

**Thank you for your participation in our clinical education program!** Clinical education is such an important component of our curriculum and we truly value our clinical sites. This manual was designed to provide you with general information and rules and regulations relating to the clinical education program at Southeast Community College. It will serve as a common frame of reference for all of those involved in the clinical education program including students, clinical instructors, center coordinators of clinical education, and faculty members of the PTA Program. While we have tried to be as thorough as possible in the writing of this manual, we encourage you to contact us with any clarifications you need or questions you might have.

Thank you,

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College Catalog can be found online via the College Website:  
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## **ADVISORY COMMITTEE MEMBERS:**

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Lisa Black, PT, DPT  
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Christy Schwensen, PT  
Erin Thomas, PTA  
Alan Thompson, PT  
Ian Thompson, PTA, MEd  
Duane Wade, DPT, ATC

## **INSTITUTION ACCREDITATION:**

The college was first accredited as individual campuses (Lincoln, Beatrice, and Milford) and then as a single institution by the Higher Learning Commission of North Central Association of Colleges and Schools in 1983. SCC has maintained continuous accreditation to the present time and has been granted accreditation thru 2012-2013.

SCC was granted approval to start a new PTA program by the Nebraska Coordinating Commission for Postsecondary Education September 16, 2008. The PTA Program was granted accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE) in April 2011 and was granted 10 year re-accreditation in June of 2016.

*Physical Therapist Assistant Program at Southeast Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314 telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org*

## **STATEMENT ON NON-DISCRIMINATION AND EQUAL OPPORTUNITY:**

“It is the policy of Southeast Community College to provide equal opportunity and non-discrimination in admission and attendance for all qualified persons, attending or seeking admission to the College, without regard to race, color, ethnicity, religion, sex, age, marital status, national origin, veteran status, sexual orientation, disability, or other factors prohibited by law. This policy applies to every aspect of recruitment, admission, attendance, advancement,

financial assistance, and other terms and conditions of participation in all College-administered programs and activities.”

“The College and its employees shall take no action which is inconsistent with state or federal anti-discrimination laws governing any aspect of admission to, or participation in, College programs or activities.”

Inquiries concerning the application of Southeast Community College’s policies on equal opportunity and nondiscrimination should be directed to the Vice President for Access, Equity and Diversity, SCC Area Office, 301 S. 68<sup>th</sup> St. Place, Lincoln, NE 68510; Phone (402) 323-3412; Fax (402) 323-3420; or Internet email [jsoto@southeast.edu](mailto:jsoto@southeast.edu)

For further information, links are available on college website:  
<https://www.southeast.edu/diversity/>

## **SOUTHEAST COMMUNITY COLLEGE MISSION STATEMENT:**

- The Mission. . .

The mission of Southeast Community College (SCC) is to empower and transform its students and the diverse communities it serves. The College provides accessible, dynamic, and responsive pathways to career and technical, academic transfer, and continuing education programs. Student success and completion is maximized through collegiate excellence, exemplary instruction, comprehensive student support services, enrichment programs, and student-centered processes. SCC is committed to a proactive and evidence-based approach that continually assesses and responds to student, community, and employer demand for higher education.

### Core Values

1. **Excellence** – Commitment to the highest level of performance in all facets of the College’s programs, services, and operations through effective investment and support of all assets.
2. **Integrity** – Continuous pursuit of fulfillment of mission and goals through transparency and ethical practices in all College operations.
3. **Innovation** – Commitment to inquiry and the respectful challenging of assumptions to promote creativity, alternative points of view, and opportunities for ongoing discovery.
4. **Inclusion** – Promotion of opportunities and advancement for a diverse and dynamic student, faculty/staff, and community population through the creation of a positive, compassionate, and reflective culture.
5. **Stewardship and Accountability** – Commitment to investment in appropriate resources in fulfillment of the College’s mission and goals and reliance on responsible management of human, physical, and financial resources.

## **HEALTH SCIENCES MISSION STATEMENT:**

The mission of the Health Science Division at Southeast Community College is to provide affordable, accessible and a high quality educational environment to prepare individuals for careers in a variety of health professions.

## **PROGRAM MISSION STATEMENT:**

To prepare competent entry-level physical therapist assistants through educational opportunities in the classroom, laboratory and clinical experiences to deliver quality care.

## **PROGRAM PHILOSOPHY:**

The physical therapist assistant program is deeply committed to providing an accessible and affordable program and accepts its charge to provide high quality education. Meeting the needs of the community by graduating competent, entry-level physical therapist assistants prepared to work under the direction and supervision of a physical therapist will be achieved through discussions and feedback from clinical educators, employers, advisory committee members and students to assure the curriculum content is contemporary. For the physical therapist assistant to provide care in an ethical, safe and effective manner it is essential to understand the academic concepts and principles from which treatment techniques and procedures are developed.

The student physical therapist assistant will have opportunities to practice data collection and intervention skills over an extended period of time under the supervision of faculty and clinical educators. The opportunity to acquire this knowledge and skill set is through classroom theory, laboratory practice and in clinical education.

The curriculum is designed to advance students from basic knowledge to application of the material upon graduation as entry-level practitioners. Information taught in general education courses will be more developed in the technical education courses and effective communication skills will be practiced throughout. The courses will prepare students to understand theory, think independently and develop problem solving skills. The Program aims to foster an atmosphere where students feel respected and supported to pursue personal and lifelong professional learning.

## **PROGRAM GOALS & OBJECTIVES:**

### **PROGRAM GOALS & OBJECTIVES**

1. The Program will graduate competent entry-level physical therapist assistant practitioners to work under the supervision of a physical therapist.

#### Objectives:

- a. Graduates will be competent in reviewing physical therapy documents and medical records and matching physical therapy goals to the interventions.
  - b. Graduates will perform accurate data collection.
  - c. Graduates will perform, modify and progress interventions within the plan of care established by the physical therapist.
  - d. Graduates will demonstrate essential safety behaviors by providing interventions in a safe manner that minimizes risk to patients, self and others.
2. The Program will graduate students who follow legal standards and abide by the ethical standards established by the American Physical Therapy Association.

#### Objectives:

- a. Graduates will adhere to appropriate legal standards of the State Practice Act.
  - b. Graduates will adhere to the Standards of Ethical Conduct for the Physical Therapist Assistant.
  - c. Graduates will adhere to institutional policies and procedures
  - d. Graduates will demonstrate tolerance and respect for diverse clients.
  - e. Graduates will adhere to requirements for billing, supervision of self and other support personnel.
3. The Program will graduate students who communicate and interact with patients, families and caregivers, physical therapists and members of the health care team in an effective, appropriate and capable manner.
- Objectives:
- a. Graduates will educate patients, families, caregivers and members of the health care team using effective instruction methods.
  - b. Graduates will collaborate with members of the healthcare team.
  - c. Graduates will be competent in completing thorough, accurate, logical, concise, timely and legible documentation supporting the physical therapy services.
  - d. Graduates will be competent communicating pertinent information and patient progress to the supervising physical therapist.
4. The Program will graduate students who effectively utilize clinical decision making skills.
- Objectives:
- a. Graduates will recognize when an intervention is inappropriate due to changes in the patient's status and respond appropriately by communicating with the physical therapist or appropriate medical personnel and adjusting the intervention as directed.
  - b. Graduates will demonstrate accurate assessment of the patient's response to interventions.
5. The Program will graduate students who participate in activities for personal growth and life-long learning to improve abilities as a physical therapist assistant.
- Objectives:
- a. Graduates will participate in the development of abilities and careers based upon performance appraisals, self-assessments and life-long learning activities.
  - b. Graduates will participate in organizations and activities that promote physical therapy.
  - c. Graduates will access, read and understand healthcare literature for evidence based practice.
  - d. Graduates will instruct other members of the healthcare team and colleagues about the role, responsibilities, academic preparation and scope of work of the physical therapist assistant.

**PROGRAM GOALS & OBJECTIVES—Faculty:**

1. The PTA Program faculty will be involved in the American Physical Therapy Association (APTA) at the national or state level.
  - a. Faculty will actively participate in appropriate committees in the APTA or Nebraska Physical Therapy Association (NPTA).
  - b. Faculty will participate in a minimum of one national or state association meeting annually.

2. The PTA Program faculty will advance their knowledge in curricular content to reflect contemporary physical therapy education and practice.
  - a. Faculty will participate in continuing education in their area of curriculum.
  - b. Faculty will pursue higher education in the area of educational theory, instructional design and assessment.

