PHYSICAL THERAPIST ASSISTANT PROGRAM

GULF COAST STATE COLLEGE
SINCE 1957

CLINICAL EDUCATION HANDBOOK
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PHYSICAL THERAPIST ASSISTANT PROGRAM MISSION STATEMENT

The overall goal of clinical education is to produce a paraprofessional who will consistently provide quality patient care, will be sensitive to the total individual, and will interact successfully with peers, co-workers, patients, and their families.

DIVISION OF HEALTH SCIENCES MISSION STATEMENT

The mission of the Division of Health Sciences is to maintain high levels of academic and clinical standards while providing the allied health community with effective and highly motivated professionals. This goal is to be achieved by meeting the diverse needs of students through supportive academic advising, counseling, and innovative instructional techniques.

NON DISCRIMINATION POLICY

Gulf Coast State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to Mary Nicholson, Executive Director of Human Resources/Title II/504/Title IX Coordinator and Employment Equity Officer, Gulf Coast State College, 5230 W. US Highway 98, Panama City, FL 32401; 850-872-3866.

This handbook was developed using the “Guidelines and Self-Assessments for Clinical Education” adopted by the APTA and the Gulf Coast State College “Physical Therapist Student Handbook.” The preparation and review of the information contained in this handbook was carried out with great care to ensure that all policies contained herein do not conflict with Gulf Coast State College policies. Should a question arise and an apparent conflict is uncovered, Gulf Coast policy may override program policy. Gulf Coast policies in reference to students may be found in the General Catalog, and in the Gulf Coast State College student handbook. If your clinical center would like a copy of either of these documents, please contact the ACCE.

Disclaimer:
The Physical Therapist Assistant Program reserves the right to make changes in regulations and policies in this handbook as circumstances may dictate. If changes are required during an academic year, the student will be notified.

The student is required to adhere to all policies found in the PTA Student Handbook which is provided to the student at the beginning of the program as well as additional policies within the Clinical Education Handbook.
GULF COAST STATE COLLEGE'S
EXPECTATIONS FOR STUDENT CLINICAL EXPERIENCE

• The clinical experience will provide students with the opportunity to practice and perform clinical and professional responsibilities under appropriate PT or PTA supervision.

• The clinical experience will expose the student to a variety of patients and treatment techniques.

• The student will participate in direct patient care.

• Performance evaluations will be constructive and timely.

• The Clinical Instructor will be a positive role model.

• The student will achieve entry-level competency prior to graduation.
RESPONSIBILITIES OF THE COLLEGE, CLINICAL CENTER, CLINICAL INSTRUCTOR, AND STUDENT

I. Responsibilities of the College will be:
   A. To periodically conduct a Clinical Instructor’s workshop.
   B. To provide forms for student evaluation.
   C. To acknowledge as “Clinical Faculty” the student’s supervisor and/or the Center Coordinator of Clinical Education (CCCE).
   D. To meet with the supervising physical therapist or physical therapist assistant to discuss matters of mutual concern.
   E. To make “on-site” visits for local student affiliations and personal phone calls to both the student and supervising therapist for “out-of-town” student affiliations to discuss the student’s clinical performance.

II. Responsibilities of the Clinical Center will be:
   A. To provide a planned program for affiliating students to meet specific objectives of the PTA program curriculum, the clinical center, and the individual student.
   B. To provide a variety of learning experiences that are appropriate for the student.
   C. To provide one person designated as the Center Coordinator of Clinical Education (CCCE) who will be responsible for coordinating the assignments and activities of students at the Clinical Center.
   D. To provide Clinical Instructors who are able to apply basic principles of general education (teaching and learning) to clinical education.
   E. To provide an objective evaluation of the student’s performance (on forms provided by the College) by the completion of the affiliation period.
   F. To encourage members of the physical therapy staff to attend the Clinical Instructor meetings held by the College.
   G. To provide safety to all patients.

