



**Rio Grande Valley
College**

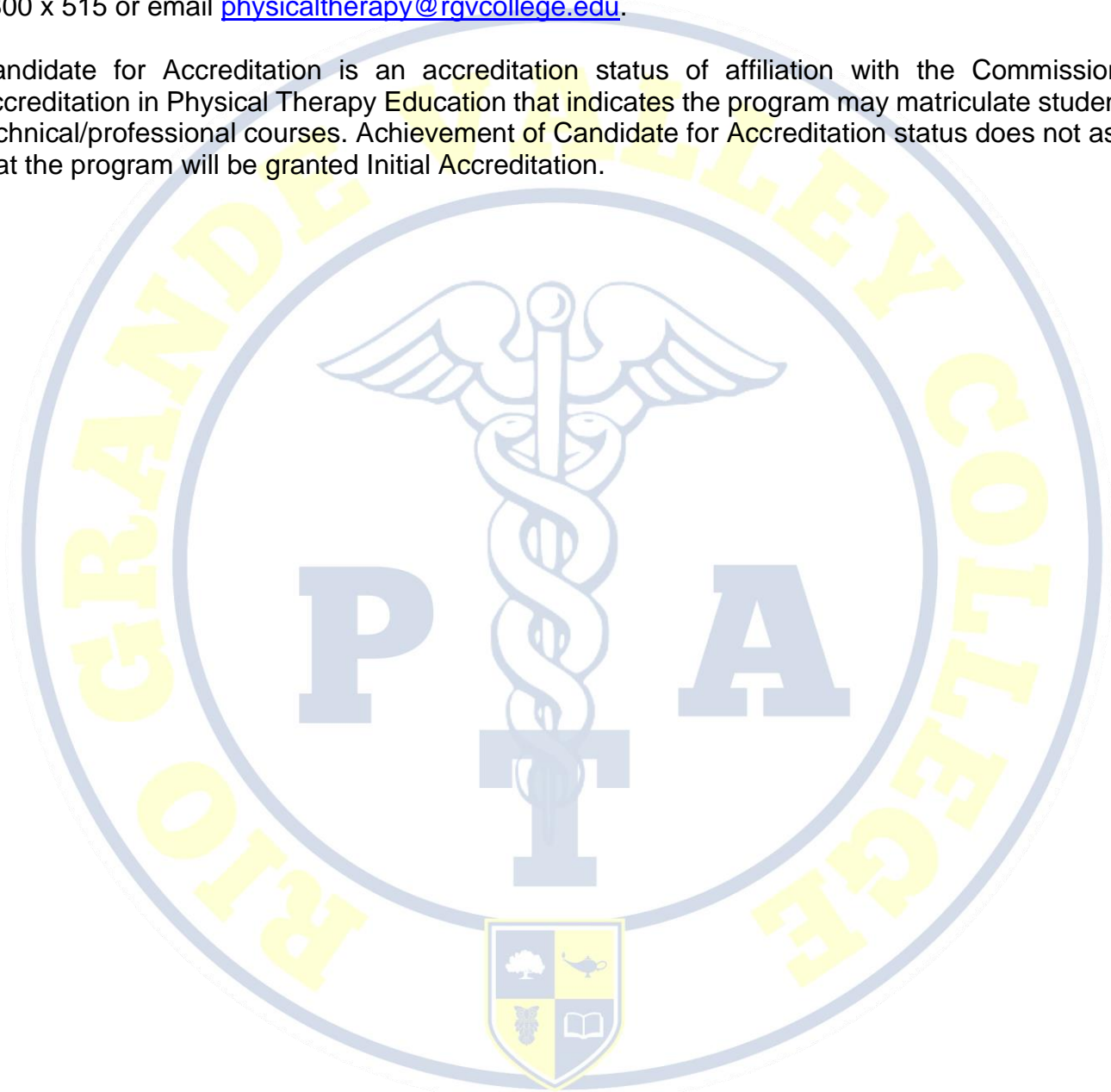
Clinical Education Handbook

**Physical Therapist Assistant Program
2023-2024**

Program Accreditation Status Notice to Students

Effective November 8, 2022, Rio Grande Valley College has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; phone: 703-706- 3245; email: accreditation@apta.org). If needing to contact the program/institution directly, please call 956-781-6800 x 515 or email physicaltherapy@rgvcollege.edu.

Candidate for Accreditation is an accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program may matriculate students in technical/professional courses. Achievement of Candidate for Accreditation status does not assure that the program will be granted Initial Accreditation.



Welcome to Clinical Education

We hope the contents of this handbook will assist in providing a high-quality clinical education experience for both clinical faculty members and their students. Clinical education is a vital portion of the physical therapist assistant curriculum. It allows the student to fully integrate and implement the information and skills learned during basic science coursework, as well as the clinical classroom and laboratory portions of the program.

The purpose of this handbook is to provide information and guidelines as a common frame of reference for all who are involved in the clinical education process:

- The PTA student
- The Clinical Instructor
- The Site Coordinator of Clinical Education
- The faculty members of the PTA Program at Rio Grande Valley College

If you have any questions or concerns, please do not hesitate to contact us.

Thank you,

Minerva Gatling, PT, DPT

Program Director
Physical Therapist Assistant Program
Rio Grande Valley College
5419 N Cage Blvd.
Pharr, TX 78577

E-Mail: mgatling@rgvcollege.edu

Office: 956-781-6800

Fax: 956-781-6907

Armando De Leon, PTA

Academic Coordinator of Clinical Education
Physical Therapist Assistant Program
Rio Grande Valley College
5419 N Cage Blvd.
Pharr, TX 78577

E-Mail: adeleon@rgvcollege.edu

Office: 956-781-6800

Fax: 956-781-6907

Table of Contents

Program Accreditation Status Notice to Students	2
Welcome to Clinical Education	3
III: PROGRAM INFORMATION	<u>67</u>
Statement of Non-Discrimination	<u>67</u>
Institutional History and Accreditation	<u>78</u>
Definitions within the Clinical Handbook	<u>78</u>
PTA Program Mission Statement	<u>89</u>
Program Goals	<u>89</u>
PTA Program Curriculum	<u>910</u>
PTA Course Descriptions	<u>1011</u>
Clinical Education Experiences	<u>1112</u>
Clinical Education Learner Outcomes	<u>1213</u>
IV. GENERAL POLICIES AND PROCEDURES	<u>1314</u>
Selection of Clinical Education Sites and Clinical Instructors	<u>1314</u>
Criteria for Selection of Clinical Education Sites	<u>1314</u>
Criteria for Selection of Clinical Instructors (CI)	<u>1314</u>
Responsibilities of the Academic Clinical Coordinator Of Education (ACCE)	<u>1415</u>
Responsibilities of the Center Coordinator of Clinical Education	<u>1516</u>
Responsibilities of the Clinical Instructor (CI)	<u>1516</u>
Clinical Affiliation Agreement	<u>1617</u>
Arrangement of Clinical Education Experiences	<u>1617</u>
Placement Policy	<u>1617</u>
Readiness for Clinical Experiences	<u>1718</u>
Determination of Passing or Not Passing Clinical Education Coursework	<u>1718</u>
No-Pass Grade for the Clinical Experience	<u>1819</u>
School Holiday and Inclement Weather	<u>1920</u>
V. STUDENT POLICIES	<u>1920</u>
Student Responsibilities	<u>1920</u>
Attendance and Absenteeism	<u>1920</u>
Professional Behaviors	<u>2021</u>
Personal Appearance	<u>2122</u>
Name Tags	<u>2122</u>
Student Preparedness	<u>2122</u>
Confidentiality	<u>2122</u>
CPR/Immunization Requirements	<u>2223</u>

Complio	<u>2324</u>
Accidents.....	<u>2324</u>
Accommodations	<u>2425</u>
Student In-Services	<u>2425</u>
Early Termination of Clinical Experience	<u>2425</u>
Due Process/Grievance Procedure	<u>2526</u>
Complaints Outside of Due Process - Policy and Procedures	<u>2526</u>
Clinical Reassignment	<u>2728</u>
Background Checks	<u>2728</u>
Knowledge of Program and College Policies and Procedures.....	<u>2728</u>
Informed Consent	<u>2829</u>
VI: RESPONSIBILITIES OF THE CLINICAL FACILITY	<u>2829</u>
Clinical Affiliation Agreement	<u>2829</u>
Equipment and Facility Safety	<u>2829</u>
Confidentiality	<u>2829</u>
Supervision	<u>2829</u>
Complaints	<u>2930</u>
VII. CLINICAL FACULTY RIGHTS AND PRIVILEGES	<u>2930</u>
Clinical Faculty Rights and Privileges	<u>2930</u>
Education Tips for the Clinical Instructor	<u>3031</u>
APPENDICES	<u>3132</u>
Preamble.....	<u>3233</u>
Skills Learned by 1st Year RGVC PTA Students	<u>3536</u>
Skills Learned by 2nd Year RGVC PTA Students	<u>3637</u>
Professional Behaviors Assessment Tool	<u>3738</u>
PTA Program Clinical Orientation Checklist.....	<u>4546</u>
PTA Program Clinical Instructor/Student Weekly Meeting Form	<u>4647</u>
PTA Program Confidentiality Agreement.....	<u>4748</u>
PTA Program Student In-service Feedback Form	<u>4849</u>
PTA Program Essential Functions for Physical Therapist Assistant Students	<u>4950</u>
PTA Program Clinical Education Handbook Agreement.....	<u>5152</u>
ACCE Site Visit and Clinical Instructor Survey	<u>5253</u>
Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction	<u>5354</u>

III: PROGRAM INFORMATION

Statement of Non-Discrimination

RGV College provides equal employment opportunity without regard to race, color, religion, sex, sexual orientation, gender identity, or gender expression, national origin, age, or disability. RGV College conforms to all applicable federal and state laws, rules, guidelines and regulations and provides equal employment and employee relations.

RGV College assures that all applicants for employment and all RGV College employees are given equal consideration based solely on job-related factors, such as qualifications, experience, performance, and availability. Such equal consideration applies to all personnel actions, including but not limited to recruitment, election appointment, job assignment, training, transfer, promotion, merit increase, demotion, termination, pay rates and fringe benefits. RGV College reviews, evaluates, and monitors all personnel matters to ensure that they are in accordance with this policy.

As further stated in the Employee Handbook, RGV College takes seriously and will investigate promptly and thoroughly all charges of alleged discrimination in employment and informs RGV College employees of their rights regarding equal employment. No employee of the Company will discriminate against any applicant or fellow employee because of the person 's veteran status. RGV College requires its personnel to act in conformity with the principles outlined in this policy through strict adherence to the above statements and recognizes that the effective application of equal opportunity in employment must involve more than a non- discriminatory policy statement.

RGV College recruits, hires, trains and promotes into all job levels the most qualified persons without regard to race, color, religion, sex, national origins, age, or disability status. RGV College takes positive steps to eliminate any discrimination from its personnel practices and creates an environment that encourages equal opportunity for all its employees.

RGV College distributes information regarding equal opportunity through the employee handbook, new employee orientation materials, training materials, staff meetings, posters and various publications, clinical and student handbooks.

Faculty and staff are advised to direct all EEOC complaints to their supervisor or Human Resource Director. Inquiries regarding non-discrimination may be directed to the Title IX Coordinator or the Section 504/ADA Title II Coordinator, Rene Mendoza at 5419 Cage Blvd, Pharr, TX 78577



Institutional History and Accreditation

Located in the border city of Pharr, Texas and established in 2008, Rio Grande Valley College was the vision of an educator who has guided this institution's growth into one of the most sought-after vocational schools in the Rio Grande Valley for its A+ grade level education. RGV College exists on the principle that all individuals, regardless of race, age, previous education, or economic background can take advantage of the benefits acquired through Vocational Education.