### **PROGRAM GOALS & OBJECTIVES—Program:**

1. The PTA Program will practice excellence in teaching skills and techniques to enhance student engagement in the learning process.
  - a. The PTA Program will utilize Engaged Learning Education (ELE) instructional methods into delivery of the curriculum.
  - b. The PTA Program will incorporate interprofessional learning experiences in collaboration with other SCC Health Science Division programs.
2. The PTA Program will promote SCC, the Program, and the profession of physical therapy in the local community.
  - a. The SCC Student PTA Association will participate in community activities and fundraising to benefit needs for local charities
  - b. Program faculty will participate in activities to promote the Program and expose prospective students to physical therapy and the physical therapy profession.

### **PROGRAM OUTCOMES**

1. The Program will document a 2-year, 75% minimum, Licensure Exam pass rate on the first attempt.
  2. The Program will document a 2-year, 85% minimum, Licensure Exam ultimate pass rate.\*
  3. The Program will document a 2-year, 60% minimum, Program Completion Rate.
  4. The Program will document a 2-year, 90% minimum, Placement Rate within six months of graduation.
  5. The Program will document a 2-year, 85% minimum, overall Graduate Satisfaction.
  6. The Program will document a 2-year, 85% minimum, overall Employer Satisfaction.
- \* includes pass rate irrespective of the number of attempts

### **STUDENT OUTCOMES**

1. Student graduates will be competent entry-level physical therapist assistant practitioners and work under the supervision of a physical therapist.
2. Student graduates will follow legal standards and abide by the ethical standards established by the American Physical Therapy Association.
3. Student graduates will communicate and interact with patients, families and caregivers, physical therapists and members of the health care team in an effective, appropriate and capable manner.
4. Student graduates will effectively utilize clinical decision making skills.
5. Student graduates will participate in activities for personal growth and life-long learning to improve abilities as a physical therapist assistant.

## **ENTRY- LEVEL PTA DEFINED:**

The Program goals and objectives are based on the mission of graduating competent, entry-level physical therapist assistants. To determine what is considered entry-level, the Program utilized *Normative Model for Physical Therapist Assistant Education*, the APTA's document "Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level" as a guide (Appendix A) and the Commission on Accreditation in Physical Therapy Education (CAPTE) Comprehensive Curriculum Criteria (Appendix B).

### **Background on Development of Minimum Required Skills of Physical Therapist Assistant Graduates**

In August 2007, 30 member consultants convened in Alexandria, VA for a consensus conference. The primary purpose of the conference was to achieve agreement on the minimum required skills for every graduate from a physical therapist assistant program to be able to perform on patients/clients that include, but are not limited to, the skill set required by the National Physical Therapy Examination (NPTE) for physical therapist assistants (PTA's). Assumptions that framed the boundaries for the discussion during this conference included:

1. A minimum set of required skills will be identified that every graduate from a physical therapist assistant program can competently perform in the clinical environment.
2. Development of the minimum required skills will include, but not be limited to, the content blueprint for the physical therapist assistant licensure examination; put differently, no skills on the physical therapist assistant licensure blueprint will be excluded from the minimum required skills.
3. To achieve consensus on the minimum required skills, 90% or more of the member consultants must be in agreement.
4. The minimum required skill of the physical therapist assistant will not exceed that described for the physical therapist.
5. Those aspects of patient/client management that are not part of the scope of work of the physical therapist assistant are not addressed in this conference, i.e. examination, evaluation, diagnosis, prognosis, development of plan of care, re-examination, development of discharge plan.

Minimum skills were defined as foundational skills that are indispensable for a new graduate physical therapist assistant to perform on patients/clients in a competent and coordinated manner under the direction and supervision of the physical therapist. Skills considered essential for any physical therapist assistant graduate include those addressing all systems (i.e., musculoskeletal, neurological, cardiovascular, pulmonary, integumentary) and the continuum of patient/client care throughout the lifespan. Definitions for terms used in this document are based on the *Guide to Physical Therapist Practice*. An asterisk (\*) denotes a skill identified on the Physical Therapist Assistant (NPTE) Test Content Outline. Given that agreement on this document was achieved by a small group of member consultants, the conference document was then disseminated to a wider audience comprised of stakeholder groups that would be invested in and affected by this document. The consensus-based draft document of Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level was placed on APTA's website and stakeholder groups, including APTA Board of Directors, all PTA Academic

Coordinators/Directors of Clinical Education and PTA faculties, PT's and PTA's serving on CAPTE panels, component leaders, the PTA Caucus, Advisory Panel of PTA's, and a sampling of clinical educators were invited to vote. A modified Delphi was used on whether or not to include/exclude specific essential skills that every PTA graduate should be competent in performing on patients/clients under the direction and supervision of the physical therapist. A total of 494 responses were received and the results were tabulated and analyzed. Those skills that the 494 respondents voted to include with an aggregate score of 80% or higher were incorporated into the final draft document.

The final "vote" was provided in a report to the APTA Board of Directors in November 2008 for their review, deliberation and action. The Board of Directors adopted the document "Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level" as a core document to be made available to stakeholders, including PTA academic programs and their faculties, clinical education sites, students, employers and CAPTE. The final document defines Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level.

## **PROGRAM REQUIREMENTS & STUDENT RESPONSIBILITIES**

### **Admission requirements:**

1. Complete and submitted application to the program.
2. Complete and submitted program advising sheet.
3. Completion of all program prerequisites and general education/support courses with required grade-point average.
4. Transcripts from high school, GED®, and all other colleges or universities attended.
5. Complete and submit all program application requirements. Specific requirements include, but are not limited to, the following:
  - Written Essay
  - Job-Observation Form
  - Professional Resume

### **Program Requirements:**

6. A cumulative GPA of 2.5 in the general education courses and a cumulative GPA of 2.75 in the science courses.
  - Science courses include Anatomy, Physiology, Chemistry, Biology, Microbiology, Physics and Basic Nutrition. General education courses include oral communication, written communication, math, social science, computer technology and related courses required by the programs, such as Medical Terminology.
7. A current Basic Life Support (BLS) for the Health Care Provider (HCP) by the American Heart Association (required prior to clinical education PTAS 1301.)
8. Submit completed Health Statement to the Health Science Division (when requested by program faculty.)
9. A Criminal Background Check is required of each student in this program. Based on the background check, a student may be prevented from taking certain courses,



- accessing certain laboratory experiences, or completing the program. A non-refundable fee of \$45 will be assessed for this CBC.
10. Please note: Misdemeanor or felony convictions may prevent a graduate from acquiring a state license. (Contact the State Licensing Board if there are questions.)
  11. A two-step skin test for tuberculosis and/or a chest X-ray are required. Seasonal flu immunization.
  12. Complete all PTAS courses with a grade of 75% (C+) or higher to progress through the program (and must be taken in sequence.)
  13. Complete program orientation.
  14. Anatomy and Physiology must have been taken within the last five years.
  15. Students admitted to a Health Sciences program at Southeast Community College requiring a clinical rotation at a contracted health care facility will submit to initial drug and alcohol testing prior to the first clinical rotation.

## CURRICULUM:

The Program mission, philosophy and objectives are reflected in the one-plus-one curriculum design so information taught in prerequisite/general education courses will be more developed in technical education courses. The curriculum is designed to advance students from basic knowledge to application of the material upon graduation as entry-level practitioners. Trans-curricular themes that will be practiced throughout all technical education courses to prepare for clinical education experiences will include communication skills (verbal, non-verbal, electronic and written), appreciation of multicultural differences, changing needs across the lifespan, interdisciplinary team work, relationships with others, PT/PTA relations, dilemma resolution, ethical conduct, critical thinking and review of research/evidence based practice.

### Prerequisite Courses:

Prerequisite courses must be successfully completed prior to admission to the program.

- Composition I or higher
- Public Speaking
- College Algebra or higher
- Human Anatomy and Lab
- Human Physiology and Lab
- Introduction to Psychology
- Comprehensive Medical Terminology
- Multicultural Competency (may be successfully completed prior to or during the PTA program.)

