOWN, IN

FRAZIER
DOWNTOWN
BULLITT COUNTY
NORTHEAST
FERN VALLEY
JEFFERSONTOWN
MEDICAL CENTER EAST
MEDICAL PLAZA
NEWBURG
OWSLEY BROWN FRAZIER SPORTS CENTER
SOUTHERN INDIANA YMCA
SOUTHWEST
SPRINGHURST SPORTS MEDICINE
U OF L SPORTS MEDICINE
MEADE COUNTY
CLARKSVILLE
CORYDON
SAINTS MARY AND ELIZABETH HOSPITAL

KING’S DAUGHTERS’ PHYSICAL THERAPY
KING’S DAUGHTERS REHABILITATION CENTER- MADISON
VERSAILLES REHABILITATION CENTER
VEVAY REHABILITATION CENTER
KORT
BARDSTOWN
BRANDBURG
CRESTWOOD
ELIZABETHTOWN PHYSICAL THERAPY
GEORGETOWN
GLASGOW
JEFFERSONVILLE, IN
LOUISVILLE – DOWNTOWN
LOUISVILLE – ENGLISH STATION
LOUISVILLE – FERN CREEK
LOUISVILLE – GOSS AVENUE
LOUISVILLE – JTOWN
LOUISVILLE – OLD BROWNSBORO CROSSING
LOUISVILLE – PARTNERS IN PT
LOUISVILLE – PRESTON
LOUISVILLE – SHIVELY
LOUISVILLE – SPRINGHURST
LOUISVILLE – ST. MATTHEWS SPINE AND SPORT
LOUISVILLE – TYLER CENTER
MT. WASHINGTON
NEW ALBANY, KY
RICHMOND
SHEPHERDSVILLE

IU HEALTH- PAOLI

IU HEALTH BLOOMINGTON ORTHOPEDICS AND SPORTS MEDICINE (SIP)
YMCA NORTHWEST
SOUTH CLARIZZ BLVD

LOUISVILLE PHYSICAL THERAPY

RUDY J. ELLIS SPORTS MEDICINE CENTER

SCHNECK MEDICAL CENTER, SEYMOUR

SELECT PHYSICAL THERAPY- INDIANAPOLIS
EAST
FRANKLIN
SHORE DRIVE
EAST COUNTY LINE
NORTH
COLUMBUS

SOUTHERN INDIANA REHAB HOSPITAL
NEW ALBANY
HUNTER STATION, SELLERSBURG, IN

ST. VINCENT, SALEM

ST. VINCENT, DUNN

VETERANS ADMINISTRATION
LOUISVILLE
LEITCHFIELD, KY
PEDIATRICS:
ALL KIDS CAN THERAPY SERVICES
BRIDGEPOINTE CENTER
HOME OF THE INNOCENTS
HOPEBRIDGE
CURRICULUM
PHYSICAL THERAPIST ASSISTANT
ASSOCIATE OF SCIENCE

PREREQUISITES (MUST BE COMPLETED BY END OF SPRING TERM FOR APPLICATION)

*PTAS 101  Introduction to the Physical Therapist Assistant
**APHY 101  Anatomy and Physiology I
**APHY 102  Anatomy and Physiology II
**ENGL 111  English Composition
**SCIN 111  Physical Science

**Introduction to the Physical Therapist Assistant (PTAS 101), Anatomy and Physiology I and II (APHY 101 and 102), English Composition (ENGL 111), and Science 111 (SCIN 111) are prerequisites necessary to apply for the PTA Program. The remaining general education core classes are required for graduation, but not for application to the program. However, they must be successfully completed prior to the Fall semester when the student will enter the technical portion of the program.

**GENERAL EDUCATION CORE = 25 CREDITS (INCLUDES APHY 101, 102; ENGL 111; SCIN 111)

APHY 101  Anatomy and Physiology I  3
APHY 102  Anatomy and Physiology II  3
COMM 102  Intro to Interpersonal Communications  3
COMM 101  Fundamentals of Public Speaking  3
ENGL 111  English Composition  3
MATH 136  College Algebra  3
PSYC 101  Introduction to Psychology  3
SCIN 111  Physical Science  3
SOCI 111  Introduction to Sociology  3
IVYT 101  First Year Seminar  1

*TECHNICAL CORE = 44.5 CREDITS (INCLUDES PTAS 101)

PTAS 101  Introduction to the Physical Therapist Assistant  3
PTAS 102  Diseases, Trauma and Terminology  3
PTAS 103  Administrative Aspects of the PTA  3
PTAs 106  Treatment Modalities I  5
PTAS 107  Kinesiology  5
PTAS 115  Clinical I  2.5
PTAS 205  Clinical II  6
PTAS 207  Treatment Modalities II  5
PTAS 215  Clinical III  6
PTAS 217  Treatment Modalities III  5
PTAS 224  Current Issues and Review  1

+TOTAL DEGREE = 69.5 CREDITS (GENERAL EDUCATION CORE + TECHNICAL CORE)

+The College and PTA Program reserve the right to revise these requirements at any time.
IVY TECH COMMUNITY COLLEGE AT SELLERSBURG
COURSE OUTLINE
SPRING 2017

SCHOOL: Health Sciences

PROGRAM: Physical Therapist Assistant

COURSE NUMBER: PTAS 115

COURSE TITLE: PTA Clinical I

PREREQUISITES: PTAS 101, 106, 107, and 201

CREDIT HOURS: 2.5

CONTACT HOURS: Clock Hours: 8 hours a day, 40 hours a week for 3 weeks = 120 hours

INSTRUCTOR: ACCE

COURSE SCHEDULE: Hours corresponding to clinical instructor

REQUIRED TEXT: Clinic Manual and other readings assigned by CI and/or ACCE

COURSE DESCRIPTION: Requires the student to perform in a clinical environment with patients using applications of theory and techniques of PTAS 101, 106, and 107 under the supervision of a registered physical therapist.

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course, the student will:

I. Communication (3.3.2.1)
   1. Cooperate in communication with instructor(s) for learning in a clinical setting
   2. Recognize constructive feedback in communication
   3. Identify medical professionals in rehabilitation and appropriate types of communication
   4. Recognize the need for medical and layman’s terminology with appropriate individuals
   5. Recognize conflicts and observe protocols for resolution
   6. Realize influences of nonverbal communication in patient care

II. Individual and Cultural Differences (3.3.2.2)
   7. Recognize nonverbal communication in various cultures for effective patient care
   8. Discuss cultural influences on plan of care development by the Physical Therapist

III. Behavior and Conduct (3.3.2.3 – 5)
   9. Comply with clinical setting professional appearance and demeanor standards
   10. Devote oneself to punctual and consistent attendance

IV. Plan of Care – Understanding [toward goals and intended goals] (3.3.2.6)
   11. Discuss relevant anatomy and physiology of encountered pathophysiologies in a clinical setting
   12. Explain characteristics of encountered pathophysiologies in a clinical setting
   13. Restate intended goals and intervention strategies in the physical therapy plan of care

V. Plan of Care - Implementation under the direction and supervision of a Physical Therapist (3.3.2.7+)
   14. Imitate psychomotor skills acquired in didactic and clinical training in the areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor*
      a. Functional training
      b. Infection control procedures
      c. Manual therapy techniques
      d. Physical agents and mechanical agents
VI. Competency in Data Collection under the direction and supervision of a Physical Therapist (3.3.2.8+)
Imitate psychomotor skills acquired in didactic and clinical training in areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor*
  a. Assistive, adaptive, orthotic, protective, supportive, and prosthetic
  b. Gait, locomotion, balance
  c. Joint integrity and mobility
  d. Muscle performance
  e. Pain
  f. Posture
  g. Range of motion

VII. Scope of Practice–Plan of Care: adjusts, recognizes, reports, clarifies with supervising PT (3.3.2.9-12)
  15. Report recommendations for patient progression within the physical therapy plan of care
  16. Review with supervising Physical Therapist patient progression and/or regression requiring update and/or revision of the physical therapy plan of care

VIII. Plan of Care-education of patient, caregiver and non-healthcare others with supervising PT (3.3.2.13–
  17. Explain components of the physical therapy plan of care to patients and other relevant individuals for understanding and best outcomes
  18. Express effective teaching methods to patients and other relevant individuals according to the physical therapy plan of care

IX. Emergency response (3.3.2.15)
  19. Recognize safety and emergency situations in physical therapy interventions in a clinical setting with the assistance of the clinical instructor
  20. Recognize immediate emergency situations in medical status in a clinical setting with the assistance of the clinical instructor

X. Documentation and discharge planning with supervising PT (3.3.2.16 – 17)
  21. Review physical therapy documentation components in a patient care setting
  22. Locate necessary patient characteristics in medical and physical therapy documentation
  23. Report relevant information for documentation of physical therapy services

XIII. Administration (3.3.2.21 – 24)
  24. Comply with ethical and legal standards of the Physical Therapist Assistant
  25. Recognize the Physical Therapist Assistant’s role in fiscal management activities
  26. Comply with positions, policies, and procedures of APTA and clinical setting

XV. Career Development (3.3.2. 27 – 28) – lifelong learning; PTA in clinical education
  27. Recognize the relationships among individuals in physical therapy rehabilitation: physical therapist, physical therapist assistant, rehabilitation aide, and physical therapist assistant student
  28. Recognize strengths and weakness in self-assessment of learning abilities in a clinical setting

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

METHOD OF EVALUATION:
PTAS 115 – Clinical I – Assessment will be completed by the clinical instructor for each student and information from that form will be used to rate the performance. A final grade will be assigned by the ACCE based on this assessment along with other course requirements as outlined on the course syllabus. Please refer to Evaluation of Clinical Experience section for criteria of satisfactory versus unsatisfactory completion

POLICIES:
1. Students will read the Clinical Education Manual and be prepared to participate in a classroom discussion of its contents before attending a clinical assignment.

2. Students are given the opportunity to ask questions regarding the clinical education experience and are urged to do so.

3. Students must attend their clinical education assignments as arranged by the Academic Coordinator of Clinical Education.

4. If a student is absent or late, they must call the clinical instructor and the ACCE. Time lost due to absence or tardiness must be “made up” during the current clinical affiliation. Prolonged absence of three days or more will require an additional clinical assignment either at the same or a different affiliated clinical site.
SCHOOL: Health Sciences

PROGRAM: Physical Therapist Assistant

COURSE NUMBER: PTAS 205

COURSE TITLE: PTA Clinical II

PREREQUISITES: PTAS 106, 107, 202, 217, Clinic I

CREDIT HOURS: 6

CONTACT HOURS: Clock Hours: 8 hours a day, 40 hours a week for 7 weeks = 280 hours

INSTRUCTOR: ACCE

CLASS SCHEDULE: Hours corresponding to clinical instructor

REQUIRED TEXTS: Clinical Education Manual, and any readings assigned by CI and/or ACCE

COURSE DESCRIPTION: Requires the student to perform in a clinical environment with patients using applications of theories and techniques of PTAS 207 and 217 under the supervision of a registered physical therapist.

REFERENCES: Text books from all PTA courses

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course, the student will:

XI. Communication (3.3.2.1)
   1. Seek communication with instructor(s) for greater learning in a clinical setting
   2. Seek constructive feedback in communication for improved clinical performance
   3. Balance conflicts and accept responsibility in conflict resolution
   4. Examine influences of nonverbal communication in patient care

XII. Individual and Cultural Differences (3.3.2.2)
   5. Recognize cultural influences on the provision of physical therapy service under the plan of care within a clinical setting

XIII. Behavior and Conduct (3.3.2.3 – 5)
   6. Display clinical setting professional appearance and demeanor standards
   7. Display punctual and consistent attendance
   8. Display responsibility for professional behaviors specific to a clinical setting

XIV. Plan of Care – Understanding [toward goals and intended outcomes] (3.3.2.6)
   9. Apply knowledge of relevant anatomy and physiology of encountered pathophysiologies in a clinical setting with regard to intervention options
   10. Employ knowledge of characteristics of encountered pathophysiologies in a clinical setting
   11. Employ intervention strategies for intended goals and outcomes in the physical therapy plan of care in a clinical setting

XV. Plan of Care - Implementation [under the direction and supervision of a Physical Therapist] (3.3.2.7+)
   12. Coordinate psychomotor skills acquired in didactic and clinical training in the areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor*
      a. Functional training
b. Infection control procedures

c. Manual therapy techniques

d. Physical agents and mechanical agents

e. Therapeutic exercise

f. Wound management

XVI. Plan of Care - Competency in Data Collection [under the direction and supervision of a Physical Therapist] (3.3.2.8+)

13. Coordinate psychomotor skills acquired in didactic and clinical training in areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor:

a. Aerobic capacity and endurance

b. Anthropometric characteristics

c. Arousal, mentation, cognition

d. Assistive, adaptive, orthotic, protective, supportive, and prosthetic

e. Gait, locomotion, balance

f. Integumentary integrity

g. Joint integrity and mobility

h. Muscle performance

i. Neuromotor development

j. Pain

k. Posture

l. Range of motion

m. Self-care/home management; Community/work reintegration

n. Ventilation, respiration and circulation examination

XVII. Ventilation, respiration, circulation examination Scope of Practice – Plan of Care: adjusts, recognizes, reports, clarifies with supervising PT (3.3.2.9-12)