III. Responsibilities of the Student to the Clinical Center will be:
   A. To report to the clinical center on time and professionally attired on each day of the clinical affiliation or to report immediately to the clinical supervisor and Academic Coordinator of Clinical Education (ACCE) an unavoidable absence, according to established policy.
   B. To learn and adhere to policies and procedures of the clinical center in which the student is assigned.
   C. To exhibit exemplary professional behavior at all times as a representative of Gulf Coast State College and a member of the physical therapy profession, and to exhibit the highest of ethical and moral standards while dealing with patients and their families, staff and employees of the clinical center.
   D. To complete an evaluation of the clinical experience and returned to the ACCE.
   E. To strictly adhere to policies regarding confidentiality of information.
   F. To adhere to health prerequisites of the clinical center.
   G. To demonstrate a commitment to patient/client care and delivery of services.
IV. Responsibilities of the Student to the Clinical Instructor

The Student Will:

A. Report to the clinical agency on time, properly attired and prepared to go to work every day of the scheduled affiliation period, or immediately call the CI AND ACCE in case of tardiness or emergency.

B. Attempt to do his/her best to safely and effectively perform any tasks requested. The student will ask for supervision or help when unsure of how to proceed.

C. Discuss problems or concerns with the clinical instructor as soon as they arise. The student will let the instructor know if they are going too slowly or too fast.

D. Observe, ask questions at appropriate times and places, and review academic and text-book resources in relation to the day’s experiences.

E. Represent the Physical Therapist Assistant program and Gulf Coast State College with the highest standards of moral and ethical behavior at all times.

F. Strictly adhere to policies regarding confidentiality of patient information.

G. Complete the student evaluation of the clinical experience and share it with the clinical instructor (if the student feels comfortable doing so), on or before the last day of the affiliation. The evaluation will be an objective, constructive interaction with the clinical agency, with the goal to improve the clinical experience for the next student.

V. Responsibilities of the Center to the Student

Orientation of the student must be conducted during the first two days of the affiliation. This orientation must include, but is not limited to, the following:

A. Introduction to staff

B. Walk through department and clinic clinical center

C. Departmental and clinical center policies and procedures

D. Safety and Emergency procedures

E. Record keeping and documentation protocols

F. Scheduling and charging procedures

G. Assignment of work space

H. Location and use of equipment, supplies, modalities

I. Treatment protocols

J. Work schedule, dress code, parking

K. Review of student objectives, CI expectations, and critical skills needed

L. Block a scheduled time for midterm and final evaluations

VI. Clinical Instructor Responsibilities to the Student

A. Establish an environment in which the student feels comfortable; provides appropriate support for student concerns, frustrations and anxieties.

B. Practice physical therapy with competence, demonstrating professional and ethical behavior as an exemplary role model for the student.

C. Manage time well so that there is sufficient time to explain procedures/treatments and assist the student in performing assigned skills.
D. Provide useful feedback in private and in a non-threatening manner. Openly and honestly assess student performance and encourage interactive dialogue with the student.

E. Allow the student progressive, appropriate independence.

F. Plan effective learning experiences with a variety of patients, helping the student to understand the relationship between academic knowledge and clinical practice.

G. Share special knowledge and expertise with the student through in-service, demonstrations, lectures, observations, case studies, or rotational assignments as determined appropriate by the CI.

H. Be available to the student to answer questions and make effective learning experiences out of situations as they arise.

I. Help the student define specific objectives for the clinical experience under the general guidelines of the clinical course syllabus.

J. Schedule regular meetings with the student (one meeting per week is suggested) for discussion of strengths and weaknesses.

K. Accept each student as an individual and not judge their performance by comparing them to other students. Be prepared to modify learning experiences to meet individual student needs, objectives, and interests.