### Physical Therapist Assistant Technical Courses:

COURSE (technical PTA courses)	COURSE NUMBER	Quarter Credits
<b>FIRST QUARTER (winter)</b>		
Intro to Physical Therapy	PTAS 1100	4.5
Kinesiology for the PTA	PTAS 1101	6.5
Multicultural Competency OR Issues of Unity and Diversity: SOCI 2150 OR Diversity in Society: SOCI 1020	HMRS 1320	4.5
<b>SECOND QUARTER (spring)</b>		
Pathophysiology for PTA	PTAS 1102	4.5
Physical Therapy Skills & Exercise I with Lab	PTAS 1103	4.5
Therapeutic Modalities I with Lab	PTAS 1104	4.5

<b>THIRD QUARTER (summer)</b>		
Physical Therapy Skills & Exercise II with Lab	PTAS 1202	6.0
Therapeutic Modalities II with Lab	PTAS 1203	4.5
Documentation in Clinical Services	PTAS 1204	4.0
Clinical Education I	PTAS 1301	4.5
<b>FOURTH QUARTER (fall)</b>		
Advanced Procedures with Lab	PTAS 1205	4.5
Health Systems and Issues	PTAS 1206	4.0
Professional Issues	PTAS 1207	4.0
Clinical Education II	PTAS 1302	5.5
<b>FIFTH QUARTER (winter)</b>		
Clinical Education III	PTAS 1303	13.5

## COURSE DESCRIPTIONS

### PTAS 1100 Intro to Physical Therapy

*This course introduces the student to the profession of physical therapy, the role of the physical therapist assistant with the healthcare team and patient observation time. Basic patient care, assistive devices and adaptive equipment, patient positioning and transfers, safety, communication and body mechanics will be discussed.*

### PTAS 1101 Kinesiology of the PTA

*This course focuses on the movement of the musculoskeletal and nervous systems of the body including muscle origins, insertion, actions and nerve innervations. In addition, motion and the effects of forces and levers relative to the body, manual muscle testing and goniometry will be studied.*

### PTAS 1102 Pathophysiology

*An exploration of pathogenesis, prognosis and therapeutic management of the diseases and abnormalities of structure and function and how they affect rehabilitation. Emphasis is placed on conditions most commonly encountered in physical therapy.*

### PTAS 1103 Therapeutic Skills and Exercise I

*This course includes instruction in the theory and clinical application of therapeutic exercise interventions (range of motion, stretching, resistance and aerobic exercise) for common impairments of the spine and upper and lower extremities, gait training strategies and basic skills of orthotic and supportive devices, adaptive and assistive equipment.*

### PTAS 1104 Therapeutic Modalities I

*Study of physical agents and therapeutic modalities including massage, cryotherapy, thermal agents, electromagnetic radiation, ultrasound and traction.*

### PTAS 1202 Physical Therapy Skills and Exercise II

*This course covers further development of therapeutic exercise and skills related to rehabilitation and function.*

### PTAS 1203 Therapeutic Modalities II

*A continuation of studying principles and clinical application for therapeutic modalities and physical agents including electrotherapeutic, hydrotherapy, wound care, edema and compression therapy interventions.*

PTAS 1204 Documentation in Clinical Services

*An in depth practice of documentation in addition to effective verbal communication and ethical and legal issues with documentation and communication are practiced.*

PTAS 1205 Advanced Procedures

*Acquaints the student with more advanced rehab techniques for complex patient diagnoses and specialty areas of physical therapy.*

PTAS 1206 Health Systems and Issues

*This course familiarizes students with the core values of the profession, communication, conflict resolution and preparation for employment.*

PTAS 1207 Professional Issues

*This course focuses on various topics related to the clinical practice of a physical therapist assistant including data collection and therapeutic intervention employed, equipment utilized, reimbursement considerations and members of the healthcare team.*

PTAS 1301 Clinical Education I

*A three week integrated clinical experience where the student will have the opportunity to apply classroom theory and laboratory practice learned to date to direct patient care in a selected clinical setting. The intent is for the student to provide quality patient care with a high degree of guidance, cueing and assistance from the clinical instructor.*

PTAS 1302 Clinical Education II

*A four week clinical experience where the student will have the opportunity to apply classroom theory and laboratory practice to direct patient care in a selected clinical setting. The intent is for the student to provide quality patient care with guidance, cueing and assistance from the clinical instructor. The level of guidance needed will depend on the complexity of the patient and the environment.*

PTAS 1303 Clinical Education III

*A ten week clinical experience where the student will have the opportunity to apply classroom theory and laboratory practice to direct patient care in a selected clinical setting. The intent is for the student to provide quality patient care consistently and efficiently for simple or complex patients with consultation from the clinical instructor (entry-level performance).*

## **RIGHTS AND RESPONSIBILITIES OF PTA PROGRAM AND FACULTY:**

### **RESPONSIBILITIES OF SOUTHEAST COMMUNITY COLLEGE PTA PROGRAM**

1. Providing an environment that encourages students taking responsibility for their assigned learning tasks.
2. Providing the instruction for students to learn the data collection and intervention skills necessary to become a safe and skilled practitioner.
3. Assigning and communicating with students during their clinical experiences.

4. Communicating with the CI's and SCCE's the data collection and intervention skills that the student has studied.
5. Ensuring that all CI's at the clinical site adhere to the requirements of student supervision as identified in the Nebraska Board of Physical Therapy Practice Act.
6. Ensuring that all members of team: CI's, SCCE's, students and faculty are upholding their responsibilities to maintain the learning environment.
7. Maintaining current knowledge of the discipline through continuing professional development.
8. Meeting or exceeding accreditation requirements.
9. Ensuring student readiness for clinical education prior to clinical assignment

### **RESPONSIBILITIES OF PROGRAM DIRECTOR**

1. Assist the DCE with implementing the clinical education component of the curriculum.
2. Assess the effectiveness of clinical education.
3. Providing education to clinical education faculty as needed on topics to improve effectiveness of the clinical education program.
4. Serve as resource to DCE, SCCE, CI and student
5. Organizing, administering, reviewing, developing and assuring Program effectiveness.
6. Supervising academic faculty in carrying out their respective responsibilities.
7. Planning, coordinating, and implementing the Program budget.
8. Evaluating and assuring clinical and didactic education is effective and meets mission and goals of the Program and College.
9. Providing an environment that encourages students taking responsibility for their assigned learning tasks.
10. Providing the instruction for students to learn the data collection and intervention skills necessary to become a safe and skilled practitioner.
11. Promoting an environment of compassion, respect, empathy and dignity in providing care to patients.
12. Submitting yearly assessment reports to communicate status of learning environment and ensure Program education effectiveness.
13. Participating in Health Science Division Meetings, Advisory Committee Meetings, all College in-services and meetings and serving on other teams and committees as assigned.
14. Maintaining current knowledge of the discipline through continuing professional development.

### **RESPONSIBILITIES OF THE DIRECTOR OF CLINICAL EDUCATION (DCE)**

1. Planning and implementing the clinical education component of the curriculum with Program Director.
2. Developing clinical sites.
3. Communicating between Southeast Community College and affiliating clinical site.
4. Providing orientation to new clinical sites and/or faculty
5. Updating and reviewing clinical site database annually and as needed, prior to clinical assignment.
6. Sending out Clinical Experience Availability Forms and request for Clinical Site Information Form updates annually.
7. Reviewing Affiliation Agreements annually and updating as needed.

8. Developing information center for students to reference prior to submitting their choices for clinical sites.
9. Setting up, scheduling and assigning student placements to sites.
10. Notifying clinical site the assigned student's name at least 4 weeks prior to clinical experience.
11. Performing site visits and/or utilizing phone conversations and electronic meetings to supplement on-site visits.
12. Keeping in contact with student and CI either by phone, email, or face to face during clinical experience.
13. Providing information regarding academic progress within five days of request by SCCE.
14. Providing education to clinical education faculty as needed on topics to improve effectiveness of clinical education program
15. Assessing effectiveness of Clinical Education Program in conjunction with the Program Director.
16. Assigning grades for clinical education experience and facilitating confidentiality of student records.
17. Updating Clinical Education Handbook, as needed, and providing a copy to all clinical sites and students.
18. Serving as resource to the student, CI and SCCE.
19. Keeping student and clinical education faculty informed on APTA and state specific regulations and rules that guide clinical education for PTA students.
20. Facilitating conflict resolution and problem solving strategies as needed.
21. Ensuring that clinical sites meet selection criteria.
22. Providing the instruction for students to learn the data collection and intervention skills necessary to become a safe and skilled practitioner with Program faculty.
23. Providing student advising as it relates to clinical education.
24. Providing an environment that encourages students taking responsibility for their assigned learning tasks.
25. Promoting an environment of compassion, respect, empathy and dignity in providing care to patients.
26. Maintaining current knowledge of the discipline through continuing professional development.
27. Ensuring that all CI's and SCCE's are informed of any changes in Program rules and regulations and/or student scheduling
28. Ensure that students meet the criteria set forth by the clinical site
29. Verifying the student has met minimum Program criteria in all coursework prior to clinical placement

## **RIGHTS AND RESPONSIBILITIES OF CLINICAL EDUCATION FACULTY:**

### **RESPONSIBILITIES OF THE SITE COORDINATOR OF CLINICAL EDUCATION (SCCE)**

1. Coordinating and scheduling clinical experiences with DCE.
2. Providing orientation materials including safety procedures related to clinical site and equipment or arranging for these to be provided by CI.
3. Delegating CI responsibilities to staff PT or PTA that meet selection criteria.
4. Serving as resource for the CI.
5. Informing CI of all pertinent information from the PTA Program.