RGV College is in one of the fastest growing metropolitan areas in the nation. Often considered a medical "mecca", the Rio Grande Valley is one of the regions with an increasing number of healthcare patients, and naturally, this community will also need a larger pool of competent and caring healthcare professionals. This gives our institution a greater advantage in educating those needed in the medical Industry. Conveniently located, with easy access from the expressway, our institution is in close proximity to many cities in the Rio Grande Valley, allowing our students to travel from other cities with better and faster travel routes.

Rio Grande Valley College is accredited by The Accreditation Bureau of Health Education Schools (ABHES) and received accreditation to provide health education in specific health education disciplines in December 2010.

Definitions within the Clinical Handbook

Physical Therapist Assistant (PTA) - Clinicians who provide physical therapy services under the direction and supervision of a physical therapist. A PTA must complete an associate degree and be licensed, certified, or registered in all states.

Academic Coordinator of Clinical Education (ACCE) - The faculty member at RGV College who plans, assigns, and evaluates the clinical courses in the clinical portion of the PTA program. This individual is responsible for maintaining qualified clinical sites for the clinical experiences of our PTA students.

Center Coordinator for Clinical Education (CCCE) - The individual, at each clinical education site, who coordinates and arranges the clinical education of students. This person may or may not be a physical therapist. The CCCE is responsible for coordination of clinical assignments between the facility and RGV College. All correspondence between students and the clinical facility should be directed to the CCCE.

Clinical Site - Healthcare facilities that are affiliated clinics to RGV College that provide clinical experiences for the students of the PTA program.

Clinical Instructor (CI) - The person at the clinical site who is responsible for the direct supervision of the student. This may or may not be the CCCE.

Clinical Performance Instrument (CPI) – The assessment tool used within the program by clinical instructors to assess the performance of our PTA students during each clinical education experience.

Student Evaluation of Clinical Education Experience (SECEE) – The evaluation form that the student completes, prior to finishing the clinical rotation, to assess the clinical education site and clinical instructor.

Clinical Site Information Form (CSIF) - The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

PTA Program Mission Statement

The Rio Grande Valley College Physical Therapist Assistant Program will prepare students through a curriculum that is based on contemporary physical therapy practice to serve the community by providing competent and ethical care as physical therapist assistants able to work under the direction and supervision of a physical therapist. Graduates will be prepared to work with a diverse population and will understand the values of professionalism and lifelong learning.

Program Goals

1. The PTA Program will prepare graduates to work as competent and professional entry-level physical therapist assistants under the direction and supervision of a physical therapist.
2. The PTA Program will prepare students to exhibit effective critical thinking and problem-solving skills
3. The PTA Program faculty will provide students with positive learning experiences and a curriculum based on current physical therapy practice
4. The PTA Program will prepare graduates to communicate effectively in a culturally competent manner
5. The PTA Program will enrich the health of the community through service-learning and preparing competent healthcare practitioners.



PTA Program Curriculum

	Semester Credits	Lecture/Lab Credits/OJT
Prerequisite Semester Credits		
BIOL 2401 Anatomy & Physiology I	4	3/1/0
ENGL1301 English Composition	3	3/0/0
PSYC 2301 General Psychology	3	3/0/0
SPCH 1305 Public Speaking	<u>3</u>	3/0/0
		13 credits
Year One, Spring 2023		
PTHA 1100 Introduction to Physical Therapy	3	3/0/0
PTHA 1105 Basic Patient Care Skills	4	2/2/0
PTHA 1110 Pathophysiology for the PTA	2	2/0/0
PTHA 1115 Functional Anatomy & Kinesiology	3	2/1/0
BIOL 2402 A&P II*	<u>4</u>	3/1/0
		16 credits
Year One, Summer 2023		
PTHA 1200 Physical Agents	4	2/2/0
PTHA 1205 Therapeutic Exercise	3	2/1/0
PTHA 1210 Practicum I	<u>5</u>	0/0/5
		12 credits
Year Two, Fall 2023		
PTHA 2100 Management of Neurological Disorders	4	2/2/0
PTHA 2105 Rehabilitation Techniques	4	2/2/0
PTHA 2110 Orthopedics	2	2/0/0
PTHA 2115 Professional Issues	<u>2</u>	2/0/0
		12 credits
Year Two, Spring 2024		
PTHA 2200 Practicum II	5	0/0/5
PTHA 2205 Practicum III	5	0/0/5
PTHA 2210 Seminar	<u>3</u>	3/0/0
		13 credits
		66 credits total

PTA Course Descriptions

PTHA 1105 Basic Patient Care Skills

This course provides a foundation in physical therapy assessment and treatment techniques including body mechanics, transfers, passive range of motion, gait training, and vital signs.

PTHA 1110 Pathophysiology for the PTA

This course focuses on the etiology, signs, symptoms, treatment, and physical therapy implications of common diseases and conditions impacting the systems of the body.

PTHA 1115 Functional Anatomy and Kinesiology

This course covers the relationship of the musculoskeletal and neuromuscular systems in regard to normal and abnormal movement. This course provides a basic understanding of normal human body movement as related to skeletal, articular, neurological, and muscular systems as well as integration of skills related to the kinesiological assessment of the human body. Biomechanical principles related to human movement, manual muscle testing, and goniometry are also addressed.

PTHA 1200 Physical Agents

This course covers biophysical principles and application of therapeutic physical agents and therapeutic massage with specific emphasis on indications, contraindications, precautions, and parameters for the following: superficial heat, cryotherapy, external compression, ultrasound, biofeedback, massage, spinal traction, hydrotherapy, and electrical stimulation.

PTHA 1205 Therapeutic Exercise

This course is a study of theories, indications, contraindications, and application of common therapeutic exercise. Emphasis is given to the principles of therapeutic exercise and its appropriate utilization as part of the physical therapist's plan of care.

PTHA 1210 Practicum I

Skills, knowledge and attitudes learned in all first year PTA courses will be applied to patient care in selected clinical settings over a full-time six-week period. Students will perform physical therapy assessment techniques and treatment interventions with moderate supervision and guidance from the supervising physical therapist.

PTHA 2100 Management of Neurological Disorders

This advanced course focuses on assessment techniques and treatment interventions of common neurological and pediatric disorders. Motor development and motor learning, including the implications for physical therapy treatment, is also included.

PTHA 2105 Rehabilitation Techniques

This course progresses from previously learned knowledge for the assessment and treatment of more advanced patient populations. This course includes content on prosthetic and orthotic devices, rehabilitation of patients with an amputation, cardiopulmonary rehabilitation, women's health, and chronic pain.

PTHA 2110 Orthopedics

This course focuses on common orthopedic injuries, disorders, and surgeries, including related physical therapy assessment techniques and treatment interventions. Musculoskeletal tissue healing, therapeutic exercise progression, and patient education is also included.

PTHA 2115 Professional Issues

This course includes ethical decision making, common administrative components of physical therapy settings, quality assurance, professional opportunities for physical therapist assistants, and professional advocacy. Students also complete a service-learning project within the community.

PTHA 2200 Practicum II

Skills, knowledge and attitudes learned in all PTA courses will be applied to patient care over a full-time six-week period. Emphasis will be placed on the clinical application and integration of knowledge and skills learned during the PTA program with the objective of students providing care for routine patients with minimal supervision and guidance from the supervising physical therapist.

PTHA 2205 Practicum III

Skills and knowledge learned in all PTA courses will be applied to patient care over a full-time six-week period. Emphasis will be placed on the clinical application and integration of knowledge and skills learned during the PTA program with the objective of students providing care for routine patients and complex patients at the level of an entry-level PTA with minimal supervision and guidance from the supervising physical therapist.

PTHA 2210 Seminar

This course occurs concurrently with the final two clinical education experiences and helps prepare students to transition into the physical therapy profession through content on professionalism, resume design, job interviewing, leadership, and professional issues. Within this course students also take a simulated licensure exam and design a case study on a patient treated during their final clinical experiences

Clinical Education Experiences

Clinical education is a crucial part of the program's curriculum, which helps in the preparation for students to become entry level physical therapist assistants able to work under the direction and supervision of a physical therapist. Each student will complete clinical education experiences in a variety of clinical settings to prepare graduates for entry-level practice and to work with a wide variety of patients. The RGV College PTA program believes that clinical education experiences should provide the student with opportunities to carry out professional responsibilities under the direction and supervision of the physical therapist as well as appropriate role modeling by physical therapists and physical therapist assistants working within the clinical setting.

The clinical education aspect of the curriculum is divided into three clinical education experiences. These experiences are designed to introduce the student to a clinical environment, apply knowledge to practice, and to develop understanding of the needs of clients. During these experiences, students will be exposed to a variety of patients across the life span and in a variety of settings.

Clinical education provides students with "hands-on" experience in performing physical therapy assessment techniques and treatment interventions with patients which provides students the opportunity to integrate the principles and concepts learned during didactic preparation. The clinical education sites assigned to students reflect diverse populations and service delivery models in both traditional and emerging/nontraditional practice settings. To pass the final clinical education experience, each student must be at entry-level or beyond entry level, assessed through the clinical performance instrument (CPI) by their clinical instructor.

The PTA Program is responsible for ensuring that clinical instructors and clinical education sites meet all policies, procedures, and applicable regulations of RGV College and the PTA Program. The RGV College PTA Program is responsible for the assignment of students to any level of clinical education, and for ensuring students are provided with adequate clinical instruction and supervision. The program is also responsible for ensuring student competency and safety in the skills taught in didactic courses before placement in clinical education.

Clinical Education Learner Outcomes

PTHA 1200 Practicum I

1. Demonstrate the ability to apply all PTA learned skills and knowledge by safely performing selected physical therapy data collection skills and treatment interventions from within the physical therapist's plan of care with moderate supervision and guidance by a physical therapist or a physical therapist/physical therapist assistant team.
2. Given extra time and frequent guidance, demonstrate appropriate documentation and communication with the physical therapist regarding all aspects of the patient treatment and patient response to physical therapy interventions.
3. Demonstrate the ability to assist in the teaching of patients and caregivers.
4. Demonstrate the ability to participate in scheduling and other routine administrative procedures of the physical therapy department.
5. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate.
6. Compose a reflective journal regarding the clinical experience while maintaining appropriate patient confidentiality.
7. Demonstrate technical skill performance and clinical behaviors legally and ethically with occasional guidance for routine situations.
8. Design and present an in-service utilizing evidence-based professional resource.

PTHA 2200 Practicum II

1. Demonstrate the ability to apply all PTA learned skills and knowledge by consistently providing safe, effective, and competent physical therapy data collection skills and treatment interventions from within the physical therapist's plan of care with minimal supervision and guidance by a physical therapist or a physical therapist assistant.
2. Demonstrate timely and relevant documentation and communication to the physical therapist regarding all aspects of the patient treatment and patient's response to the treatment with occasional guidance.
3. Demonstrate appropriate patients and family member education, with occasional guidance from the physical therapist.
4. Demonstrate the ability to participate in routine administrative procedures of the clinic, including billing and patient scheduling with occasional guidance.
5. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate.
6. Demonstrate the ability to perform PTA skills and behaviors within legal and ethical requirements and guidelines with occasional guidance for new or unusual situations.

