



PHYSICAL THERAPIST ASSISTANT PROGRAM

CLINICAL EDUCATION MANUAL

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ACCREDITATION

The Physical Therapist Assistant Program at Weatherford College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call Cindy Lavine 817-598-8873 or email clavine@wc.edu.

The **Commission on Accreditation in Physical Therapy Education** (CAPTE) is an accrediting agency that is nationally recognized by the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). CAPTE grants specialized accreditation status to qualified entry-level education programs for physical therapists and physical therapist assistants. CAPTE does not accredit institutions and is not a Title IV gatekeeper.

Accreditation by CAPTE is a statement that a physical therapist or physical therapist assistant education program meets the standards for quality set by the profession. CAPTE accredits physical therapy programs that educate students for entry into the profession:

- Professional physical therapist programs at the clinical doctorate levels
- Technical physical therapist assistant programs at the associate's degree level.

If you have a complaint regarding the PTA program please contact the Program Director, Cindy Lavine at 817-598-8873 or by email at clavine@wc.edu. Complaints from clinical or physical therapy practice settings or any other individual made to the PTA Program will be addressed on an individual basis. Initially, an attempt will be made to handle the complaint through informal conferences with the appropriate program personnel. If the informal conference fails to resolve the issue, the complainant will be informed h/she can pursue filing a formal complaint and provided with a copy of Board Policy GB (LOCAL). If you wish to make a complaint outside of the PTA program director, you may contact Kathy Boswell, Dean, Health and Human Sciences at 817-598-6216 or by email at kboswell@wc.edu. Retaliation against anyone involved in the complaint process is a violation of the College policy and is prohibited.

MISSION STATEMENT

The mission of the Weatherford College Physical Therapist Assistant Program is to provide students with an educational experience that prepares them to become responsible, effective, productive members of the health care community and society at large.

PHILOSOPHY

The Physical Therapist Assistant Program is committed to the highest standards of ethics and professionalism. We exist to provide the finest education possible to students, but as part of our commitment to our profession, we also maintain the patient as our primary focus. To this end, we are committed to prepare the students to become as proficient in respecting and preserving each patient's personal dignity as in providing the technical skills of physical therapy.

GOALS

In accordance with its mission and philosophy, the Physical Therapist Assistant Program strives to achieve the following goals:

- to provide a curriculum that includes effective theoretical, didactic, laboratory, and clinical instruction;
- to ensure that program content is consistent with prevailing standards in the profession of physical therapy;
- to graduate physical therapist assistants who competently, safely, effectively, and efficiently function within the scope of practice as defined by the profession and licensure requirements;
- to graduate physical therapist assistants who are sensitive and responsive to the unique needs of each individual patient.

EDUCATIONAL OUTCOMES

Graduates of the Weatherford College Physical Therapist Assistant Program will demonstrate

1. Professional behaviors consistent with accepted standards within the physical therapy community:
 - a. Legal, ethical and safe practice
 - b. Effective, respectful interaction and communication
 - c. Critical thinking and problem solving based on best current knowledge
2. Data collection skills necessary for implementation of the plan of care:
 - a. History and chart review
 - b. Patient/client observation
 - c. Performance of standard tests and measures
3. Intervention skills appropriate to the plan of care established by the physical therapist:
 - a. Application of physical agents and therapeutic massage
 - b. Manual and mechanical exercise techniques
 - c. Functional training
 - d. Wound management
 - e. Patient/client instruction
 - f. Progression and modification within the plan of care

CLINICAL EDUCATION ACTIVITY TIMETABLE

Fall Semester

DCE makes clinical assignments for the following spring and summer clinicals.

DCE notifies clinical sites of upcoming clinical assignments (Practicum 3 for second year students and Practicum 1 and 2 for first year students) and requests confirmation. Student contact information is sent to each clinic.

DCE notifies all students of clinical assignments and provides students with contact information for their clinicals.

Practicum 3 students make initial contact with their assigned clinical sites to introduce themselves and gather information.

DCE reviews Clinical Site Information Forms and clinical contracts and requests updates from clinics as needed.

Spring Semester

Practicum 1 and 2 students make contact with their assigned clinical sites to introduce themselves and gather information.

DCE sends request for clinical slots for the following year to clinics in March.

DCE receives clinical slot responses from CCCEs and contacts clinical sites who have not yet responded.

Second year students attend Practicum 3.

DCE completes mid-clinic visits with students and CIs of Practicum 3a and 3b.

“Spring Break” for second year students will occur between the end of Practicum 3a and the beginning of Practicum 3b.

Summer

Practicum 1 and Practicum 2 for students who have completed their first year in the program. Students will complete a 6 week acute/inpatient clinical and a 6 week orthopedic clinical.

DCE completes mid-clinic visits with students and CIs during Practicum 1 and Practicum 2.

DCE reviews Clinical Site Information Forms and clinical contracts and requests updates from clinics as needed.

ROLES AND RESPONSIBILITIES

Director of Clinical Education (DCE)

The Director of Clinical Education is a member of the Weatherford College academic faculty, who plans, administrates, and coordinates the physical therapist assistant student clinical education program.

The DCE role includes:

1. Recruiting and assisting in maintaining an adequate number of clinical sites in terms of quality, quantity and scope of practice to meet the clinical teaching needs of the program
2. Serving as liaison between Weatherford College and the affiliating clinical facilities by:
 - Identifying and communicating with Center Coordinators for Clinical Education
 - Scheduling the clinical affiliations
 - Communicating activities, news and other information between the academic faculty and clinical facilities
3. Overseeing the preparation, supervision and evaluation of student clinical experiences by:
 - Preparing students for clinical affiliations
 - Providing the clinical faculty with accurate up-to-date clinical education and evaluation tools
 - Monitoring clinical performance of the students to insure that they meet criteria for completing clinical affiliations
 - Gathering data on student performance from personal observation, communication with students and clinical instructors and review of all clinical documentation and determining final grades for each student
4. Encouraging and assisting clinical site and clinical faculty development by coordinating or offering individual training or workshops for the participating CCCEs/CIs

Center Coordinator of Clinical Education (CCCE)

The CCCE is the representative of the clinic, who has been chosen to administrate and coordinate the assignments and activities of students at the clinical facility.

The CCCE role includes:

1. Providing necessary documentation to Weatherford College including the Clinical Site Information Form (CSIF), and assistance as necessary to help with obtaining and maintaining a cooperative agreement between the college and the clinical facility
2. Determining the maximum number of students for which the facility can provide an appropriate clinical education experience during each clinical rotation
3. Selecting an appropriate, qualified clinical instructor for each student

4. Coordinating communication between the school and the clinical facility
5. Developing an appropriate clinical education program to be provided by the facility
6. Intervening between the student and clinical instructor as needed
7. Encouraging clinical instructors to develop their clinical education skills as needed

Clinical Instructor (CI)

The CI is directly involved with the student and supervises the student during the clinical education experience. Program requirements for clinical instructors include current Texas PT or PTA license, minimum of 1 year of full-time (or equivalent) post-licensure clinical experience and clinical competence in their practice setting. Weatherford College classifies Clinical Instructors as volunteers and does not confer any special rights or privileges on volunteers. CIs do, however, receive the undying gratitude and appreciation of the PTA Program faculty.

The CI roles includes:

1. Orienting each student to the clinical facility, including administrative and clinical policies, standards of practice, department personnel and all emergency and safety policies and procedures before allowing the student to provide any direct patient care
2. Introducing the PTA student to each patient and obtaining the patient's consent to be observed and/or treated by the student
3. Observing all student / patient interactions, either directly or indirectly
4. Providing clinical mentorship and supervision during the clinical experience
5. Identifying specific strengths and weaknesses of each student and giving students this feedback verbally and in writing
6. Evaluating students' clinical performance and competency using the evaluation instruments provided by the academic program and documenting student performance in specific, objective terms.
7. Maintaining confidentiality of all information and records relating to student clinical performance
8. Communicating with the DCE or designated faculty member during every scheduled affiliation
9. Contacting the DCE or designated faculty member immediately if:
 - A student is in danger of receiving an unsatisfactory rating on any PTA MACS skill
 - Clinical absences or any other problems occur that prevent the student from meeting clinical objectives
 - A student is not progressing with the PTA MACS skills as anticipated

CLINICAL POLICIES & PROCEDURES

Professional Liability Insurance

Faculty and students are currently covered by a professional liability insurance policy. This coverage is for the clinical portion of the curriculum only. The cost to the student is \$8 per fall or spring semester and \$6 per summer semester, which is paid at the time of enrollment each semester.

Drug/Alcohol Policy

The Weatherford College Alcohol and Drug Use Policy as adopted by the Board of Trustees, dated 9-11-13, and located in the Weatherford College Board Policy Manual follows. The Board Policy Manual can be accessed from the Weatherford College website at <http://www.wc.edu/>.

Any student suspected of violating this policy will be immediately removed from any classroom or clinical area and will be required to undergo drug and/or alcohol screening according to the Weatherford College Health and Human Science Division Alcohol/Substance Testing procedure, found in the General Procedures section later in this Handbook. Any fees incurred are the responsibility of the student. If the student refuses to submit to testing or if such tests are positive, the student is subject to immediate dismissal.

ALCOHOL AND DRUG USE (FLBE – LOCAL)

ALCOHOL

A student shall be prohibited from using or being under the influence of intoxicating beverages in classroom buildings, laboratories, auditoriums, library buildings, museums, faculty and administrative offices, intercollegiate and intramural athletic facilities, and all other public campus areas. State law shall be strictly enforced at all times on all property controlled by the College District in regard to the possession and consumption of alcoholic beverages.

CONTROLLED SUBSTANCES

No student shall possess, use, transmit, or attempt to possess, use, or transmit, or be under the influence of, any of the following substances on College District premises or off premises at a College District-sponsored activity, function, or event:

Any controlled substance or dangerous drug as defined by law, including but not limited to marijuana, any narcotic drug, hallucinogen, stimulant, depressant, amphetamine, or barbiturate.