6. Providing communication and problem-solving strategies for the student and CI as needed.
7. Providing necessary documentation to the Program's DCE including the Affiliation Agreement, Clinical Experience Availability Form, Clinical Site Information Form (CSIF), and CPI.
8. Providing facility policies and procedures related to site and equipment safety upon request of the DCE.
9. May request access to student academic progress. The request for academic progress is made to the DCE.
10. May request information regarding background checks. The request for information regarding background checks is made to the Dean of Health Sciences.

### **RESPONSIBILITIES OF CLINICAL INSTRUCTOR (CI)**

1. Providing direct supervision of the student and if not available, assigning this to another licensed PT or certified PTA working under supervision of a PT.
2. Providing orientation and instruction to the student.
3. Serving as a role model, educator, advisor, evaluator and clinical resource person for the duration of the student's clinical education experience.
4. Aiding the student in various clinical experiences to facilitate learning.
5. Assuming responsibility for determining which experiences are appropriate for PTA student involvement.
6. Maintaining communication with student and DCE.
7. Providing ongoing feedback to the student.
8. Providing formal documented evaluation of student performance at midterm and end of clinical experience.
9. Participate in training as needed to utilize CPI.
10. Notifying the DCE immediately if a student is having difficulty with performance criterion that is a red-flag item on the CPI.
11. Notifying the DCE immediately if the CI checks the Significant Concerns Box on any criterion on the CPI.
12. Verifying the student gains informed consent from patient prior to treatment.
13. Directing and assisting the student, per site policies and procedures, in situations that could potentially compromise the student's safety including, but not limited to, fire, use of hazardous material or use of equipment.

### **CLINICAL EDUCATION FACULTY RIGHTS AND PRIVILEGES**

The clinical education faculty rights and privileges are not the same as those for SCC academic faculty as they are not employed by SCC, but they do have the following rights and privileges:

1. SCCE's may have access to student academic progress and/or background check results for the students at or coming to their facility. The academic progress request is made to the DCE. The request for background check results is made to the Dean of Health Sciences.
2. Clinical education faculty have the right and privilege to education regarding current issues related to clinical education.
3. Clinical education faculty have the right and privilege to contact the DCE at any time and receive a timely response.

4. Clinical education faculty have access to the holdings and databases through the Learning Resource Center at Southeast Community College.
5. Clinical education faculty have access to all Policies and Procedures of College through the College website: <http://www.southeast.edu>.”

### **CLINICAL EDUCATION FACULTY DEVELOPMENT ACTIVITIES**

The Program will determine the need for ongoing planned development activities directed at improving clinical education effectiveness through:

- Interviews and conversations with clinical education faculty by the DCE during site orientation, onsite visits, phone conversations and/or email communication
- Student evaluations of the clinical site and clinical instructors
- Current trends related to clinical education

Specific faculty development activities will be created by the DCE in conjunction with the Program Director based on information gathered and then presented to the clinical education faculty either individually or as a group through mailings, email, phone conversations, and/or a formal workshop.

## **RIGHTS AND RESPONSIBILITIES OF STUDENTS:**

### **STUDENT RIGHTS**

1. Orientation to clinical site.
2. Direct supervision.
3. Formal documented feedback at mid-term and final as well as informal feedback throughout experience.
4. Due process.
5. Confidentiality of records.
6. Access to a variety of experiences.
7. Environment with established policies and procedures regarding safety.

### **STUDENT RESPONSIBILITIES**

1. Adhering to College Policies and Procedures and Program Rules and Regulations within College Handbook, College Student Handbook, Program Student Handbook and Program Clinical Education Handbook.
2. Maintaining appropriate professional and ethical conduct and following the Standards of Ethical Conduct for the PTA as established by the APTA (Appendix C) at all times during clinical courses. Inappropriate behavior consists of, but is not limited to:
  - a. Malicious gossip that is detrimental to another student, faculty, supervisor, clinical instructor or patient
  - b. Conversations that compare, in a negative manner, patients, personnel or other students or staff
  - c. Breaching patient confidentiality/HIPPA violations
  - d. Unprofessional actions and/or violation of academic integrity
3. Contact the clinical site at least one week prior to clinical experience.

4. Adhere to clinical education site's policies and procedures.
5. Bring required paperwork to clinical site on first day
6. Complete required clinical experiences.
7. Demonstrate safe use of equipment and supplies, data collection and interventions.
8. Seek learning experiences to meet objectives of clinical experience.
9. Turn in all assignments by due date.
10. Consult with CI, SCCE and/or DCE regarding progress and/or any concerns.
11. Students are encouraged to report any immoral, illegal or unethical behavior or concerns to CI or DCE.
12. Obtain verbal consent from patient and/or guardian to treat, observe or assist with patient care.
13. Submit all required paperwork from clinical experience to DCE by due date.
14. Contact the DCE immediately if supervision does not follow the guidelines:
  - a. The CI must be a PT or PTA
  - b. The PTA must be working under the supervision of a PT
  - c. The CI must be on-site providing direct supervision of the student
  - d. If the CI is not available, supervising responsibilities may be given to another licensed PT or certified PTA under the supervision of a PT

## **CLINICAL EDUCATION RULES AND REGULATIONS:**

### **SELECTION OF CLINICAL EDUCATION SITES AND CLINICAL INSTRUCTORS**

Clinical sites are selected that offer experiences for students which will meet the goals and objectives of the Program and Clinical Education.

#### **Minimum Criteria for Clinical Site**

- Current Web-based Clinical Site Information Form (CSIF) updated on annual basis as needed
- Current Clinical Experience Availability Form on file-sent out on annual basis to sites by DCE
- Current Affiliation Agreement on file
- Willing to utilize Web based CPI tool for assessment of student
- Have established policies and procedures related to safety and/or maintenance of equipment that can be verified by DCE at on-site orientation or visits

#### **Expectations for Clinical Site**

- Respect rules and regulations of SCC Clinical Education Program to promote student learning

#### **Minimum Criteria for Clinical Instructor**

- Current license as a physical therapist or certified physical therapist assistant working under the supervision of a physical therapist
- One year in clinical practice
- APTA Credentialed Clinical Instructor preferred but not required



## **APTA Clinical Education Guidelines and Self Assessment for Clinical Education**

These Guidelines are outlined in a publication entitled *Clinical Education Guidelines and Self-Assessment for Clinical Education* available to APTA members. “The intent of these guidelines is to provide academic and clinical educators with direction and guidance in the development and enhancement of clinical education sites and physical therapist and physical therapist assistant CI’s and SCCE’s.”(www.apta.org) The Program supports these voluntary guidelines and encourages clinical sites to use these as a resource to develop a quality clinical education Program. These guidelines can be found on the APTA website after signing in as a member and searching for “Clinical Education Guidelines”.

### **AFFILIATION AGREEMENT**

An Affiliation Agreement must be signed by both the clinical facility and SCC prior to a student being placed at the facility. The Affiliation Agreement shall be for a term of one year from the date of execution and automatically extended from year to year thereafter until either party gives the other written notice of its intention to terminate the agreement, unless this is otherwise stated in agreement. It is the responsibility of the clinical faculty to be familiar with the content of the Affiliation Agreement.

The DCE will review Affiliation Agreements to be sure the content continues to be consistent with College and Program rules and regulations and that the agreement is signed and unexpired, in February of each year, prior to sending out requests for clinical commitments. If updates are needed, the DCE will initiate the process. When reviewing the Affiliation Agreement, the DCE will verify that each contract contains required elements and components including:

- Rights and responsibilities if the clinical education faculty
- Responsibility of patient care
- Responsibility for evaluation and supervision

The College reviews and updates Affiliation Agreements every three years. To maintain consistency, unless specific needs are identified or changes are proposed by one of the parties prior to 3 year review by College, changes will not be made. If changes or updates to the Affiliation Agreement are proposed by either party, the DCE will review proposed changes to ensure they meet the needs of the Program and/or clinical sites and will also be responsible for notifying SCC administration and/or the clinical site of the proposed changes. Once the final changes have been agreed upon by both parties, it is the DCE’s responsibility to ensure that the new agreement is signed by both parties.

### **CLINICAL SITE INFORMATION FORM (CSIF)**

All clinical sites affiliating with the Program will be required to participate in the Web-based CSIF. A request for facilities to update the CSIF will be sent out annually, in March, with the Clinical Experience Availability Form. Students will be required to confer with clinical sites and update CSIF as needed upon assignment to said clinic.

### **CLINICAL EXPERIENCE ASSIGNMENT**

The program adheres to the voluntary request dates proposed by the Clinical Educators Special Interest Group of the APTA Section on Education.