L. Make the mid-term and final evaluation a constructive process.

M. If the clinical instructor teaches the student a new treatment technique that has not been presented and practiced in the academic setting, the CI is responsible for defining the student’s level of competence or proficiency in that technique and for determining if, and when, the student should use the technique with a patient.
## TIMELINE FOR INFORMATION EXCHANGE

<table>
<thead>
<tr>
<th>December</th>
<th>Feb-June</th>
<th>4-6 wks prior</th>
<th>4 wks prior</th>
<th>3 wks prior</th>
<th>1 week prior</th>
<th>*</th>
<th>Day 1</th>
<th>Midterm</th>
<th>Completion of Affiliation</th>
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</thead>
<tbody>
<tr>
<td>1. Students review clinical center information forms.</td>
<td>Clinical site placements assigned by ACCE. Sites contacted via phone/email by ACCE.</td>
<td>Confirmations letters sent to sites by ACCE re: Student placement.</td>
<td>ACCE mails 1. Copy of liability insurance to clinical agencies requesting a hard copy.</td>
<td>Students mail 1. Self information letter. Upon request, students mail: 1. Current CPR and first aid certification. 2. Evidence of medical insurance coverage. 3. Name of Responsible person.</td>
<td>Student will call or visit site if possible.</td>
<td>Start of Affiliation</td>
<td>1. Orientation 2. Review of clinic’s written policies &amp; procedures. 3. Review of student’s goals and CI’s expectations.</td>
<td>1. ACCE will make a site visit or phone call to meet with student and CI. 2. CI evaluation of student performance due within 5 days of midterm date.</td>
<td>1. Final evaluation of student performance is due by the last day of the affiliation. 2. Students will turn in evaluation booklets to the ACCE during their next class at GCSC.</td>
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<tr>
<td>2. Students rank clinical site choices.</td>
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CLINICAL POLICIES

1. **Liability Insurance**
   The college will carry liability insurance for all students while practicing at a contracted clinical site. Upon request from the clinical center, a certificate of insurance will be sent to the clinical site.

2. **Accident/injury insurance**
   Accident/injury insurance will be carried by the student through GCSC. This insurance covers the student for medical costs incurred while injured on a clinical affiliation. The National Union Fire Insurance Company form is to be completed in accordance with the Florida Community Colleges Risk Management Consortium. It provides a record for claims against the student accident policy with The National Union Fire Insurance Company. The protocol for accident/injury/exposure reporting is documented in appendix A and found the PT A program student handbook.

3. **Criteria for Acceptance as a Clinical Instructor**
   The CI must possess the following:
   A. At least one year of clinical experience and a current license as required by the practice act in the state in which they practice. PT’s and PTA’s with less than one year of practice but possessing specialized skills may function as a CI with approval from the Academic Coordinator of Clinical Education (ACCE). The CI must be a competent PT or PTA who practices ethically as outlined by the APTA Code of Ethics and Guide for Professional Conduct
   B. Demonstrated use of professional skills
   C. Performance evaluation and feedback skills
   D. Effective communication skills as demonstrated by the ability to encourage dialogue with the student and to initiate communication that may be difficult or confrontational
   E. Effective skill in interpersonal relationships as evidenced by interaction with patients/clients, colleagues, and other health care providers to achieve identified goals
   F. Effective instructional skills including: the ability to develop written objectives, facilitate learning and clinical reasoning, and evaluation of the clinical experience
   G. Effective supervisory skills as evidenced by: providing formal and informal feedback to the student, presenting clear performance expectations of the student, and developing goals that are mutually agreed-upon by the CI and the student
   H. A willingness to work with students as evidenced by pursuing learning experience to develop knowledge and skills in clinical teaching
   I. A clear understanding of the scope of practice of the student
   J. A positive evaluation by ACCE/CCCE following clinical affiliation
   K. Understanding and demonstration of effective PT/PTA team work where the physical therapist assumes the ultimate responsibility of patient care
   L. Adherence to legal practice standards
   M. Knowledge of issues which are pertinent to the physical therapy profession
   N. Completion of CPI web training.
4. **Criteria for acceptance as a Clinical Site:**

A. The Clinical Site’s philosophy regarding patient care and clinical education must be compatible with that of Gulf Coast State College.

B. Student learning experiences must be planned with clearly stated objectives and good communication among the CI, the ACCE, and the CCCE.