Any abusable glue, aerosol paint, or any other volatile chemical substance for inhalation.

Any performance-enhancing substance, including steroids.

Any designer drug.

Any other intoxicant or mood-changing, mind-altering, or behavior-altering drug.

The transmittal, sale, or attempted sale of what is represented to be any of the above-listed substances shall also be prohibited under this policy.

EXCEPTION

A student who uses a drug authorized by a licensed physician through a prescription specifically for that student's use shall not be considered to have violated this rule.

VIOLATION

Students who violate this policy shall be subject to appropriate disciplinary action. ([See FM and FMA) Such disciplinary action may include referral to drug and alcohol counseling or rehabilitation programs or student assistance programs, suspension, expulsion, and referral to appropriate law enforcement officials for prosecution.

NOTICE

Each student taking one or more classes for any type of academic credit except for continuing education units shall be given a copy of the College District's policy prohibiting the unlawful possession, use, or distribution of illicit drugs and alcohol, a description of the applicable legal sanctions under local, state, or federal law, and a description of the health risks associated with the use of illicit drugs and the abuse of alcohol.

Privacy of Student Health Information

Any student health information received by the clinical facility must be kept confidential according to HIPAA guidelines.

Student Medical Insurance

All students enrolled in a health occupations program must have health insurance coverage. ***Without proof of medical insurance coverage the student will not be permitted to take part in clinical rotations.*** Any policy is satisfactory but the student will be required to verify insurance coverage prior to clinical rotations. Weatherford College does provide access to a carrier for student policies for a nominal fee. A student health insurance application form may be obtained from the PTA Program Director or the secretary.

Health History and Physical Exam

PTA students are required to receive medical clearance to participate in the program. A medical release form for the student to take to his/her family physician is included in the admissions packet. If the exam reveals disease or disability incompatible with the role and functions of the student physical therapist assistant, the student will be released from the program. Appropriate health counseling will be advised and the student may re-apply after the health issue is resolved.

Drug Screen

Once accepted, PTA students are required to satisfactorily complete a random urine drug screen performed by Certified Background. The cost of this screen is the responsibility of the student. Should a student have a verified positive test result for alcohol, any illegal drug, abuse of prescribed or over-the-counter medication, or mind-altering substances, he/she will be given reasonable opportunity to challenge or explain the results. Where results are confirmed and no medical justification exists, the student will not be allowed to participate in clinicals. Consequently, the student will not be able to

meet required clinical objectives and will, therefore, be dismissed from the program. Reapplication will be considered on an individual basis.

Clinical facilities have varying rules and some require additional drug screens as a condition of placement. Students are advised of the possibility of additional drug screens prior to a clinical rotation. Some facilities provide the screen to the student at no cost; if not, the cost of the additional drug screen will be the responsibility of the student.

Immunizations and Screenings

According to the Texas Administrative Code and the Dallas-Fort Worth Hospital Council Foundation, students enrolled in health-related courses that involve direct patient contact in medical care facilities, regardless of the number of courses taken, the number of hours taken, or the classification of the student must provide, prior to patient contact, acceptable evidence of immunity or immunizations listed below.

- A. Tetanus/Diphtheria/Pertussis (TDaP) – All students must have received one dose of TDaP within the past ten years.
- B. Rubeola (Measles) – All students must show proof of either:
 - 1. two doses of vaccine given at least 28 days apart, or
 - 2. serologic confirmation of immunity on a screening titer.
- C. Rubella (German measles) – All students must show proof of either:
 - 1. one dose of vaccine, or
 - 2. serologic confirmation of immunity on a screening titer.
- D. Mumps – All students must show proof of either:
 - 1. two doses of vaccine given at least 28 days apart, or
 - 2. serologic confirmation of immunity on a screening titer.
- E. Varicella (Chickenpox) – All students must show proof of either:
 - 1. two doses of vaccine given at least 28 days apart, or
 - 2. serologic confirmation of immunity on a screening titer.
- F. Hepatitis B – All students must show proof of either:
 - 1. a complete series of hepatitis B vaccine (sequencing requirement – 1 dose; 2nd dose 1 month later; 3rd dose no less than 4 months from 1st), or
 - 2. a series of two doses is required with Heplisav-B, or
 - 3. serologic confirmation of immunity on a screening titer.
- G. Influenza – Required annually during flu season; all students must show proof of one dose of vaccine, if applicable.
- H. Meningitis – All entering students younger than 22 years of age must show proof of an initial meningococcal vaccination or a booster dose during the 5-year period before enrolling; the vaccine must be received at least 10 days before the semester begins. This is a Weatherford College requirement. For more information, please go to <http://collegevaccinerequirements.com/requirements.php>.

- I. TB Skin Test – All students must show proof of either:
 1. a current negative TB skin test, or
 2. in the case of a previous positive skin test, a negative chest x-ray report or verification of TB-free status from their physician.

Exclusions for Immunization

Immunization is not required when the student:

- A. Submits one of the following:
 1. an affidavit or certificate signed by a physician who is registered and licensed to practice medicine within the United States, stating that in the physician's opinion the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the applicant or any member of applicant's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid only one year from the date signed by the physician.
 2. an affidavit signed by the applicant or, if a minor, by his or her parent or legal guardian stating that the applicant declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two-year period. The applicant, who has not received the required immunizations for reasons of conscience, including religious beliefs may be excluded from school in times of emergency or epidemic declared by the commissioner of public health. (If claiming exclusion for reasons of conscience, additional requirements according to Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter B must also be met.)
- B. Can prove that the student is serving on active duty with the armed forces of the United States.

Cardiopulmonary Resuscitation Training (CPR):

Prior to the first clinical experience, and then throughout the program, students are required to show proof of a valid American Heart Association CPR card. Training must be for *healthcare providers*.

Certification can be obtained by taking CPR classes that are offered through the Continuing Education Department at Weatherford College; call 817-598-6294 for dates and cost of class. Most hospitals offer classes; contact the hospital's education department for information. Recertification by an agency other than the American Heart Association will not be accepted.

Student Illness or Injury

Students returning to class or clinical following an illness or injury may be required to obtain a release from their health care provider. If activity restrictions are prescribed, the health care provider's documentation must be explicit. Some restrictions could prevent the student from continuing in a laboratory or clinical course and a course withdrawal or a grade of incomplete may be necessary, depending on the nature and timing of the problem. It is the responsibility of the student to contact the instructor before the next class or clinical to see if a doctor's release is necessary. Failure to obtain the requested release will prohibit the student from entering the laboratory or the clinical setting until the doctor's release is obtained.

Leave of Absence Policy

A leave of absence may be considered when a student is absent greater than 5 clinical days or 5 class/lab days within a semester. A leave of absence may include, but is not limited to emergency medical reasons, pregnancy, jury duty, or military leave. If the student is in a clinical rotation, they are required to notify the program director and the DCE of the leave of absence prior to the expected leave and official documentation must be submitted for program documentation. If the leave of absence is due to an unexpected injury/accident, notification of the incident must be communicated to the program director and the DCE within 48 hours by either the student or a family member and documentation must be submitted as soon as possible, but no later than the first day of the student's return. Each leave of absence will be handled on a case by case basis and clinical hours/assignments will be made up at the discretion of the DCE; however some absences may result in the inability of the student to progress in the respective program. The possibility of readmission with the following cohort may be considered.

In cases of pregnancy, childbirth, false pregnancy, termination of pregnancy, or recovery from any of these conditions, the college will provide students with "reasonable adjustments" that may be necessary due to the pregnancy.

Emergency Medical Care During Clinicals

Students, while in affiliated clinical sites, have access to the usual or same emergency medical facilities (for a fee) as the employees of the institutions. This service is assured students in the Cooperative Agreement held between Weatherford College and each facility. Should an incident requiring emergency care occur, the student will notify his/her health insurance carrier. Any and all cost resulting from the incident is the responsibility of the student and the student will not hold Weatherford College or the clinical site liable.

Clinical Facilities

Clinical affiliations occur in various facilities in the Weatherford area as well as in other designated clinics in the North Texas area. Students formally affiliate in three different clinical settings during their Physical Therapist Assistant education. Properly executed written agreements between the college and each facility delineate the responsibilities of both agencies.

Clinical Placement

Clinical placement is designed to expose the student to as many areas of physical therapy practice as possible and thereby facilitate the attainment of the basic skills needed for the daily practice of physical therapy as a licensed physical therapist assistant. Clinical placement is also coordinated with the didactic component of the program so that students receive appropriate instruction prior to each clinical experience. To accomplish these goals, each student is placed in an acute/inpatient care setting and an orthopedic setting for their first and second practicum and a neurologic/rehab setting for their final practicum.

Clinical placements for Practicums 1 and 2 are made by the DCE once students are given an opportunity to research available sites and submit their top 5 choices to the DCE by a deadline established in the early fall. Students entering Practicum 3 submit their top 5 choices to the DCE during the summer before their final clinical.

Students are advised that some clinical assignments may require long commutes or temporary relocation outside of the Weatherford area, which may result in additional living or commuting expenses for students given these assignments. The DCE makes clinical assignments based on the student's requests and the needs of the PTA Program. The clinical assignment decisions of the DCE are final.

If the DCE is unable to place all students in the desired types of clinical facilities for each rotation, clinical affiliations may be postponed until special arrangements can be made by the DCE for an appropriate six week clinical placement. This may require a student to extend their educational program past their anticipated graduation date.

If there are reentering students (according to the readmission policy in this handbook), currently enrolled students will be placed before reentering students.