14. Establish patient progression therapeutic strategies within the physical therapy plan of care in a clinical setting

15. Report patient progression and/or regression requiring update and/or revision of the physical therapy plan of care and consult accordingly with clinical instructor and supervising Physical Therapist in a clinical setting

XVIII. Plan of Care - education of patient, caregiver and non-healthcare others with supervising PT (3.3.2.13 – 14)

16. Explain components of the physical therapy plan of care to patients and other relevant individuals for understanding and best outcomes

17. Express effective teaching methods to patients and other relevant individuals according to the physical therapy plan of care

XIX. Emergency Response (3.3.2.15)

18. Follow safety and emergency procedures in physical therapy interventions in a clinical setting with the assistance of the clinical instructor

19. Follow immediate emergency procedures regarding patient medical status in a clinical setting with the assistance of the clinical instructor

XX. Documentation and Discharge Planning [with supervising PT] (3.3.2.16 – 17)

20. Inform clinical instructor of necessary patient characteristics in medical and physical therapy documentation for effective and safe physical therapy provision

21. Provide effective physical therapy documentation in a patient care setting

XXI. Healthcare Literature (3.3.2.18)

22. Integrate research in a clinical scenario for investigation of the physical therapy plan of care

XXII. Education – other healthcare members; role of PTA (3.3.2.19-20)

23. Support the role of the Physical Therapist Assistant in the provision of the physical therapy plan of care in the education of others

XIV. Administration (3.3.2.21 – 24)
24. Demonstrate ethical and legal standards of the Physical Therapist Assistant
25. Demonstrate fiscal responsibility as a Physical Therapist Assistant
26. Demonstrate compliance with positions, policies, and procedures of APTA and clinical setting

XV. Social Responsibility (3.3.2.25-26)
27. Value the responsibility of a Physical Therapist Assistant in educating patients in available alternative methods of care, other than physical therapy, with the support of the supervising Physical Therapist

XVI. Career Development (3.3.2.27 – 28) – lifelong learning; PTA in clinical education
28. Examine the relationships among individuals in physical therapy rehabilitation: physical therapist, physical therapist assistant, rehabilitation aide, and physical therapist assistant student
29. Examine strengths and weakness in self-assessment of learning abilities in a clinical setting

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

METHODS OF EVALUATION:
The PTA Clinical Performance Instrument will be completed by the student’s Clinical Instructor. Information from this form will be used to rate the performance of the student. A final grade including the CPI performance, along with other course requirements, as outlined in the course syllabus will be assigned by the ACCE. Please refer to Evaluation of Clinical Experience section for criteria of satisfactory versus unsatisfactory completion.
SCHOOL: Health Sciences

PROGRAM: Physical Therapist Assistant

COURSE NUMBER: PTAS 215

COURSE TITLE: PTA Clinical III

PREREQUISITES: PTAS 106, 107, 201, 202, 217, Clinic I, PTAS 115, Clinic II, PTAS 205

CREDIT HOURS: 6

CONTACT HOURS: Clock Hours: 8 hours a day, 40 hours a week for 7 weeks = 280 hours

INSTRUCTOR: ACCE

CLASS SCHEDULE: Hours corresponding to clinical instructor

REQUIRED TEXTS: Clinical Education Manual, and any readings assigned by CI and/or ACCE

COURSE DESCRIPTION: Requires the student to perform in a clinical environment with patients using applications of theories and techniques of PTAS 207 and 217 under the supervision of a registered physical therapist.

REFERENCES: Text books from all PTA courses

MAJOR COURSE LEARNING OBJECTIVES: Upon successful completion of this course, the student will:

XXIII. Communication (3.3.2.1)
1. Display effective communication with instructor(s) for greater learning in a clinical setting
2. Relate to constructive feedback and demonstrate progression in clinical skills
3. Display conflict resolution
4. Relate to nonverbal communication in patient care

XXIV. Individual and Cultural Differences (3.3.2.2)
5. Discriminate between cultural and medical/physical in the provision of physical therapy services under the plan of care within a clinical setting

XXV. Behavior and Conduct (3.3.2.3 – 5)
6. Display clinical setting professional appearance and demeanor standards
7. Display punctual and consistent attendance
8. Display responsibility of professional behaviors specific to a clinical setting

XXVI. Plan of Care – Understanding [toward goals and intended outcomes] (3.3.2.6)
9. Apply knowledge of relevant anatomy and physiology of encountered pathophysiology in a clinical setting with regard to intervention options
10. Differentiate available strategies to meet the intended goals and outcomes of the physical therapy plan of care

XXVII. Plan of Care - Implementation [under the direction and supervision of a Physical Therapist] (3.3.2.7+)
11. Demonstrate psychomotor skills acquired in didactic and clinical training in the areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor.
   a. Functional training
   b. Infection control procedures
   c. Manual therapy techniques
d. Physical agents and mechanical agents

e. Therapeutic exercise

f. Wound management

XXVIII. Plan of Care - Competency in Data Collection [under the direction and supervision of a Physical Therapist] (3.3.2.8+)

12. Demonstrate psychomotor skills acquired in didactic and clinical training in areas listed below as relevant to the assigned clinical setting under the assistance of the clinical instructor.

   a. Aerobic capacity and endurance
   b. Anthropometric characteristics
   c. Arousal, mentation, an cognition
   d. Assistive, adaptive, orthotic, protective, supportive, and prosthetic
   e. Gait, locomotion, balance
   f. Integumentary integrity
   g. Joint integrity and mobility
   h. Muscle performance
   i. Neuromotor development
   j. Pain
   k. Posture
   l. Range of motion
   m. Self-care/home management; Community/work reintegration
   n. Ventilation, respiration, circulation examination

XXIX. Scope of Practice – Plan of Care: adjusts, recognizes, reports, clarifies with supervising PT (3.3.2.9 - 12)

13. Differentiate potential for recommendations for patient progression within the physical therapy plan of care

14. Appraise patient progression and/or regression requiring update and/or revision of the physical therapy plan of care and consult accordingly with clinical instructor and supervising Physical Therapist

XXX. Plan of Care - education of patient, caregiver and non-healthcare others with supervising PT (3.3.2.13 – 14)

15. Choose appropriate components of the physical therapy plan of care for the education of patients and other relevant individuals for understanding and best outcomes

16. Use effective teaching methods for patients and other relevant individuals according to the physical therapy plan of care

XXXI. Emergency response (3.3.2.15)

17. Displays appropriate responses to safety and emergency situations during physical therapy interventions in a clinical setting with the assistance of the clinical instructor

18. Displays appropriate response to emergency situations regarding patient medical status in a clinical setting with the assistance of the clinical instructor

XXXII. Documentation and Discharge Planning [with supervising PT] (3.3.2.16 – 17)

19. Interpret medical and physical therapy documentation for effective and safe physical therapy provision under the guidance of the clinical instructor

20. Demonstrate effective physical therapy documentation in a patient care setting

XXXIII. Healthcare Literature (3.3.2.18)

21. Integrate research to a clinical scenario for investigation of the physical therapy plan of care

XXXIV. Education – other healthcare members; role of PTA (3.3.2.19-20)

22. Support the role of the Physical Therapist Assistant in the provision of the physical therapy plan of care in the education of others

XVI. Administration (3.3.2.21 – 24)

23. Demonstrate ethical and legal standards of the Physical Therapist Assistant

24. Demonstrate fiscal responsibility as a Physical Therapist Assistant
25. Demonstrate compliance with positions, policies, and procedures of APTA and clinical setting

XVII. Social Responsibility (3.3.2.25-26)

26. Value the responsibility of a Physical Therapist Assistant in educating patients in available alternative methods of care, other than physical therapy, with the support of the supervising Physical Therapist

XVII. Career Development (3.3.2.27 – 28) – lifelong learning; PTA in clinical education

27. Examine the relationships among individuals in physical therapy rehabilitation: physical therapist, physical therapist assistant, rehabilitation aide, and physical therapist assistant student

28. Seek input to further understand strengths and weakness in self-discovery and learning

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

**If one or more of the above is not applicable to the current clinical site, the student must have demonstrated independent, competent and safe performance of the skill or task in the previous clinical. If the student has not had opportunity to demonstrate the task or it was not performed independently, safely and competently, arrangements will be made for the student to demonstrate the task(s) in the clinical setting with a clinical instructor from another affiliated setting. This setting will be determined by the ACCE and program director. This must be completed the week following this clinical affiliation, as arranged by the ACCE.

METHODS OF EVALUATION:
The PTA Clinical Performance Instrument will be completed by the student’s Clinical Instructor. Information from this form will be used to rate the performance of the student. A final grade including the CPI performance, along with other course requirements, as outlined in the course syllabus will be assigned by the ACCE. Please refer to Evaluation of Clinical Experience section for criteria of satisfactory versus unsatisfactory completion.
STUDENT CLINICAL INFORMATION

1. HEALTH SERVICES AND EMERGENCY CARE HEALTH EXAMINATIONS

Ivy Tech Community College does not have a Student Health Service. Each student is responsible for the selection of a physician for his or her normal health status. If illness or injury occur during the school day, the student should notify the instructor or the PTA Program Chairperson. If emergency room treatment is needed on clinical days, the student must be referred by the clinical instructor. The student will obtain care either from his or her personal physician or in the hospital emergency department as needed. Ivy Tech Community College carries student accident insurance, but the insurance will not cover illness. Therefore, students should have adequate healthcare insurance.

Emergency care information is to be written on registration forms. Students should give complete information and update it as necessary. Current, accurate information is vital in an emergency.

STUDENT ACCIDENT INSURANCE

For students registered in credit courses, the College provides accident insurance in a designated amount for injuries sustained while participating in College-sponsored activities. The activity must take place on College premises or on any premises designated by the College. Students are also covered while traveling to and from College-sponsored activities as a member of a group under College supervision. It is the student’s responsibility to report injuries promptly to the instructor or to the Office of Student Affairs. The insurance is for a specified minimum amount of coverage. It is not intended to replace insurance coverage students may already have. Students should review their own coverage. The master insurance policy issued to Ivy Tech is on file at the central administrative office. The description of the hazards insured, benefits and exclusions is controlled by the master policy. Students with questions may contact the regional Office of Student Affairs.

STUDENT HEALTH INSURANCE

The College has made arrangements for Ivy Tech students to obtain health insurance. Insurance coverage is purchased directly from the insurance company by the student. Application forms and brochures explaining coverage and rates are available through the Office of Student Affairs during registration periods. Coverages and rates are subject to change.

ACCIDENTS AND ILLNESSES

If a student has an accident on College property the student should report the accident to campus security or the Office of Student Affairs. If a student suffers an accident or illness while attending classes the student should notify the instructor. The College will take the necessary steps to intervene in a medical emergency while the student is on campus. If paramedic services or hospitalization is required the student is financially responsible. If a student is suffering from an illness that makes it impossible to attend classes the student should contact his/her instructors.

The College does not provide a health services center. The College supports the Drug Free Schools and Communities Act of 1989. Many community agencies are available to assist students seeking counseling or treatment. Please contact the Office of Student Affairs for a listing of community resources. The College conducts a biennial review of the effectiveness of its drug and alcohol abuse prevention programs. This review is available in the Office of Student Affairs.

PREGNANCY

A post-partum student may return to classes and clinical experience after presenting the PTA program chairperson with a statement from her physician stating that she may return with no restrictions and the date of return. Attendance and performance requirements will not be altered for pregnant or post-partum students.
2. **INFECTION CONTROL AND IMMUNIZATION RECORDS**

Each student is required to have the following in their student files at Ivy Tech Community College prior to clinical rotations. Failure to do so will result in failure to attend/complete clinical experiences:

   a. A physical exam form completed at the student’s expense by a physician of the student’s choice, updated yearly.
   b. Required laboratory testing
      1) 2 Step TB Skin test or chest x-ray (annually)
      2) Tests reflecting evidence for rubella and rubella immunity.
   c. Immunization history or past medical history with dates for:
      1) Tetanus-diphtheria
      2) Measles, mumps, rubella (MMR)
      3) Polio
      4) Hepatitis B vaccine series (completed, started or signed waiver)
      5) Chicken pox

3. **HEALTH STATUS**

Students with a fever or an acute contagious disease will not be allowed to attend their clinicals or class.

If an injury or a treatment prevents the student from performing clinical assignments, that student may not attend clinicals and will be counted absent.

If students are hospitalized, they must have a medical release from their physician before they can return to the classroom or clinical area. **THE MEDICAL RELEASE MUST BE WITH NO RESTRICTIONS**, unless waived by the PTA Program Chair.

4. **CARDIOPULMONARY RESUSCITATION**

All PTA students must have current CPR certification, American Heart Association Healthcare Provider, prior to clinical rotations.