Clinical site assignments will be performed by the DCE based on a number of considerations including student professional goals, student preferences, site availability, past clinical experiences and Program requirements. Students will only be placed at facilities in which there is a current, unexpired Affiliation Agreement in place.

At least 4 weeks prior to the clinical experience, unless otherwise stated in Affiliation Agreement, the clinical site will be informed of the assigned student's name.

The student is responsible for contacting their CI at least one week prior to their first day.

The student must bring all paperwork required by Program and/or clinical site with them on the first day of the clinical education experience.

Each student is required to have at least one inpatient and one rural experience (rural is defined being located greater than 50 miles outside the Lincoln or Omaha metro areas and/or a population of less than 50,000 or at the discretion of the DCE).

Students who currently work at or have previously worked at a clinical site may not be assigned to that facility. It is the student's responsibility to disclose this prior to clinical assignments by the DCE.

All scheduled clinical education experiences are subject to change without notice.

Students may NOT rearrange clinical assignments. The SCCE should contact DCE if attempts are made by a student to do so.

A clinical education information center will be maintained by the DCE. This file will include the Clinical Experience Availability Form, Affiliation Agreement and Student Feedback Form (Appendix F). Students will have access to this information and the Web-based CSIF prior to submitting their choices for clinical education placement.

### **ON-SITE VISITS AND COMMUNICATION WITH THE SCCE, CI AND STUDENT**

The DCE will make an on-site visit to all new clinical education sites for an orientation regarding the PTA Program and Clinical Education Handbook.

The DCE will have at least one telephone, email or face-to-face conference with the CI and student during each clinical education experience.

Further on-site visits by the DCE will occur as needed.

### **SUPERVISION**

Physical therapist assistant students may not practice in the capacity of a certified physical therapist assistant. It is the position of the APTA and the Nebraska Statutes Relating to Physical Therapy that **physical therapist assistant students must only provide patient care services under the direct supervision of a licensed physical therapist or a certified physical therapist assistant working under the supervision of a licensed physical therapist.**

**Direct supervision** means that the physical therapist or physical therapist assistant is physically present and immediately available for direction and supervision. The supervising physical therapist or physical therapist assistant may assign the student to another licensed physical therapist or physical therapist assistant working under supervision of PT during absences from the clinical setting.

## **SCOPE OF WORK FOR A PTA**

In order to assist the student in developing entry- level skills, it is important that the clinical faculty understand what is considered entry- level data collection and intervention skills for a physical therapist assistant and what the scope of work is for a certified physical therapist assistant in the state of Nebraska.

To guide the supervising therapist in what skills are appropriate for the PTA student to perform with the direct supervision of a physical therapist or physical therapist assistant, the Program recommends the use of:

- APTA's Minimum Required Skills of Physical Therapist Assistant Graduates at Entry-Level" (Appendix A)
- Clinical Education Course Syllabi for that particular clinical experience (Appendix G)
- Clinical Skills Inventory (Appendix H)
- APTA Medicare Reimbursement Guidelines (Appendix K)
- List of Entry-level Data Collection Skills and Technical Skills taken from *A Normative Model of Physical Therapist Assistant Education*, First Revision, January 1998, American Physical Therapy Association, Alexandria, VA that can be found in CPI manual
- Position statements from the APTA that can be accessed at <http://www.apta.org>
- Rules and Regulations/Statutes for the state of Nebraska that can be accessed at : [http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-137.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-137.pdf)

Specific areas regarding scope of work for PTA's from the APTA website <http://www.apta.org> are reprinted below.

It is the position of the American Physical Therapy Association:

### **PROCEDURAL INTERVENTIONS EXCLUSIVELY PERFORMED BY PHYSICAL THERAPISTS HOD P06-00-30-36 [Position]**

The physical therapist's scope of practice as defined by the American Physical Therapy Association *Guide to Physical Therapist Practice* includes interventions performed by physical therapists. These interventions include procedures performed exclusively by physical therapists and selected interventions that can be performed by the physical therapist assistant under the direction and supervision of the physical therapist. Interventions that require immediate and continuous examination and evaluation throughout the intervention are performed exclusively by the physical therapist. Such procedural interventions within the scope of physical therapist practice that are performed exclusively by the physical therapist include, but are not limited to, spinal and peripheral joint mobilization/manipulation, which are components of manual therapy, and sharp selective debridement, which is a component of wound management.

Relationship to Vision 2020: Professionalism; (Practice Department, ext 3176)  
[Document updated: 12/14/2009]

**Explanation of Reference Numbers:**

BOD P00-00-00-00 stands for Board of Directors/month/year/page/vote in the Board of Directors Minutes; the "P" indicates that it is a position (see below). For example, BOD P11-97-06-18 means that this position can be found in the November 1997 Board of Directors minutes on Page 6 and that it was Vote 18.  
P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

Specific areas regarding scope of work for PTA's from the Department of Health and Human Services website: [http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-137.pdf](http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-137.pdf) are reprinted below.

It is mandated by Nebraska Regulations related to the Practice of Physical Therapy:

**137-006 REQUIREMENTS TO PERFORM PHYSICAL THERAPY SERVICES as a CERTIFIED PHYSICAL THERAPIST ASSISTANT:** A physical therapist assistant must be certified by the Department prior to performing physical therapy services.

137-006.01 General Supervision: A physical therapist assistant is authorized to perform physical therapy services under the general supervision of a physical therapist. A physical therapist assistant being directed to perform physical therapy services:

1. Must notify the supervising physical therapist of any change from routine responses that occur during or prior to treatment warranting a reevaluation of or a change in the patient treatment plan;
2. May document physical therapy services provided by the physical therapist assistant without the signature of the supervising physical therapist;
3. May act as a clinical instructor for physical therapist assistant students in an approved educational program.
4. May assign the supervision of the physical therapist assistant student to another physical therapist assistant or physical therapist during the scheduled or non-scheduled periods of absence from the clinical setting.

137-006.02 Physical Therapy Assistant Student: All patient care services delivered by a physical therapist assistant student, working under the clinical instruction of a physical therapist assistant must be rendered under the direct supervision of a supervising physical therapist or physical therapist assistant.

137-006.03 Prohibited Services: A certified physical therapist assistant is not authorized to perform any of the following:

1. Interpretation of physician referrals;
2. Development of a plan of care;
3. Initial evaluation or reevaluation of patients;
4. Readjustment of a plan of care without consultation with the supervising physical therapist; or
5. Discharge planning for patients.

137-008 REQUIREMENTS FOR SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS: A physical therapist supervising a physical therapist assistant must meet the following standards of supervision:

1. A physical therapist may provide general supervision for no more than two physical therapist assistants at any point in time during the physical therapist's work day;
2. All physical therapy services performed by the physical therapist assistant are under the general supervision of a supervising physical therapist: General supervision as defined in 172 NAC 137-002 means supervision either onsite or by means of telecommunication; and
  - a. All telecommunications must be documented in the medical records of patients under care of the supervising physical therapist; and
  - b. When the supervising physical therapist is unavailable s/he must transfer responsibility of all patient care to another qualified physical therapist who will assume responsibility for all patient care including those being rendered by the physical therapist assistant under general supervision; and
3. The supervising physical therapist maintains primary responsibility for all patient care services including those rendered by a physical therapist assistant under general supervision;
4. A supervising physical therapist must re-evaluate or re-examine each patient and the plan of care of the patient receiving physical therapy services from a physical therapist assistant a minimum of least one time every 30 calendar days under general supervision. More frequent re-evaluations or re-examinations by the supervising physical therapist may be warranted dependent upon the following parameters:
  - a. Patient complexity and acuity;
  - b. Upon request by the physical therapist assistant;
  - c. When a change in treatment plan is warranted;
  - d. Any significant change in the medical status of the patient; and
  - e. Upon request by the patient; and
5. The supervising physical therapist must provide final documentation for discharge of patient care being rendered by a physical therapist assistant under general supervision, including patient response to treatment at the time of discharge; and
6. The physical therapist assistant may participate in the discharge process for patient care by providing subjective and objective patient information to the supervising physical therapist.

137-008.01 General Supervision of the Physical Therapist Assistant in Satellite Clinics: A physical therapist may supervise a physical therapist assistant in a satellite clinic under general supervision. Satellite clinics include but are not limited to:

1. Rehabilitation facilities;
2. Acute care facilities;
3. Skilled nursing facilities;

4. Nursing homes;
5. Schools-based settings;
6. Outpatient clinics;
7. Home health; and
8. Client preventative facilities.