Clinical Grade Compilation

Clinical Instructors evaluate the student's performance of the PTA MACS skills, but the final grade determination is made by the DCE using the following guidelines:

<u>Criteria</u>	<u>Weight</u>
Completion of appropriate PTA MACS skills	60 points possible
CI VAS scoring	15 points
Online participation	15 points
Clinical documentation – accuracy/timeliness	5 points
Student assessment of the clinical experience	<u>5 points</u>
Total:	100 points

The DCE's assessment is based on review of the PTA MACS skills; the Visual Analog Score on the Progress Report; the Clinical Attendance log; the clinical instructor's comments obtained verbally via telephone or personal conference; online discussion forums, weekly journals to the DCE, and correct completion of paperwork.

The following example is from Practicum II:

Practicum II Grading System

To earn any passing grade, i.e. "A", "B", or "C", the student must have a "+" or "√" on Skill #22 related to Safety During Patient Management. Any other mark on Skill #22 may result in failure and dismissal from the program.

To receive an "A" complete all the following without any deductions:

- 1) Skill completion (possibility of 60 points total):
 - a) Skills 1-10, 12, 13, 14, 22, 23, and 24: Receive a "√" or a "+" on each of these skills
 - b) Complete over 22 other skills: Receive a "√" or a "+" on each of these skills
 - c) All Professional Behavior + Other Skills = >38 total skills completed= 60 points
38 total skills= 50 points
- 2) VAS score pertaining to performance on THIS clinical "Meets Entry Level" or above (15 points total)
 - a) Not meeting "entry level" will remove all 15 points from your total final score and will require an in-depth look at student's performance with a possibility of further didactic study, further clinic time, or possible dismissal from the program.
- 3) Participate in Canvas Discussion Board (15 points total)
 - a) 10 or more thoughtful posts
 - b) 5 of 5 end of the week journals to DCE (each week)

- 4) Complete Student Assessment of Clinical Experience (SECEE) with thoughtful comments and go over it with CI at the end of the rotation. (5 points total)
- 5) Turn in all paperwork correctly, in envelope with CI signature over the closure: (5 points total)
 - a) Time Sheet: Signed, initials, and dates completed by CI and student
 - b) Pink Progress Note: Signed, initialed, and dated by CI and signed by student
 - c) Manila envelope sealed with all paperwork inside and CI initials over seal
 - d) Green SECEE student evaluation forms signed by both student and CI
 - e) Bring PTA Macs notebook with you for DCE to read through.
- 6) Any attendance issues will be subtracted from the clinical skills area (-4 pts per unexcused absence)
- 7) Deduction for any Professional Behaviors not completed (-10 pts per behavior)

To receive a “B” complete all the following without any of the deductions:

- 1) Skill completion (40 points total):
 - a) Skills 1-10, 12, 13, 14, 22, 23, and 24: Receive a “√” or a “+” on each of these skills
Complete 20 to 21 other skills: Receive a “√” or a “+” on each of these skills
 - b) All Professional Behaviors + Other Skills = 36 to 37 total skills completed = 40 points
- 2) VAS score pertaining to performance on THIS clinical “Meets Entry Level” (15 points total)
 - a) Not meeting “entry level” will remove all 15 points from your total final score and will require an in-depth look at student’s performance with a possibility of further didactic study, further clinic time, or possible dismissal from the program.
- 3) Participate in Canvas Discussion Board (15 points total)
 - a) 10 thoughtful posts
 - b) 5 of 5 end of the week journals to DCE (each week)
- 4) Complete Student Assessment of Clinical Experience (SECEE) with thoughtful comments and go over it with CI at the end of the rotation (5 points total).
- 5) Turn in all paperwork correctly, in envelope with CI signature over the closure (5 points total):
 - a) Time Sheet: Signed, initials, and dates completed by CI and student
 - b) Pink Progress Note: Signed, initialed, and dated by CI and signed by student
 - c) Manila envelope sealed with all paperwork inside and CI initials over seal
 - d) Green SECEE student evaluation forms signed by both student and CI
 - e) Bring PTA Macs notebook with you for DCE to read through.
- 6) Any attendance issues will be subtracted from the clinical skills area (-4 pts per unexcused absence)
- 7) Deduction for any Professional Behaviors not completed (-10 pts per behavior)

To receive a “C”, complete all the requirements below without any of the deductions:

- 1) Skill completion (30 points total):
 - a) Skills 1-10, 12, 13, 14, 22, 23, and 24: Receive a “√” or a “+” on each of these skills
 - b) Complete 18-19 other skills: Receive a “√” or a “+” on each of these skills
 - c) All Professional Behaviors + Other Skills = 34 to 35 total skills completed = 30 points
- 2) VAS score pertaining to performance on THIS clinical “Meets Entry Level” (15 points total)
 - a) Not meeting “entry level” will remove all 15 points from your total final score and will require an in-depth look at student’s performance with a possibility of further didactic study, further clinic time, or possible failure.
- 3) Participate in Canvas Discussion Board (15 points total)
 - a) 10 thoughtful posts
 - b) 5 of 5 end of the week journals to DCE (each week)
- 4) Complete Student Assessment of Clinical Experience (SECEE) with thoughtful comments and go over it with CI at the end of the rotation (5 points total).
- 5) Turn in all paperwork correctly, in envelope with CI signature over the closure (5 points total):
 - a) Time Sheet: Signed, initialed, and dated by CI and student
 - b) Pink Progress Note: Signed, initialed, dated by CI and signed by student
 - c) Manila envelope sealed with all paperwork inside and CI initials over seal
 - d) Green SECEE student evaluation forms signed by both student and CI
 - e) Bring PTA Macs notebook with you for DCE to read through.
- 6) Any attendance issues will be subtracted from the clinical skills area (-4 pts per unexcused absence)
- 7) Deduction for any Professional Behaviors not completed (-10 pts per behavior)

Failure to meet the above minimal criteria may result in a failing grade and dismissal from the program or require the

completion of an additional clinical rotation as determined at the discretion of the DCE in conference with the Director of the Program. A rating of “U” (Unacceptable) on any professional behaviors or required skills for that specific rotation will result in a failure of the clinical rotation. The student must practice in a manner that meets the facility’s expectations of a student participating in a full-time clinical education experience.

PTA Macs skill grading is as listed below:

(+) = Above entry-level standards in meeting all applicable objectives, practicing the skill independently, safely and effectively.

(√) = Entry Level, performed the skill independently, safely and effectively on a consistent basis, meeting all objectives applicable at this facility; the student is entry-level.

(NI) = Not Independent, below entry level standards; performed the skill or components of the skill with supervision or assistance, requiring guidance or minor correction; the student is not yet independent in meeting applicable objectives.

(requires comment by CI)

(U) = Unacceptable, student performs well below entry-level standards for this setting; demonstrated an inability to perform the skill in a safe and effective manner; the student has received guidance and remains unable to perform the skill or components at or near entry-level; (CI must call DCE immediately and document reasons/incident by which the student earned this rating.)

(Blank) = Not applicable, had no opportunity to address this skill.

Clinic Failure

Students who fail to earn a passing grade of “C” (75%) in **one** clinical course **may** be given an opportunity for remediation according to the following guidelines:

- The student’s clinical performance will be reviewed by the DCE and the Program Director to determine if remediation is appropriate. If it is determined that the student was given adequate opportunity to demonstrate appropriate clinical behavior and was unwilling or unable to do so, no remediation will be offered and the student will be given a failing grade and dropped from the PTA Program.
- If the student failed due to Safety concerns (Skill 22 of the PTA Macs) and the DCE, Program Director, and CI concluded that the student is not safe to work with patients, no remediation will be offered since safe patient care is a priority.
- Options for remediation may include extending a clinical assignment for an additional period of time, repeating an entire clinical at a different facility, additional lab or course work before repeating a clinical or any combination of these or other actions. It is generally felt that the student needs to master clinical work in the same type of setting (acute/inpatient, or OP in the first year rotations) before moving on to the next type of setting. For example, if a student fails a clinical in the acute/inpatient setting, they will do remediation in that setting before going on to OP and vice versa, if they are in OP and fail, they will be required to remediate in OP before going on to acute care. The remediation plan and course of action will be determined by the DCE, the CI, the CCCE, and the PTA program director.
- If the remediation plan includes repeating an entire 6 week clinical experience, the student will be required to re-enroll in the clinical course and pay the required tuition and fees.
- If the remediation plan does not require re-enrolling in the clinical course, the maximum grade possible once all requirements have been met is a “C”. The student may be given an “I” (Incomplete) until all the requirements have been met, if the plan also meets with the Weatherford College requirements for an “I”.

- The DCE will meet with the student and describe the required remediation plan. Students who decide not to complete remediation requirements will be given a failing grade and will be dropped from the PTA Program.
- The timing of any additional clinical experience will depend on the availability of an appropriate clinical facility and clinical instructor, and may require a student to extend their educational program past their anticipated graduation date.

Only one clinical failure may be remediated. Failure to earn a passing grade of “C” (75%) in a second clinical course or failure in a remedial clinical will result in dismissal from the PTA Program. Students dismissed from the program due to clinical failure during the summer clinical rotations are subject to the same readmission requirements as students who are dismissed for academic failure during the first year of the PTA Program.

Clinical Attendance

Attendance at clinicals is an essential component of the student’s clinical education. The student must be in his/her assigned area of rotation and prepared for instruction at the scheduled time for that facility. The student must complete both the minimum number of hours required for each clinical as well as the minimum number of weeks as defined in the course syllabus. If a clinic is closed (or operated by a significantly reduced staff) for a day due to a holiday or extenuating circumstances, such as a utility failure or dangerous weather conditions, the clinical instructor may excuse the student from clinical participation for that day. In such a case, no grade penalty is assessed and the student does not need to make up the time missed. The student should document the circumstances on the Clinical Attendance Form and include the number of clinical hours missed due to these circumstances in the total number of clinical hours for that week.