PTHA 2205 Practicum III

1. Demonstrate the ability to independently apply all PTA learned skills and knowledge by consistently and safely performing effective and competent physical therapy data collection skills and treatment interventions from the physical therapist's plan of care for routine and complex patients at the level of an entry level PTA.
2. Consistently demonstrate entry level professional behaviors and respect in all interactions with patients, family members/caregivers, physical therapy personnel, and other health care providers by displaying all Professional Behaviors at entry level.
3. Demonstrate the ability to independently provide timely and relevant documentation and communication to the physical therapist regarding all aspects of the patient treatment and patient's response to the treatment.
4. Demonstrate the ability to independently provide effective education to patients, caregivers, and family members at the level of an entry-level PTA.
5. Demonstrate the ability to independently perform administrative procedures of the clinic, including scheduling, billing and quality assurance with guidance for new or unusual situations.
6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate.
7. Demonstrate the ability to consistently and independently perform PTA skills and behaviors within legal and ethical requirements and guidelines at the level of an entry-level PTA.
8. Compose a reflective journal regarding the clinical experience and compare the journal with the journal written during Practicum I.
9. Demonstrate the ability to work with other allied health personnel at the level of an entry-level PTA.

IV. GENERAL POLICIES AND PROCEDURES

Selection of Clinical Education Sites and Clinical Instructors

The "Guidelines for Clinical Education" endorsed by the APTA's House of Delegates was used as a resource to select the following criteria for selection of clinical education sites and clinical instructors.

Criteria for Selection of Clinical Education Sites

1. The clinical site's clinical education program is planned to meet the specific objectives of the academic program, the physical therapy service, and the individual student.
2. The physical therapy staff practices ethically and legally.
3. The clinical site demonstrates administrative support for physical therapy clinical education.
4. The clinical site has a variety of learning experiences, appropriate to the setting, available to students.
5. The clinical site provides an active, stimulating environment appropriate for the learning needs of the student.
6. Staff development programs, including clinical education, are encouraged and facilitated by the clinical site.
7. The physical therapy staff is adequate in number to provide an educational program for students.
8. The clinical education site is committed to the principle of equal opportunity and affirmative action as required by Federal law.

Criteria for Selection of Clinical Instructors (CI)

The program's minimum requirements for clinical instructors are as followed:

1. The CI is either a PT or PTA.
2. The CI graduated from an accredited PT or PTA program.
3. The CI is licensed, registered, or certified in those states where applicable.
4. The CI has at least one year of clinical experience (confirmed by license issue date at PTOT.Texas.gov or by resume)
5. The CI demonstrates clinical competence, professional skills, and ethical behavior.
6. The CI demonstrates effective communication skills.
7. The CI demonstrates effective instructional skills.
8. The CI demonstrates performance evaluation and supervisory skills.

Responsibilities of the Academic Clinical Coordinator Of Education (ACCE)

One member of the PTA faculty is responsible for coordinating the clinical education portion of the program curriculum. The ACCE works directly with the other program faculty, clinical faculty, and students to provide learning experiences which will help the student develop clinical competence. The ACCE is responsible for the following:

1. Development of clinical education sites.
2. Coordinate and provide clinical instructor development activities.
3. Assess and determine student readiness for clinical experiences in collaboration with program faculty.
4. Meet with students to discuss clinical site selection.
5. Set up and schedule clinical assignments for students.
6. Ensure that students get an appropriate variety of clinical education experiences.
7. Meet with students to discuss goals related to clinical education.
8. Coordination of all clinical education experiences.
9. Maintain and update clinical site database.
10. Maintain and update Clinical Affiliation Agreement database.
11. Annually update the Clinical Education Handbook.
12. Provide updated Clinical Education Handbook to all clinical sites and students.
13. Provide all forms and information to active clinical sites and clinical instructors.
14. Contact clinical site by phone mid-way through clinical experiences.
15. Schedule site visits as needed.
16. Complete and/or coordinate site visits for Practicum I, II, and III as needed.
17. Serve as a resource to the student and the clinical instructor.
18. Confer with student and clinical instructor regarding student learning needs, progress towards meeting objectives, and ensuring interactions/meetings with the supervising PT in regular intervals.
19. Keep students and clinical instructors informed on APTA and state specific regulations and rules that guide clinical practice.
20. Facilitate conflict resolution and problem-solving strategies.
21. Assess student overall clinical education performance based on methods of evaluation.
22. Contact and secure new clinical sites and complete all appropriate paperwork.
23. Ensure that the Clinical Affiliation Agreement between Rio Grande Valley College and clinical site is reviewed and renewed annually by academic and clinical faculty.
24. Ensure that clinical education sites receive a copy of Rio Grande Valley College's liability insurance on an annual basis.
25. Ensure that clinical instructors meet selection criteria.

26. Determine final grades for clinical education experiences.
27. Ensure that the CI's receive a copy of mastered skills check performance list prior to the start of a clinical experience.

Responsibilities of the Center Coordinator of Clinical Education

Each clinical site with three or more PTs and PTAs should have a designated CCCE who is responsible for coordinating the clinical education assignments and student activities. The CCCE is responsible for the following:

1. Coordinate and schedule potential clinical experiences for affiliating schools
2. Provide orientation materials on the day of student arrival
3. Delegate actual clinical supervision of students to a staff PT or to a PT/PTA team
4. Serve as a resource for the CI for establishing goals and objectives, setting up learning experiences, and evaluating student performance
5. Inform the CI of all pertinent information from the affiliating schools
6. Monitor the supervision and learning experiences of students. Provide communication and problem-solving strategies for the student and CI, if needed
7. Provide necessary documentation to the schools (clinical agreements, completed student CPIs)
8. The CCCE should contact the PTA Program Director with any complaints involving the PTA Program. The CCCE should contact the College President with any complaints regarding the ACCE, PTA Program Director, or PTA Program. * No retaliation will occur by the PTA Program or Rio Grande Valley College.

Note: If there is no designated CCCE, then the Department Director is responsible for the items listed above.

*The College President is Dr. Annabelle Palomo, Ed.D and her phone number is (956) 781-6800

Responsibilities of the Clinical Instructor (CI)

CI's are individuals who provide clinical instruction and supervision when students are engaged in the clinical education portion of the curriculum. CIs are considered PTA Program clinical faculty **members** but are not employed by Rio Grande Valley College. The CI demonstrates clinical competence and a willingness to share his/her insights and rationales related to patient care. The responsibilities of the CI are as follows:

1. Demonstrate an interest in teaching and in continuing education.
2. Orientate the student to the facility.
3. Facilitate student accomplishment of goals and objectives; assist with planning learning experiences with the student.
4. Supervise the student or arrange supervision by another qualified person.
5. Serve as a resource to the student.
6. Serve as a role model of professional behavior.
7. Encourage the student to take advantage of unique resources and learning experiences of the clinical setting and its staff.
8. Provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress.
9. Confer and consult with the ACCE regarding student learning needs and progress toward meeting objectives.

10. Ensure that students have interactions/meetings with supervising PT at regular intervals.
11. Consult with the ACCE regarding unsatisfactory progress of the student.
12. Assess and evaluate the student's clinical experience. Set clear expectations and provide ongoing verbal and written feedback.
13. Problem-solving needs are to be addressed through open communication between the student and CI. If problems cannot be solved to the satisfaction of the CI and the student, the CCCE and ACCE should be contacted.
14. The CI is responsible for being aware of which assessment or intervention techniques the student has demonstrated competence in during the PTA Program prior to the clinical experience (See skill list located in the Appendix). If a CI teaches a student an assessment or treatment technique that has not been presented or practiced in the academic setting, the CI is responsible for determining if the student is safe in applying the procedure to the patient in the clinical setting.
15. The CI is expected to act in an ethical manner and maintain student confidentiality.
16. The CI should contact the PTA Program Director with any complaints involving the Rio Grande Valley PTA Program. The CI may contact the College President with any complaints regarding the ACCE or PTA Program Director.
17. When a patient or member of the public has a complaint or concern regarding a PTA student or the Rio Grande Valley PTA Program, the CI is responsible to give the individual the name, title, and phone number of the College President. *

*The College President is Annabelle Palomo, Ed.D and her phone number is (956) 781-6800

Clinical Affiliation Agreement

The Clinical Affiliation Agreement must be signed by both the clinical facility and Rio Grande Valley College prior to a student being assigned to the facility. This agreement includes a statement regarding general and professional liability and insurance. This agreement automatically rolls over from year to year within the agreement's timeline. Either Rio Grande Valley College or clinical sites can terminate this agreement with a written notice.

Arrangement of Clinical Education Experiences

Requests for dates of clinical experiences are mailed and/or emailed to the Coordinators of Clinical Education (CCCE) when applicable or Clinic Directors the first week of March for all clinical education experiences. The deadline to return clinical slots is March 31st. The CCCE receives clinical assignments for students by December 1st for summer rotations and May 1st for spring rotations. The CCCE (when applicable) or Clinic Director is responsible for assigning students to each clinical instructor.

Placement Policy

The PTA program ACCE does all clinical assignments. Clinical placements are designed to expose the student to different physical therapy settings. Exposure to these clinical placements, will afford our student the opportunity to attain the skills needed for entry level practice as a Physical Therapist Assistant.

All students will complete three full-time six-week clinical experiences. The first clinical placement will be in the 3rd semester in the summer of their first year in the program. For Practicum I, students will be placed in acute care, outpatient, and nursing homes settings. During the last semester of the program all students will complete Practicum II and Practicum III which are the last two full time 6-week clinical

experiences. For Practicum II and III, students will be placed in acute care, outpatient, pediatric, inpatient rehab, and nursing home settings.

Each student is required to complete at least one full time inpatient clinical education experience, defined as a skilled nursing facility, acute care, or inpatient rehab setting; and one full time outpatient clinical education experience. Students are given an opportunity to state their preferences for placement before assignments for the full-time clinical experiences are finalized, but the final decision will be made by the ACCE. The ACCE will ensure that the mix of three clinical education experiences for each student provides a good variety of patients and settings.

Clinical schedules are determined by the academic faculty in close collaboration with the clinical faculty. Students may NOT rearrange clinical assignments. Special situations should be discussed with the ACCE. Students should not contact the clinical facilities to obtain a clinical assignment. If a student contacts the clinical facility directly to arrange a clinical placement, please contact the PTA Program ACCE. If a student would like to have a clinic that is not yet under agreement with the College, they should contact the ACCE. The ACCE will determine if that site is appropriate and initiate an agreement with that facility. Students will be placed only at facilities in which there is a current, unexpired written clinical agreement in place.

With the exception of parents of dependent children, all students can expect to do at least one of their clinical education courses outside of Hidalgo County. For clinical education placements, all expenses incurred (transportation, meals, housing, etc.) are the student's responsibility unless they are provided by the clinical facility.

Students will not be placed at any clinical site where they have been employed within the PT setting within the past 2 years. Students can only be placed at facilities within the State of Texas.

Readiness for Clinical Experiences

The ACCE in consultation with other PTA program faculty will assess each student's readiness prior to each clinical education experience. The student will either be placed or not be placed based on this assessment. Considerations will include, but not be limited to the following areas:

1. Skill competency demonstrated on skill checks and practical exams
2. Professional Behaviors status
3. Ability to perform in a safe manner

An important aspect of this readiness assessment is determining if the student is safe for clinical practice. Safety in regards to patient care is a priority of this program. In order to ensure that the student will be able to perform in a safe manner that minimizes risk to patient, self, and others, the PTA faculty will consider all of the areas listed above. In addition, all skill checks and practical exams will be monitored in regard to safety criteria, including retakes.