137-008.01A When a physical therapist assistant is rendering physical therapy services in a satellite clinic the following requirements apply as well as 172 NAC 137-008, items 1-6:

1. A supervisory visit with the physical therapist will be made every 30 days or at a higher frequency if warranted. More frequent re-evaluations or re-examinations by the supervising physical therapist may be warranted dependent upon the following parameters:
  - a. Patient complexity and acuity;
  - b. Upon request by the physical therapist assistant;
  - c. When a change in treatment plan is warranted;
  - d. Any significant change in the medical status of the patient; and
  - e. Upon request by the patient; and
2. A supervisory visit as defined in 172 NAC 137-002 is an on-site visit by the supervising physical therapist in consultation with the physical therapist assistant. The on-site visit may occur in any clinical setting where the supervising physical therapist renders patient care. The on-site visit must include:
  - a. Direct patient contact for the purpose of reevaluation or re-examination of patient status;
  - b. A review of the plan of care with revision and or termination of treatment as warranted; and
  - c. A re-assessment for utilization of outside resources for physical therapy services; and
3. The supervising physical therapist must provide final documentation for discharge of patient care being rendered by a physical therapist assistant in a satellite clinic under general supervision, including patient response to treatment at the time of discharge. The physical therapist assistant may participate in the discharge process for patient care by providing subjective and objective patient information to the supervising physical therapist; and
4. A physical therapist is not authorized to establish a satellite clinic for the purpose of rendering physical therapy services staffed solely by a physical therapist assistant.

137-008.02 Requirements for the assignment of services to physical therapist assistants: It is the responsibility of the supervising physical therapist to determine which tasks require the clinical reasoning expertise of the physical therapist and which tasks can be safely assigned to the physical therapist assistant under general supervision.

137-008.02A Assignment of Services- Patient or Client Management: Assignment of services related to patient or client management is dependent upon the clinical

practice setting in addition to patient complexity and acuity. Clinical practice settings include but are not limited to:

1. Rehabilitation facilities;
2. Acute care facilities;
3. Skilled nursing facilities;
4. Nursing homes;
5. School-based settings,
6. Out-patient clinics,
7. Home health;
8. Industrial rehabilitation facilities; and
9. Client preventative services.

137-008.02B Assignment of Patient or Client Services to a Physical Therapist Assistant: Patient complexity and acuity must also be considered when a physical therapist assigns patient or client services to a physical therapist assistant: The supervising physical therapist must exercise professional judgment when determining what services can or cannot be assigned to the physical therapist assistant.

137-008.02B1 Factors in Direct Patient Care: The following factors inherent in direct patient care must be considered by the supervising physical therapist when assigning services, and must be commensurate with the education, training, and experience of the physical therapist assistant under general supervision. These factors apply to all clinical settings where physical therapy services are rendered by a physical therapist assistant under general supervision:

1. Predictability of action -How confident is the physical therapist assistant in predicting consequences of action related to patient care?;
2. Stability of the environment - How confident is the physical therapist assistant in clinical problem solving issues related to change in patient status?;
3. Observability of patient status – How easy is it to observe or perceive relevant clinical indicators of patient status? ;
4. Ambiguity of patient status – How difficult is it to interpret phenomena related to change in relevant clinical indicators? ; and
5. Criticality of patient treatment – What consequences exist for a poor choice in patient intervention?

137-008.03 Responsibility of the Supervising Physical Therapist: For each patient under his/her care, a physical therapist must:

1. Be responsible for managing all aspects of physical therapy services provided to the patient and assume legal liability for physical therapy and related services provided under his/her supervision;
2. Provide initial evaluation and documentation of the evaluation;
3. Provide periodic reevaluation and documentation of the reevaluation;
4. Provide documentation for discharge, including the patient's response to therapeutic intervention at the time of discharge;
5. Be responsible for accurate documentation and billing for services provided; and

6. On each date physical therapy services are provided to a patient, a physical therapist must:
  - a. Provide all therapeutic interventions that require the expertise of a physical therapist for example, sharp wound debridement and low amplitude high velocity manual therapy techniques; and
  - b. Determine the appropriate use of physical therapist assistants or physical therapy aides.

The above Rules and Regulations are to be used only as a guideline to help give the CI an understanding and appreciation for what is considered to be within the scope of work for a certified PTA in the state of Nebraska. This information will help the CI provide a clinical experience that will assist the student in becoming an entry-level practitioner. It is important to remember that any patient care activities that the student performs **MUST** be performed under the **DIRECT SUPERVISION** of a licensed physical therapist or physical therapist assistant working under the supervision of a licensed physical therapist and the student should only be performing skills that have been addressed in curriculum prior to clinical experience (see Student Readiness for Clinical Education).

**If the supervising clinician has any questions regarding scope of work for a PTA student, they should consult the DCE for clarification and guidance.**

### **STUDENT READINESS FOR CLINICAL EDUCATION**

Students must achieve a grade of 75% or better in both the laboratory AND classroom portions of the class to continue Program enrollment and be allowed to participate in clinical education. In courses with a lab, skill checks and lab practicals will be completed to ensure safety and accuracy for data collection and intervention skills. Skill checks must be successfully completed prior to taking the lab practical or a student is not allowed to sit for the practical. Students must pass each lab practical with  $\geq$ C+ (75%) to pass the class. Refer to the Clinical Skills Inventory (Appendix H) for a listing of content that students have successfully completed either through written assignments, exams, skill checks and/or lab practicals prior to each clinical experience.

### **EXPECTATIONS FOR EACH CLINICAL EDUCATION EXPERIENCE**

To plan learning activities, the CI can utilize curriculum sequence and course descriptions, Clinical Education Course Syllabi (Appendix G), the Clinical Skills Inventory checklist (Appendix H), and APTA Medicare Reimbursement Guidelines (Appendix K).

### **ATTENDANCE**

Regular and prompt attendance in all clinical experiences is mandatory. Students who are unable to report for clinical duty by the assigned times must notify the CI **AND DCE, by phone, at least 30 minutes BEFORE** the assigned time or it could result in assignment of a failing grade for that clinical experience. The CI should contact the DCE if notification is not given. Student absences must be approved by the CI and also must be reported to the DCE. If a student must miss clinical education, for any reason, during any clinical experience, this time may need to be made up and/or the experience may have to be repeated or rescheduled. Decisions regarding the need to make up missed clinical time will be made by the DCE and/or Program Director in consultation with the CI. **MAKE UP TIME FOR MISSED CLINICAL**



**EDUCATION HOURS MAY DELAY PROGRESSION THROUGH THE PROGRAM AND GRADUATION.** Missed time from clinical education includes time missed due to absences **AND** tardiness. **ANY** absences or tardiness may result in a deduction from the final grade assigned to Clinical Education and/or failure of that clinical experience.

Students will follow the SCC Calendar and when/if SCC is closed (holidays, weather cancellations, breaks, Sundays). However, students may be asked to attend clinical on holidays not recognized by the facility and may attend clinical during off campus hours. The DCE must be informed and either the DCE or the Program Director will be available by phone. Hours that could potentially be missed due to these issues have been built into clinical education experience. Please refer to the SCC calendar provided by the student.

No time compensation will be made for a student working beyond minimum hours required. No banking of clinical hours is allowed. The student's clinical instructor will determine the hours and days worked for each clinical experience. This may include weekend and evening hours.

Inclement weather may cause the cancellation of clinical for that day. If the public schools or colleges of the area are closed, the student is not to attend clinical for safety reasons.

### **INFORMED CONSENT**

Students must introduce themselves as students, ask the patient and/or guardian for verbal consent to treat, observe or assist with patient care and sign documentation, SPTA. Patients have the right to refuse participation when students are involved in their care. Informed consent is assessed with criteria #9 on the PTA CPI. The program's expectation is that gathering informed consent is considered when assigning the student's rating in this criterion.

With the CI's assistance, students will acquire a patient's written informed consent per facility policy and procedure prior to seeking patient participation in videotapes, slides, photos or other projects.

### **CONFIDENTIALITY**

Students will judiciously protect the patient's right to privacy and shall maintain all patient information in the strictest confidence. While HIPPA is one aspect of confidentiality, another is to maintain privacy regarding information shared by patients/clinical site personnel. Students will be expected to honor this privacy and confidentiality also. Students are required to complete training and sign the Safety Training Verification Form for Confidentiality and HIPAA (Appendix E).

In the classroom, students are asked to share aspects of their clinical experience. Students must be committed to honoring and respecting the privacy and confidentiality of those stories or situations which have been shared.

If a student violates confidentiality and privacy at the clinical site, the DCE should be contacted immediately.

In order to comply with the American Recovery and Reinvestment Act of 2009 which includes Health Information Technology for Economic and Clinical Health Act (HITECH), Health Sciences students enrolled in Southeast Community College (SCC) Health Sciences Division **will not remove** any protected health information (PHI) from any clinical facility. Nor will students

transmit any PHI electronically except when doing so in the usual performance of caring for patients or clients and full knowledge of the clinical preceptor or instructor. This bill established new requirements for business associates (SCC) and covered entities (Facility) with respect to handling protected health information. SCC must report any breach of confidentiality to the facility and the facility and SCC may be subject to fines.