If a student is unable to be present at clinicals, it is *his/her responsibility* to report the intended absence to both the Clinical Instructor and DCE prior to the start of business at the clinic on the date that is to be missed. All clinical absences must be made up at a time mutually agreed upon by the student and the Clinical Instructor. Extenuating circumstances, such as serious illness, or death or serious illness of an immediate family member (children, parents, brother, sister, or grandparents) will be discussed and a decision regarding required make-up time will be made on an individual basis.

**Late arrival to clinic will result in 2 point deduction from final grade for each time the student is late due to the student’s lack of professional courtesy.*

**Absence not reported to both DCE and CI will result in 4 point deduction from final grade. If the student completes an unreported absence again, this will result in dismissal from clinical rotation or dismissal from the program.*

Clinical Appearance

Personal cleanliness and hygiene are essential for personal health as well as acceptable interpersonal activities such as those engaged in by health care personnel. Body odors and fragrances can be particularly offensive to patients. Daily oral hygiene, bathing and use of antiperspirants are required. Use of fragrances/colognes is prohibited.

Hair must be clean. Only simple hair accessories are permitted. Students with long hairstyles must tie hair back or pin it up so that it does not fall loosely over shoulders and/or face. Styling products and make-up are to be kept to a minimum. Men must be clean-shaven or moustaches/beards must be neatly trimmed.

Fingernails must be clean and filed smoothly. The fingernails should not extend beyond the fingertips and no acrylic nails or nail polish (not even clear) may be worn.

Only minimal jewelry is permitted. Wedding bands/rings are permitted but must be removed during patient care procedures if there is a possibility of injuring the patient with them. One small, plain stud earring may be worn in each ear. No other earrings or visible body piercing jewelry are permitted. Religious medals or medallions may be worn on a long chain around the neck if they are concealed beneath the uniform but other bracelets and necklaces are not allowed.

Visible tattoos or other body decorations must be covered. A watch with second counter is necessary.

Uniforms as described below must be worn when the student is in the clinical setting, unless the facility requires different attire. Clothing must be clean and pressed. Shoes must be clean and well-kept. When in clinic rotation, students may follow the dress code of the clinic facility assigned and wear the same type of attire as staff clinicians if it meets with the Weatherford College overall guidelines. Students must wear pants/slacks that are full length. If the clinic allows their staff to wear jegging or legging style pants, spandex exercise, or capri length pants, the student will follow the Weatherford College dress code.

PTA Student Uniform

Polo Shirt: A solid color, black polo shirt in a style approved by the DCE must be purchased by each student. The black shirt is to be worn at all off-campus PTA class functions and in all clinical settings unless the clinical facility has a different dress code. There are no exceptions.

Name Badge: Name badges with the Weatherford College logo, student's name and designation as a PTA student in a style approved by the DCE must be purchased by each student.

Khaki Pants: Pants should be full-length trouser-style pants. Pleated or flat front pants are acceptable. Unacceptable styles include hip-huggers, cargo pants, carpenter style pants, jeggings, legging pants, spandex exercise pants, bell bottom, and flared-leg pants. Jeans are unacceptable for any clinic setting or class field trips. The waist band of the pants must be worn at or above the level of the iliac crest.

Shoes: Shoes must be single-color dress, walking or athletic shoes with a low heel and rubber soles. They may be white, off-white, tan, gray, brown or black. Laces must match the shoe color. Unacceptable styles include open-toe, open-heel, platform shoes and boots.

Safety

While in clinical facilities, students must abide by all safety, security, and evacuation policies and procedures in effect at the facility.

Practice

As in laboratory session, students may be required to serve as patient simulators while in clinical affiliations. Students may also be required to practice skills on Clinical Instructors and/or other employees of the clinical facility. In order to assure the safety of all involved, students are required to abide by all facility safety rules, to follow specific application guidelines, and adhere to contraindications and precautions for each treatment / technique at all times.

Imaging of Patients, Clinical Instructors and Others in Clinic

Students are prohibited from taking pictures, video-tapes or audio recordings or making digital images or recordings of patients, patients' family members, clinical instructors, and all others during clinicals.

Professional Conduct

Students must conduct themselves in a professional manner at all times, treat fellow students, faculty, clinical instructors and staff, and all patients with kindness and courtesy, and preserve patient dignity.

Students must *always*:

- Appropriately announce their presence prior to entering any patient room or treatment space.
- Introduce themselves as a physical therapist assistant student.
- Respect the right of patients' to refuse treatment by a student.
- Protect the privacy of patients' personal health information.
- Accept constructive criticism gracefully.
- Keep the Clinical Instructor informed of their activities at all times during clinic hours.

Students must *never*:

- Discuss a patient's history or information in the medical record with a patient or his/her relatives. Patients' charts and all other patient records should be kept out of reach of unauthorized persons, including patients.
- Discuss matters pertaining to patient care or patient status in elevators, corridors or any other public area where their comments may be overheard.
- Discuss any matter within a patient's hearing which is not directly intended for his/her ears.
- Smoke, eat, drink or chew gum during clinic working hours, except in designated areas.
- Accept any money or gifts from patients.
- Become personally involved with patients, clinical instructors or any supervisory personnel. Student-patient and student-clinical instructor relationships must be strictly professional in nature at all times.
- Lend personal items to patients and/or run errands for patients.

Unacceptable Student Conduct During Clinical Affiliations

Assignments of students to clinical facilities is dependent on the willingness of the facility to accept a student at a specified time. A student is a guest in the facility to which he/she is assigned; consequently, if the student's behavior or performance in any way disrupts patient services at the facility, the CCCE, CI or faculty may immediately terminate the student's placement. *The facility may*

request that the school withdraw any student whose conduct or clinical performance may have a detrimental effect on its staff or patients.

One or more of the following actions (or like actions) by a student may be grounds for immediate termination of the clinical assignment or termination from the PTA Program.

1. Behavior that creates a threat to the welfare of the patient/client.
2. Behavior that creates a threat to the facility to which the student is assigned.
3. Behavior that threatens the continued relationship between the college and the facility.
4. Violation of patient confidentiality.
5. Failure to adhere to facility policies and/or procedures.
6. Repeated failure to follow instructions.
7. Arguing with the supervisor.
8. Use of profane, abusive, or vulgar language.
9. Refusal to carry out assigned duties.
10. Failure to follow attendance procedures.
11. Misrepresentation of personal competency level or any clinically relevant information.
12. Failure to alter behavior after constructive feedback from supervisor.

If a CCCE requests the withdrawal of a student from the clinic, the following procedure will be employed:

- The DCE will discuss the student's performance with the CCCE, CI and/or student and will attempt to resolve the CCCE's concerns. If the concerns cannot be resolved to the CCCE's satisfaction, the student will be immediately removed from the facility.
- The DCE and Program Director will review the student's performance. If it is determined that the student's behavior would likely pose a risk to future patients or to Weatherford College's relationship with clinical facilities, the student will be immediately dismissed from the PTA Program.
- If the student's behavior does not warrant immediate dismissal from the PTA Program, removal from a clinical facility is considered a clinical failure and the student's continuation in the PTA Program will be determined according the Clinical Failure policy.
- Unacceptable behavior should be documented on a Clinical Incident Form (Appendix A).

Clinical Facility Policies and Procedures

Different clinical facilities have different policies and procedures. It is the responsibility of each Clinical Instructor to provide an adequate orientation to each student and it is the student's responsibility to the clinic-specific policies and procedures at each clinical affiliation and to follow all such policies and procedures.

CLINICAL INSTRUCTOR EVALUATION AND DEVELOPMENT

The PTA Program at Weatherford College has identified the following methods for ongoing evaluation and development of clinical instructors:

1. Initial CI Training – The Clinical Education Manual includes a section titled “Clinical Instructor Training for the Weatherford College PTA Program” which includes guidelines, expectations and requirements of this program. CIs who are new to the Weatherford College program are encouraged to read through this section of the Clinical Education Manual. Additional on-site training is provided as needed onsite, by phone, and during mid-clinic visits.
2. The clinical experience is evaluated by the students after every clinical affiliation. The students complete the Student Evaluation of Clinical Education Experiences (SECEE) from the PTA MACS, which includes specific feedback regarding their clinical instructor's performance. The students will go over the SECEE form with the clinical instructor at the very end of the clinical when the clinical instructor has already completed all the PTA Macs grading so that the student feels like they can be candid with the clinical instructor and will not have their grade penalized.
3. The DCE reviews every PTA MACS after each clinical experience to gather additional information regarding clinical instructor performance. The DCE will complete the CI Evaluation and Development Form, if needed, to document and address inadequacies in completion of PTA MACS and if there were any student concerns found on the SECEE form. This form also allows for the DCE to document a “plan” on how to educate the CI if needed. These education sessions may be over the phone, by email, or face to face at mid-clinic visits or if needed, a separate scheduled meeting with CI.
4. Based on data from the SECEE forms and the PTA MACS review, the DCE makes an assessment of the CI's performance.
5. Weaknesses which could have a detrimental effect on current or impending student clinical experiences are addressed by the DCE immediately and students are not assigned to the facility until the problem is corrected.

Qualifications

Clinical instructors must be currently licensed to practice in the State of Texas at the time they are supervising a Weatherford College student, clinically competent in their practice setting and have a minimum of one year of full time (or equivalent) post-licensure clinical experience.

Continuing Education

Clinical instructors are expected to be active in professional activities and staff development programs including, but not limited to: continuing education courses and in-services. Professional educational programs should be available and encouraged at the clinical site.

Examples of continuing education:

1. Within the clinical facility

- Participation in clinical affiliations (provides the CI with exposure to current research, didactic and clinical information from the students and academic faculty)
 - In-services, including educational presentations given by peers, students or other members of the facility or department
2. Professional continuing education
 - Through the APTA, TPTA and others professional education providers
 3. Professional literature and journals
 4. Academic course work; involvement in advanced study
 5. By the Academic faculty
 - On-site training is provided for clinical instructors as needs are identified by the DCE, the CCCE or any clinical instructor. The DCE is available to meet with clinical staff individually or for group training during any of the times students are in clinics (mid-January through the summer months)
 - Workshops are periodically presented by the DCE at Weatherford College or other locations when needed to update a large number of clinical instructors in current policies, program changes or clinical education skills.