C. All PT’s and PTA’s on staff must practice ethically and legally as outlined by the state standards of practice, the state practice act, clinical center policy, and the APTA Code of Ethics.

D. The clinical sites' written personnel and patient treatment policies and protocols must be readily available to students and staff.

E. Roles and responsibilities of physical therapy personnel are clearly defined and consistent with the state practice act, rules, and regulations.

F. Commitment to the principles of equal opportunity must be evidenced.

G. Physical therapy clinical education must be supported by the clinical site’s administration. CI and CCCE training and development is encouraged.

H. The clinical site must have a variety of learning experiences available to the student.

I. The clinical site must provide an active, stimulating, and flexible environment for the learning needs of the student.

J. The P.T. staff must be adequate in number to provide quality educational programs for students and quality care for patients.

K. The P.T. staff is active in professional activities. Activities may include self-improvement activities, career enhancement activities, membership in professional associations, activities related to offices or committees, written or verbal presentations, community and human service organization activities, etc.

L. The site supports staff development & education. Student participation in career development activities is expected and encouraged.

M. The clinical site has active quality assurance and internal evaluation procedures for all aspects of the clinical center and which assure the proper maintenance and inspection of all equipment which might be used by students and provide for the safety of students and the patients entrusted to their care.

N. Evaluation of the physical therapy personnel should be completed at regularly scheduled intervals and should include appropriate feedback to the individuals evaluated.

O. The clinical education site has successfully met the requirements of appropriate external agencies.

P. An organized procedure for the orientation of students exists. May include orientation manual, clinical center tour, information related to housing, transportation, parking, dress code, documentation, scheduling procedures, and other important subjects.

5. **Guidelines for Center Coordinators of Clinical Education (CCCE)**

The CCCE is responsible for coordinating the assignments and activities of students at the clinical site. The CCCE may or may not be from the physical therapy profession; however, he or she must be experienced in clinical education, be interested in students, possess good interpersonal relationships, communication, and organizational skills, and demonstrate knowledge of current issues relating to clinical practice and education regardless of their professional background. The CCCE must demonstrate
professional and ethical behavior in addition to effective supervisory and instructional skills. The CCCE must have administration and managerial skills and be skilled in performance evaluation.

6. **Clinical Instructor and Center Coordinator Benefits and Privileges**

To express our appreciation to those functioning as adjunct clinical staff, Gulf Coast State College offers the following benefits to CI’s and CCCE’s:

- Use of college and PTA program library guides and facility.
- Use of college gym and pool.
- Free tickets to GCSC ball games.
- Opportunity to serve as teaching assistants in the academic environment.

The PTA Program Coordinator or ACCE should be contacted to coordinate receipt of these benefits.

7. **Clinical Site Selection Process**

- The prospective clinical site must pass the selection criteria outlined in Section 5, “Criteria for acceptance as a clinical site.” With successful adherence to these criteria, the clinical site will be added to the site list for students to consider. A current contract and Clinical Site Information Form must be on file prior to eligibility. Students will use the Clinical Site Information Form provided by the clinical site to help in their selection process. This form also helps the student prepare for their affiliation.
- The student may be required to travel up to 80 miles from the campus. Driving time is not guaranteed. Students should not expect that every clinical assignment will be in close proximity to home. Each student is responsible for his/her own transportation to and from the clinical site. Inability to arrange childcare is not a consideration for clinical placements.

8. **Notification of Site Selection**

- In March of each year, the ACCE will begin placement of the students. Sites will be contacted by the ACCE via telephone for verbal confirmation and acceptance of student placement. Written confirmation of placement will be mailed a minimum of six weeks prior to the affiliation start date.
- Clinical sites must notify ACCE 4 weeks prior to the start of the affiliation should unforeseen circumstances warrant withdrawal of site availability.
- Students will mail a *Self Information* letter to the CCCE at their assigned site a minimum of three weeks prior to their affiliation. Upon request, evidence of current CPR certification, medical insurance coverage, background check clearance and the name of a responsible person to contact in the event of an emergency will be sent to the clinical center. One week prior to the clinical start date, students will call or, if possible, visit the site to establish contact and make final preparations. **Students shall not make any direct contact with sites unless given permission by the ACCE.**
i. For clinical placement all students are required to have a drug screening and background check prior to clinical placement. (See PTA program student handbook)

ii. All students will be required to complete a second drug test prior to clinical placement. In addition some facilities may request additional drug testing specific to their needs.

iii. It may be necessary for the student to pay for and complete drug test/and or background checks prior to each of the three clinicals in order to satisfy clinical site requirements.