Further policies and procedures regarding privacy and confidentiality at SCC can be found on the website in the College Catalog <http://www.southeast.edu/programs/catalog.aspx>.

## **DRESS CODE**

Students must adhere to the dress code at all times. A clinical site may have additional requirements and these must be observed as well. Students not in proper attire may be sent home to change and time absent from clinical site will need to be made up.

1. Specific items regarding the uniform include:
  - a. Socks and closed-toe shoes must be worn.
  - b. Dirty, dingy or torn clothing/shoes are not permitted.
  - c. No underwear is allowed to show
  - d. No shirts hanging below bottom.
  - e. No sleeveless tops or deep necklines.
  - f. No denim jeans.
  - g. No excessively tight clothing including but not limited to yoga pants.
2. Students shall wear their assigned name badge that identifies them as a student at all times.
3. Hair must be clean. All hair reaching past the student's shoulder should be confined in style or pulled back so hair does not fall forward or in front of the face, or in any manner that is offensive to patients and compromising patient care. Hair color must be within the natural range of shades of human hair. Men must be clean-shaven or have beard or mustaches neatly trimmed.
4. Observe personal hygiene carefully, including brushing teeth, bathing daily, using deodorant, and washing hair.
5. No cologne, perfume or fragrant lotions so as to not be offensive to the patient. NOTE: residual smell of cigarette smoke may also be offensive to the patient and will not be tolerated.
6. Jewelry should be limited and conservative, not only for safety and aseptic reasons, but also to project a professional and non-offensive image. If a student has body piercing, only jewelry for ear piercing may be visible during clinical education experiences. Any other body piercing may not be visible at any time during clinical education.
7. The wearing of artificial fingernails during clinical assignment will not be permitted. The possibility of fungal infection is a concern in patient care situations. Fingernail lengths must not extend lengthily beyond the fingertip for safety of the student and the patient. Polish is often prohibited at clinical; check site policies
8. No gum chewing, applying of lip balm/lipstick or eating in the patient care area.

9. Any tattoos or body art must be covered completely.

Besides Program rules and regulations, students must also follow policies set by clinical sites. Safety and patient care concerns are the primary issues in the adherence to these policies. The clinical faculty may dismiss a student whose clinical attire and/or the personal grooming do not meet acceptable standards when he/she reports for assigned clinical practice. The clinical faculty will immediately report the offense and action taken to the DCE.

## **EMPLOYMENT**

Clinical experience schedules **will not** be changed to accommodate a student's personal work schedules.

## **TRANSPORTATION AND HOUSING**

Students are required to provide their own transportation to and from the clinical site. Students are also responsible for their housing. Students are not allowed to ride in a vehicle that is not covered under their own auto liability insurance. This includes off site clinical experiences, home health, or to and from clinical site.

## **PROFESSIONAL LIABILITY**

All students are required to have liability insurance. Cost of this insurance is included in the student fees at the beginning of each quarter that includes clinical education. A copy of this can be provided upon request to the DCE.

## **STUDENT HEALTH**

### **Health Insurance**

It is recommended that each student have his or her personal health and accident insurance. Some clinical sites may require proof of health insurance

### **Vaccinations**

Students must provide a Health Statement (Appendix D) with required vaccinations. A copy of student vaccination records are provided in paperwork the student brings on the first day.

### **Accidents**

All accidents and/or incidents during clinical education experiences must be reported immediately to the CI. Students are expected to report whenever **anything** out of the ordinary or other than routine should occur, to the student, patient or other individual in the environment. The appropriate form(s) will be filled out per clinical site procedure. Determination will be made as to what diagnostic tests or procedures need to be done. Students are financially responsible

for medical expenses associated with diagnosis or further vaccination, i.e., boosters, etc. The DCE should be notified of any accidents involving the student.

### **Standard Universal Precautions,**

Students will be familiar with and adhere to Standard Universal Precautions. All students have completed training regarding standard precautions, signed the Safety Training Verification Form (Appendix E) and practiced using personal protective equipment. Students are expected to report any contact with blood/body fluids to their CI.

### **Clinical Site and Equipment Safety**

As part of a student's orientation process to a facility, the SCCE or CI must review site specific policies and procedures regarding safety such as fire safety, MSDS, and/or equipment safety. If a situation arises where student safety could potentially be compromised, it is the responsibility of the CI to assist and direct the student per site policies and procedures.

### **TELEPHONE CALLS AND MESSAGING**

Personal telephone calls on clinical site phones are neither made nor accepted during clinical hours except on an emergency basis or during breaks with permission of facility personnel. Usage of cell phones (including text messaging) and ringing cell phones during clinical time is prohibited. Cell phones are to be used during scheduled breaks only.

### **DRUG TESTS**

A 5 panel drug screen will be required of each student in this Program. The SCCE may have access to drug screen results for students assigned to their facility. Requested information regarding drug screens should be directed to the Dean of Health Sciences. A positive result on a drug screen will result in removal from the program. A student may re-enter the program at the next available opening. Drug testing will take place in the 3<sup>rd</sup> quarter prior to the student's first clinical experience in July/August.

### **BACKGROUND CHECK**

A criminal background check will be required of each student in this Program. The SCCE may have access to background check results for students assigned to their facility. Requested information regarding background checks should be directed to the Dean of Health Sciences.

### **CARDIOPULMONARY RESUSCITATION (CPR)**

CPR for Health Care Providers certification is required to participate in clinical education. Expiration of CPR during clinical experiences will result in a loss of clinical time until CPR is current. A copy of the student's current CPR card is provided in the paperwork that the student brings on the first day.

### **NO SMOKING, ELECTRONIC CIGARETTES OR SMOKELESS TOBACCO USE**

For the health and safety of all, smoking and the use of electronic cigarette devices or smokeless tobacco is not permitted in the classroom, laboratory, office, or clinical sites.

### **STUDENT IN-SERVICE**

During the final clinical education experience, the student must present an in-service on a topic that is current to physical therapy practice. The student must return a signed In-service Verification Form (Appendix I) with CPI at end of experience.

### **STUDENT EVALUATION**

The CI and the student will complete the CPI at mid-term and end of the clinical experience. The expected level of performance varies for each clinical education course.

At the completion of Clinical Education I, the student will demonstrate marks at a minimum of Advanced Beginner Performance on the CPI rating scale for all 14 criterion including all “red flagged” items.

At the completion Clinical Education II, the student will demonstrate marks at a minimum of Intermediate on the CPI rating scale for all 14 criterion including all “red flagged” items.

At the completion of Clinical Education III, the student will demonstrate entry-level marks on the CPI rating on the CPI rating scale for all 14 criterion including all “red flagged” items.

Final grading decisions will be the responsibility of the DCE at the conclusion of a clinical experience and the following will be considered:

- Clinical setting
- Experience with patients in that setting
- Relative weighting or importance of each performance criterion
- Expectations for the clinical experience
- Expectations of the clinical site
- Progression of performance from mid-experience to final evaluations
- Level of experience within the didactic and clinical components
- Whether or not “significant concerns” box or “with distinction” box were checked
- Congruence between the CI’s narrative mid-experience and final comments related to the five performance dimensions and the ratings provided
- Additional assignments (eg, meetings, journals, education in-service)
- Site visit information

The CI should notify the DCE if the CI checks the Significant Concerns Box on any criterion on the CPI as well as any critical incidents.

The student will be responsible for submitting the completed PTA CPI to the DCE by the required deadline established by the DCE.

If the Clinical Instructor (CI) determines a student is not on track to meet the minimal expectations for a clinical experience or has not demonstrated professional conduct consistent with the rules and regulations of the Program (see the PTA Student Handbook), College

Policies and Procedures, and Standards of Ethical Conduct for the Physical Therapist Assistant (Appendix C), a meeting will take place between the Academic Coordinator of Clinical Education (DCE), the CI, the student, and in some cases the Center Coordinator for Clinical Education (SCCE).

To be able to continue in the program, a Learning Contract for Clinical Education (Appendix N) and/or a Learning Contract for Professionalism (Appendix O) will be developed to address the areas of deficit.

If the goals of the Learning Contract and minimum expectations are not met by the end of the clinical education experience, the student will receive a failing grade and be removed from the program (see the recycling policy in the PTA Student Handbook, page 6).

In some instances, the DCE and Program Director will determine if an extension or a repeat of the clinical education experience may allow a student to meet the minimal expectations for that experience. This extension or repeat will be determined on a case by case basis. A new Learning Contract will be developed for the extended or repeat clinical education experience.