CLINICAL SITE EVALUATION AND DEVELOPMENT

The PTA Program at Weatherford College has identified the following methods for ongoing evaluation and development of existing clinical sites, focusing on maintaining an adequate number and variety of clinical sites:

1. Once all students have been assigned to clinical facilities for the coming year, the DCE reviews the clinical assignments and determines if an adequate number and variety of clinical sites is available to allow all students to be assigned to an inpatient/acute care facility and orthopedic facility for their first and second practicums and to a neuro facility for their last practicum. If a problem is identified, a corrective plan is developed.
2. The DCE reviews each student's clinical documentation after each clinical experience and determines if a sufficient variety of patients and educational opportunities was present at the clinic to allow the student to accomplish all of the clinical objectives. If a problem is identified, a corrective plan is developed.
3. To assist clinics in identifying and improving other aspects of their clinical education programs, the students go over the SECEE responses with the clinical instructors on their final day. Clinical Instructors are asked to make this the final aspect of the clinical rotation, after the student has already been graded, so that the student feels they can give more open and constructive feedback.
4. In order to collect more information for use in planning clinical faculty development, pertinent items are included in surveys sent periodically to Program graduates and Clinical Instructors.

The PTA Program at Weatherford College has identified the following methods for identification, evaluation and development of new clinical sites:

1. Potential new clinical sites are identified when facilities contact the PTA program seeking a clinical affiliation or the DCE becomes aware of a potential new clinical affiliation opportunity through the Texas Department of State Health Services directory of hospitals, internet search, or involvement in the PT community.
2. Once identified, the clinical site completes a Clinical Site Information Form (CSIF), provided by the DCE, and returns it to the DCE.
3. The DCE reviews the CSIF and visits the clinical site to verify the qualifications of the CCCE and assess the suitability of the facility for use by the PTA Program.
4. If a decision is made to utilize the clinical facility, an affiliation contract is prepared and sent to the facility by the DCE. If the facility prefers to originate the clinical contract, the contract is reviewed by the Dean and the DCE to determine its suitability.
5. The Dean's office notifies the DCE when a signed contract has been received, files the signed contract in the Dean's office and emails a digital copy of the contract to the DCE. The DCE keeps the digital copy on computer and makes a written copy for files in the office.
6. The DCE provides initial training for the facility's clinical education staff regarding the program goals and objectives, supervision of WC PTA students and use of the PTA MACS.

7. The first PTA student is scheduled for a clinical affiliation and is closely monitored by the DCE during the affiliation.
8. After the first affiliation, the student, CCCE and clinical instructor are contacted by the DCE to identify any problems and establish a development plan, if needed.

CLINICAL EXPERIENCES

Practicum I and II – Acute/Inpatient care and Orthopedic emphasis

Full time 6 week rotation with a **minimum of 240 clinic hours**, which occurs during the summer between the first and second year, provides the initial exposure to the clinical environment. Students observe and utilize skills obtained in the classroom and laboratory. Provides opportunities for selecting and applying procedures and equipment, improving decision-making, problem-solving and reasoning abilities within the acute care and orthopedic environments. Whenever possible, students are also given clinical experience with wound care during the acute affiliation. During the orthopedic practicum, students will work with primarily outpatient orthopedic patients and will have an opportunity to utilize their skills relating to physical agents and exercise. Close supervision by a licensed physical therapist or licensed physical therapist assistant is required.

Students will have completed their first year of academic studies, including instruction in the following areas:

Aseptic technique	Therapeutic exercise
Bed mobility	Physical Agents
Body mechanics	Progressive gait training (no gait assessment)
Clinical pathology	PTA legal and ethical issues
Documentation	PTA professional issues
Goniometry	Therapeutic positioning
Manual Muscle Testing	Transfer training
Passive range of motion	Transporting patients
Pre-ambulation mat activities	Vital signs
	Wound care and dressings

Practicum 3 – Neurologic emphasis

Full time 6 week rotations with a **minimum of 240 clinic hours in each clinical**, which occur during the final Spring semester, provides the final supervised clinical experiences. Students will have the opportunity to complete this rotation during Practicum IIIa or during Practicum IIIb. Students observe and utilize skills obtained in the classroom and laboratory. Provides opportunities for selecting and applying procedures and equipment, and improving decision-making, problem-solving and reasoning abilities. The student will be able to improve upon the skills already learned and add additional techniques specific to individual facilities.

During this practicum, students will have an opportunity to utilize their skills relating to management of neurological disorders. Close supervision by a licensed physical therapist or licensed physical therapist assistant is required.

During the final week of Practicum IIIa and Practicum IIIb, the last clinical day will be Thursday. Students will return to campus on Friday of that week to take a mock Licensure Exam.

Students will have completed all academic requirements for graduation prior to Practicum III.

DETERMINING SKILLS COMPETENCY

Students must meet clinical competency criteria to remain in the PTA program. Students must pass all skills check offs and lab practical examinations in each skills course. Students are given three attempts on each check off and lab practical (See Failed lab practical policy), however, grade deductions for course grade calculations are made (See your course syllabus for specific details). To successfully pass the class, students must earn a grade of 75%. Students must also have an average exam score on major unit exams (that includes the final exam) above 75% to demonstrate competency and remain in the program. If a student fails to meet the standard for clinical competency, they will be withdrawn from the program. Students must seek remediation for each exam failed and show competency of knowledge in that material.

OBSERVATION DURING LAB, CHECK-OFFS, AND SUBJECT TO LAB PRACTICALS

Bipolar Electrical Stimulation	Palpation of Muscles and Body Landmarks
Cold Packs/Ice Massage	Paraffin
Contrast Baths	Gait Training and Progressive Gait Training
Hydrotherapy	Segmental Girth Measurements
Interferential Electrical Stimulation	Sensory Testing
Intermittent Compression	TENS
Iontophoresis	Traction-Cervical & Lumbar
Laser	Unipolar-Motor Point Electrical Stimulation
Massage/Soft Tissue Mobilization	Ultrasound
Moist Hot Packs	Vapocoolant Spray

OBSERVATION DURING LAB AND CHECK-OFFS

Basic Exercises	Positioning and Draping
Body Mechanics	Medical Asepsis
Compression Dressings	Transfers/Lifts
Dressing and Bandages	Wheelchair Mobility
Goniometric Measurements	Vital Signs
Manual Muscle Testing	Pulmonary Hygiene
Range of Motion	

OBSERVATION DURING LAB

Architectural Barriers Measurement	Leg Length Measurement
Breath/Lung Sounds	Pre-ambulation Mat Activities
Coordination/Balance Assessment	Postural Assessment
CPM Machines	Pulmonary Hygiene
Development Techniques/Activities	Wheelchair Measurement
Developmental Assessment	Volumetric Measurements
Effects of Exercise	Righting / Equilibrium / Reflex Assessment
EMG Biofeedback	Tilt Table
Functional Activity Assessment	Temperature Biofeedback
Gait Assessment	Therapeutic Exercises/Activities/Instruction
Height Measurement	Thoracic Mobility Assessment
Hoyer Lift	Inclinometers

DIDACTIC INSTRUCTION ONLY

Burn Care	Microwave Diathermy
GSR Biofeedback	Various Assessment Tools
Ultraviolet	Infrared, Diathermy
Weight Measurement	Orthotics and Prosthetics

CLINICAL INSTRUCTOR TRAINING for the Weatherford College PTA Program

Information in this section of the Clinical Education Manual will familiarize Clinical Instructors with the guidelines, expectations and requirements of the Weatherford College PTA Clinical Education Program that may be different from the guidelines, expectations and requirements of other PTA programs.

The Clinical Skill Requirements Chart (Appendix B)

This chart is the student's "clinical roadmap". It indicates the specific skills that students are expected to get approved (demonstrate at entry-level) during each clinical experience. For example, skills that are identified in the "Type" column with the letter "A" (acute (inpatient) care skills) are expected to be approved by the end of the acute (inpatient) care clinical. The last row of the chart indicates the total number of skills that are required to be approved by the end of each clinical. The Clinical Skills Requirement Chart refers to skills in the PTA MACS but it is not part of the PTA MACS, it is only used by the Weatherford College PTA Program. The chart is primarily for the students' use as they are responsible for their progress through the clinical education program, but CIs may find it useful to be familiar with the chart as well.

Determining Clinical Grades

Student clinical performance is documented using the PTA MACS, which the student will bring to the clinical facility. General Instructions for completing the MACS are included in the front of the MACS notebook. Specific instructions for using the PTA MACS with Weatherford College PTA students are included below. Once the student has completed each clinical experience and turned in all documentation of the experience (PTA MACS, attendance log, online discussion participation and SECEE), the DCE assigns a grade for the clinical based on criteria outlined in the course syllabus. A copy of the course syllabus should be included in each students' PTA MACS notebook.

Because it is the DCE who assigns a final grade for each student, it is important for the CI to provide objective documentation of the student's performance, including documentation of specific strengths and weaknesses, so the DCE can assign a grade which accurately reflects the student's clinical skill. Clinical Instructors are encouraged to document specific strengths and weaknesses on the PTA MACS individual skill sheets (white) and in each section of the Progress Report form (pink) rather than simply provide general, subjective assessments such as "This student will be an outstanding PTA," or "This student does not have adequate skills." CIs are encouraged to think beyond these types of generalizations and provide objective descriptions of what, exactly, is outstanding, or what component of a specific skill is inadequate.