Determination of Passing or Not Passing Clinical Education Coursework

Clinical education courses are graded on a Pass-No Pass system. There is a minimum criterion rating on the Clinical Performance Instrument which must be met to consider each clinical experience passed. The minimum acceptable rating for Practicum I is Advanced Beginner for all 11 criteria. For Practicum II, the minimal acceptable rating for all 11 criteria is Intermediate with at least 6 criteria also rated at the Advanced Intermediate level. For Practicum III, the student must be at entry-level or beyond entry level

for all 11 criteria. A student must also meet the program's clinical education attendance and absenteeism policy and complete and receive a passing grade on all clinical experience assignments (such as in-service presentation, etc.) to obtain a passing grade for all clinical education coursework.

A No Pass grade for a clinical education experience may still be given even if a student follows the attendance and absenteeism policy and obtains the minimal acceptable score on the Clinical Performance Instrument. This decision is a professional judgment based upon the following:

1. Whether any "Significant Concerns" boxes are checked on the final CPI form. If one or more "Significant Concerns" are checked on the final evaluation it is unlikely the student's performance would be considered satisfactory for the course.
2. Problems or concerns raised by the student and clinical faculty during the clinical experience and whether these were effectively resolved.
3. How the problems in #2 affected patient care and safety as well as the student's chances of performing at entry-level by graduation.
4. Whether the problems in #2 fit a pattern of problems that were evident during the student's academic coursework.
5. ACCE consultation with the student, CI, CCCE, and PTA Program Director.
6. The uniqueness or complexity of the clinical education site.
7. Whether or not all outcomes on the course syllabus have been met (Such as expected Professional Behaviors levels).

The final decision as to whether or not the student passes the clinical experience is made by the ACCE. If the ACCE determines that there is a question about whether a student's performance is acceptable, the ACCE brings up the issue to the PTA program faculty for consideration. If a student is not assessed at the program's required CPI level for a clinical education experience, the ACCE will first discuss the issue with the CI to see if the student is at the required level of performance.

No-Pass Grade for the Clinical Experience

In the case that a student fails a practicum, the following are the steps that must be followed:

1. The ACCE meets with the student to discuss the grade and reason for the grade.
2. Failure of a clinical experience may result in dismissal from the program, or the student may be provided an opportunity to retake the failed clinical education experience depending on the circumstances of the failure. In certain circumstances they may remain with their original cohort or join the next cohort.
 - 2a. If a student fails Practicum I, they will not be allowed to continue with the Fall classes. They will need to go through the program readmission process, and if readmitted, wait until Practicum I is offered again in the next cohort. Once they have passed Practicum I, the student will continue with the PTA program as part of the next cohort. Students will only be allowed one retake of a failed clinical experience. If they fail a second time, they will be dismissed from the program and would have to apply for and begin the process of admission again.
 - 2b. If a student fails Practicum II, they will be allowed to retake the course during the time slot for Practicum III but must take Practicum III during the makeup time allotted for Practicum III. Should they fail Practicum III, one retake will be allowed in the following six weeks. Students who successfully pass the makeup clinical of Practicum II or III, will be allowed to stay with their cohort but will graduate late. However, they will not be able to "walk the stage" for their graduation until December. Once Practicum III is completed and passed, the student will

receive their AAS Degree. The student will need to pass Practicum II & III to be able to participate in the December graduation.

2c. In all cases when it is necessary to retake a Practicum, placement into a new clinical experience is dependent on the **availability** of an appropriate site. If the student failed due to patient safety concerns, the student **would** need to discuss the situation with the ACCE and Program Director to determine if the student will be allowed to continue the program with remediation of the problem or if dismissal is recommended.

1. Recommendations are made for remediation of the problem(s).
2. The student is reminded of Rio Grande Valley College's policies regarding the student's right of appeal.
3. A Plan of Action is developed by the ACCE, PTA Program Director, and the student.

School Holiday and Inclement Weather

Not all clinical education sites recognize the same holidays as Rio Grande Valley College. These sites may remain open for regular business although the College may be closed. Students will follow the clinical education site schedule for holidays. If the site remains open for regularly scheduled business, the student will perform their clinical education duties during those holidays. If the clinical education site is closed during a holiday, the student will also have that day off.

If a clinical education facility closes for regular business due to inclement weather the student is to call or email the ACCE as per the program absenteeism policy. It will not be considered an absence if the clinical education site is closed due to inclement weather.

V. STUDENT POLICIES

In accordance with Texas law governing the practice of physical therapy, the following activities may not be delegated to a Student Physical Therapist Assistant (SPTA): patient/client initial examination, intervention planning, initial intervention, and initial or final documentation. Any documentation written by the student must be signed with the student's full name followed by the title Student Physical Therapist Assistant (SPTA). All documentation must be read and co-signed by the supervising physical therapist. PTA students are expected to be asked to perform only those duties that are routinely delegated to PTAs and within their scope of practice.

Student Responsibilities

Each student will have a variety of clinical experiences throughout the two years of the PTA Program. The student's responsibilities are as follows:

1. Contact the clinical site to obtain information related to housing, parking, and departmental policies and procedures at least one month prior to the start of the clinical experience.
2. Transportation and lodging arrangements and costs.
3. Wear professional attire.
4. Adhere to all policies and procedures of the assigned clinical site.
5. Act in an ethical and legal manner at all times.
6. Identify and actively seek needed learning experiences to meet goals and objectives.
7. Confer and consult with the CI and ACCE regarding learning needs, progress, and/or concerns.
8. Display professionalism and responsibility.

Attendance and Absenteeism

Attendance is required for the entire clinical experience. All absences must be made up with the exception of official closing of the clinical education site's physical therapy department. All effort should be made to avoid missing any clinical time. All make-up time must be made during the clinical rotation for time that was missed. If it is not possible to make up the missed time, the student, ACCE, and clinical site will attempt arrangements based on the circumstances. All make-up time must be documented on the student's time record as time made up for a specific date. Each clinical rotation week is defined as 40 hours. Any week that is less than 40 hours will require CI and ACCE approval.

Not all clinical facilities close for the same holidays as Rio Grande Valley College. Students should document any time absent due to facility holiday closure or inclement weather.

Absences and tardiness will be monitored in two ways:

1. Communication between the clinical instructors and the ACCE
2. Timecard/sheets

Students will receive time sheets prior to entering a new rotation. Each time sheet is to be labeled with the student's name and the dates for which the card is used. Each student is to write down the total hours spent at the facility each day. Clinical experience time is not counted any time the student leaves the clinical site such as for lunch. These time sheets are to be signed biweekly by the CI and the student must turn them in to the ACCE with the other required clinical paperwork at the end of the rotation.

The student must report any expected absences to the CI and the ACCE prior to the time the student is due to arrive to the clinical experience site or 8:00 AM, whichever is earlier. The student can contact the ACCE by either e-mail or by phone. If a student fails to notify the CI of an absence or tardiness the CI should notify the ACCE and make note of it on the student's timesheets. If you have any concerns regarding the professional behavior of the student (excessive absences or tardiness) please contact the ACCE as soon as you notice the problem. The ACCE will contact the student to discuss the absenteeism/tardiness problem and see how it can be fixed. If needed, independent study assignments or other ways to "make-up" missed time can be arranged.

Professional Behaviors

Professional behavior by students is expected at all times. Students are expected to follow professional standards when in the classroom, laboratory and clinical settings. Guidelines for these standards are as follows:

1. Professional Behaviors (*Professional Behaviors Assessment Tool* Located in page 36 of the Appendix)

Ten specific "Professional Behaviors" are assessed throughout the PTA Program curriculum. Students will self-assess these professional abilities once per semester and review this assessment with the ACCE or Program Director.

Expected Professional Behaviors levels are:

- a. End of Spring I: All Professional Behaviors at least beginning level
- b. End of Summer I: 50% of Professional Behaviors at intermediate level
- c. End of Fall II: All Professional Behaviors at least intermediate level
- d. End of Spring II IV: All Professional Behaviors at entry level

The faculty will provide both oral and written feedback regarding professional behaviors each semester. Information will be gathered from the CPI criteria to assist academic faculty in assessing the Professional Behaviors. Copies of this feedback will be placed in the student's file. Students are expected to change unsatisfactory behaviors after receiving feedback from faculty, and faculty will discuss any concerns about professionalism as soon as concerns arise. If a student is not demonstrating professional behaviors at an appropriate level at the end of each semester, students may be dismissed from the program.

2. *American Physical Therapy Association (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant* (Located in page 31 of the Appendix)

Personal Appearance

A student is expected to set an example of cleanliness, tidiness, and professionalism in the clinical assignment area. Personal appearance is regarded as an important aspect of a student's overall effectiveness. Students are expected to keep neat and clean at all times. Special attention should be given to personal hygiene and dress in the clinic areas.

Hair must be clean and neat at all times while in clinic. Hair must be worn back away from and out of the face. Beards and mustaches must be short and neatly trimmed. Nails must be clean and short. Nails should be shorter than or even to the fingertips when viewed from the palm side. The only jewelry which should be worn in clinic areas are watches, wedding rings, and stud type earrings. This is for the safety of the student and the patients. Students are to avoid wearing perfume, colognes, or after shaves in their clinical experiences sites as patients and/or staff may be allergic to them.

Students are expected to comply with the dress code for each clinical facility. Unless otherwise noted by the facility's dress code, students should wear the school issued polo shirts, khaki pants and comfortable closed-toe shoes. A white lab coat may be worn in some facilities. Athletic shoes are acceptable if they are neat and professional looking. Given today's fashions and the level of physical activity required in most PT settings, it is recommended that students check their appearance from all angles and positions to ensure that clothing ensures freedom of movement, remains in position and does not expose undergarments at any time.

Name Tags

A Rio Grande Valley College name tag is to be always worn by all students while in the clinical experience or education sites. Wearing the name tag assures proper identification for security purposes and entitles the student access to the premises. The name tag is also a necessary communication tool as the student meets a variety of people, including patients and staff. The facility may require that the student wear a facility name tag as well.

Student Preparedness

Students are expected to come to the clinical site prepared for that day. Preparedness includes reading any assigned material, researching expected skills or diagnoses, preparing assignments on time and bringing necessary books and materials to clinic.

Confidentiality

Students are expected to maintain confidentiality standards at all times in the clinical setting. It is not ethical to share information with other individuals regarding patients/clients, facilities, clinical instructors,

or classmates. This includes placing the patient's name or other identifying item on case study reports, class presentations; etc.; failing to obtain written permission to utilize pictures or videos of a patient in presentations or talking about patients to your classmates. Violation of this policy may result in probation or dismissal from the PTA Program.

The CI should give the student instruction in site-specific HIPPA procedures at the start of the clinical experience.

Prior to the start of Clinical Introduction, students are required to sign a Confidentiality Agreement. This Agreement will be considered in force for the rest of the student's tenure in the PTA Program.

CPR/Immunization Requirements

Applicants must submit up-to-date immunizations to complete the enrollment process as required by the Texas Department of Health, Center for Disease Control (CDC), RGV College, and affiliated clinical sites. NO student will be allowed to attend a clinical site until all immunizations are up-to-date and health requirements are met.