5. **CRIMINAL BACKGROUND CHECK AND DRUG SCREEN**

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

All students accepted into the PTA program will be required to complete a Criminal Background Check and Drug Screen, provided by an outside vendor, at the student’s expense, within 30 days of receipt of the letter of acceptance into the PTA program. Completion of the screen is a condition of acceptance into the program. Screens must also be completed every year thereafter as a condition of continuing in the program. Failure to do so, by the assigned deadline each year, will result in forfeiture of the student’s spot in the program.

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

Before you seek employment as a physical therapist assistant in Indiana, you must take and pass the certification exam administered under the direction of the Indiana Health Professions Bureau. The possibility exists that a person who has been convicted of a crime may not be certified as a health practitioner in the State of Indiana. The Indiana Health Professions Bureau may choose to deny a person convicted of a crime the opportunity to sit for the certification examination even if they have satisfactorily completed the Ivy Tech Community College Associate of Science degree.
6. **ORIENTATION**

Some facilities require students to complete an orientation program before the beginning of their clinical rotation. Students are responsible for arranging this orientation if required.

7. **NAME TAGS**

Name badges are to be worn during all clinical education experiences. Each student is responsible for obtaining a personal name badge. The personal name badge will include the student’s first name, last name, Ivy Tech logo and Student PTA. Should the clinical site require a lab coat, this will be purchased at the student’s expense.

8. **STUDENT EXPENSES**

   A. **TRANSPORTATION/PARKING** - Student should plan to provide his/her own transportation to and from school and clinical facilities, and park in designated areas only. Students will be given instructions about parking at clinical sites.

   B. **WORK STATEMENT** - Considerable study time outside of class is required throughout the program. Be aware of the need for good time management if you elect to work while in school. Course requirements are not altered for the working student.

   C. **TELEPHONE CALLS** - Non-emergency personal calls are discouraged to and from college or clinical site telephones. Phone calls may only be placed during non-instructional time. Cell phone use (calls and/or text messaging) will only be allowed during breaks and non-instructional time.

   D. **FOOD SERVICE** - While students are to follow Clinical Facility guidelines for their lunch breaks, some clinical sites will provide meal stipends, others will not. Students may purchase meals at clinical facilities or bring a meal from home.

   E. **SAFETY** - Safety is a shared responsibility. Students must follow specific safety guidelines. These guidelines will be explained in classes and included on course syllabi. Safety practices at clinical sites will be included in the course syllabi and will be explained during orientations to the affiliating agencies.

9. **CLINICAL APPEARANCE**

Students will wear well-pressed slacks and a shirt or blouse and/or conform to clinic dress code (i.e. scrubs, lab coat). A skirt is permissible if it is functional for patient treatment. Athletic shoes are permissible in settings only if they are unscuffed, clean and within the dress code of the clinical setting. Jeans, tee-shirts, and open-toe shoes are not appropriate and will not be permitted as clothing in the clinical setting. The dress code of the setting is the final authority. Additionally, attention to personal hygiene and grooming is expected.

   A. **NAME BADGE AND PIN** - The Ivy Tech Community College name badge will be worn at all times.

   B. **JEWELRY** - Jewelry is permitted but must be in accordance with the policy of the clinical facility.

   C. **HAIR** – Hair must be clean and well kept. Hair length and style requirements differ from clinic to clinic. Students will be expected to follow clinical policies.

   D. **PERFUME** - It is recommended that perfume not be worn during the clinicals.
E. GUM - Gum chewing is NOT permitted while in the clinical area.

F. PIERCINGS – No piercings other than ear lobes of female students are permitted at any time during any clinical experience.

G. TATOOS – All tattoos must be fully concealed under clothing or an appropriate cover.

H. ATTIRE – As appropriate for clinical setting. Clothing must be clean and pressed. Socks must always be worn.

As the PTA faculty believes professional appearance and cleanliness are vital requirements for all health care personnel, the following policy has been adopted.

**FIRST OFFENSE:** The Instructor and/or Program Chair will meet with any student not meeting standards described in the dress code to discuss what corrections need to be made. This is the first warning.

**SECOND OFFENSE:** Any student not meeting standards described in the dress code will be removed that day from clinical experience and counted absent.

10. DUE PROCESS

Student grievances should be reported initially to the ACCE, and if not resolved, to the Program Chair. All student grievances are subject to the College’s due process complaint procedures. See Ivy Tech Community College Code of Student Rights and Responsibilities.

11. CLINICAL SITE SELECTION

A. Clinical Education Rotation Scheduling and Communication Prior to the Clinical Experience

1. The ACCE ensures current clinical site affiliation contracts and mails and/or emails commitment forms to appropriate facilities in March. The commitment form specifies possible rotation times for the following year.

2. The CCCE returns the commitment form within three months indicating the availability of the facility to accommodate students for the following year.

3. Facilities assigned a student for a PTA clinical experiences are initially notified by an email or contact from the ACCE. A confirmation letter will then be sent to the clinical site, and a clinical information packet will be sent 6-8 weeks prior to the start of the clinical rotation.

4. Facilities are encouraged to contact the ACCE at any time should changes in its personnel, operations, or policies affect clinical education assignments and operations.

5. Students are to contact the CCCE at their assigned clinical sites by phone (preferably) or via email after being notified of the assignment.

6. Further communication is made by the student as specified in the handbook.

B. Student Input

Ivy Tech Community College maintains Clinical Affiliation Agreements with a variety of clinical facilities. A file with information about these clinical sites is available in Clinical Site Folders located in the PTA offices.
A student who knows of a clinical site that is interested in establishing a clinical affiliation should give the following information to the ACCE at least six months in advance of the selection of the affiliation sites:

1. The name of the facility
2. The address and telephone number of the facility
3. The name of the contact person at the facility
4. Consideration will be given to the facility based on the following criteria:
   a. Location of facility
   b. Type of experience(s) offered
   c. Willingness to continue the affiliation on a year-to-year basis
   d. Desire to have students
   e. Affiliations already existing with other PT/PTA programs
   f. A student program, with objectives, in place
   g. Clinical staff possessing the expertise necessary for quality patient care
   h. Clinical staff which maintains ethical standards
   i. Clinical staff which allows open exchange of ideas with students
   j. Adequate treatment space for students
   k. Adequate work space for students
   l. CCCE should have at least 2 years of clinical experience; CI’s should have at least 1 year of clinical experience. CCCE and CI must be in good standing with their employer. A PT with previous experience as a PTA may take students with less than 1 year of clinical experience as a PT.
   m. CI must be capable of providing BOTH positive and negative feedback to students

C. CHOOSING THE SITE FOR CLINICAL EXPERIENCES

1. A list of sites is available for students in the PTA offices.

2. Clinical Center Information is available in the PTA offices for student review.

3. Students should use the following guidelines when choosing clinical sites:
   a. Each student should seek a variety of clinical experiences and should complete only one rotation at any one site.
   b. Each student is advised to complete clinical education experiences in the following settings: an inpatient setting, an outpatient setting, and a third rotation in an area of interest for the student, based on clinical site availability. Interest areas may include, but are not limited to, a rehabilitation center, skilled nursing, geriatrics, pediatrics, home health, sports medicine, wound care, women’s health, and aquatics.
   c. Unless unusual circumstances exist, students will not be assigned to an affiliation site where they are actively employed, or be assigned to a clinical instructor who has supervised them in a previous employment situation. A student should not have their final affiliation at a facility where they have a commitment of employment.
   d. Students will not be assigned to more than one rotation at a new affiliation site without permission from the ACCE. A new affiliation site is a site recently established that has not had any affiliating students.
   e. No student shall contact an affiliation site for any reason related to Ivy Tech Community College PTA Program without the consent of the ACCE.
4. For the first clinical rotation (PTAS 115) the ACCE will provide the student with their clinical site assignment based on available sites and the ability to focus on skills that they have learned in PTAS 101, PTAS 106, PTAS 107, and PTAS 207.

5. For the second and third clinicals (PTAS 205 and PTAS 215) students will provide the ACCE with a list of desired clinical sites ranked in order of preference from 1 through 3 by the assigned date.

6. The ACCE will distribute the sites according to the student’s preferences with the following guidelines:
   a. First choice assignments are made whenever possible. An attempt will be made to allow each student to affiliate at the facility which is their first choice.
   b. When a student has recommended a site as described above, that student may receive priority for assignment to that site.
   c. When more than one student lists a facility as first choice, other factors can be considered, i.e. the variety of the student’s clinical experience, type of site, size of site, specialty areas, etc. Priority may be given to the student who received the lower level of preference in the preceding round of site distribution. ACCE will make final determination of all clinical placements.
   d. Students understand that by accepting an offer of admission into the Ivy Tech Community College PTA Program, they are responsible for all costs associated with Clinical Education.
   e. Under no circumstances will the student change their clinical start date. The ACCE will arrange any change as needed with the Clinical Education Coordinator.

12. CLINICAL EDUCATION CENTER INFORMATION

Students should familiarize themselves with the contents of the Clinical Education Center Information. After assignment to a clinical site, students will make contact with the acting CCCE via phone or email to finalize details of the rotation. This should be done 4 to 6 weeks prior to the beginning of the rotation. The student is expected to complete any paperwork, additional training, or provide requested documentation prior to initiation of the clinical, as required by the clinical site. If assistance with housing is offered, arrangements should be made with the CCCE soon after the clinical sites are assigned.

13. STUDENT PROFILE FORMS

Students will complete the Student Profile prior to the start of the clinical, and provide this to the CCCE or Clinical Instructor at the start of the clinical rotation.

14. COMMUNICATION WITH FACILITY COORDINATOR

- Introduce yourself and your school affiliation
- Confirm scheduled dates at affiliation
- Ask for the name of your Clinical Instructor
- Confirm the time you are expected to be present on the first day
- Inquire about the dress code of the facility
- Make sure you have directions to the facility and the P.T. Department
- Inquire about housing needs
- Ask about the parking arrangements
- Ask about cafeteria and/or lunch room facilities
- Ask about any background checks that might be required and be prepared to pay for these.
- Ask about orientation and schedule any orientation requirements
- Ask about documentation requirements for the facility, and be prepared to obtain and deliver completed documents to the CCCE or Clinical Instructor

15. CLINICAL CONFERENCES

A. A group clinical conference will be held 4 to 6 weeks prior to clinical start-up dates for Clinic I, with a subsequent group clinical conference for Clinics II and III. Individual pre-clinical conferences will be available at the student's request, or may be required per faculty request.

B. Site visits:
   1) During Clinic I (PTAS 115) the ACCE will contact the student and Clinical Instructor at least once by telephone.
   2) During clinical experiences II (PTAS 205) and III (PTAS 215), the ACCE will contact the student and the Clinical Instructor at least once by telephone and/or in person.
   3) An attempt will be made to make an on-site visit during at least one of the full time clinicals. When this is not possible, a telephone contact will be made.
   4) Students are free to contact the ACCE at any time during their clinical experiences as needed.

16. CONDUCT AT THE CLINICAL SETTING

A. At all times the student is expected to:
   1) Be aware of, and follow the rules and regulations of the physical therapy department and/or clinical setting regarding work hours, billing procedures, dress code, preparation of treatment area, etc.
   2) Abide by APTA Code of Ethics; respect patient confidentiality. The Code of Ethics is included in this handbook.
   3) Conduct himself/herself in a professional manner in regard to both patients and staff.
   4) Respect the integrity and rights of all persons.
   5) Give full attention to their clinical assignments during their scheduled time frame.

B. While at the clinical facility, it is the student’s responsibility to complete all assignments as requested by the ACCE and/or the CI including, but not limited to, reading, in-service presentations, notes, home programs, special projects, etc.

C. Students on clinical assignment will be expected to be present at the facility during evening hours, weekends, and holidays if scheduled to do so by the facility in order to meet the 40 hour per week requirement. Students will schedule their time around clinic hours, not vice-versa.

D. Tardiness is not an acceptable practice.

E. Students are required to allow patients to give informed consent regarding treatment by the student. This consent does not have to be written. Patients are allowed to refuse student treatments.

F. A supervising PT or PTA must be physically on the premises at all times when a student is working with patients. The student will contact the PTA faculty immediately if left unsupervised for any period of time.

G. Students and Clinical Faculty will adhere to regulatory statutes pertaining to documentation:
   1) Progress notes must be countersigned by the physical therapist when written by a PTA student.
2) Documentation by students: The correct designation following the signature is “Physical Therapist Assistant Student” or “PTA Student”. (SPTA is NOT acceptable as this designation may mislead and infer certification)

H. A thank-you note following each clinical experience is highly recommended.

I. Apply your academic knowledge to the best of your ability.

J. Ask thoughtful questions! You are not expected to know everything.

K. Take advantage of free time by observing and assisting other Therapists, and Therapist Assistants.

L. Your conduct in these clinical settings will be noted when you seek recommendation for employment.

17. EVALUATION OF STUDENTS

A. Students will be evaluated by their clinical instructors using the Clinical I Assessment for Clinic I (PTAS 115), and the online or written PTA Clinical Performance Instrument (CPI) for Clinics II (PTAS 205) and III (PTAS 215). The evaluation process will be explained to the students by the ACCE prior to their clinicals.