9. Clinical Contracts
A written agreement, which defines the rights and responsibilities of the college, the student and the clinical center is necessary and must be properly endorsed by all parties and on file at GCSC prior to the first day of affiliation. By accepting assignment to a clinical center, the student agrees to carry out all contractual responsibilities.

10. Tips for clinical success
The following are suggestions for students during clinical affiliations to promote success. The clinical experience is designed to help the student apply the skills and knowledge developed throughout coursework and lab hours at the college. It is important that the student take an active part in that development and to experience the professional qualities and behaviors that are essential to the licensed professional. Qualities include personal initiative, punctuality, responsibility, willingness to learn, and dependability. Your clinical instructor will provide guidance and direction in the areas of academics and professional development; however, you must assume the primary responsibility for professional behavior.

1. Communication is the most critical component of professionalism. Initiate and Maintain open communication with your CI and ACCE at all times.
2. Openly share your feedback with your CI about the nature, quantity, and quality of supervision time. Focus on positive rather than he negative.
3. Tell your CI your own goals and expectations. If you are unclear about clinical competencies, ASK!
4. If you have any questions, take the initiative to find the answer for yourself. DO not expect your CI to provide all the answers. Remember that one of your clinical competencies is to utilize resources effectively.
5. Take the initiative to come into the clinical early to familiarize yourself with the organization and resources available. Find out where equipment and supplies are located and become familiar with operation of the equipment.
6. Manage your time, learn how to effectively plan and utilize your time in the clinic. Make a schedule for the day, including times to write notes.
7. Utilize your “free” time effectively. Offer help to other members of the team, plan for upcoming treatments, observe other treatments, review medical charts, in addition, read resources. If in doubt, ASK what you can do assist and remember to take initiative.
8. Try to never keep a patient waiting while you plan the treatment. Plan the treatment in advance.
9. Acquaint yourself with the policies and procedures of the facility. This manual will have information in case of emergency.
10. Keep notes on techniques used by therapist you have observed. This list may be useful for future treatments.

12. Have confidence in your knowledge. You may require input from the CI to help you pull the pieces together. Brainstorm aloud to your CI and ask for feedback.

13. Avoid complaining to other students. Remember they too are in unfamiliar settings and contempt breeds more contempt. If you truly are not able to something into a positive, then talk to the ACCE.

14. Avoid comparing clinical and CI’s with other students at different clinical sites. Make your clinical affiliation a positive learning experience. Each facility has its strengths and weaknesses that are not under the control of the CI.

15. Maintain a professional relationship with the CI. Keep your expectations in line with respect to the “teacher/student” factor. Remember not only must your CI be an instructor helping you to achieve your goals, but also an objective professional who will document progress or lack of progress toward goals.

16. COMMUNICATE!!! Almost any difficulty can be based on a lack of appropriate communication. Remember to listen effectively. If you are still unclear, ask for more specific directions.

17. Be open to alternative ways of treatments. The way you learned in class and lab is not the only way to perform techniques.

18. HAVE FUN, the clinical is a great place to learn!

11. Critical Competencies

Clinical competence for specific skills must be demonstrated to successfully complete clinical affiliations. Students must complete each clinical at certain levels as established by the PTA program in accordance with CPI web and syllabus for respective course. The 1st clinical rotation must be completed at an advanced beginner level. The 2nd clinical rotation must be completed above intermediate level. The 3rd clinical must be completed at entry-level. In addition, skills listed under intervention or data collection must be marked as performed by both the CI and the student, in order for credit to be given. It is the student’s responsibility to ensure that they have mastered all skills at the appropriate level. The student should keep a list of the skills that need to be mastered and share the information with the CI at the beginning of each clinical affiliation.