Documentation of the following immunizations and test is required ONLY AFTER you are accepted to the program:

- Hepatitis B (HBV)
 - Submit documentation of the 3rd Hep-B Immunization
 - Disregard if you already submitted proof of Hep-B Immunity or completion of the 3-series immunization requirement.
- Measles/Mumps/Rubella (MMR)
 - MMR Series (two) (Measles, Mumps and Rubella) vaccine or titer showing antibodies present.
- Varicella (Chicken Pox)
 - Laboratory proof of varicella immunity
 - Documentation of varicella booster if laboratory report shows you are NOT immune to varicella.
- Tetanus/Diphtheria/Pertussis (Tdap)
 - Tdap (must be the combination of Tetanus, Diphtheria and Pertussis) Must be completed every 10 years.
- Meningococcal (Meningitis) Vaccine (MCV4)
 - Documentation of Immunity; Meningococcal Vaccine (required for students who are 22 years of age or younger by the first day of class.)
- Influenza vaccine
 - Required annually (between October-May). Documentation must include vial lot number, expiration date, healthcare provider signature, and facility administering vaccine.
- Tuberculosis screening (PPD)
 - Current Tuberculin Skin Test (negative with reading in millimeters, mm) or, if Tb Skin Test is positive, a Chest X-Ray with negative results for disease to have been completed within the last 5 years.
 - Students with positive TB screen results must provide documentation of negative chest x-ray results and provide a report every 2 years.
- COVID 19 Vaccine
 - One dose of Johnson & Johnson or two doses of Moderna or Pfizer plus the Booster

Covid 19 vaccines (as mandated by our clinical affiliation sites)

*Students unable to receive an immunization must have a written statement from a U.S. licensed physician, nurse practitioner, or physician assistant indicating reasoning. Students must be aware they may not be able to attend clinical based on clinical sites rules and regulations, thus affecting their enrollment status in the program.

*Clinical sites may differ in immunization requirements. Students will be notified of the requirements before starting clinical rotation.

Complio

COMPLIO is a comprehensive cloud-based document management system. Users upload electronic documents into the system. Stored documents remain secure – but can be accessed by an authorized user at anytime from anywhere through an Internet connection. Users upload documents and enter data within their own secure online account. Each student is individually responsible to ensure they meet compliance requirements.

Students are required to submit and maintain the following documents throughout the program. It is the student's responsibility to ensure documents, licenses, and certifications do not expire while enrolled in the program. Failure to comply may result in withdrawal from the program:

1. Current Cardiopulmonary Resuscitation (CPR) card by the American Heart Association of Healthcare Providers for adult and child basic life support (BLS).
2. Students must provide a signed copy (front and back) of the card by the start of the first-class date. Certification must be renewed every 2 years. NO online CPR course will be accepted.
3. Submit a copy of your current unexpired driver's license, state identification.
4. Submit copy of social security card for verification purposes with signature (required by some clinical affiliates and state licensing boards).
5. Immunizations (as reference above)
6. RGV College student photo identification badge
7. Results of background check
8. Submit documentation of a physical examination from a licensed healthcare provider (physician, Nurse Practitioner, or Physician Assistant) within the US.
9. Drug screen

Although students are not required to have health insurance, it is highly encouraged. Students should be aware that some clinical education sites may require students to have health insurance.

Accidents

All accidents occurring at a clinical facility which result in patient, hospital personnel, personal injury and/or damage to equipment must be reported to the clinical instructor immediately. Students may also be required to fill out a facility incident report. Students are required to understand the safest methods of properly performing treatment procedures and operation of equipment before undertaking them. Students are responsible for the cost of their individual medical care that may result from an accident while at the clinical site.

In the event of an accident, please have the student complete an incident form and notify the ACCE of the incident.

Accommodations

Rio Grande Valley College affirms the rights of students with disabilities to equal opportunity and treatment in all aspects of education. Reasonable accommodation will be made that will enable students with disabilities to enjoy equal educational opportunities. A “qualified individual” with a disability is an individual with a disability who, with or without reasonable modifications to rules, policies, or practices; the removal of architectural, communication, or transportation barriers; the provision of auxiliary aids and services, meets the essential eligibility requirements for the program or activity offered by a public entity (ADA Amendment, 2010). RGV College provides access and academic accommodations for students with disabilities who qualify: In order to receive accommodations, a student must:

1. Initiate a request for services through the Director of Compliance, Belinda Ibarra at 956-781-6800 x 5615 or bibarra@rgvcollege.edu
2. Provide documentation verifying the disability from a U.S. physician or psychologist of his/her disability and recommendations for accommodations to be compliant with the Federal Law
3. Follow plan as determined after consultation with the Compliance Director

The accommodation(s) will be implemented at the earliest possible date. If consultation with the student and the College does not identify an appropriate accommodation, the student shall be notified in writing of the program’s inability to reasonably accommodate the student’s special needs.

RGV College provides access and academic accommodations for students with disabilities who qualify, based on the following criteria but not limited to:

An individual who meets the above definition on disability.

A student with diabetes but is performing well for his/her grade without specialized instruction.

A student requiring wheelchair access to their classroom but does not need specially designed instruction.

Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism (ADA, 2017).

Student In-Services

Students are required to provide an in-service on a clinical topic of their choice with input from their clinical instructor utilizing appropriate professional resources during PTHA 1210 Practicum I. When a student provides an in-service, they should have the clinical site staff evaluate and provide feedback using the *Student In-Service Feedback Form* located on page 47 of the Appendix. Design an in-service to present to other healthcare providers during Practicum II and Practicum III clinical education experience utilizing appropriate professional resources.

Early Termination of Clinical Experience

The PTA Program ACCE and the Rio Grande Valley College PTA program faculty may remove the student from a clinical site if it appears that the student is performing incompetently or poses a safety threat to the patients/clients or staff of the clinical site. This decision will be made based on input from

the CCCE and/or the student's CI. The ACCE will meet with the student either in person or by phone within twenty-four hours to explain the reasons for removal from the clinical site and to inform the student that he/she is failing. Please keep the ACCE informed of any potential problems. If they feel the student must be removed from the clinical education experience, they must contact the ACCE or PTA Program Director immediately.

Following this action, an informal meeting with the student, ACCE, CI and/or CCCE, and PTA Program Director will be convened as soon as possible to discuss the student's status. If the removal from the clinical setting is upheld as a result of this meeting, the student receives a failing grade in the clinical component of the course and may be dismissed from the program. Depending on the nature of the dismissal, the student may be allowed to be enrolled in a different clinical site to complete the required hours.

Even if a student is not removed from a clinical experience, failure to meet the standard clinical objectives by the end of the semester may also result in failure of that clinical education course.

Due Process/Grievance Procedure

It is the policy of the Rio Grande Valley Physical Therapist Assistant Program to work with students in finding a fair and just solution to problems that may arise, including grievances, questions, and misunderstandings. At all steps of the grievance procedure students should feel free to discuss the matters fully with clinical faculty, PTA program faculty, and Rio Grande Valley College administration. Students are urged to first take their problems to their clinical instructor. Usually, the CI will have direct knowledge about the subject and is best qualified to work with the student in resolving the manner.

If the student and CI are unable to find a solution, the student should then bring up the situation to the CCCE, if applicable, who may consult with the program's ACCE. If there is no CCCE at this clinical site, the student and/or CI may consult directly with the ACCE regarding the situation. Should the student feel an unsatisfactory solution was achieved after involving the ACCE, the student should then bring up the matter to the PTA Program Director. If the student still feels an unsatisfactory solution was achieved, the student should bring up the matter with the College President. Student complaints involving clinical faculty or clinical facilities should be directed to the PTA Program ACCE.

Complaints Outside of Due Process - Policy and Procedures

Program policies, procedures and practices have been created to handle the complaints that fall outside of due process, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

RGV College and the PTA program welcomes comments and suggestions from various stakeholders such as from graduates, employers of graduates or community members as the college strives to be "the premier educational institute throughout the RGV" as stated in the college vision statement. It is important to the program and college that all complaints are heard and considered in a timely manner. Assessment and improvement of the college and its programs is ongoing.

RGV College understands that there may sometimes be a concern or grievance from a prospective student or interested party such as a Clinical Instructor or employer of a graduate. There is an annual survey sent out to employers of graduates, recent graduates, and the professional advisory committee. Included in the survey is a statement providing the process an employer may follow to file a formal

complaint. Parties wishing to file a formal complaint about the program may contact the PTA Program Director. Additionally, a statement included in the survey states that no retaliation will occur due to the filing of a complaint.

Furthermore, if at any time, employers of graduates, graduates, or clinical instructors may have a complaint with the program, the performance of a graduate, or the program curriculum, they are directed to do the following:

1. Initiate a formal complaint in writing addressed to the PTA Program Director. No retaliation will occur by the program or college due to a complaint being filed.
2. The PTA Program Director will conduct an investigation, providing the complainant with a full and fair opportunity to present information relevant to the grievance.
3. The PTA Program Director will respond to written grievance within five (5) business days following receipt of the complaint.

If the matter is not resolved to the student's satisfaction, the following steps may be followed:

1. A written appeal may be filed with the College President, Dr. Annabelle Palomo.
2. The College President will respond to the written grievance within five (5) business days following receipt of the complaint.
3. The decision of the College President is final and not subject to further appeal.

If at any time, employers of graduates, graduates, or clinical instructors may have a complaint with the Program Director, they are directed to do the following:

- 1.. If the complaint is against the Program Director, initiate a formal complaint in writing addressed to the College President.
2. The College President will conduct an investigation, providing the complainant with a full and fair opportunity to present information relevant to the grievance
3. The College Director will respond to written grievance within five (5) business days following receipt of the complaint.

Complaints regarding accreditation issues for the PTA Program should be addressed to:

Commission on Accreditation in Physical Therapy Education
3030 Potomac Ave., Suite 100,
Alexandria, Virginia 22305-3085 Contact Number: (703)-706-3245 Email: accreditation@apta.org

Complaints regarding graduates or the PTA curriculum should be addressed to:

Dr. Minerva Gatling, PT, DPT
PTA Program Director
Rio Grande Valley College
5419 N Cage BLVD., Pharr, TX 78577

Contact Number: (956)-781-6800 x 515 Email: mgatling@rgvcollege.edu

Complaints regarding issues with the Program Director should be addressed to:

Dr. Anabelle Palomo, Ed.D, College President

Rio Grande Valley College President

5419 N Cage BLVD., Pharr, TX 78577

Contact Number: (956)-781-6800 x 700 Email: apalomo@rgvcollege.edu

Clinical Reassignment

When a student is on a clinical education experience but is unable to complete the required hours, an alternative clinical may be provided. Possible reasons a student may be unable to complete these hours include but will not be limited to the following: (1) family crisis, (2) health status (3) conflict with the Clinical Instructor, and (4) lack of patients at the clinical site. The ACCE and PTA Program Director will decide on an individual basis whether the student will be provided with a clinical reassignment.

A student will be allowed no more than two opportunities during the PTA Program to be considered for a clinical reassignment.

Background Checks

Documentation of a negative criminal background check (CBC) authorization and release form must be submitted to complete the application and admission process. A student may be conditionally accepted into the program pending the review of criminal background check results. Applicants who fail to disclose known criminal history may be ineligible for admission into the program. Fingerprints will be performed through IDENTI-GO. Results through their database will be sent directly to the College for use in determining eligibility for enrollment and clinical placement.

Texas State Law requires that any person who provides services that involve direct contact with patients and residents at a health-care facility licensed by the Texas Department of Health, Center for Disease Control (CDC) have a background study conducted by the state, which includes fingerprinting. An individual who is disqualified from having direct patient contact as a result of background study, and whose disqualification is not set aside by the Commissioner of Health, will not be permitted to participate in a clinical education placement. Inability to participate in a clinical education placement required by the academic program will result in ineligibility to qualify for a degree in this program. Students enrolled in a healthcare program at Rio Grande Valley College must pass health care students must pass both a national and state background study prior to starting clinical education experiences.