B. In the event that a student is experiencing problems during his/her affiliation, the student should first discuss the problem with his/her CI. If an agreement cannot be reached regarding a resolution to the problem, the matter should be discussed with the CCCE and the ACCE.

C. A student’s productivity level may be tracked by the facility during a clinical rotation for the purposes of learning. A student’s productivity performance should be addressed under the 14th criteria (Resource Management) of the PTA Clinical Performance Instrument (CPI), among other criteria based essential skills. Students are expected to carry a full patient caseload by the end of their final clinical rotation in order to achieve Entry Level Performance as assessed on the CPI.

18. STUDENT REPORT OF CLINICAL EXPERIENCE

A. The student will formally evaluate the clinical site and the Clinical Instructor immediately prior to the completion of the affiliation. Informal meetings with the Clinical Instructor should be used to voice student concern regarding the clinical experience so appropriate changes can be made if necessary.

B. The results of the student evaluation are to be shared with the Clinical Instructor prior to or on the last day of the affiliation. The Report of Clinical Experience should be returned to the ACCE along with the other evaluation forms. The C.I. is required to sign the Report of Clinical Experience. If this is not signed, points will be deducted from the final grade.

C. The evaluation will be filed and will be available to future students. It is important to be as honest and objective as possible when completing the facility evaluation. One student’s input may enhance another student’s experience.

19. RETURN EVALUATION FORMS

A. All evaluation forms are to be returned to the ACCE within 5 working days after the completion of each clinical education assignment, unless otherwise specified by the ACCE. The necessary forms for Clinics I, II, and III are listed under Criteria for Satisfactory Completion of Clinical Experience. The student’s clinical performance will be assessed by the Clinical Instructor for Clinics I, II, and III. The Clinical I Assessment is required for Clinic I (midterm and final), and the Clinical Performance Instrument (CPI) is required for Clinics II and III (midterm and final). These documents are to be completed by both the student and clinical
instructor. A scheduled conference should be held between the student and CI to review and discuss the results from the Clinical I Assessment or CPI as appropriate.

B. Students are responsible for returning appropriate forms to the ACCE by the designated due date. Failure to complete required forms will adversely affect the student’s grade in the course, and may be grounds for failure of the clinical rotation. Be aware of the forms that are to be returned, and remind your Clinical Instructor to have your evaluation completed by your last clinic day.

20. COMPLETION OF CLINICAL EXPERIENCES

The student will receive a clinical course grade, assigned by the ACCE, based on results of the Clinical I Assessment for Clinical I (PTAS 115), and the PTA CPI for Clinicals II (PTAS 205) and III (PTAS 215), along with other course requirements as outlined in the course syllabi for each clinical education course.

Criteria for Satisfactory Completion of Clinical Experience:

1. Be aware of, and follow rules and regulations of the PT department and/or clinical setting regarding work hours, billing procedures, dress code, and preparation of treatment area.

2. Abide by the APTA Code of Ethics. A copy of the Code of Ethics is included in this handbook.

3. Respect patient confidentiality. Read and sign the Confidentiality Statement.


5. Read and sign the Disclosure of Protected Health Information Form.

6. Respect the integrity and rights of all persons.

7. Completion of all clinical assignments as given by CI and/or ACCE.

8. Regular attendance:
   a. The student will fulfill the 40 hour work week requirement by being present at the facility during day or evening hours, weekends, and holidays if scheduled to do so by the facility. Students will schedule their time around the clinic hours, and their clinical instructor’s hours, not vice-versa.
   b. Tardiness is not an acceptable practice. If a tardy is greater than 15 minutes and it is repeated 3 times during the course of the clinical, it will be considered an unexcused absence. Each additional tardy will be considered an unexcused absence.
   c. It is expected that students will not miss clinic days. Excused absences are considered for personal illness and/or bereavement of an immediate family member. A student is allowed 1 excused absence from Clinic I (PTAS 115), and 2 excused absences each for Clinic II (PTAS 205) and Clinic III (PTAS 215), unless otherwise stated. If a student misses more than 2 days due to illness, a doctor’s excuse is required. All absences during Clinic I (PTAS 115) will need to be made up at the convenience of the CI. Absences during Clinic II (PTAS 205) and Clinic III (PTAS 215) greater than 1-2 days will require additional clinical make-up time and will need to be arranged with the clinical instructor. If absences greater than 2 days and/or 16 hours during the course of a clinical rotation are not made up, an additional clinical rotation would be required. Any two consecutive days of No Call – No Show will be considered abandonment and will result in automatic failure from the program.
9. Complete all required program records in a timely manner.

10. Satisfactory completion of the Clinical I Assessment for Clinical I (PTAS 115) as outlined in the course syllabus and as outlined in the Clinical Education Manual.

11. Satisfactory completion of the Clinical Performance Instrument (CPI web) for Clinic II (PTAS 205) and Clinic III (PTAS 215) as outlined in course syllabi and as outlined in the Clinical Education Manual.
   
a. The Clinical Performance Instrument (CPI) evaluation and report of the Clinical Instructor must reflect an acceptable level of clinical performance:

   - **PTAS 205**
     
     o **At midterm** - students are expected to achieve a rating at or above the Advanced Beginner Performance for all 14 criteria.

     o If at midterm the student receives a rating below Advanced Beginner Performance on any criteria, a **Clinical Action Form** must be filled out by the student/ Clinical Instructor for each deficient criterion in order to identify the deficient criteria and establish a plan of action for improvement.

     o **At final** - students are expected to achieve a rating at or above the Advanced Intermediate Performance for 11 of the 14 criteria, with no criteria scoring lower than Intermediate Performance.

     o Clinic II and Clinic III require that no “significant concerns” boxes be marked on the Clinical Performance Instrument upon final evaluation by the Clinical Instructor.

     o **Red flag criteria** (criteria items 1,2,3,5,7) - students are expected to achieve a rating at or above the Advanced Intermediate Performance for all five of the red flag criteria by the final evaluation.

   - **PTAS 215**

     o **At midterm** – students are expected to achieve a rating at or above the Intermediate Performance for all 14 criteria.

     o If at midterm the student receives a rating below Intermediate Performance on any criteria, a **Clinical Action Form** must be filled out by the student/ Clinical Instructor for each deficient criterion in order to identify the deficient criteria and establish a plan of action for improvement.

     o **At final** – students are expected to achieve a rating of Entry Level Performance for 11 of the 14 criteria, with no criteria scoring lower than Advanced Intermediate Performance.

     o Clinic II and Clinic III require that no “significant concerns” boxes be marked on the Clinical Performance Instrument upon final evaluation by the Clinical Instructor.

     o **Red flag criteria** (criteria items 1,2,3,5,7) - students are expected to achieve a rating of Entry Level Performance for all five of the red flag criteria by the final evaluation.

12. The student is not required to complete an inservice for Clinic I (PTAS 115). The student must complete an inservice presentation for their case study assignment at the facility to
which he/she has been assigned for Clinic II (PTAS 205) and Clinic III (PTAS 215). The student may not complete the same inservice for Clinic II and Clinic III. The student may be asked to complete additional readings and/or activities at the discretion of the ACCE or CI during Clinic I, II and III.

13. All required records are to be completed and returned to the ACCE within 5 working days of the completion of Clinic I, Clinic II, and Clinic III, unless otherwise stated. Forms should be may be dropped off to the PTA ACCE, PTA Program Chair, or administrative assistant. Forms required to be returned are:
   a. Clinical I Assessment (Clinic I/ PTAS 115)
   b. PTA Clinical Performance Instrument if paper version used. (One completed by CI, one completed by student) (Clinic II/ PTAS 205 and Clinic III/ PTAS 215). If online version PTA CPI used, ACCE will print report for student file.
   c. Student Evaluation of Clinical Experience (Texas Consortium) (Clinic I, II and III)
   d. CI and Student 5 Day Check Form (Clinic I, II and III)
   e. Clinical Instructor Profile (Clinic I, II and III)
   f. Inservice/Special Project Report (Clinic II and III)

Criteria for Unsatisfactory Completion of Clinical Experience:

1. Greater than 2 written infractions of rules and regulations of the PT Department and/or clinical setting regarding work hours, billing procedures, dress code, or preparation of treatment area.

2. A documented infraction of the APTA Code of Ethics.

3. Greater than 1 written infraction of failure to maintain patient confidentiality.

4. Greater than 2 written infractions of professional behavior.

5. Failure to complete clinical assignments as given by the Clinical Instructor or the ACCE.

6. Two consecutive days of No Call – No Show will be considered abandonment and will result in automatic failure from the program.

7. Clinic I/ PTAS 115: Failure to achieve satisfactory completion of the Clinical I Assessment for Clinic I as outlined on pages 48-50 of the Clinical Education Manual.

8. Clinic II/ PTAS 205: Failure to achieve a rating of Advanced Intermediate Performance or better for 11/14 criteria (with all criteria scoring no less than Intermediate Performance) as assessed using the PTA CPI web.

9. Clinic III/ PTAS 215: Failure to achieve a rating of Entry Level Performance for 11/14 criteria (with all criteria scoring no less than Advanced Intermediate Performance) as assessed using the PTA CPI web.

10. Clinic II (PTAS 205) and Clinic III (PTAS 215): Any “significant concerns” boxes marked on the Clinical Performance Instrument upon final evaluation.

11. Clinic II (PTAS 205): Failure to achieve a rating of Advanced Intermediate Performance or better for Red Flag Criteria (criteria items 1,2,3,5,7) as assessed using the PTA CPI web.

12. Clinic III (PTAS 215): Failure to achieve a rating of Entry Level Performance for Red Flag Criteria (criteria items 1,2,3,5,7) as assessed using the PTA CPI web.
13. Failure to turn in required program records (as listed under Satisfactory Criteria 13) within an acceptable time frame.

**Unsatisfactory Completion of Clinical Experience:** Unsatisfactory completion of a clinical assignment will result in one of the following:

1. Extended period of time at the same or different facility. If the student fails to successfully complete the time extension, the clinical, in its entirety, will be required to be repeated.

2. Repeat of entire clinical, equal length of time, at a different facility. If a student fails to successfully complete the repeated clinical, the student will be withdrawn from the Physical Therapist Assistant Program.

3. Withdrawal from the Physical Therapist Assistant Program.

SEE ALL PERTINENT CLINICAL EDUCATION FORMS IN THE CLINICAL EDUCATION MANUAL ADDENDUM
THE PURPOSE OF PHYSICAL THERAPY CLINICAL EDUCATION

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

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

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

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

THE PROBLEM SOLVING PROCESS

Problem solving requires the ability to:

1. Understand the physical therapy problem
2. Implement the solution outlined by the plan of care
3. Recognize the need for patient re-evaluation by a physical therapist

The Clinical Instructor’s role is to help the student through the problem solving process. The educational programs place a great deal of importance on the student’s ability to problem solve, since we cannot expose him or her to every clinical situation in the classroom. In the classroom, students learn normal function and pathological conditions to understand the rationale for the therapeutic process of treatment procedures. The practice of these therapeutic processes builds skill. However, a creative approach is essential as every patient’s problem is somewhat unique. Much of the establishment of skill in therapeutic processes and the opportunity for creativity occurs in the clinical setting.

To be able to solve problems, individuals must see relationships between the different elements and process a variety of concepts and data. As the student becomes better at problem solving and also increases his/her knowledge of normal function, pathology, and therapeutic process; a “total patient” picture emerges.

While the competent practitioner should be prepared to solve any patient problem, he/she should also recognize the assistance of the patient and other members of the health care team as resources. In this way, the “total patient” picture is complete.
STANDARDS OF ETHICAL CONDUCT
FOR THE PHYSICAL THERAPIST ASSISTANT

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

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

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

STANDARD 2
Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

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

STANDARD 4
Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers and the public.

STANDARD 5
Physical therapist assistants shall fulfill their legal and ethical obligations.

STANDARD 6
Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skill, and abilities.

STANDARD 7
Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

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

For the expanded and most updated version of these Standards of Ethical Conduct, please refer to the following link: http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Ethics/Standards.pdf
PROFESSIONAL EXPECTATIONS

1. **A Commitment to Learning:**
   - Identify problems, formulate appropriate questions, identify and locate appropriate resources, demonstrate positive attitudes (motivation) toward learning, offer your own thoughts and ideas, and identify need for further information.

2. **Interpersonal Skills:**
   - Demonstrate interest in people as individuals, respect cultural and personal differences of others; non-judgmental, communicate with others in a respectful, confident manner.
   - Respect the personal space of others, maintain confidentiality, and demonstrate acceptance of limited knowledge/experience.

3. **Communication Skills:**
   - Demonstrate understanding of basic English (verbal and written); uses correct grammar, accurate spelling and expression, write legibly, recognize impact of non-verbal communication; maintains eye contact, and listen actively.