If the student is unable to meet the goals of the Learning Contract and meet the minimum expectations for the extended or repeat clinical education experience, the student will receive a failing grade and be removed from the program (see the recycling policy in the PTA Student Handbook, page 6).

## **STUDENT EVALUATION OF CLINICAL INSTRUCTOR/EXPERIENCE**

Students are required to complete an evaluation of the clinical experience and clinical instructor utilizing the APTA's Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction (Appendix J). The student must complete the evaluation at mid-term and for the final day of each experience and this will be reviewed with the CI. The evaluation is to be signed and dated by the student and the CI and returned to the DCE by the required deadline established by the DCE.

## **CONTINUING EDUCATION**

Clinical instructors may be granted continuing education (CE) credit for direct supervision of students for clinical education. The Department of Health and Human Services website provides details and are reprinted below.

Weblink: [http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-172/Chapter-137.pdf](http://www.sos.state.ne.us/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-137.pdf)

Direct supervision of students for clinical education:

- a. The physical therapist or physical therapist assistant who is supervising the student must be an American Physical Therapy Association Credentialed Clinical Instructor of record at the Basic Level;
- b. The student being supervised must be from an accredited physical therapist or physical therapist assistant program and participating in a full-time clinical experience of varying length. Full time is defined as clinical experiences with durations of approximately 40 hours per week ranging from 1-18 weeks.

- c. One hour will be awarded for every 160 contact hours of supervision of full-time physical therapist student or physical therapist assistant student;
- d. A maximum of eight hours for physical therapist and four hours for physical therapist assistant per 24 month renewal period may be awarded to each individual for supervision of a physical therapist student or physical therapist assistant student; and
- e. The physical therapist or physical therapist assistant must have documentation from the accredited educational program indicating the number of hours spent supervising a student.

Southeast Community College PTA Program must receive appropriate documentation indicating the number of hours the CI spent supervising the student on the Clinical Education Contact Hours Form (Appendix L). Students bring this form on the first day and will return the completed form to the DCE at the end of the clinical experience. The DCE will mail or email the CI a Certificate of Completion (Appendix M) for their records.

## **ACADEMIC HONESTY**

Academic honesty is a core principle of learning and scholarship. When you violate this principle, you cheat yourself of the confidence that comes from knowing you have mastered the targeted skills and knowledge. You also hurt all members of the learning community by falsely presenting yourself as having command of competencies with which you are credited, thus degrading the credibility of the college, the health program, and your fellow learners who hold the same credential.

All members of the learning community share an interest in protecting the value, integrity, and credibility of the outcomes of the learning experience. Faculty has the responsibility to censor behaviors that interfere with this effort.

The following behaviors will be subject to disciplinary action:

**Plagiarism:** presenting someone else's words, ideas, or data as your own work.

**Fabrication:** using invented information or falsifying research or other findings

**Cheating:** misleading others to believe you have mastered competencies or other learning outcomes that you have not mastered. Examples include, but are not limited to:

- Copying from another learner's work
- Allowing another learner to copy from your work
- Using resource materials or information to complete an assessment without the permission of you instructor
- Collaborating on an assessment (graded assignment or test) without permission of the instructor
- Taking a test for someone else or permitting someone else to take a test for you

### **Academic Misconduct:**

other academically dishonest acts such as tampering with grades, taking part in obtaining or distributing any part of an assessment, or selling or buying products such as papers, research, projects, or artifacts that document achievement of learning outcomes.

### **DUE PROCESS**

Grievances will be dealt with individually by the appropriate CI and/or Program faculty as stated below. If the student does not feel the outcome is acceptable, the student can contact the Program Director for review. If the student still finds the outcome unacceptable, the student may continue with the formal grievance process of the College. The College Due Process procedure is outlined in the College Catalog and the College Student Handbook. These are available upon request or as noted previously.

#### **Grievances with clinical site staff**

#### **Students who experience or observe a harassing incident(s), directly involving the clinical site staff will proceed as follows:**

1. The student(s) should first try to resolve the problem or issue personally with the individual through open communication within 5 working days of incident. If the student(s) is/are not comfortable with communicating with the individual, they must contact their CI or DCE instead. If the incident is sexual in nature, the student(s) will follow the SCC Sexual Harassment Rules and Regulations and such report will be made to both the appropriate SCC and clinical site authorities.
2. If communication with the individual is unsuccessful, if there is fear or the appearance of reprisals, or if the problem affects more than one student, the student(s) must contact the DCE within 5 working days. Students also have the option to contact SCC Affirmative Action within 5 working days at (402) 437-3413 or 1-800-642-4075, ext. 3413.
3. **Documentation of the incident must occur prior to the next step in investigating the incident.** The student(s), along with the CI and/or SCCE and DCE must document the incident(s) including dates and times they occur and reactions or feelings of the behavior. Documentation must include the student(s) signature(s) and must be completed within 5 working days of the harassing incident.
4. After documentation is completed, the DCE will notify the Program Director, CI and the SCCE of the incident within 5 working days. A meeting will be scheduled that will include, at a minimum, two PTA program department faculty members (including the DCE), CI, and the SCCE. A plan of action will be developed as to the next steps on handling the situation. This may include meetings with the student(s) and clinical site staff involved. The two PTA program department faculty members will monitor the behavior/ incident(s). If the behavior/incident(s) continue or if the clinical site does not follow through with the plan of action, the Program Director will discuss the issue with the SCCE.



5. If the issue is not resolved to the satisfaction of all involved, the Program Director will contact the clinical site SCCE's immediate supervisor within 10 working days. The clinical site's grievance Rules and Regulations (which is external to the program) provides the next steps and associated time frames.

### **COMPLAINTS ABOUT THE PTA PROGRAM AND/OR ITS STUDENTS OR FACULTY FROM CLINICAL SITES, PUBLIC OR EMPLOYERS**

**The process for filing a complaint by clinical education sites, employers of graduates, and the general public regarding clinical experiences, didactic content or the overall Program is:**

1. When a complaint is received, the Program Director will meet with the individual(S). Together they will determine actions to resolve the complaint and document the action, expected outcomes, and a timeline to accomplish the resolution.
2. If the complaint/situation has not been resolved in the agreed upon timeframe, the Program Director will meet again with the individual(s) to follow up. If the parties do not believe they can come to resolution, the issues will be presented to the Dean of Health Sciences and the Dean will make a determination within 5 working days.
3. If the party filing the complaint is still not satisfied with the outcome, they may meet with the Vice President of Instruction and s/he will make a determination within 5 working days.
4. All documentation of a Program complaint will be filed in a secure place in the Program Directors Office or maintained electronically for three years.

### **APPEALS PROCESS:**

1. If a student wishes Program faculty to discuss at a staff meeting a class or personal problem, extenuating circumstances, or appeal a policy or procedure, they will describe the problem in writing and present it to the Program faculty for discussion.
2. The written description of the problem **MUST** contain the following items:
  - a. In-depth description of the issue or problem that is typed or written legibly.
  - b. Suggestion to alleviate or solve the issue or problem.
  - c. Student(s) signature(s) and date.
3. After discussion, faculty retains the right to accept or deny the appeal. The final decision will be written on the student's appeal and returned to the student directly after the meeting in which it was discussed.
4. If a student is dissatisfied with the faculty's decision, he/she must state in writing a valid reason as to why he/she believes the problem still exists and submit to the Dean of Health Occupations. The Dean will then review all documentation and make a decision regarding the issue.
5. If a student disagrees with the Dean's decision, he/she can then proceed with a "Formal Grievance" to the college following the guidelines listed in the College Handbook.

## CLINICAL SITE DISMISSAL

Clinical sites have the right to remove a student from its facility. The facility must document the rationale and provide this to the DCE. A meeting between the SCCE/CI, student and DCE may be necessary to discuss the situation. Once the student has been notified of the dismissal, all clinical hours are terminated until another site is found.

It is through the collaborative efforts of the clinical education sites, the clinical instructors, Southeast Community College and its faculty, and the students that a quality educational program exists to provide the community with qualified and skilled physical therapist assistants. Whenever a member of this team does not maintain their responsibilities, the learning environment is impaired and the quality of education and patient care is influenced. Southeast Community College and the Physical Therapist Assistant Program are dedicated to ensuring a quality educational program to meet its Mission and Goals. This will be accomplished with a team approach!

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**Disclaimer:** *Program rules and regulations will be assessed annually and/or as needed. Program faculty may interpret and make exceptions to Program rules and regulations based on individual cases. Southeast Community College Policies and Procedures will supersede any Program rules and regulations. At the time of printing, Program rules and regulations were consistent with College Policies and Procedures.*