Students will sign a waiver and release of liability wherein the student specifically agrees to allow RGV College to share the results of the background check with the clinical sites to which students will be assigned. The student shall further agree that they understand that such information may be used to deny the student continuation of enrollment and participation of the Physical Therapist Assistant Program. The applicant is responsible for any incurred cost in the pre-screening process including the required Criminal Background Check.

Knowledge of Program and College Policies and Procedures

The PTA program abides by the policies of the Rio Grande Valley College. The most current college policies can be found at <https://www.rgvcollege.edu/files/RGV%20College%20School%20Catalog%202023->

[2024.pdf](#). Students are expected to have a working knowledge of the content of the Rio Grande Valley College PTA Program Clinical Education Handbook, which is provided annually during the fall semester. After reviewing the Clinical Education Handbook, students will sign and date the “Clinical Education Handbook Agreement”, which is an agreement where the student states that they understand the content of the handbook and agree to abide by the policies and procedures set forth during their tenure as a Physical Therapist Assistant student. Students will also be able to access the PTA Program Clinical Education Handbook on the program website.

The PTA Program Clinical Education Handbook is reviewed and revised as needed annually by program faculty. To ensure all program policies are consistent with those of the College, the handbook is reviewed annually by the PTA Program Director in conjunction with the Compliance Director for the College. Program faculty will consider input for manual revisions from students, college administration, the PTA program advisory committee, and clinical faculty. When changes are made after the initial publication of each year’s Clinical Education Handbook, PTA Program students and RGV College administration will be notified of the updates. The Handbook is available on the program website and is updated annually.

Informed Consent

Patients will be informed by the CI, or by the student under the direction of the CI, when a student is involved in patient care. Students are required to identify themselves as a physical therapist assistant student, and should obtain consent for treatment from the patient. Patients have the risk-free right to decline to receive care from a student participating in the clinical education program and can do so by informing either the student or the CI.

VI: RESPONSIBILITIES OF THE CLINICAL FACILITY

Clinical Affiliation Agreement

Only clinical facilities with current, unexpired, written Clinical Agreement in place will be utilized for the placement of students. A Complete Clinical Affiliation Agreement is sent when a facility is first utilized. The ACCE reviews the list of clinical sites annually to make sure all sites have a current Clinical Affiliation Agreement.

Equipment and Facility Safety

All clinical facilities are expected to have policies concerning safety regulations governing the use of equipment and the storage and use of any hazardous materials. These policies should be reviewed with students affiliated at that facility. Equipment should be inspected regularly, and safety regulations should be posted and reviewed periodically.

Confidentiality

All clinical facilities are expected to have policies on the confidentiality of records and other personal information. Additionally, there should be facility policies concerning the informed consent of patients seen by the student. These policies should be reviewed with the students affiliated at that facility.

Supervision

All clinical facilities are expected to provide direct supervision of students to ensure patient safety and to enable the successful completion of the program’s educational objectives. All students require on-site supervision by a licensed physical therapist or a physical therapist/physical therapist assistant team.

Preferably, this should be the student's assigned clinical instructor. If the clinical instructor is unavailable on-site, another licensed person who is on-site must be assigned to that student for that time period. The clinical instructor should have adequate release time to adequately supervise the student and be available for questions, assistance, and mentoring. All supervisory clinical faculty are expected to demonstrate positive role modeling for the students. If there is no PT in the building for part of a day when the student is on their clinical experience, the student may perform non-patient care clinic duties such as chart reviews, assignments on reference materials, documentation, in-service preparation, and observation of other health care practitioners. Students should contact the ACCE immediately if supervision does not follow these guidelines.

Complaints

Complaints regarding the program or the program graduates should be first addressed to the PTA Program Director. Unresolved complaints or complaints about the Program Director should be directed to Belinda Ibarra, Compliance Director. Her e-mail address is bibarra@rgvcollege.edu and her phone number is ((956) 781-6800 x 5615. All complaints will be documented, including the projected outcome, and kept on file at the program facility. There will be no retaliation by the college or program due to the filing of a complaint. Complaints regarding Accreditation of this program should be addressed to the Commission on Accreditation in Physical Therapy Education. This Commission is located at 3030 Potomac Ave., Suite 100 | Alexandria, VA | 22305-3085; accreditation@apta.org.

VII. CLINICAL FACULTY RIGHTS AND PRIVILEGES

Clinical Faculty Rights and Privileges

The Rio Grande Valley PTA Program values the clinical faculty who are involved with the clinical education of RGV College students. CIs and CCCEs are entitled to rights and privileges as a result of their participation with the RGV College PTA Clinical Education Program. All CIs and CCCEs will be invited annually to a Clinical Faculty Meeting each fall. The agenda of this meeting will include reviewing any curricular changes in the PTA Program, reviewing of the CPI, and a question-and-answer session with the PTA Program Faculty. A topic will also be discussed that has been identified as a need through the review of student evaluations, interviews and observations made by the ACCE.

The Rio Grande Valley College PTA Program will annually determine the professional development needs of clinical faculty members. With this information, the PTA Program hopes to facilitate continued growth and development in clinical faculty in their role as clinical educators. Clinical faculty are encouraged to complete relevant Clinical Instructor self-assessments from the American Physical Therapy Association. These assessments are related to the Clinical Instructors, CCCEs and Clinical Education sites. The PTA Program hopes Clinical Education sites will use these forms to complete a yearly assessment of needs. These assessments, along with a brief survey of professional development needs, will be given and collected to clinical faculty by the ACCE during clinical education visits.

The PTA Program will also make an effort to host continuing education workshops on both clinical education and clinical practice topics. A workshop on a physical therapy practice topic or clinical education will be scheduled at least every 2 years. All area physical therapy clinicians are invited to attend these workshops; however, those clinicians who have served as clinical faculty for the program will be offered either free tuition or a reduced tuition.

Rio Grande Valley College PTA Program academic faculty members are available to provide in-services for any affiliating clinical facility on mutually agreed upon topics. This in-service could be on clinical

education topics or other physical therapy information. Contact the PTA Program Director if your facility is interested in arranging for an in-service.

The Texas State Board of Physical Therapy Examiners allows clinical instructors licensed in Texas to receive continuing competence unit credit for being a clinical instructor. Clinical instructors will receive 5 CCU's for 5-11 weeks supervision of a full-time PTA student; 10 CCU's for 12 weeks or more supervision of a full time PTA student. During PTHA 1200, PTHA 2200, and PTHA 2205.

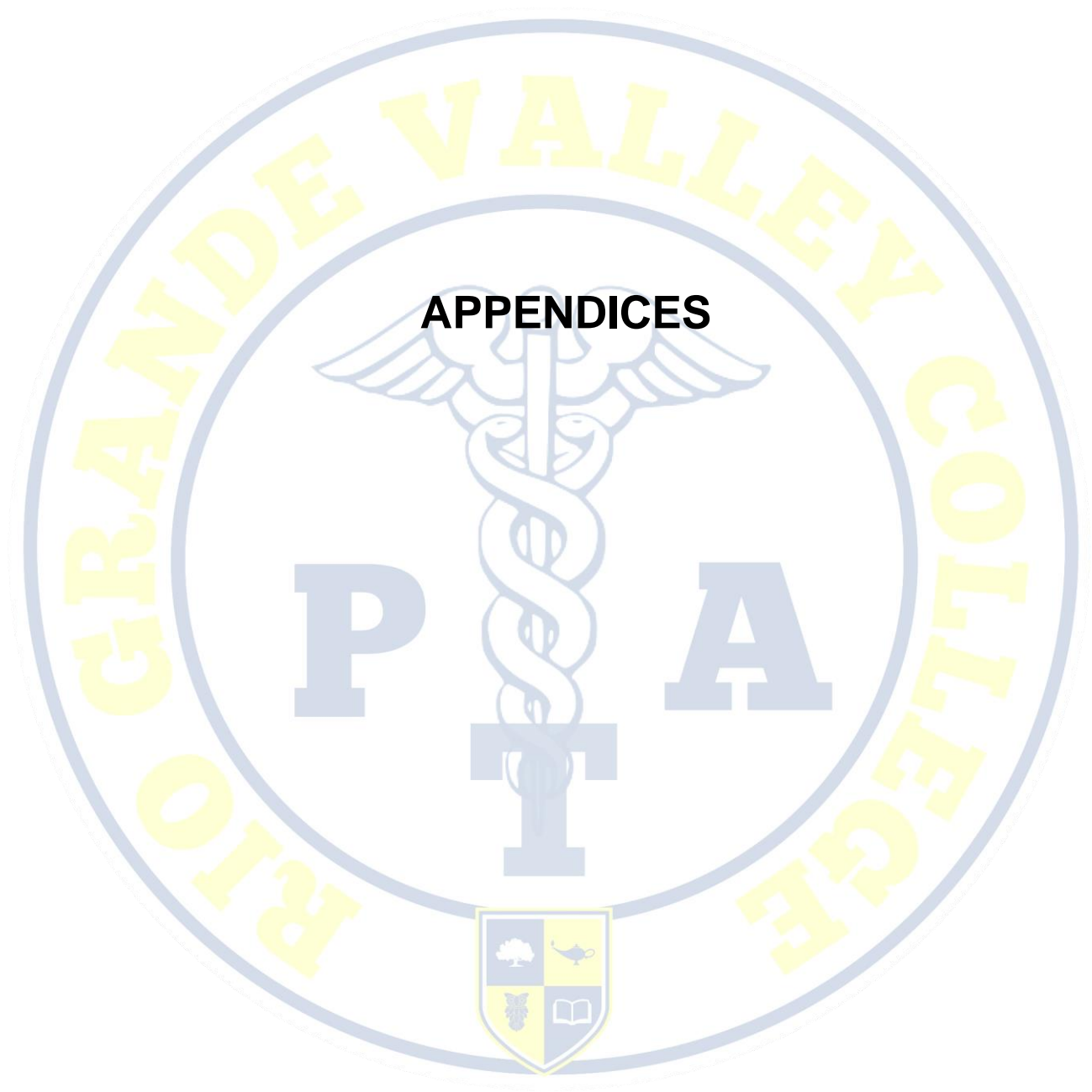
Education Tips for the Clinical Instructor

The Clinical Instructor should review the PTA Clinical Performance Instrument (CPI) with the student at the beginning of the clinical rotation. This is done to familiarize the CI and the student with the individual skills and their objectives. The Clinical Instructor can then identify which skills the facility is usually able to address. The CI and the student will then design learning experiences to facilitate mastery of the identified skills.

Scheduling a formal meeting at least one time per week to review the student's progress and goals to be addressed the next week is required. The Clinical Instructor will arrange for the supervising PT to be present for a minimum of 3 of the 6 weekly meetings to provide guidance and input for the student's growth. It is highly recommended that the student communicates with a Physical Therapist (PT) as often as possible during clinical experience. This will ensure PT-PTA interaction as a team.

It is helpful to have a student information packet emailed to the student prior to the affiliation. Information that is helpful includes:

1. Confirmation of the dates of the rotation.
2. The name of the Clinical Instructor and the CCCE (when applicable).
3. The time the student should report to the clinic.
4. The dress code for the facility.
5. Directions to the PT department.
6. Parking information.
7. A direct phone number to the PT department.
8. Medical forms, if needed.
9. Any orientation the student may need prior to seeing patients (HIPPA, Standard Precautions, etc.).
10. Meals.
11. Housing information, if applicable.
12. Any information on other tests the student may require (background check, drug test, etc.).
13. Any additional orientation information you want the student to read prior to the start of the clinical rotation.