4. **Effective Use of Time and Resources:**
   - Focus on the task at hand without dwelling in past mistakes, recognize your resource limitations, use existing resources effectively, use unscheduled time efficiently, and complete assignments in a timely fashion.

5. **Effective Use of Constructive Feedback:**
   - Demonstrate active listening skills, actively seek feedback and help, demonstrate a positive attitude toward feedback, critique your own performance, and maintain two-way communication.

6. **Problem-Solving Skills:**
   - Recognize problems, state problems clearly, describe known solutions to problems, identify resources needed to develop solutions, and begin to examine multiple solutions to problems.

7. **Professionalism:**
   - Demonstrate awareness of state laws regarding job tasks, abide by the facility policies and procedures, project a professional image, and demonstrate honesty, compassion, courage and a continual regard for all.

8. **Responsibility:**
   - Demonstrate dependability, demonstrate punctuality, follow through on commitments, and recognize your own limits.

9. **Critical Thinking:**
   - Raise relevant questions, consider all available information, recognize “holes” in knowledge base, and articulate ideas.

10. **Stress Management:**
    - Recognize your own stressors or problems, recognize distress or problems in others, seek assistance as needed, and able to maintain “cool” in all situations.
GLOSSARY OF TERMS
ASSOCIATE OF SCIENCE IN THE
PHYSICAL THERAPIST ASSISTANT PROGRAM

**Academic Coordinator of Clinical Education (ACCE)**
An individual, employed by the educational institution, whose primary concern is relating the students’
clinical education to the curriculum. This coordinator administers the total clinical education program and,
in association with the academic and clinical faculty, plans and coordinates the individual student’s
program of clinical experience with academic preparation, and evaluates the student’s progress.

**Center Coordinator of Clinical Education (CCCE)**
The individual at each clinical education center who coordinates and arranges the clinical education of the
physical therapy student and who communicates with the ACCE and faculty at the educational institution.
This person may or may not have other responsibilities at the clinical education center.

**Clinical Education**
The portion of the student’s professional education which involves practice and application of classroom
knowledge and skills to on-the-job responsibilities. This occurs at a variety of centers and includes
experience in evaluation and patient care, administration, research, teaching, and supervision. It is a
participatory experience with limited time spent in observation.

**Clinical Education Center**
A health care agency, or other setting in which learning opportunities and guidance in clinical education for
physical therapy students are provided. The clinical education center may be a hospital, agency, clinic,
office, school, or home and is affiliated with one or more educational programs through a contractual
agreement.

**Clinical Instructor (CI)**
A person who is responsible for the direct instruction and supervision of the physical therapy student in the
clinical education setting.

Reference: Barr, Jean S., Gwyer, Jan, and Tolmor, Zippora.
Standards for Clinical Education in Physical Therapy
GENERAL RESPONSIBILITIES

**Academic Coordinator of Clinical Education - ACCE:** The ACCE is dedicated to facilitating each student’s successful completion of all clinical education courses by fulfilling the following responsibilities:

1. Assure that written legal agreements are in place between the College and the clinical site, and that they are updated as needed. A current signed agreement must be on file before a student is allowed to complete an internship at the clinical site.
2. Assign all eligible students to clinical education internships per program policies and procedures.
3. Orient students to the purpose, process and policies and procedures related to clinical education.
4. Maintain open communication with each CCCE and/or CI by any method deemed appropriate. This communication should occur before, during and after assigned internships.
5. Maintain reference information describing each clinical education site and its policies, procedures and resources.
6. Develop new clinical education experiences that meet the guidelines, policies and procedures established by the program.
7. Provide pertinent and required course information to CCCEs, CIs and students.
8. Evaluate material submitted by students for fulfillment of the requirements of each clinical education course.
9. Evaluate the CI(s) assessment of each student’s performance and determine the course grade in compliance with program policies and procedures.
10. If challenges, conflicts or problems arise during the student’s clinical internship, upon notification, the ACCE will maintain contact with the appropriate person(s), to ensure successful resolution of the issue.
11. When appropriate, the ACCE will terminate a student from a clinical internship.
12. Arrange remediation experiences for students who are eligible for remediation.
13. Provide feedback as appropriate (positive and negative) to clinical sites.
14. Assess clinical education needs of the CCCEs and CIs and provide training as appropriate.
15. Conduct clinical education opportunities to facilitate development of the CCCEs and CIs.
16. Assignment of student grades for all clinical education courses.

**Center Coordinator of Clinical Education - CCCE:** The CCCE is dedicated to facilitating successful completion of student experiences at their clinical site by fulfilling the following responsibilities:

1. Provide the philosophy of the clinical site and provide consistent student expectations.
2. Prior to allowing a student to complete an internship at the clinical site, assure that there is a contractual agreement in place between Ivy Tech Community College and the clinical site.
3. Keep student records and information secure and confidential.
4. Provide student orientation which includes at minimum, information about: safety, emergency and security procedures; department policies and procedures that may impact student performance and/or evaluation; and any other information pertinent to successful completion of a student internship.
5. Communicate with the ACCE regarding coordination of: student assignments, student schedules, clinical education planning and evaluation, and CI development.
6. Maintain appropriate communication with the ACCE about the clinical site and student internships.
7. Assign physical therapists to act as CIs who meet the Ivy Tech Community College clinical instructor requirements.
8. Assist in planning and problem solving with the CI/student team in an effective and efficient manner.
9. Encourage feedback from students, the ACCE, CI(s) and other interested individuals.
10. Evaluate the clinical education resources and needs of the site.
11. Manage and supervise the clinical education program at the site.
**Clinical Instructor - CI:** The CI is dedicated to facilitating a successful learning experience for each student assigned to them in order to meet program and student learning objectives by fulfilling the following responsibilities:

1. Effectively structure the clinical internship to offer the best learning opportunity for the student.
2. Submit current and required information to the ACCE.
3. Provide effective and efficient formative and summative feedback to students during clinical internship.
4. Complete all required paperwork for each assigned student.
5. Understand and abide by the clinical education policies and procedures of the Ivy Tech Community College PTA Program.
6. Provide assigned students with an orientation to the clinical site and any written and unwritten policies that impact student evaluation.
7. Communicate with the ACCE when a student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan has been initiated.
8. Provide student with appropriate supervision that will allow for evaluation of the student’s skills, knowledge and attitudes.
9. Obtain informed consent from patients prior to treatment by student PTA.
10. Model professionalism and maintain a professional relationship with the student.
11. Hold current licensure as a PT or PTA, and have a minimum of one year clinical experience.
12. Students are allowed to be supervised by two clinical instructors, but one should be designated as the primary clinical instructor, responsible for completion of all necessary paperwork and correspondence with the academic clinical coordinator of education.

**Student:** The student should fulfill the following responsibilities:

1. Abide by all policies, procedures and requirements outlined in all clinical course syllabi and in the Clinical Education Manual.
2. Assure and/or obtain informed consent from patients prior to treatment.
3. Take responsibility for own learning and demonstrate professionalism at all times.
4. Inform the ACCE as soon as a problem related to clinical education is identified.
5. Abide by the requirements of the written agreement between the program and each clinical site.
6. Abide by assigned clinical sites’ policies and procedures.
7. Fulfill all duties and assignments made by the CCCE, CI and ACCE.
CLINICAL EDUCATION MANUAL ADDENDUM

ADDENDUM A: STUDENT PROFILE

ADDENDUM B: FIVE DAY CHECK- STUDENT FORM/ FIVE DAY CHECK- CLINICAL INSTRUCTOR FORM

ADDENDUM C: TEXAS CONSORTIUM FOR PHYSICAL THERAPY CLINICAL EDUCATION/ STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCES

ADDENDUM D: CLINICAL INSTRUCTOR PROFILE

ADDENDUM E: CLINICAL I ASSESSMENT- STUDENT FORM

ADDENDUM F: CLINICAL I ASSESSMENT- CLINICAL INSTRUCTOR FORM

ADDENDUM G: CLINICAL ACTION FORM

ADDENDUM H: CLINICAL SITE VISIT FORM

ADDENDUM I: CLINICAL PHONE CONTACT FORM

ADDENDUM J: CLINICAL ATTENDANCE SUMMARY- CLINICAL I (PTAS 115), CLINICAL II (PTAS 205), AND CLINICAL III (PTAS 215)

ADDENDUM K: GENERAL WEEKLY SUMMARY PROGRESSION- CLINICAL I (PTAS 115), CLINICAL II (PTAS 205), AND CLINICAL III (PTAS 215)

ADDENDUM L: IVY TECH STUDENT PAPERWORK: EXPECTED PROFESSIONAL BEHAVIORS, CONFIDENTIALITY OF INFORMATION, AND DISCLOSURE OF PROTECTED INFORMATION
STUDENT PROFILE

STUDENT INFORMATION

Name: __________________________________________________________

Mailing Address: _________________________________________________

Daytime Phone: __________________________ Evening Phone: __________

Clinical Rotation:    I     II    III     (Circle one)

Clinical Facility: ________________________________________________

Dates of Affiliation: _____________________________________________

PERSONAL INFORMATION

Person to Notify in Case of Emergency: _______________________________

Relationship: __________________________ Phone: ____________________

Medical Insurance Company: _______________________________________

Policy Number: ___________________________________________________

Health Information: _______________________________________________

Allergies: _________________________________________________________

Blood Type: _____________________________________________________

Family Physician: __________________________ Phone: _________________
FIVE DAY CHECK- STUDENT FORM

The purpose of the five day check is to provide immediate feedback to the CI and the student regarding expectations, communication, etc., and may identify potential problems early. This form is to be completed by the student at the end of clinic day 2 for Clinic I, and at the end of the first week for Clinics II and III. The CI will complete a similar form, and the two should be discussed at the end of the first week, or the beginning of the second week.

Student Name:______________________________________ Date:___________________
Facility:______________________________________ CI Name:_____________________________
Clinical Rotation: I    II    III    (Circle one)

Check the selections that apply to the facility at this time:

_____1. My orientation to the facility and department was sufficient.
_____2. Facility and Department Policies and Procedures have been made available.
_____3. My direct supervisor has been clearly identified.
_____4. Open communication between student and supervisor has been established.
_____5. Goals and objectives for this affiliation have been discussed.
_____6. I know what is expected of me for this affiliation.
_____7. I feel comfortable with the present level of supervision.
_____8. I have some patients of my own.
_____9. My supervisor provides feedback in a timely and constructive manner.
_____10. My supervisor is open to questions, and answers them effectively.

If there are any issues that have not been resolved after discussing the Five Day Check with your Clinical Instructor, contact the ACCE.

Please sign to verify receipt and understanding of clinical education material:

As the student, I have received, reviewed, and understand the Ivy Tech Clinical Education Manual. I have also received, reviewed, and understand the documents necessary to complete my role as a PTA student. I understand that I may contact the ACCE at Ivy Tech Community College (Amy Hinton, PT ahinton7@ivytech.edu) should I have further questions or concerns.

__________________________  ________________________________  __________
Student Printed Name        Student Signature                 Date
The purpose of the five day check is to provide immediate feedback to the CI and the student regarding expectations, communication, etc., and may identify potential problems early. This form is to be completed by the Clinical Instructor at the end of clinic day 2 for Clinic I, and at the end of the first week for Clinics II and III. The student will complete a similar form, and the two should be discussed at the end of the first week, or the beginning of the second week.

Student Name: ________________________________ Date: ____________________________
Facility: ________________________________ CI: ________________________________
Clinical Rotation: I II III (Circle one)

Check the selections that apply to the student at this time:

_____ 1. Arrives on time and prepared for the day’s activities.

_____ 2. Dresses appropriately and wears name tag at all times.

_____ 3. Seeks guidance or feedback as needed.

_____ 4. Responds to feedback appropriately.

_____ 5. Utilizes “free” time constructively.

_____ 6. Follows Clinical Education Manual and facility policies and procedures.

_____ 7. Performs in a safe manner, and demonstrates good judgment.

_____ 8. Demonstrates knowledge and skill appropriate to the level of education.


_____ 10. Demonstrates effective verbal and non-verbal communication.

Other:

If there are any issues that have not been resolved after discussing the Five Day Check with the student, or if any major deficits are identified, please contact the ACCE.

Please sign to verify receipt and understanding of clinical education material:

As the clinical instructor, I have received, reviewed, and understand the Ivy Tech Clinical Education Manual. I verify that I am a licensed PT or PTA with a minimum of 1 year clinical experience. I have also received, reviewed, and understand the documents necessary to complete my role as a clinical instructor. I understand that I may contact the ACCE at Ivy Tech Community College (Amy Hinton, PT ahinton7@ivytech.edu) should I have further questions or concerns.

CI Printed Name __________________________ CI Signature __________________________ Date __________________________
TEXAS CONSORTIUM FOR PHYSICAL THERAPY CLINICAL EDUCATION
(ADAPTED FROM THE TEXAS CONSORTIUM FOR PHYSICAL THERAPY)
STUDENT EVALUATION OF CLINICAL EDUCATION EXPERIENCES (SECEE)

Name____________________________________

Evaluation of Individual Assignment

Facility ________________________ Affiliation ________________ Date_________________
(Type of Affiliation: general, acute, rehab, neuro, peds, op clinic)

Circle the letter to indicate your response to each question.