Defining Entry-level Performance

The baseline for student assessment is "entry-level performance." This means that the student consistently performs all of the applicable objectives (in most cases all of the objectives are applicable) with a level of skill consistent with a new PTA graduate. Components of entry-level performance include safety, accuracy, effectiveness, efficiency and independence. Independence means without prompting, without correction and without assistance (other than procedures that normally require assistance), but it does not mean without being observed. Students should always be observed by a licensed PT or PTA during all patient interactions. The visual analog scale at the end of the Pink

Assessment sheets in the PTA Macs will show the clinical instructors indication of student performance for that clinical rotation.

For PTA MACS skills 21.8 Muscle Performance (strength testing) and 21.10 Range of Motion (goniometry) a chart is included on the skill page for the CI to indicate, using their initials, the joints (or the muscles surrounding the joints) that the student tested. Entry-level PTAs should be able to accurately measure all movements, but the Weatherford College PTA Program requires students to demonstrate entry-level measurement of 8 joints (other than thoracic) in order to be rated at entry-level (✓). The highest rating a student should receive if they have performed well but have not yet demonstrated measurement of 8 joints is NI. Each joint **MUST HAVE** the CI's initials next to it in order to gain credit for completion of that measurement.

For PTA MACS skills 17.1 – 17.12 (Therapeutic Exercise), 18.1 – 18.7 (Functional Training) and 20.1 – 21.10 (Biophysical Agents) charts are included on the skill pages for the CI to indicate, using their initials, the types of equipment or techniques the student used with entry-level proficiency. CIs must use their own judgment to determine which, or how many, types of equipment or techniques are required in order to rate the student's performance of the skill at entry-level. For example, entry-level on Skill 17.2 Balance Activities may require demonstration of sitting and standing static and dynamic balance activities whereas students may be able to demonstrate mastery of Skill 17.1 Aerobic Activities using just one piece of equipment.

In rare cases, one or two objectives of a skill may be unavailable, but the student has an opportunity to demonstrate **most** of the objectives and **all** of the critical components of a skill. In such cases the student may be rated NI, ✓ or + on the skill but the objectives that were not available should be noted in the comment box on the skill sheet. The rating can be left blank if the student had no opportunity to complete any of the objectives for that skill during the specific rotation.

For example, Skill 21.9 – Tests and Measures: Neuromotor Function has the following objectives:

- a. Identifies the presence of absence of reflexes, associated reactions, or abnormal tone.
- b. Identifies gross and fine motor skills.
- c. Identifies gross and fine motor milestones.
- d. Differentiates between upper motor neuron and lower motor neuron findings.

This skill was designed primarily for the pediatric setting but is an essential skill for students assigned to adult neuro settings as well. In an adult neuro setting students should have opportunities to identify reflexes, associated reactions and abnormal tone (objective a), and to differentiate between upper and lower motor neuron findings (objective d). For the adult setting, most clinicians would agree that the critical components of objectives b and c would include identifying a patient's gross motor skills and milestones in order to implement a developmental treatment progression. Therefore a student in an adult neuro setting could be rated at entry-level on this skill even if fine motor skills and developmental milestones are not addressed in this setting. CIs have the authority to interpret skill objectives in this way as long as the interpretation is consistent with prevailing practice patterns. CIs having questions about identifying the critical components of a skill's objectives should contact the DCE.

The PTA MACS Rating Scale

The PTA MACS Rating Scale is intended to be used for four primary purposes.

- To identify skills the student can perform at entry-level (✓)
- To identify student strengths (+)
- To identify student weaknesses (NI)
- To identify skills for which the CI cannot make a determination of proficiency due to lack of opportunities to observe performance of the skill (Leave Blank)

During the first few weeks of each clinical experiences, most student weaknesses will become evident. Therefore, during the midterm evaluation, some NI ratings are to be expected. By the end of each clinical experience, most students will have demonstrated strong performance of some skills. If so, some + ratings would be appropriate during the final evaluation. CIs are encouraged to use both NI and + ratings, along with ✓, to appropriately describe student performance. With this in mind, the individual rating options are described in detail below.

- + Above Entry-level – This rating should be given to students who exceed the entry-level standard in the performance of all of a skills specific objectives. If the CI cannot identify any way in which a student could improve their performance of a specific skill, a + rating should be considered. These ratings are viewed by the DCE as evidence of above-average performance.
- ✓ Entry-level – The check is used to indicate entry-level performance as described above. However, the PTA MACS should not be viewed as a “checklist”. Students should not receive an entry-level rating simply because they have performed a skill. Rather, the student must perform the skill consistently and well enough to convince the CI that they have entry-level skills.
- NI Not Independent – Some CIs are reluctant to use NI ratings because they want students to have a positive experience and feel good about their performance. However, if a student is not performing at entry-level, clearly identifying their specific weaknesses is the best way to help the student succeed. If the student needs to improve and the CI simply tells the student that, “You just need more experience,” the student could get lots of experience at performing a skill inappropriately, incorrectly, ineffectively or unsafely, and not get any closer to the entry-level standard.

When a student’s performance of a skill objective falls short of the entry-level standard, requiring guidance and/or correction from the CI or is not safe, an NI rating should be recorded and a comment should be written identifying the specific objective and the student’s behavior that needs to improve.

- U Unacceptable – Whenever a student’s performance cannot be tolerated in the clinical setting, a rating of U should be documented in the PTA MACS and the DCE should be contacted immediately. The CI should clearly document the specific behavior/incident that led to this rating using the Clinical Incident Form (Appendix A).

Blank – Leave the rating box blank whenever a student has not had an opportunity to demonstrate a specific skill sufficiently for the CI to make an accurate assessment of the student’s performance compared to the entry-level standard.

Consider/Rate Every Skill, Every Time

For each clinical experience (acute/inpatient, ortho, neuro), specific skills are required to be completed by the end of that experience. These are indicated on the Clinical Skill Requirements Chart (Appendix B) with the letters A (acute), O (ortho) and N (neuro) in the “Type” column of the chart. It is the student’s responsibility to make the CI aware of the specific skills they need to demonstrate in each clinical setting. However, the required skills are not the only skills that should be given a rating. During each formal assessment (mid-clinical and final) a rating should be given to each skill so that the DCE knows that nothing was missed – **consider/rate every skill, every time**. Skills that are not observed sufficiently to determine the student’s proficiency should be left blank.

Meeting Requirements in the Absence of Specific Patients

It is always preferable for skills to be demonstrated on actual patients. However, in rare cases, it is possible that a student may be required to get a skill approved but may not have an opportunity to demonstrate their proficiency on an appropriate patient. In such cases it is permissible for the CI to arrange for a “sham” patient, such as using themselves or another staff member as a patient, as long as this arrangement. For example, students are required to get skill 21.10 Range of Motion (goniometry) approved by the end of their orthopedic clinical and approval of this skill requires measurement of 8 joints. If the student does not have an opportunity to work with a hand patient during their clinical, the CI could have the student demonstrate entry-level proficiency on a sham patient so the student can meet their requirements. Sham patients should not be used, however, to get skills that are recommended, but not required, approved at entry-level.

Students Needing Experience or Confidence

The more specific a CI is when describing student performance the more likely the student is to improve their performance. Unfortunately, two of the most common comments given to students as feedback are, “You just need more experience,” and, “You just need more confidence.” These comments are relatively easy assessments for the CI to make, but neither is likely to help the student change their behavior because they are not specific enough. Some students will assess their own performance and figure out what they need to change, but many students won’t know what they need to do differently.

One way to help focus on specific weaknesses is for the CI to ask themselves, “If the student gets more experience, in what way do I hope their performance will change?” For example, The CI might hope that the student would stand closer to the patient during transfers or that the student would ask the patient to demonstrate after teaching a home exercise. If so, the skill should be rated NI and the hoped-for behaviors should be documented.

In the case of a student lacking confidence, an appropriate question would be, “If the student had more confidence, what would they do differently?” For example, the student would make eye contact with the patient more frequently, or would not hesitate so long before answering a question. If the CI can identify specific behaviors that a more confident student would demonstrate, these should be documented and the appropriate rating would be NI. Telling a student that they need more confidence

is rarely helpful, but identifying confident behaviors can help the student appear confident even if they don't yet feel it.

Since the growth of the Self-esteem Movement in the 1980s, teachers have been increasingly reluctant to point out student weaknesses, thinking that such criticism would be harmful. However, telling a student that they are doing well, regardless of their performance, does not build self-esteem. Self-esteem grows when students are challenged to improve, and they succeed. By identifying specific weaknesses the CI challenges students and gives them the tools to succeed. By identifying strengths, the CI acknowledges the success.

Documenting Improvement

As the DCE reviews the clinical documentation to determine an appropriate grade, an important consideration is the degree to which the student's performance improved during the clinical experience. The DCE judges this by comparing the midterm and final skill ratings and by comparing the midterm and final narrative comments for each type of skill (Professional Behaviors, Data Collection, and Intervention).

Improvement is easiest to identify with the midterm and final skill ratings when the CI utilizes the entire rating scale of the PTA MACS, including NI ratings to indicate weaknesses and + ratings to indicate strengths, rather than just a ✓ to indicate near entry-level and at entry-level performance.

In the narrative comments, improvement is easiest to identify when specific skill components are identified as weaknesses at midterm and the same components are also mentioned in the final narrative comments with an update indicating that the weakness was adequately corrected or, if applicable, turned into a strength. For example, if a student was taking too long to complete treatment notes at midterm, something like "timeliness of documentation" should be listed as a weakness in the "Professional Behaviors" box of the Progress Report Form. During the final evaluation, timeliness of documentation should again be included in the narrative comments with an indication of the final status of the student's performance in this regard (it either continues to be a problem, has improved, or is now a strength).