12. Evaluation of Student Performance

One formal final evaluation must be scheduled in advance for the 1st clinical affiliation in advance. Two formal evaluations must be scheduled in advance for the 2nd and 3rd clinical affiliations: Midterm and Final. A review of the critical competencies required for successful completion as defined by CPI web should be conducted within the first few days. The CI must provide verbal or written feedback at least weekly (informal feedback should be given more frequently – daily is suggested). A midterm evaluation must be conducted within 5 days of the midterm date. Final evaluations must be completed and reviewed by the last day of the affiliation. The final clinical grade is determined by the ACCE.
13. **Student Evaluation of CI and Clinical Site**

Students will conduct an evaluation of the CI and clinical site during the final week of their affiliation. Students may share this evaluation with their CI. This evaluation must be returned to the ACCE before a grade will be assigned for the clinical rotation. The evaluation will be shared with the CCCE upon request. The student is responsible for contacting the ACCE with any problems or concerns that require immediate attention. These concerns will be documented in writing by the ACCE. The ACCE will contact the CCCE and/or clinical instructor to begin the resolution process for any problems.

14. **Poor Student Performance Procedures**

A rating below the required levels for each respective clinical as outlined in # 10 above, will result in a failure of the clinical affiliation. If the student is in danger of falling below the level required, the ACCE should be notified immediately by the CI. The student will be placed on academic warning and a written plan will be established to improve performance.

15. **Managing the Problem Situation**

Upon recognition of a problem with a student’s clinical performance, it is important that the ACCE, CI, and CCCE collaborate in its management and resolution. Careful documentation of the problem must be completed. A chronological journal of observations, initiated at the first sign of a potential problem, is suggested. The student, CI, and ACCE will meet to review the documented problem(s), and a plan for corrective action will be formulated and signed by all parties. The plan will contain the defined areas of deficits, the desired behaviors required to correct these deficits, and a plan for attainment of each one.

The ACCE will remain in close contact with the student and will facilitate the remediation process. A calendar of weekly reviews of progress will be established to assess the effectiveness of the plan and the progress of the student. The student will be allowed to submit written comments in response, which will be added to these documents.

If a discrepancy between the student’s report of the situation and the report given by the CCCE or CI exists, it is the role of the ACCE to clarify the behaviors or deficient skills at the heart of the problem.

The CI is responsible for ensuring that the student was treated fairly and given regular feedback regarding performance. Documentation of performance and records of meetings with the student are essential.

16. **Attendance/Tardiness/Absences**

A. Clinical attendance is expected as assigned. The student has the responsibility to be at the clinical site at the specified time. If the student cannot be present or will be late it is mandatory that he/she (1) call the clinical supervisor at the agency, (2) call, and email the Physical Therapist Assistant program at Gulf Coast State College by 8:30 a.m. (ACCE or a designated individual).

B. The working hours for a clinical internship will be the working hours of the agency and clinical instructor to which the student is assigned and may vary from one clinical site to another.
C. Holidays and vacations are at the discretion of the clinical agency. Should the college have a scheduled holiday or vacation period, which the clinical agency does not observe, the student is required to report to the internship as usual. The agency schedule takes priority over the college schedule.

D. All missed clinical hours in excess of 1 day per clinical course must be made up, regardless of the reason for the absence, at the convenience of the clinical site. It is the student’s responsibility to schedule make-up hours with the clinical center and the make-up schedule must be approved by the ACCE prior to being completed. For liability reasons, no unapproved make-up time will be permitted. *This may affect the student’s spring break*

17. Absence of Clinical Instructor
Should the CI be absent from the clinic (due to illness, vacation, etc.) and be unable to assign supervisory responsibilities to another qualified P.T. or P.T.A., the student must be notified not to attend the clinic that day. These missed clinical days must be made up and scheduled at a time convenient for the CI and student.