I. Selecting the Affiliation

1. Did you select this facility for an affiliation? A. Yes B. No
2. Was this affiliation assigned to you because of cancellation of one you had selected? A. Yes B. No

To gain knowledge about selecting this clinical affiliation, what sources did you use?

3. Pamphlets, notebooks, etc? A. Yes B. No
4. Information from faculty (including ACCE)? A. Yes B. No
5. Information from students? A. Yes B. No

KEY FOR QUESTIONS 6 - 16

A - Definitely helpful B - Somewhat helpful C - Not accurate
D - Not helpful E - Not available

Describe the value of the following information that was made available to you prior to your clinical education experience:

6. Location of site A B C D E
7. Travel information A B C D E
8. Support services (room, board, parking) A B C D E
9. Cost of support services A B C D E
10. Schedule of working hours A B C D E
11. Dress requirements A B C D E
12. Types of patients served A B C D E
13. Specialty programs available A B C D E
14. Learning experiences provided A B C D E
15. Library facilities A B C D E
16. Did you find the information supplied to you about this clinical education experience was: A B C D E
Comments: Please describe the type of facility (general, acute, Op, rehab, school, etc.), the size of the facility, the number of beds, number of patients treated per day in Physical Therapy, number of PT’s and the number of PTA’s.

KEY FOR QUESTIONS 17 - 23

A - Good                  C - Inadequate
B - Adequate              D - Not Provided

II. Orientation to the Facility

17. Administrative procedures/departmental policies
   A   B   C   D
18. Departmental organization/Chain of command
   A   B   C   D
19. Personnel policies
   A   B   C   D
20. Standards of the department
    A   B   C   D
21. Scheduled daily/weekly activities
    A   B   C   D
22. Staff personnel introductions
    A   B   C   D
23. Physical layout
    A   B   C   D

III. During the Affiliation

During your affiliation at this site, were there students who were affiliating:

24. From other physical therapist assistant programs? A. Yes   B. No
25. With other disciplines or service departments? A. Yes   B. No
26. How many other students did your clinical instructor directly supervise?
    A. 0 students
    B. 1 student
    C. 2 students
    D. 3 students
    E. 4 students

27. Were you required to present an inservice program? A. Yes   B. No

What special learning experiences did you participate in during this affiliation?

28. Clinics (amputee, hand, etc.) A. Yes   B. No
29. Family conferences A. Yes   B. No
30. Home visits A. Yes   B. No
31. Patient conferences A. Yes   B. No
32. Surgery observation  
   A. Yes  
   B. No
33. Review of X-rays/imaging  
   A. Yes  
   B. No
34. Diagnostic testing  
   A. Yes  
   B. No
35. Specialized classes  
   A. Yes  
   B. No
36. Research activities  
   A. Yes  
   B. No
37. Administrative activities  
   A. Yes  
   B. No
38. Other ____________________________  
   A. Yes  
   B. No
39. Within the first week of your affiliation, did you and your clinical instructor select goals and objectives on which to work?  
   A. Yes  
   B. No
40. Did you participate in selecting your patient load?  
   A. Yes  
   B. No
41. Did your CI seem to understand the use of the CPI (Clinical Performance Instrument)?  
   A. Yes  
   B. No
42. Did you supervise PT Aides?  
   A. Yes  
   B. No

KEY FOR QUESTIONS 43 - 65

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - 0 patients</td>
<td>D - 7-9 patients</td>
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<tr>
<td>B - 1-3 patients</td>
<td>E - 10 or more patients</td>
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<tr>
<td>C - 4-6 patients</td>
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</tbody>
</table>

How many patients did you treat with the following primary diagnoses?

43. Amputation  
   A  
   B  
   C  
   D  
   E
44. Arthritis and related collagen diseases  
   A  
   B  
   C  
   D  
   E
45. Burns and wounds  
   A  
   B  
   C  
   D  
   E
46. Cancer and benign tumors  
   A  
   B  
   C  
   D  
   E
47. Cardiac rehab  
   A  
   B  
   C  
   D  
   E
48. Cerebral palsy  
   A  
   B  
   C  
   D  
   E
49. C.V.A.  
   A  
   B  
   C  
   D  
   E
50. Spinal Dysfunction  
   A  
   B  
   C  
   D  
   E
51. Developmental disability  
   A  
   B  
   C  
   D  
   E
52. Fractures  
   A  
   B  
   C  
   D  
   E
53. Head injury  
   A  
   B  
   C  
   D  
   E
54. Joint/muscle injury (extremity)  
   A  
   B  
   C  
   D  
   E
55. Joint replacements  
   A  
   B  
   C  
   D  
   E
56. M.D. and related neuromuscular diseases  
   A  
   B  
   C  
   D  
   E
57. Neuropathy and myopathy  
   A  
   B  
   C  
   D  
   E
58. Parkinson’s disease  
   A  
   B  
   C  
   D  
   E
59. Psychiatric disorders  
   A  
   B  
   C  
   D  
   E
60. Pulmonary disorders  
   A  
   B  
   C  
   D  
   E
61. Scoliosis  
   A  
   B  
   C  
   D  
   E
62. Spinal cord injury  
   A  
   B  
   C  
   D  
   E
63. Debilitation (numerous medical problems)  
   A  
   B  
   C  
   D  
   E
64. Other_____________________________  
   A  
   B  
   C  
   D  
   E
65. Other_____________________________  
   A  
   B  
   C  
   D  
   E

KEY FOR QUESTIONS 66 - 72

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
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</thead>
<tbody>
<tr>
<td>A - Frequently</td>
<td></td>
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<td></td>
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<tr>
<td>B - Sometimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>C - Seldom</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D - Never</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
66. How often did your clinical instructor observe you performing patient treatments?  
   A   B   C   D

67. How often did you have an opportunity for communication/discussions with your CI?  
   A   B   C   D

68. How often did you and your CI speak with the supervising PT about your patients?  
   A   B   C   D

69. How often did you and your CI discuss the specific skills or key indicators you were attempting to master?  
   A   B   C   D

70. How frequently did you receive feedback through regularly scheduled conferences with your clinical instructor about your performance?  
   A   B   C   D

71. How frequently did you receive informal feedback from your CI?  
   A   B   C   D

72. In your opinion, were the evaluations of your performance based on objective information?  
   A   B   C   D

73. Describe the degree of supervision you received and how it was adapted to your level of clinical experience.

74. Describe the feedback you received from your clinical instructor about your clinical performance.

75. Describe the environment at this clinical facility in terms of stimulation (e.g. role modeling, professional development, etc.).

76. Based on your past experiences in clinical education and your concept of the “ideal” clinical education experience, your experience at this site was:
   A. Time well spent, would definitely recommend to other students
   B. Some good learning experiences; student program needs to be more fully developed
   C. Student program is not adequately developed at this time
77. What did you feel were the strengths of your academic preparation for this clinical experience?

78. What did you feel were the weaknesses of your academic preparation for this clinical experience?

79. During this clinical education experience, if you were exposed to new subject matter areas not included in your previous academic curriculum, please describe.

80. Describe how you would change the curriculum in view of the strengths and weaknesses you have noted above.

81. Please comment on this experience in each of the categories listed below. Comments are used to give feedback to the facility based on its strengths and weaknesses.

   A. Orientation

   B. Quality and Variety of Learning Experiences

   C. Supervision and Teaching
D. Atmosphere of the Facility

E. Services Provided (e.g. housing, meals, etc.)

F. Overall Assessment

G. Would you recommend other students do their clinical rotation at this facility? Why or why not?

H. If you were to grade this facility in terms of ethics and quality service to patients, what grade would you give them?

A  B  C  D  F

________________________________________
Signature of Clinical Instructor

________________________________________
Signature of Student

________________________________________
Date Completed

________________________________________
Facility
CLINICAL INSTRUCTOR PROFILE FORM

STUDENT NAME: ________________________________   CI NAME: __________________________

FACILITY NAME: _________________________  DATE: ___________________________

CLINIC ROTATION:     I         II         III

KEY FOR QUESTIONS 1 – 15

<table>
<thead>
<tr>
<th>A – GOOD</th>
<th>B – ADEQUATE</th>
<th>C – INADEQUATE</th>
<th>D – NOT PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Orientation to the facility was adequate.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>2.</td>
<td>Orientation to the PT department was adequate.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>3.</td>
<td>I knew what was expected of me.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>4.</td>
<td>I received appropriate and timely feedback from my CI.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>5.</td>
<td>Feedback was constructive and not demeaning.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>6.</td>
<td>My CI was readily accessible to me.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>7.</td>
<td>I felt comfortable discussing concerns or questions with my CI.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>8.</td>
<td>My CI was aware of my educational background and adjusted learning experiences appropriately.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>9.</td>
<td>I felt that I was a contributing member of the department.</td>
<td>A</td>
<td>B</td>
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<tr>
<td>10.</td>
<td>I did not feel overwhelmed with my patient load.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>11.</td>
<td>My CI was open to communication and receptive to my comments or suggestions.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>12.</td>
<td>I felt comfortable with the level of supervision.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>13.</td>
<td>The supervision was adjusted appropriately throughout the affiliation.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>14.</td>
<td>I was adequately prepared to perform at the level expected of me.</td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>15.</td>
<td>The staff was helpful and supportive, and were able to assist with completion of the CSIF.</td>
<td>A</td>
<td>B</td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

52
PTAS 115- CLINICAL ASSESSMENT- STUDENT FORM

Date of Midterm: (first/second week) _____________  Date of Final: (end last week) _____________

Facility: ________________________________  Rehab: ___  Outpatient: ___  Inpatient: ___

Student name: ___________________________  Clinical Instructor Name(s): ________________________

Signature student (Midterm): _______________  Signature CI (Midterm): ________________________

Signature student (Final): _________________  Signature CI (Final): _________________________

Quick scale of performance level: (must provide input for each item to allow grading of student, please avoid not observed or blanks for skill/activity).

**Key**: 1 – **SIGNIFICANT DEFICIENCY**: Student’s performance creates or continues to be a level of concern that requires additional practice or study (either provided by the clinical facility or academic program) and completion of the Clinical Action Plan signed and approved by visiting faculty member * (midterm) or is unacceptable to pass this skill/activity at this time (final)

2 – **BEGINNING SKILL DEVELOPMENT**: Student demonstrates limited ability at this time, but is expected to show growth toward mastery with regular clinical facility interaction/practice and supervision (midterm) or demonstrates limitations in this area that required greater supervision/guidance than expected by the completion of this clinical (final)

3 – **INTERMEDIATE SKILL DEVELOPMENT**: Student demonstrates the expected level of performance with the degree of academic instruction/practice provided thus far, with the expectation of passing this clinical affiliation (midterm) or demonstrates adequate (average) performance to pass this clinical affiliation (final)

4 – **ADVANCING SKILL DEVELOPMENT**: Student demonstrates above average clinical performance with the degree of academic instruction/practice provided thus far (midterm or final) (This does not indicate entry level clinician status, rather it means the student demonstrates above average performance of clinical skills given their current experience and academic preparedness)

**Grading Rubric**: (Student may also consider scores of 2.5 or 3.5 to show progression of clinical skill)

Midterm:  A= 63-59, B= 58-55, C= 54-51, D= 50-49, F= 48 and below
Final:  A= 80-74, B= 73-70, C= 69-64, D= 63-62, F= 61 and below

<table>
<thead>
<tr>
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<th>Midterm Comments</th>
<th>Final*</th>
<th>Final Comments</th>
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<td>1. Safety**</td>
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<tr>
<td>2. Ethical^ and Legal Practice** (e.g. HIPAA)</td>
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<td>3. General interactions with patients/clients</td>
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<td>5. PTA/PT relationship and communication</td>
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<td>6. Conflict Resolution</td>
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<td>7. Time Management</td>
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<td>10. Review of PT Plan of Care, goals, pt. monitoring, and progression of tx</td>
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<td>13. Beginning exercise development and instruction</td>
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<td>15. Transfers</td>
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<td>16. Goniometry</td>
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<tr>
<td>17. Modalities</td>
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<tr>
<td>18. P/A/AAROM Resistive ROM</td>
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<tr>
<td>19. Patient positioning (including alignment for exercise)</td>
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</tbody>
</table>

**TOTAL SCORE:**

Minimum passing score based upon completion of all skill/activity:

Midterm – 49
Final - 62

*If minimum passing score of 49 is NOT achieved at Midterm – Clinical Instructor must contact Academic Coordinator of Clinical Education immediately.

*If a student has received a passing score for the Final Evaluation, but has received a ranking that has decreased by two or more, (i.e., 4 to 2, 3 to 1), a comment must be provided for that skill/activity in the “final comments” box.

** A ranking of ONE in this area may constitute failure of this clinical affiliation (final assessment). If a ONE was received on the midterm assessment, a Clinical Action Plan should be completed to address remediation of deficient clinical skills, and this will be reviewed with visiting faculty member.