Formal Assessment Procedures – Midterm and Final

The CI performs a formal assessment of the student's performance at the end of week 3 and at the end of the clinical experience. The following steps are recommended for each of these assessments:

1. The student should rate themselves on all skills before the CI begins the assessment.
2. The CI is the "umpire" and should consider each skill independently, without being influenced by their ratings of other skills, or ratings given by the student or previous CIs.
3. Before beginning the assessment of each skill, it works well to remove the Progress Report form (5 pages) from the PTA MACS and have pages 3 and 4 available for recording skill ratings.
4. For each skill described in the PTA MACS, read all of the listed objectives for the skill and determine if the student has had sufficient opportunity to demonstrate the objectives in order for you to compare their performance to the entry-level standard (see "Determining Which Skills to Assess" above). If not, leave the box blank.

5. If the student demonstrates entry-level performance of all of the applicable objectives, put a ✓ in the appropriate CI box on the rating grid.
6. If the student's performance of any of the objectives has been below the entry-level standard, write NI in the appropriate CI box on the rating grid and write a brief description of the student's performance, referencing the specific objective, in the comment box on the skill page. For example, you frequently ask the student, "How do you think you did with that treatment?" and the student always replies, "I don't know." This is inadequate performance of Skill 2 – Commitment to Learning, Objective a. (Demonstrates willingness to evaluate own performance). Therefore, Skill 2 would be rated NI and a comment such as, "Obj. a. – when asked to evaluate her performance, student replies, "I don't know," would be written in the comment box below the objectives on the white skill page. In addition, a comment such as "Commitment to Learning," or "self-evaluation" would be listed as a weakness in the first narrative box (Professional Behaviors) on the pink Progress Report form.
7. If the student's performance clearly exceeded the entry-level standard for most or all objectives, the skill should be rated + and a this skill would be noted as a strength on the Progress Report form.
8. After each skill is rated on the individual skill page, record your rating in the appropriate box on the Progress Report form (page 3 or 4) and write any specific strengths or weaknesses related to the skill in the appropriate narrative box (pages 1 and 2). Note that there are 5 specific boxes for narrative comments on each side of the Progress Report form (left side for mid-term assessment and right side for final assessment). It is important to identify strengths and weaknesses for the different types of skills – especially Professional Behaviors, Data Collection, and Intervention skills – in the appropriate boxes as the student's performance of each type of skill is graded separately by the DCE at the end of the clinical experience.
9. Once all skills have been rated, complete the last narrative box and sign page 2 of the Progress Report form

The following additional steps must be completed for the final assessment at the end of each clinical:

1. On Pages 3 and 4 of the Progress Report form, initial and date the "Approved" column for each skill that has a final rating of ✓ or + (entry-level or better). It is critically important for the CI to certify, with their initials and date, which skills the student performed at entry-level during the clinical experience.
2. Complete both Visual Analog Scales on page 5 of the Progress Report form. On the first VAS, place a mark on the line that indicates your assessment of the student's overall performance based on one of the following standards:
 - Clinical 1 - rate the student based on how they compare to your expectation of a student half way through a PTA Program and finishing their first clinical.
 - Clinical 2 - rate the student based on how they compare to your expectation of a student who has completed half of PTA Program course work and has one more clinical experience prior to graduation.
 - Clinical 3 - rate the student based on how they compare to your expectation of a student who has completed a PTA Program – a student at entry-level.

3. Complete the following statements in the “Clinical Instructor Credentials” section at the bottom of page 5 of the Progress Report form:
 - “I am an APTA credentialed clinical instructor” – answer “yes” if you have completed a specific APTA CI Credentialing Course.
 - “I am a credentialed clinical instructor through training from_____“ Indicate if you have attended a specific CI credentialing workshop. The Texas Consortium for PT Clinical Education offers such a workshop that many Texas CIs have attended.
 - “Please list any clinical specialty certifications that you have below:” – Common examples are NDT, ABPTS certifications, MDT, CKTP, etc.
4. Sign and date the bottom of page 5.
5. On the student’s Clinical Attendance Record, write the total number of clinical hours completed on the line near the bottom of the form and sign the form.
6. Put the Progress Report form (pink) and the Clinical Attendance Record in the manila envelope provided by the student.
7. At this point the student has all of your written feedback that could affect their grade, so they may be willing to give you honest feedback about their clinical experience. Go over the SECEE form with the student. Clinical instructors are encouraged to ask for feedback after all of the clinical documentation is given to the student. After going over the green SECEE forms, place them into the manila envelope with the other forms.
8. Seal the manila envelope so that it cannot be reopened without tearing, then sign the outside of the envelope and return it to the student along with their PTA MACS.

The PTA MACS Master List (blue pages)

Transfer skill ratings from the Pink Progress Report forms to the PTA MACS Master List in the front of the PTA MACS notebook before or during the final student assessment. While the pink forms will be removed by the DCE at the end of each clinical, the Master List of completed skills remains with the MACS until graduation.

Common Documentation Problems

To determine an appropriate grade, the DCE needs specific, accurate documentation of student performance from the CI in both the rating of the individual skills and the narrative comments on the Progress Report form. The most effective way for the CI to provide the required documentation is to focus entirely on specific strengths and weaknesses related to the objectives of each skill and to make sure the skill ratings and narrative comments describe the same level of performance. Common documentation problems, taken from actual Progress Report forms completed by CIs, and suggestions for avoiding them are described below.

1. Skills are rated at entry-level but narrative comments describe less than entry-level performance

Example: Ratings: all Professional Behavior skills are rated at entry level

Narrative comments: “During down times student texts his friends and shops online.”

The narrative comment seems inconsistent with an entry-level rating for Skill 1 – Commitment to Learning, specifically objective d – “Welcomes/seeking learning opportunities.” If the CI believes that students should engage in learning activities during their down time (a view strongly held by the DCE), then the appropriate rating for Skill 1 would be NI. In addition, if the student had work, such as documentation, that could have been completed during the down time, the student would have failed to meet objective c – “Uses all available resources effectively, including unscheduled time ...,” of Skill 5 – Effective Utilization of Time & Resources, and this skill should also be rated NI.

For grading purposes, the DCE does not use narrative comments to override entry-level ratings. Therefore, if all Professional Behavior skills are rated at entry-level, the student would receive an acceptable rating for Professional Behaviors even though his/her performance was not entirely acceptable.

2. Skills are rated below entry-level but narrative comments do not indicate specific weaknesses

Example: Ratings: Skill 2 – Commitment to Learning, and Skill 22 – Safety, are rated NI.
Narrative comments: In the Professional Behaviors box of the Progress Report form, “Student dresses professionally and is always on time” (no other comments written)

Whenever a skill is rated below entry-level (NI) the CI should write a brief comment on the white skill page identifying the specific weakness observed. These comments should be summarized on the Progress Report form during the mid-clinical and final assessments. If this is done, the narrative comments should be consistent with the skill ratings.

For grading purposes, the DCE does not use narrative comments to override entry-level ratings. This student would end up with a poor grade for Professional Behaviors even though the grade would not be supported by the narrative comments. If the student disagrees with their final grade and files a grade appeal, the DCE will be in a weak position due to a lack of adequate documentation of student performance and could lose an appeal decision, potentially allowing a student with inadequate skills to graduate.

3. Narrative comments are broad generalizations

Examples: “excellent data collection skills,” “worst student I’ve ever had,” “student is at entry-level with these skills,” “she definitely deserves an A.”

Broad generalizations only provide a general sense of the CI’s opinion of the student or the student’s performance, and the DCE cannot determine an appropriate grade based on such broad opinions. The CI may think the student deserves an “A”, but the DCE needs documentation of specific behaviors (specific strengths and weaknesses) that describe an “A” student in order to award such a grade. Possible alternatives to broad generalizations are included below:

Example: Broad generalization - “excellent data collection skills”
Descriptions of specific strengths – “consistently accurate goniometer alignment,” “accurately classifies decubiti,” “able to identify complex gait deviations,” “MMT grading consistently matches CI’s.”

Example: Broad generalization - “patient transfers are unsafe”
Descriptions of specific weaknesses – “student stands too far from patient,” “gait belt is consistently too loose,” “forgets to lock wheelchair during transfers,” “unclear instructions given during transfers.”

One way to avoid broad generalizations is to write comments that refer to a skill’s specific objectives.

4. Narrative comments describe what the student has or has not done, or will do

Examples: “Student has not had an opportunity to do wound care so far,” “Will be working on gait training during the next 3 weeks,” “Have not seen any neuro patients yet.”

While it is important to discuss what is coming up with the student, and documentation of goals is appropriate in the last narrative box during the mid-clinical assessment, the main purpose of the narrative comments is to describe HOW the student has performed, not WHAT they have performed.

These types of comments are generally ignored by the DCE during the grading process as they have no bearing on the student’s performance.

Additional Guidelines and Suggestions for Clinical Instructors

1. Student performance and clinical records, including the PTA MACS, are confidential and must not be disclosed or discussed with anyone other than facility staff directly responsible for supervising the student, the CCCE or the academic faculty. The PTA MACS should be given the same level of privacy protection given to patient records.
2. The CIs primary educational function is to **identify strengths and weaknesses** and to discuss this assessment with students in a specific, tangible and encouraging manner.
3. Whenever possible, become familiar with skills, skill objectives, and rating criteria of the PTA MACS before the student arrives.
4. When the student first arrives, give him/her the same consideration you would give a new employee. The student will likely be nervous and uncertain of what to do. Provide an orientation for the student regarding clinical policies and procedures, particularly safety-related procedures. Complete the Student Orientation Checklist form. Tell the student where things are, who he/she will be working with, where he/she can eat lunch, etc. **The student should not just be thrown into a clinical situation.** Tell him/her the normal plan of the day, how your department operates, what his/her responsibilities will be, when you will meet for discussions, etc.
5. Meet with the student during the first week to review past clinical experiences and discuss any areas needing improvement which have been identified in the student's PTA MACS.
6. Establish an organized plan to facilitate achievement of clinical goals. Select and schedule appropriate patients and clinical situations to allow the student to practice those skills initially selected. Update plans and scheduling as goals are met or as areas that need improvement are identified.