American Physical Therapy Association (APTA) 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.

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the confidentiality and needs of patients/clients,

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.

2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

3A. Physical therapist assistants shall make objective decisions in the patient's/clients best interest in all practice settings.

3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

3C. Physical therapist assistants shall make decisions based upon their level of competence and

consistent with patient/client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

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.

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (ex, patients/clients, students, supervises, research participants, or employees).

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervises, or students.

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

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

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

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

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

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

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

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

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

Skills Learned by 1st Year RGVC PTA Students
Therapy skills completed prior to Practicum I

Basic Patient Skills	Physical Agents	Functional Anatomy & Kinesiology	Therapeutic Exercise	Completed before
Handwashing/universal precautions*	Therapeutic massage*	L/E goniometry*	Strengthening exercises*	Practicum I
Patient transfers*	Paraffin*	U/E goniometry*	Stretching exercises*	Practicum I
Bony prominence palpation*	Cryotherapy*	L/E MMT*	Gait Cycle	Practicum I
Bed mobility*	Hot packs*	U/E MMT*	Gait deviations	Practicum I
Positioning and Draping*	Contrast baths/packs*	Neck/Trunk goniometry*	Home exercise programs	Practicum I
Bony Prominence Palpation*	Infrared (theory only)	Neck/Trunk MMT*	Isotonic/isometric exercise*	Practicum I
Vital sign assessment*	Diathermy (theory only)	Spinal nerve reflexes*	Concentric/eccentric exercise*	Practicum I
Fit assistive device*	Intermittent Compression*	Dermatomes*	Reciprocal inhibition*	Practicum I
Gait training – stairs and level surfaces*	Laser*	Myotomes*	Open & closed chain exercises*	Practicum I
Body Mechanics*	TENS*		Balance/coordination exercises*	Practicum 1
Anthropometric Measurements*	Interferential*		Post-surgical exercise programs/protocols	Practicum I
PROM*	High volt*		Common balance assessments	Practicum I
Donning/Doffing PPE*	Therapeutic ultrasound*		Aerobic Conditioning	Practicum I
Wheelchair mobility	Phonophoresis (theory only)		Pool Therapy	Practicum I
	CPM			Practicum I
	Cervical & Lumbar mechanical traction*			Practicum I
	Iontophoresis (theory only)			Practicum 1
	Biofeedback*			Practicum I
Wheelchair mobility	Hydrotherapy (theory only)			Practicum I
Sterile Dressing Change*	NMES*			Practicum I
It Table	Russian Current*			Practicum I
Wound Care (No sharp debridement)				Practicum I

Skills Learned by 2nd Year RGVC PTA Students

Therapy Skills are completed prior to Practicum II.

Neurology	Orthopedics	Rehabilitation Techniques	Completed by
PNF diagonals*	Exercise orthopedic conditions	Residual limb wrapping*	Practicum II
Motor learning techniques	Progressive exercise for specific ortho diagnoses*	Body mechanics for work tasks*	Practicum II
Functional movement analysis	Utilize orthopedic assistive devices*	Job simulation*	Practicum II
Inhibition techniques	Orthopedic conditions positioning and pain relief*	Post-amputation rehab	Practicum II
Transfers for rehab diagnoses*		Postural drainage*	Practicum II
Gait Training for rehab diagnoses*		Orthotics/Prosthetics	Practicum II
SCI transfers, positioning, and pressure relief*		Coughing and Breathing exercises*	Practicum II
Pediatric exercises		Grade I-II Peripheral Joint Mobilization*	Practicum II
Basic NDT techniques*		Lumbar Stabilization	Practicum II
Sensation & cognition assessment*		Special ortho tests (theory only)	Practicum II
		Women's health	Practicum II
		Soft tissue mobilization*	Practicum II
		Taping	Practicum II
		Advanced balance exercises	Practicum II

*Denotes skills student has demonstrated competence in through skill checks and/or practical examinations

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



Professional Behaviors Assessment Tool

Student Name _____

Date: _____

Directions:

1. Read the description of each professional behavior.
2. Become familiar with the behavioral criteria described in each of the levels.
3. Self-assess your performance continually, relative to the professional behaviors, using the behavioral criteria.
4. At the end of each semester.
 - a. Using a highlighter, highlight all criteria that describe behaviors you demonstrate in Beginning Level (column 1), Intermediate Level (column 2), or Entry Level (column 3).
 - b. Give at least one specific example of a time when you demonstrated a behavior from the highest level highlighted.
 - c. Place an "x" along the visual analog scale to indicate the level (B, I, or E) at which you primarily function. This should be based on your highlighted areas, the specific example, and feedback from your CI.
5. Sign and return to Program Director

1. Critical Thinking: The ability to question logically, identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision-making process.

Beginning Level:

Raises relevant questions; Considers all available information; Articulates ideas; Understands the scientific method; States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion); Recognizes holes in knowledge base; Demonstrates

Intermediate Level:

Feels challenged to examine ideas; Critically analyzes the literature and applies it to patient management; Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas; Seeks alternative ideas; Formulates alternative hypotheses; Critiques


Entry Level:

Distinguishes relevant from irrelevant patient data; Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations; Exhibits openness to contradictory ideas; Identifies appropriate measures and determines effectiveness of applied solutions efficiently; Justifies solutions selected

acceptance of limited knowledge and experience	hypotheses and ideas at a level consistent with knowledge base; Acknowledges presence of contradictions	
Specific Example:		Place an “x” on the visual analog scale <hr/> <div style="display: flex; justify-content: space-around; width: 100%;"> B I E </div>

2. <u>Communication</u>: The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.		
<i>Beginning Level:</i> Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting; Recognizes impact of non-verbal communication in self and others; Recognizes the verbal and non-verbal characteristics that portray confidence; Utilizes electronic communication appropriately	<i>Intermediate Level:</i> Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences; Restates, reflects and clarifies message(s); Communicates collaboratively with both individuals and groups; Collects necessary information from all pertinent individuals in the patient/client management process; Provides effective education (verbal, non-verbal, written and electronic)	<i>Entry Level:</i> Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups; Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing; Maintains open and constructive communication; Utilizes communication technology effectively and efficiently
Specific Example:		Place an “x” on the visual analog scale <hr/> <div style="display: flex; justify-content: space-around; width: 100%;"> B I E </div>



3. <u>Problem Solving:</u> The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.		
Beginning Level: Recognizes problems; States problems clearly; Describes known solutions to problems; Identifies resources needed to develop solutions; Uses technology to search for and locate resources; Identifies possible solutions and probable outcomes	Intermediate Level: Prioritizes problems; Identifies contributors to problems; Consults with others to clarify problems; Appropriately seeks input or guidance; Prioritizes resources (analysis and critique of resources); Considers consequences of possible solutions	Entry Level: Independently locates, prioritizes and uses resources to solve problems; Accepts responsibility for implementing solutions; Implements solutions; Reassesses solutions; Evaluates outcomes; Modifies solutions based on the outcome and current evidence; Evaluates generalizability of current evidence to a particular problem
Specific Example:		Place an “x” on the visual analog scale <div style="text-align: center;">  </div>

4. <u>Interpersonal Skills:</u> The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.		
Beginning Level: Maintains professional demeanor in all interactions; Demonstrates interest in patients as individuals; Communicates with others in a respectful and confident manner; Respects differences in personality, lifestyle and learning styles during interactions with all persons; Maintains confidentiality in all interactions; Recognizes the emotions and bias that one brings to all professional interactions	Intermediate Level: Recognizes the non-verbal communication and emotions that others bring to professional interactions; Establishes trust; Seeks to gain input from others; Respects role of others; Accommodates differences in learning styles as appropriate	Entry Level: Demonstrates active listening skills and reflects back to original concern to determine course of action; Responds effectively to unexpected situations; Demonstrates ability to build partnerships; Applies conflict management strategies when dealing with challenging interactions; Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them

Specific Example:		Place an “x” on the visual analog scale <div><div></div><div>B</div><div>I</div><div>E</div></div>	
5. <u>Responsibility:</u> The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.			
Beginning Level: Demonstrates punctuality; Provides a safe and secure environment for patients; Assumes responsibility for actions; Follows through on commitments; Articulates limitations and readiness to learn; Abides by all policies of academic program and clinical facility	Intermediate Level: Displays awareness of and sensitivity to diverse populations; Completes projects without prompting; Delegates tasks as needed; Collaborates with team members, patients and families; Provides evidence-based patient care	Entry Level: Educates patients as consumers of health care services; Encourages patient accountability; Directs patients to other health care professionals as needed; Acts as a patient advocate; Promotes evidence-based practice in health care settings; Accepts responsibility for implementing solutions; Demonstrates accountabilities for all decisions and behaviors in academic and clinical settings	
Specific Example:		Place an “x” on the visual analog scale <div><div></div><div>B</div><div>I</div><div>E</div></div>	

6. Professionalism: The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<p>Beginning Level: Abides by all aspects of the academic program policies and the APTA Code of Ethics; Demonstrates awareness of state licensure regulations; Projects professional image; Attends professional meetings; Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</p>	<p>Intermediate Level: Identifies positive professional role models within the academic and clinical settings; Acts on moral commitment during all academic and clinical activities; Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making; Discusses societal expectations of the profession.</p>	<p>Entry Level: Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary; Provides patient & family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity; Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development; Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices; Discusses role of physical therapy within the healthcare system and in population health; Demonstrates leadership in collaboration with both individuals and groups</p>
<p>Specific Example:</p>	<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>	

7. <u>Use of Constructive Feedback:</u> The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.		
Beginning Level: Demonstrates active listening skills; Assesses own performance; Actively seeks feedback from appropriate sources; Demonstrates receptive behavior and positive attitude toward feedback; Incorporates specific feedback into behaviors; Maintains two-way communication without defensiveness	Intermediate Level: Critiques own performance accurately. Responds effectively to constructive feedback; Utilizes feedback when establishing professional and patient related goals; Develops and implements a plan of action in response to feedback; Provides constructive and timely feedback	Entry Level: Independently engages in a continual process of self-evaluation of skills, knowledge and abilities; Seeks feedback from patients/clients and peers/mentors; Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities; Uses multiple approaches when responding to feedback; Reconciles differences with sensitivity; Modifies feedback given to patients/clients according to their learning styles
Specific Example:		Place an “x” on the visual analog scale <div style="text-align: center;"> <div style="display: inline-block; width: 100px; border-bottom: 1px solid black; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 100px; margin: 0 auto;"> B I E </div> </div>
8. <u>Effective Use of Time and Resources:</u> The ability to manage time and resources effectively to obtain the maximum possible benefit.		
Beginning Level: Comes prepared for the day’s activities& responsibilities; Identifies resource limitations (i.e. information, time, experience); Determines when and how much help/assistance is needed; Accesses current evidence in a timely manner; Verbalizes productivity standards and identifies barriers to meeting productivity standards; Self-identifies and initiates learning opportunities during unscheduled time	Intermediate Level: Utilizes effective methods of searching for evidence for practice decisions; Recognizes own resource contributions; Shares knowledge and collaborates with staff to utilize best current evidence; Discusses and implements strategies for meeting productivity standards; Identifies need for and seeks referrals to other disciplines	Entry Level: Uses current best evidence; Collaborates with members of the team to maximize the impact of treatment available; Has the ability to set boundaries, negotiate, compromise, and set realistic expectations; Gathers data and effectively interprets and assimilates the data to determine plan of care; Utilizes community resources in discharge planning; Adjusts plans, schedule etc. as patient needs and circumstances dictate; Meets productivity standards of facility while providing quality care and completing non-productive work activities