^Please review APTA Standards of Ethical Conduct of the Physical Therapist Assistant provided in Clinical Education Manual
**PTAS 115- CLINICAL | ASSESSMENT- CLINICAL INSTRUCTOR FORM**

Date of Midterm: (first/second week) _____________ Date of Final: (end last week) _____________

Facility: ________________________________ Rehab: ___Outpatient: ___ Inpatient: ___

Student name: _________________________ Clinical Instructor Name(s): ___________________

Signature student (Midterm): ______________ Signature CI (Midterm): _______________________

Signature student (Final): ________________ Signature CI (Final): _________________________

Quick scale of performance level: (must provide input for each item to allow grading of student, please avoid not observed or blanks for skill/activity).

**Key:**

1 – **SIGNIFICANT DEFICIENCY:** Student’s performance creates or continues to be a level of concern that requires additional practice or study (either provided by the clinical facility or academic program) and completion of the Clinical Action Plan signed and approved by visiting faculty member * (midterm) or is unacceptable to pass this skill/activity at this time (final)

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**Grading Rubric:** (Clinical instructor may also consider scores of 2.5 or 3.5 to show progression of clinical skill)

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</tbody>
</table>

**TOTAL SCORE:**

Minimum passing score based upon completion of all skill/activity:

**Midterm – 49**
**Final – 62**

*If minimum passing score of 49 is NOT achieved at Midterm – Clinical Instructor must contact Academic Coordinator of Clinical Education immediately.*

*If a student has received a passing score for the Final Evaluation, but has received a ranking that has decreased by two or more, (i.e., 4 to 2, 3 to 1), a comment must be provided for that skill/activity in the “final comments” box.

**A ranking of ONE in this area may constitute failure of this clinical affiliation (final assessment). If a ONE was received on the midterm assessment, complete the Clinical Action Plan provided below to address remediation of deficient clinical skills, and this will be reviewed with visiting faculty member.**

^Please review APTA Standards of Ethical Conduct of the Physical Therapist Assistant provided in Clinical Education Manual
CLINICAL ACTION FORM

Must only be completed if student’s performance creates or continues to be a level of concern that requires additional practice or study (either provided by the clinical facility or academic program). If the student scored 2 or greater in all areas, this form is not applicable. Students that have received a score of one on the midterm assessment should be informed of the deficient clinical skills, and the student and CI should develop a plan for remediation of the deficient skill. This form should be signed and approved by the visiting faculty member *

Clinical skill(s) of deficiency (be specific):_____________________________________________
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Plan for remediation to ensure competency by final (be specific):________________________
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Student signature

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Clinical instructor signature

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Faculty signature
IVY TECH PTA PROGRAM- SITE VISIT FORM

Student Name:______________________________________ Date:___________________

Facility:___________________________________________ CI:________________________

Clinical Rotation: I II III (Circle one)

Check the selections that apply to the student at this time:

_____ Faculty member met student and facility staff.

_____ Faculty member performed brief on-site inspection of facility.

_____ Faculty member discussed student clinical performance with student and CI.

_____ Faculty member discussed clinical instructor performance with student and CI.

_____ No concerns or issues regarding this clinical experience at this time.

_____ Mentor role established with student. Concerns (if any) noted below.

_____ Please note any concerns or issues regarding this clinical experience.

_____________________________________________________________________________
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Please note strategies to address above areas of concern.

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Student signature_________________________________ Faculty member signature_____ Date_____

Clinical Instructor/ Facility representative
Signature
(Back Side of Form)

**CI Name:** ______________________________

**Clinical Instructor Profile (New CI)**

List academic institution attended and year of certification/ licensure:
____________________________________

Is clinical instructor an APTA certified clinical instructor? Yes No

List area of clinical specialty:
____________________________________

List any specialty certifications or credentials:
____________________________________

Other pertinent information:
____________________________________

**Clinical Instructor Profile (Update for existing CI)**

_____ No significant change in CI profile on file with Ivy Tech PTA program.

_____ Significant change in CI profile, update with following information: __________________________________

____________________________________

**Clinical Faculty Development**

_____ Provided instruction/ clarification on use of online PTA CPI or Generic Abilities Assessment Tool, specifically

____________________________________

____________________________________

_____ Provided instruction/ clarification on clinical course objectives and expectations of student performance,

   specifically _____________________________

   _____________________________

_____ Other instruction provided _____________________________

   _____________________________
IVY TECH PTA PROGRAM- CLINICAL PHONE CONTACT

Student Name:______________________________________ Date:___________________
Facility:_________________________________________ CI:__________________________
Clinical Rotation:   I       II        III     (Circle one)

Check the selections that apply to the student at this time:

_____ Faculty member spoke with student and facility staff.
_____ Faculty member discussed student clinical performance with student and CI.
_____ Faculty member discussed clinical instructor performance with student and CI.
_____ No concerns or issues regarding this clinical experience at this time.
_____ Mentor role established with student. Concerns (if any) noted below.

_____ Additional Comments

_____________________________________________________________________________
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_____ Please note any concerns or issues regarding this clinical experience.

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Please note strategies to address above areas of concern.
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Faculty member signature ___________________________ Date ____________________
(Back Side of Form)

**CI Name:** ________________________________

**Clinical Instructor Profile (New CI)**
List academic institution attended and year of certification/licensure:
______________________________________________________________________

Is clinical instructor an APTA certified clinical instructor?     Yes     No

List area of clinical specialty:
______________________________________________________________________

List any specialty certifications or credentials:
______________________________________________________________________

Other pertinent information:
______________________________________________________________________

**Clinical Instructor Profile (Update for existing CI)**
_____ No significant change in CI profile on file with Ivy Tech PTA program.
_____ Significant change in CI profile, update with following information:
______________________________________________________________________
______________________________________________________________________

**Clinical Faculty Development**
_____ Provided instruction/clarification on use of online PTA CPI or Generic Abilities Assessment Tool, specifically
______________________________________________________________________
______________________________________________________________________

_____ Provided instruction/clarification on clinical course objectives and expectations of student performance,
specifically _________________________________________________
______________________________________________________________________

_____ Other instruction provided ______________________________________
______________________________________________________________________
PTAS 115: CLINICAL ATTENDANCE SUMMARY

Student name: ______________________  Clinical Instructor name: ____________________

Total Hours Logged (120 hrs required for full credit, 112 hrs minimum to pass) ____________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Daily Total Hours of Clinical Experience*</th>
<th>Student Signature</th>
<th>Clinician Signature(s)**</th>
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<td>Week 1</td>
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** Clinical signature(s) should include all clinicians who have provided student supervision that day.
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<thead>
<tr>
<th>Name Clinical Instructor (please print)</th>
<th>Credentials (as you want them to appear on CEU certificate)</th>
<th>CEU credit (please designate what % of CEU credit should be given)</th>
<th>Is CI an APTA certified clinical instructor?</th>
<th>List any specialty credentials.</th>
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</table>

*Below is only applicable for KY clinicians in which the primary clinical instructor is a PTA.*

Due to the KY State Practice Act, when a PTA supervises a full-time clinical, the supervising PT is also awarded a 20% CEU credit for the supervision of the PTA and the PTA student. Please list the supervisory PT below, he/she will receive a 20% CEU credit as appropriate.

<table>
<thead>
<tr>
<th>Name PT Supervisor (please print)</th>
<th>Credentials (as you want them to appear on CEU certificate)</th>
<th>CEU credit (please designate what % of CEU credit should be given)</th>
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</table>
PTAS 205/215: CLINICAL ATTENDANCE SUMMARY

Student name: ____________________  Clinical Instructor name: ______________________

Total Hours Logged (280 hrs required for full credit, 264 hrs minimum to pass): ______________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Daily Total Hours of Clinical Experience*</th>
<th>Student Signature</th>
<th>Clinician Signature(s)**</th>
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<th>Clinician Signature(s)**</th>
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<th>Student Signature</th>
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<th>Daily Total Hours of Clinical Experience*</th>
<th>Student Signature</th>
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<th>Daily Total Hours of Clinical Experience*</th>
<th>Student Signature</th>
<th>Clinician Signature(s)**</th>
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**Clinical hours should only include time spent participating in clinical or academic activities. Does not include lunch breaks or other non-clinical activities. **Clinical signature(s) should include all clinicians who have provided student supervision that day.

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**Any changes to Time In/ Time Out/ or Total Hours should be made by making 1 line through the error, making correction, and should include initials from both student and CI. Ex: 5:00 error AH/ KK  5:15

**CEU Verification and CI Information:**

The ACCE will be providing CEU Certificates for the clinical instructor(s) in accordance with the State Practice Act governing the facility. Please complete the information requested below to ensure that all clinical instructors and/or supervisors receive appropriate CEUs. Ex: A clinical instructor who provided the majority of clinical supervision should expect 100% of CEU credit. (Jane Doe, PTA 100%) If 2 clinical instructors equally shared clinical supervision, each clinical instructor should expect 50% of CEU credit (Jane Doe, PTA 50% and Jim Smith, PT, DPT 50%) Clinicians may designate CEU credit as deemed appropriate for the level of instruction provided.

<table>
<thead>
<tr>
<th>Name Clinical Instructor (please print)</th>
<th>Credentials (as you want them to appear on CEU certificate)</th>
<th>CEU credit (please designate what % of CEU credit should be given)</th>
<th>Is CI an APTA certified clinical instructor?</th>
<th>List any specialty credentials.</th>
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Below is only applicable for KY clinicians in which the primary clinical instructor is a PTA.

Due to the KY State Practice Act, when a PTA supervises a full-time clinical, the supervising PT is also awarded a 20% CEU credit for the supervision of the PTA and the PTA student. Please list the supervisory PT below, he/she will receive a 20% CEU credit as appropriate.

<table>
<thead>
<tr>
<th>Name PT Supervisor (please print)</th>
<th>Credentials (as you want them to appear on CEU certificate)</th>
<th>CEU credit (please designate what % of CEU credit should be given)</th>
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<td>20%</td>
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WEEKLY SUMMARY PROGRESSION: CLINICAL I (PTAS 115)

General Weekly Summary Progression

The following is provided for the Clinical Instructor to have a basis of progression of participation and skill acquisition for the PTAS 115 Clinical I affiliation. This is intended to be a guideline for reference. It is not intended to restrict the decision making process and judgment of the Clinical Instructor within his/her facility with his/her patient population. If any questions arise regarding this documentation, please contact Amy Hinton, PT, Academic Coordinator of Clinical Education at ahinton7@ivytech.edu

Week One:

1. Orientation to facility with discussion of general expectations of the student
2. Review of academic course paperwork (all documentation brought by student to clinical)
3. Review of safety procedures necessary at the clinical facility
4. Review of confidentiality procedures (e.g. HIPAA compliance) at the clinical facility
5. Familiarization of student with clinical facility procedures
6. Review of medical records (locations and components) and diagnoses served at the clinical facility
7. Student responsibility of introduction of self as “Student Physical Therapist Assistant” established
8. Initiation of treatment protocols and techniques as appropriate to the clinical facility, patient population, medical status, student level of ability, and overall Clinical Instructor judgment.

Week Two:

1. Continuation and/or progression of above activities and skills to higher ability with decreased guidance
2. Student completing daily routine activities such as scheduling, receiving patients, communicating with patients, staff, and medical professional at the level of knowledge provided thus far in the PTA Program and instruction provided at the clinical facility
3. Student reviewing medical and therapy charts to obtain information necessary to begin and monitor treatment with beginning discussion of progression of treatment within the PT developed plan of care
4. Treatment techniques performed as expected under the required guidance for that technique, patient diagnoses and status, and student knowledge according to the overall judgment of the Clinical Instructor
5. Student developing skills in completing documentation as required by the clinical facility. (If access to documentation procedures is not allowed or appropriate at the facility, an alternative documentation assignment has been established for student practice).
6. Student has achieved the minimal required passing score on the skills/activities listed on the Clinical I – Assessment (Clinical Instructor) for midterm

Week Three:

1. Continuation and/or progression of above activities and skills to higher ability with decreased guidance
2. Student is now completing tasks relevant to the clinical facility with increase ability and decreased guidance (continued supervision as required for student clinical affiliations)
3. Student is now making appropriate recommendations for progression of activities related to treatment and the PT developed plan of care
4. Student has achieved the minimal required passing score on the skills/activities listed on the Clinical I – Assessment (Clinical Instructor) for final
WEEKLY SUMMARY PROGRESSION: CLINICAL II (PTAS 205)

General Weekly Summary Progression

The following is provided for the Clinical Instructor to have a basis of progression of participation and skill acquisition for the PTAS 205 Clinical II affiliation. This is intended to be a guideline for reference. It is not intended to restrict the decision making process and judgment of the Clinical Instructor within his/her facility with his/her patient population. A student’s learning and level of independence may progress at a different pace than these guidelines recommend, and it is at the discretion of the Clinical Instructor to modify the pace of learning as appropriate. If any questions arise regarding this documentation, please contact Amy Hinton, PT, Academic Coordinator of Clinical Education at ahinton7@ivytech.edu

Week One:

1. Orientation to facility and staff members.
2. Discussion between Clinical Instructor and student to determine performance expectations, learning strategies, and communication strategies to be utilized throughout the clinical experience.
3. Review of academic course paperwork (all documentation brought by student to clinical).
4. Review of safety procedures necessary at the clinical facility.
5. Review of confidentiality procedures (e.g. HIPAA compliance) at the clinical facility.
6. Familiarization of student with clinical facility procedures (documentation, billing, etc.).
7. Review of medical records (locations and components) and diagnoses served at the clinical facility.
8. Student responsibility of introduction of self as “Student Physical Therapist Assistant” established.
9. Initiation of treatment protocols and techniques as appropriate to the clinical facility, patient population, medical status, student level of ability, and overall Clinical Instructor judgment.