7. Prior to the student rendering treatment, he/she should be given the opportunity to review information regarding the patient's background and history, current physical status and problems, treatment goals and plans, and any precautions or contraindications. The student should be more involved in the treatment process than just blindly following treatment instructions - as would be expected of an aide.
8. Observe the student frequently and thoroughly enough to enable you to make a fair judgment as to the level of his/her clinical skills. Generally, a skill should be observed several times before a "✓" or a "+" is given. However, "NI" should be recorded upon noticing an area that the student is not independent at the time of mid-term and/or or final assessment.
9. It should be realized that students affiliate at a clinic not as employees, but as students. *They should not just be "turned loose" without supervision.* Students are there to learn and will need supervision, feedback and guidance from their clinical instructor. Even good students need your feedback of their strengths and weaknesses to develop skill and confidence. Independence means without prompting, without correction and without assistance; It does not mean without being observed.
10. Provide regular feedback to the student. Ideally, this should include comments on what the student is doing right, as well as the areas that need improvement.
11. Be available to the student at reasonable intervals and times for questions, discussions, and exchange of information regarding patients.
12. The student should always know who is responsible for skill ratings in the PTA MACS. At any one time, it is best for the student to have only ONE clinical instructor who is marking in the PTA MACS. However, over the course of an entire internship, it is permissible for the student to have more than one clinical instructor. For example, in a large acute-care hospital, the student may rotate through several separate services and have a different clinical instructor for each of those rotations. In this case, the clinical instructors may want to decide beforehand who will rate which skills. Inconsistencies and confusion sometimes arise when several clinical instructors rate the same skill. Again, the student should know who is responsible for rating what.
13. Identify areas that need improvement **early** so that the student has sufficient time to overcome these. If you see the student do something wrong, even once, do not hesitate to document it in the PTA MACS (This gets the student's attention better than anything else and gives him/her something concrete and tangible to work toward).
14. Thoroughly discuss all "NIs" with the student. Try to use objective and understandable language when explaining your rationale for the "NI" rating. The student will likely have difficulty correcting the deficiency unless he/she has a clear understanding of what needs to improve. In some cases, it may be helpful to describe or demonstrate the clinical skill you expect from the student.
15. Once an area that needs improvement has been identified and explained, the clinical instructor and student should work together to develop a plan to remedy the deficiency. This may simply involve additional supervised practice with patients, but could also involve counseling or more concentrated study and practice away from patients.

16. Students should be allowed to work with patients. However, if there is a valid concern that patients may not receive safe and/or effective treatment from a student, and it appears that the student's problems cannot be remedied fairly quickly in the clinic, then the student should *not* be allowed to work with patients and the DCE should be contacted immediately.
17. If any student-related problem cannot be resolved satisfactorily in the clinic, do not hesitate to contact the DCE for assistance. Whenever students are in the clinic, the DCE generally does not have a teaching load or has a smaller load and is available for consultation or clinical visits.
18. Students have noted that some clinical instructors are very strict in their rating while others are very lenient. Students look to their clinical instructors for guidance, so this inconsistency is confusing. Clinical instructors should remember that to receive a “√”, a student need not be exceptional or perfect. The student need only perform at the minimal level needed for safe and effective treatment as **an entry level PTA**. On the other hand, it is the clinical instructor's responsibility to the student, the school, and the profession to give "NIs" where they are deserved. Clinical instructors are often reluctant to give "NIs" for fear of damaging a friendly CI/Student relationship, offending the student, hurting the student's feelings or confidence, or possibly precipitating a confrontation on the problem. Clinical instructors must fight this tendency, if it exists, and strive to be **fair** rather than "nice". Students actually expect to be told of their deficiencies as well as their strengths. It is an *expected* and necessary part of learning and each student is bound to have some areas that need to improve so they can be independent. The clinical instructor should be confident that his/her professional judgment, based on careful observation, is a legitimate means of evaluation and will stand up to challenge.
19. In addition to formal evaluations half way through and at the end of each clinical, it is recommended that the student and clinical instructor meet at least once a week to review recent progress or problems in acquiring clinical skills.
20. Should a clinical instructor wish to teach a student a measurement or treatment procedure that has not been presented and practiced in the academic setting, it is the clinical instructor's responsibility to determine if the student is safe in applying the procedure to a patient in that particular clinical setting.
21. If you are currently working with, or are preparing to work with your first Weatherford College PTA student and are reading this for the first time, PLEASE send an email to the DCE – cmills@wc.edu – stating that you have completed the Clinical Instructor Training section of the Weatherford College PTA Program Clinical Education Manual.

Thank you for your dedication to the clinical preparation of exceptional Physical Therapist Assistants!

APPENDIX A – CLINICAL INCIDENT FORM

**WEATHERFORD COLLEGE PTA PROGRAM
CLINICAL INCIDENT FORM – To be completed by the CI**

Student's Name: _____

Clinical Instructor's Name: _____

Clinical _____ Site: _____

Date/Time: _____

Time DCE _____ was _____ contacted _____ by _____ phone: _____

Clinical Instructor's Explanation of Incident: _____

Immediate Corrective Actions/Counseling: _____

Comments: _____

I have read the above report.

Clinical Instructor Signature

Student Signature

WEATHERFORD COLLEGE PTA PROGRAM
CLINICAL INCIDENT FORM – To be completed by the Student

Student's Name: _____

Date/Time: _____

Student's Explanation of Incident: _____

Immediate Corrective Actions by Student: _____

Comments: _____

I have read the above report.

Student Signature

Clinical Instructor Signature

Clinical Skill Requirements Chart

X Essential skills - All essential PTA MACS skills are required to be approved by the end of Clinical 3

* **Skills 1 – 10, 12, 13, 14, 22, 23, and 24 must be approved on the Progress Report form for EACH clinical.**

A, O, N Clinical-specific skills - must be completed by the end of the Acute, Orthopedic or Neuro clinicals

✧ **Recommended skills** – 10 are required to be approved by the end of Clinical 3

PTA MACS Skills	Essential	Clinical-specific	Recommended
Professional Behavior Skills			
1. Professionalism	X *	A, O, N	
2. Commitment to Learning	X *	A, O, N	
3. Interpersonal Skills	X *	A, O, N	
4. Communication	X *	A, O, N	
5. Effective Use of Time & Resources	X *	A, O, N	
6. Use of Constructive Feedback	X *	A, O, N	
7. Problem Solving	X *	A, O, N	
8. Clinical Decision-Making	X *	A, O, N	
9. Responsibility	X *	A, O, N	
10. Stress Management	X *	A, O, N	
11. Colleague or Community Education	X		
Plan of Care Skills			
12. Patient History & Chart Review	X *	A, O, N	
13. Implementation of Plan of Care	X*	A, O, N	
14. Modification within the Plan of Care	X*	A, O, N	
15. Patient Related Instruction	X		
16. Discharge Planning	X	A	
Intervention Skills			
17. Therapeutic Exercise			
17.1 Aerobic Activities	X	O	
17.2 Balance Activities	X	N	
17.3 Coordination Activities			✧
17.4 Breathing Exercises			✧
17.5 Inhibition/facilitation	X	N	
17.6 Relaxation			✧
17.7 Manual Strengthening	X	O	
17.8 Mechanical Strengthening	X	O	
17.9 Motor Development Training	X	N	
17.10 Posture Awareness			✧
17.11 Range of Motion	X	A	
17.12 Stretching	X	O	
18. Functional Training			
18.1 Adaptive Device Training			✧
18.2 Bed Mobility	X	A	

PTA MACS Skills	Essential	Clinical-specific	Recommended
18.3 Body Mechanics Training			✧
18.4 Gait	X	A	
18.5 Tilt Table			✧
18.6 Transfers	X		
18.7 Wheelchair Mobility	X	N	
19. Manual Therapy			
19.1 Passive Range of Motion	X	O	
19.2 Therapeutic Massage	X	O	
19.3 Joint Mobilization	X	O	
20. Biophysical Agents			
20.1 Biofeedback			✧
20.2 Continuous Passive Motion			✧
20.3 Cryotherapy	X	O	
20.4 Electrotherapeutic Agents	X	O	
20.5 Hydrotherapy			✧
20.6 Compression Therapies			✧
20.7 Superficial Thermal	X	O	
20.8 Deep Thermal	X	O	
20.9 Traction			✧
20.10 Light Therapies			✧
Tests and Measures Skills			
21. Tests and Measures			
21.1 Anthropometric Measurements for Edema	X		
21.2 Arousal/Mentation	X	N	
21.3 Assistive Technology	X		
21.4 Gait, Locomotion, and Balance	X		
21.5 Functional Outcome Assessments	X		
21.6 Skin Integrity	X	A	
21.7 Joint Integrity and Mobility	X		
21.8 Muscle Performance: Strength, Power, & Endurance (8 joints are required)	X	O	
21.9 Neuromotor function	X	N	
21.10 Range of Motion (8 joints are required)	X	O	
21.11 Self-Care/Home Management			✧
21.12 Sensation/Pain Response	X	N	
21.13 Ventilation, Respiration, and Circulation			✧
21.14 Aerobic Capacity and Endurance			✧
Healthcare Environment Skills			
22. Safety	X*	A, O, N	
23. Interprofessional Practice	X*	A, O, N	
24. Documentation	X*	A, O, N	
25. Billing and Payment	X	N	

26. Quality Assurance/Performance Improvement			✧
Site Specific Skills			
27. Airway Clearance			✧
28. Amputation and Prosthetic Management			✧
29. Aquatic Therapy			✧
30. Environmental Barriers			✧
31. Ergonomic Assessment/Work Conditioning			✧
32. Orthotic/Supportive/Protective Device Management			✧
33. Prevention/Wellness/Screening			✧
34. Wound Management			✧

Minimum number of skills to be approved by the end of each clinical	Clinical 1 24	Clinical 2 38	Clinical 3 54
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