Specific Example:	Place an “x” on the visual analog scale _____ B I E _____
--------------------------	--------------------------------------------------------------------------------

9. Stress Management: The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

Beginning Level: Recognizes own stressors; Recognizes distress or problems in others; Seeks assistance as needed; Maintains professional demeanor in all situations	Intermediate Level: Actively employs stress management techniques; Reconciles inconsistencies in the educational process; Maintains balance between professional and personal life; Accepts constructive feedback and clarifies expectations; Establishes outlets to cope with stressors	Entry Level: Demonstrates appropriate affective responses in all situations; Responds calmly to urgent situations with reflection and debriefing as needed; Prioritizes multiple commitments. Reconciles inconsistencies within professional, personal and work/life environments. Demonstrates ability to defuse potential stressors with self and others
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Specific Example:	Place an “x” on the visual analog scale _____ B I E _____
--------------------------	--------------------------------------------------------------------------------

10. Commitment to Learning: The ability to self-direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

Beginning Level: Prioritizes information needs; Analyzes and subdivides large questions into components. Identifies own learning needs based on previous experiences; Welcomes and/or seeks new learning opportunities; Seeks out professional literature; Plans and presents an in-service, research or cases studies	Intermediate Level: Research and studies areas where own knowledge base is lacking in order to augment learning and practice; Applies new information and re-evaluates performance; Accepts that there may be more than one answer to a problem; Recognizes the need to and is able to verify solutions to problems; Reads articles critically and understands limits of application to professional practice	Entry Level: Respectfully questions conventional wisdom; Formulates and re-evaluates position based on available evidence; Demonstrates confidence in sharing new knowledge with all staff levels; Modifies programs and treatments based on newly-learned skills and considerations; Consults with other health professionals and physical therapists for treatment ideas
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Specific Example:	Place an "x" on the visual analog scale <div style="text-align: center;"> _____ B I E </div>
Based on my Professional Behaviors Assessment, I am setting the following Goals:	
To accomplish these goals, I will take the following specific actions:	

Student Signature: _____ Date: _____
 Faculty Signature: _____ Date: _____



PTA Program Clinical Orientation Checklist

To verify completion, the Clinical Instructor initials when a task is accomplished.

- _____ Ensure that the student has the appropriate ID badge(s) and parking permit for the clinical site.
- _____ Review Clinical Schedule (including weekend or evening coverage)
- _____ Review work week/hours of the CI, and student expectations
- _____ Review the professional appearance and behavior standards of the facility.
- _____ Review any available library or educational resources.
- _____ Review the organizational structure of the facility including the Physical Therapy or Rehabilitation Department.
- _____ Tour of the facility.
- _____ Review available supplies and equipment.
- _____ Review facility Infection Control procedures.
- _____ Review facility emergency procedures (Fire, Medical Emergency, Tornado, etc.).
- _____ Review Clinical Education requirements and expectations.
- _____ Discuss student learning preferences.
- _____ Review facility documentation procedures and process.
- _____ Review facility billing procedures and process.



**When completed, please Email this form to
Armando De Leon, PTA, ACCE adeleon@rgvcollege.edu**



PTA Program Clinical Instructor/Student Weekly Meeting Form

Check the Clinical Education Experience:

- ____ PTHA 1200 Practicum I (6-week experience, summer)
____ PTHA 2200 Practicum II (first 6-week experience, spring)
____ PTHA 2205 Practicum III (second 6-week experience, spring)

Week # _____ **Dates:** _____

CLINICAL INSTRUCTOR COMMENTS:

Student's Strengths: _____

Areas/Skills Showing Improvement: _____

Areas/Skills to Work on: _____

STUDENT COMMENTS: _____

SUPERVISIONG PT COMMENTS: _____

GOALS FOR NEXT WEEK: _____

_____ Clinical Instructor	_____ Date
_____ Student Signature	_____ Date
_____ Supervising PT	_____ Date

Students are to email completed forms to the ACCE at adeleon@rgvcollege.edu at midterm and final portions of the Clinical Experience



PTA Program Confidentiality Agreement

The faculty at Rio Grande Valley College acknowledges the extreme importance of confidentiality with respect to the affairs of all patients in all clinical agencies. In light of this acknowledgment, each student agrees to keep confidential all information acquired pertaining to any clinical agency and any related activities in the course of clinical education. This commitment to confidentiality includes:

- Any information regarding the patient, the patient's family, or health issues related to the patient.
- Information regarding the strategic plan, programs, and process toward meeting goals in the agency plan
- Issues related to legal, moral, and regulatory responsibility for the oversight of patient quality. This includes information regarding appointment and reappointment of professionals to the medical staff; information included in quality reports and statistical data regarding the agency's clinical services and patient care; risk management and malpractice information; and individual professional performance and reviews of attitudes and opinions from those who work for the agency.
- Financial information including annual budgets, revenues, expenses, long-term capital expenditure plans and equipment purchases, and information regarding the agency's financial condition such as debt, liquidity, return on investment, profitability, and other financial data.

Student Signature

Date





PTA Program Student In-service Feedback Form

Instructions: Please have at least one in-service member in addition to the clinical instructor fill out the feedback form for the provided in-service

Check the Clinical Education Experience:

- ☐ PTHA 1200 Practicum I (6-week experience, summer)
☐ PTHA 2200 Practicum II (first 6-week experience, spring)
☐ PTHA 2205 Practicum III (second 6-week experience, spring)

Topic of In-service: _____

Date of In-service: _____

Did the in-service cover a topic that is current with physical therapy practice?

Strengths of presentation:

What are some things that could improve this presentation if performed again in the future?

Other comments:

Clinical Instructor Signature/Date

Title



In-service Member Signature/Date



PTA Program Essential Functions for Physical Therapist Assistant Students

There are several important factors for you to consider when you are determining your future career directions. To be successful in the PTA classroom and in your job following graduation, you should be able to meet all of the following expectations:

1. Attend class approximately 10-25 hours a week or perform 40 hours a week of clinical education, depending on the stage of the program curriculum.
2. Complete all assignments on time.
3. Participate in classroom discussions.
4. Perform or instruct others in the following procedures (learned in class) in a timely manner: transfers, gait training, physical agents, activities of daily living, therapeutic exercises or activities, and data collection procedures.
5. Use sound judgment and safety precautions (exposure to blood-borne pathogens and/or infectious disease may occur as part of the educational experience). Students are trained in safety/infection control and are expected to follow these guidelines to avoid contracting or transmitting disease.
6. Meet class standards for successful course completion.
7. Use critical thinking when making decisions.
8. Follow standards stated in PTA Program Policy and Procedure Manual and the PTA Program Clinical Education Handbook.
9. Address problems or questions to the appropriate person at the appropriate time.
10. Maintain classroom, work area, equipment, supplies, personal appearance and hygiene conducive to a professional setting as appropriate.
11. Behave in a competent, professional manner.

Physical requirements for the PTA Program include the need to occasionally, frequently, or continually:

1. Sit 2-5 hours per day with lecture blocks up to 3 hours.
2. Stand 1-6 hours with lab time blocks up to 3 hours.
3. Lift up to 60 pounds.
4. Push /pull up to 50 pounds of force exerted at waist level.
5. Squat or stoop.
6. Use auditory, tactile, and visual senses to assess physiological status of an Individual.
7. Demonstrate good standing and unsupported sitting balance.
8. Demonstrate good finger dexterity.
9. Coordinate verbal and manual instructions.
10. Communicate effectively with a variety of people through written, verbal, and nonverbal methods.
11. Use hands repetitively.
12. Shirt weight in sitting or standing.
13. Demonstrate the ability to use a firm grasp while using physical therapy equipment and while performing physical therapy interventions.
14. Reach above shoulder level.
15. Kneel, kneel-stand, and half kneel.
16. Use equipment that emits electrical, ultrasonic, and thermal energy.

17. Physically move and transfer patients.

Students who have concerns about the ability to perform any of these functions should contact the PTA Program Director at 956-781-6800. Individuals with disabilities may request reasonable accommodation or information by calling the Compliance Director at 956-781-6800 x5619.





PTA Program Clinical Education Handbook Agreement

I have received and read the Clinical Education Handbook for the Physical Therapist Assistant Program at Rio Grande Valley College. I understand its content and agree to abide by the policies and procedures set forth during my tenure as a Physical Therapist Assistant student. The Program reserves the right to alter policies, procedures and content.

Student Name (Please Print)

Signature

Date

ACCE Site Visit and Clinical Instructor Survey



Rio Grande Valley
College

ACCE SITE VISIT AND CLINICAL INSTRUCTOR SURVEY

DATE: _____ ☐ Practicum 1
CLINICAL INSTRUCTOR (CI) NAME: _____ ☐ Practicum 2
NAME OF SITE: _____ ☐ Practicum 3

Evaluation Key:

(1) Strongly Disagree	(2) Disagree	(3) Agree	(4) Strongly Agree	N/A Not Applicable
-----------------------	--------------	-----------	--------------------	--------------------

1. CI meets the program's minimum requirement	1	2	3	4	NA
2. CPI assessment done in a timely manner	1	2	3	4	NA
3. Overall communication with the ACCE	1	2	3	4	NA
4. Interpersonal skills with students	1	2	3	4	NA
5. Accessibility	1	2	3	4	NA
6. Provides a diverse learning environment	1	2	3	4	NA

Areas of need for Professional Development:

Plan:

Additional Comments:

ACCE Signature / Date

Clinical Instructor (CI) Signature / Date



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

PHYSICAL THERAPIST ASSISTANT STUDENT EVALUATION:

CLINICAL EXPERIENCE AND CLINICAL INSTRUCTION

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

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

PREAMBLE

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

Key Assumptions

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

Acknowledgement

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

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

©2003 American Physical Therapy Association. All rights reserved. Duplication of this form in its entirety is permitted; however, any revision, addition, or deletion is prohibited.

GENERAL INFORMATION AND SIGNATURES

General Information

Student Name _____

Academic Institution _____

Name of Clinical Education Site _____

Address _____ City _____ State _____

Clinical Experience Number _____ Clinical Experience Dates _____

Signatures

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

Student Name (Provide signature)

Date

Primary Clinical Instructor Name (Print name)

Date

Primary Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

☐ Yes

☐ No

Other CI Credential _____ State _____

☐ Yes

☐ No

Professional organization memberships

☐ APTA

☐ Other _____

Additional Clinical Instructor Name (Print name)

Date

Additional Clinical Instructor Name (Provide signature)

Entry-level PT/PTA degree earned _____

Highest degree earned _____ Degree area _____

Years experience as a CI _____

Years experience as a clinician _____

Areas of expertise _____

Clinical Certification, specify area _____

APTA Credentialed CI

☐ Yes ☐ No

Other CI Credential _____ State _____

☐ Yes ☐ No

Professional organization memberships

☐ APTA ☐ Other _____

SECTION 1: PTA STUDENT ASSESSMENT OF THE CLINICAL EXPERIENCE

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

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

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

Orientation

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

Patient/Client Management and the Practice Environment

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

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

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

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

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

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

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

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

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

Clinical Experience

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

Overall Summary Appraisal

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

SECTION 2: PTA STUDENT ASSESSMENT OF THE CLINICAL INSTRUCTOR

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

Assessment of Clinical Instruction

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

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

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

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

Midterm Evaluation ☐ Yes ☐ No Final Evaluation ☐ Yes ☐ No

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

Midterm Evaluation _____

Final Evaluation _____

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

Midterm Comments _____

Final Comments _____

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

Midterm Comments _____

Final Comments _____

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