Week Two:

1. Continuation and/or progression of above activities and skills to higher ability with decreased guidance.
2. Student completing daily routine activities such as scheduling, receiving patients, communicating with patients, staff, and medical professional at the level of knowledge provided thus far in the PTA Program and in accordance with instruction provided at the clinical facility.
3. Student reviewing medical and therapy charts to obtain information necessary to begin and monitor treatment with beginning discussion of progression of treatment within the PT developed plan of care.
4. Treatment techniques performed as expected under the required guidance for that technique, patient diagnoses and status, and student knowledge according to best practice procedures and judgment of the Clinical Instructor and/or supervising PT.
5. Student may begin establishing a consistent case load (10%-20% of full caseload), comprised of patients with simple conditions.
6. Student developing skills in completing documentation as required by the clinical facility. (If access to documentation procedures is not allowed or appropriate at the facility, an alternative documentation assignment has been established for student practice).

Week Three:

1. Student is now completing daily tasks relevant to the clinical facility with increased ability and decreased guidance (continued supervision as required for student clinical affiliations).
2. Student caseload should gradually increase in volume (20%-30%), comprised of patients with simple conditions, and introducing patients with complex conditions.
3. Student is now making appropriate recommendations for progression of activities related to treatment and the PT developed plan of care with increasing independence.
4. Student improving skills in completing documentation and billing as required by the clinical facility.
5. Clinical Instructor and student should begin review of CPI requirements, initiate completion of CPI, and schedule midterm evaluation to be completed during week 4.

Week Four:

1. Continuation and/or progression of activities and skills to higher ability with decreased guidance.
2. Student caseload should gradually increase in volume (30%-45%), comprised of patients with simple conditions, and introducing patients with complex conditions.
3. Student is proficient with simple tasks, clinical problem solving, and interventions/ data collection. Student may require considerable assistance with more complex tasks, including more complex interventions/ data collection and clinical problem solving.
4. Student improving skills in completing documentation and billing in a timely manner as required by the clinical facility.
5. CI and student will both complete CPI. Student must obtain Advanced Beginner performance on all criteria. If student is deficient in a criteria, ACCE should be contacted, and a Clinical Action Plan should be established to address the deficient skill(s).

Week Five:

1. Continuation and/or progression of activities and skills to higher ability with decreased guidance.
2. Student caseload should gradually increase in volume (45%-60%), comprised of patients with both simple and complex conditions.
3. Student is proficient and consistent with simple tasks, clinical problem solving, and interventions/ data collection, and requires moderate cueing to consistently perform more complex tasks, clinical problem solving, and more complex interventions/ data collection.
4. Student proficient in documentation and billing as required by the clinical facility.

Week Six:

1. Continuation and/or progression of activities and skills to higher ability with decreased guidance.
2. Student caseload should gradually increase in volume (60%-75%), comprised of patients with both simple and complex conditions.
3. Student is proficient and consistent with simple tasks, clinical problem solving, and interventions/ data collection, and requires minimal cueing to consistently perform more complex tasks, clinical problem solving, and more complex interventions/ data collection.
4. Student proficient in documentation and billing as required by the clinical facility.
5. Clinical Instructor and student should begin review of CPI requirements, initiate completion of CPI, and schedule final evaluation to be completed during week 7.
Week Seven:

1. Student should be capable of maintaining 75% of a full-time physical therapist assistant’s patient care workload with the direction and supervision of the physical therapist.

2. Student capable of consistent and proficient performance of simple tasks, clinical problem solving, and interventions/ data collection; and requiring occasional cueing for more complex tasks, complex problem solving, and complex interventions/ data collection.

3. Student consults with others to resolve unfamiliar or ambiguous situations.

4. CI and student will both complete CPI. Student must obtain no less than Advanced Intermediate performance on 11/14 criteria (with all criteria scoring no less than Intermediate performance). Red flag criteria (#1, 2, 3, 5, 7) must receive no less than Advanced Intermediate performance. If student is deficient in a criteria, ACCE should be contacted immediately.
WEEKLY SUMMARY PROGRESSION: CLINICAL III (PTAS 215)

General Weekly Summary Progression

The following is provided for the Clinical Instructor to have a basis of progression of participation and skill acquisition for the PTAS 215 Clinical III affiliation. This is intended to be a guideline for reference. It is not intended to restrict the decision making process and judgment of the Clinical Instructor within his/her facility with his/her patient population. A student’s learning and level of independence may progress at a different pace than these guidelines recommend, and it is at the discretion of the Clinical Instructor to modify the pace of learning as appropriate. If any questions arise regarding this documentation, please contact Amy Hinton, PT, Academic Coordinator of Clinical Education at ahinton7@ivytech.edu

Week One:

1. Orientation to facility and staff members.
2. Discussion between Clinical Instructor and student to determine performance expectations, learning strategies, and communication strategies to be utilized throughout the clinical experience.
3. Review of academic course paperwork (all documentation brought by student to clinical).
4. Review of safety procedures necessary at the clinical facility.
5. Review of confidentiality procedures (e.g. HIPAA compliance) at the clinical facility.
6. Familiarization of student with clinical facility procedures (documentation, billing, etc.).
7. Review of medical records (locations and components) and diagnoses served at the clinical facility.
8. Students responsibility of introduction of self as “Student Physical Therapist Assistant” established.
9. Initiation of treatment protocols and techniques as appropriate to the clinical facility, patient population, medical status, student level of ability, and overall Clinical Instructor judgment.

Week Two:

1. Continuation and/or progression of above activities and skills to higher ability with decreased guidance.
2. Student completing daily routine activities such as scheduling, receiving patients, communicating with patients, staff, and medical professional at the level of knowledge provided thus far in the PTA Program and in accordance with instruction provided at the clinical facility.
3. Student reviewing medical and therapy charts to obtain information necessary to begin and monitor treatment with beginning discussion of progression of treatment within the PT developed plan of care.
4. Treatment techniques performed as expected under the required guidance for that technique, patient diagnoses and status, and student knowledge according to best practice procedures and judgment of the Clinical Instructor and/or supervising PT.
5. Student may begin establishing a consistent case load (10-25% of full caseload), comprised of patients with simple conditions.
6. Student developing skills in completing documentation as required by the clinical facility. (If access to documentation procedures is not allowed or appropriate at the facility, an alternative documentation assignment has been established for student practice).

Week Three:

1. Student is now completing daily tasks relevant to the clinical facility with increased ability and decreased guidance (continued supervision as required for student clinical affiliations).
2. Student caseload should gradually increase in volume (25%-50%), comprised of patients with simple conditions, and introducing patients with complex conditions.
3. Student is now making appropriate recommendations for progression of activities related to treatment and the PT developed plan of care with increasing independence.
4. Student improving skills in completing documentation and billing as required by the clinical facility.
5. Clinical Instructor and student should begin review of CPI requirements, initiate completion of CPI, and schedule midterm evaluation to be completed during week 4.

Week Four:

1. Continuation and/or progression of activities and skills to higher ability with decreased guidance.
2. Student caseload should gradually increase in volume (25%-50%), comprised of patients with simple conditions, and introducing patients with complex conditions.
3. Student is proficient with simple tasks, clinical problem solving, and interventions/ data collection, and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/ data collection with CI cueing and feedback.
4. Student improving skills in completing documentation and billing in a timely manner as required by the clinical facility.
5. CI and student will both complete CPI. Student must obtain Intermediate performance on all criteria. If student is deficient in a criteria, ACCE should be contacted, and a Clinical Action Plan should be established to address the deficient skill(s).

Week Five:

1. Continuation and/or progression of activities and skills to higher ability with decreased guidance.
2. Student caseload should gradually increase in volume (50%-75%), comprised of patients with both simple and complex conditions.
3. Student is proficient and consistent with simple tasks, clinical problem solving, and interventions/ data collection, and requires only minimal to moderate cueing to consistently perform more complex tasks, clinical problem solving, and interventions/ data collection.
4. Student proficient in documentation and billing as required by the clinical facility.

Week Six:

1. Continuation and/or progression of activities and skills to higher ability with decreased guidance.
2. Student caseload should gradually increase in volume (75%-100%), comprised of patients with both simple and complex conditions.
3. Student is proficient and consistent with simple tasks, clinical problem solving, and interventions/ data collection, and requires only minimal to occasional cueing to consistently perform more complex tasks, clinical problem solving, and interventions/ data collection.
4. Student proficient in documentation and billing as required by the clinical facility.
5. Clinical Instructor and student should begin review of CPI requirements, initiate completion of CPI, and schedule final evaluation to be completed during week 7.
Week Seven:

1. Student should be capable of maintaining 100% of a full-time physical therapist assistant’s patient care workload with the direction and supervision of the physical therapist.
2. Student capable of completing tasks, clinical problem solving, and interventions/ data collection for patients with simple or complex conditions under general supervision of the physical therapist.
3. Student consults with others to resolve unfamiliar or ambiguous situations.
4. CI and student will both complete CPI. Student must obtain Entry level performance on 11/14 criteria (with all criteria scoring no less than Advanced intermediate performance). Red flag criteria (#1, 2, 3, 5, 7) must receive Entry level performance. If student is deficient in a criteria, ACCE should be contacted immediately.
IVY TECH PTA PROGRAM EXPECTED PROFESSIONAL BEHAVIORS

Name (Printed): ____________________________________________

- Be courteous and friendly.
- Treat each person with dignity.
- Be sensitive and respectful of each person's beliefs and cultural customs through appreciation of diversity.
- Listen in conversation when others speak, show respect for opinions and concern.
- Be generous in assisting and supporting others.
- Maintain confidentiality.
- Present a professional appearance and professional conduct.
- Use resources wisely and effectively.
- Respond to the needs of others in a caring, professional manner.
- Be timely and accurate in fulfilling our obligations.
- Maintain a safe and clean environment.
- Be honest and truthful in our actions.
- Act and speak with respect, regardless of presence or absence of person.
- Accept responsibility and accountability for our actions.
- Maintain the integrity of our work ethic.
- Communicate with directness, honesty, compassion, and respect.
- Identify and approach problem solving in a professional manner.
- Document for permanent record the progress notes.
- Raise issues to appropriate level of authority to allow for best resolution in proactive professional manner.
- Consistently demonstrates appropriate clinical judgment and good clinical skills.
- Build relationships and collaborate toward the common good.
- Participate in efforts to better the community.
- Be an advocate for those in need.
- Bring a spirit of compassion in serving.
- Put the needs of others before our own.
- Reach out without hesitation or judgment.
- Solicit diverse opinions and provide an opportunity for open discussion; entertain other perspectives.
- Respect ideas and encourage freedom of expression.
- Contribute beyond assigned limits.
- Be flexible and willing to assist.
- Be change agents in the spirit of cooperation; be open to change without pre-judging negatively.
- Resolve conflict in a respectful manner.
- Collaborate with staff in a friendly and cooperative manner.
- Maintain awareness and adhere to rules, policies, procedures, including professional and accreditation standards of the school and clinic site.
- Seek opportunities to grow professionally.
- Anticipate the needs of others.
- Serve with optimism, inspiration, humor, and hope.
- Strive for personal growth and formation by challenging ourselves to set and meet goals.
• Educate the patient, family and other appropriate personnel regarding the treatment plan and related procedures in a multidisciplinary manner as appropriate.
• Participate in and provide staff in-service programs, case conferences, and staff meetings as required at specific clinic site.
• Adhere to departmental dress code
• Provide patient care treatment in accordance with the state practice act for Physical Therapy.

I ________________________________, hereby acknowledge that I have received, read, and understand the Ivy Tech PTA Program Expected Professional Behaviors, and will adhere to the stated expectations at all times.

__________________________________________
Student Signature

__________________________________________
Student’s Printed Name

__________________________________________
Date
CONFIDENTIALITY OF INFORMATION
IVY TECH COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

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

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

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

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

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

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

________________________________________________________________________
Student Signature

________________________________________________________________________
Student’s Printed Name

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

____________________________________________                   
Student Signature

___________________________________________________           
Student’s Printed Name

___________________________________________________    
Date

___________________________________________________   
Street Address

___________________________________________________   
City, State, Zip