18. Midterm Site Visits by ACCE
Following the midterm evaluation, the ACCE will schedule a site visit with the CCCE or CI, if traveling distance allows. Midterm evaluations will be reviewed by the ACCE at this time.

19. Obedience to State Laws and Code of Ethics
Any behaviors or activities conducted by the student in the clinic, which violate state law, the state practice act, or the APTA’s Code of Ethics and Standards of Practice, will result in immediate withdrawal from the program. If a student is arrested or convicted during the program, this must be reported to the PTA program Director and the ACCE within 24 hours.

20. Clinical Projects
Students will be required to conduct in-services, quality assurance projects, journal reflections, and case studies during their clinical experience. All references to patients will be anonymous and confidentiality will be maintained.

Clinical Site Information forms will be updated yearly and kept on file by the ACCE. The ACCE is responsible for updating and maintaining these forms.

22. Review of Clinical Feedback
Written and verbal comments and suggestions provided by the CI and CCCE following the affiliation will be used in conjunction with other self-study documents and procedures for curriculum revision and refinement. Feedback is not limited to the forms found in the competency evaluation booklet.
23. **Problem Resolution Procedure**

The Problem Resolution Procedure is an orderly process for the student to present their problems, complaints, suggestions, or ideas to the faculty. In turn, the procedure provides faculty with an opportunity to listen to and address students' concerns.

1. A problem is any matter of concern to a student.
2. This resolution procedure is not a substitute for informal, one-to-one conversations between faculty and students. This should always be the first step in resolving a problem. But if, due to circumstances, the usual avenues of discussion are ineffective or insufficient, a more formalized approach may be necessary.

Procedure

**Step 1:** The student discusses the problem with the clinical instructor or the faculty advisor as soon as possible after the problem arises. The faculty advisor listens to the student's version of the problem, conducts a speedy and thorough investigation of the situation, and meets again with the student to discuss the resolution.

**Step 2:** If the student is not satisfied by the resolution of Step 1 or if the resolution requires action beyond the authority of the faculty advisor, the faculty advisor and the student will meet with the Division Chair of Health Sciences. At this meeting, the problem, again, will be thoroughly explored and if possible, resolved.

**Step 3:** If the complaint or problem remains unresolved at this level, it should then be discussed with the Vice President of Academic Affairs in accordance with the grievance procedure outlined in the GCSC Student Handbook and in the General Catalog.

Note: The student has the option to initiate the discussion at any step of the procedure - with the understanding that if the problem should properly be brought to the attention of a lower level, the problem will be referred back to the program faculty for initial review.

24. **Complaints**

All complaints about the PTA program will be submitted in writing or via email and copies of any complaints and their resolution will be maintained by the program coordinator. Complaints initiated by persons other than students, will follow the same process as outlined for students on the PTA program website.

25. **Dress Code**

A professional appearance is expected while enrolled in the Physical Therapist Assistant program. The dress code for each clinical experience. You are responsible for the dress code at each clinical site. If a dress code is not indicated by the clinical facility, then a navy blue polo and khakis are required.
1. No jeans or shorts. In most facilities, khaki’s and polo shirts are standard attire. Khaki pants and a navy blue polo shirt with a collar are required for the program.

2. Shirts or blouses, with sleeves, may be casual, but no T-shirts, tank tops or low-cut necklines are permitted.

3. Good shoes, preferably with non-slip soles. No high heels or sandals. Many facilities will allow sneakers, but some will not. Check prior to each affiliation.

4. Extravagant jewelry must be avoided. (medic alert bracelet or simple necklace is acceptable.) Rings other than plain wedding bands are unacceptable. Rings are a scratch hazard to patients and they may harbor organisms that can be transmitted from patient to patient, or even carry an infection to the wearer. Earrings, other than the small stud-type for pierced ears are not permitted. Dangling earrings may be a source of personal injury should a patient grab hold of one. Visible piercings other than in the ear are not permitted.

5. A watch with a second hand or digital second indicator is considered part of your uniform and is required.

6. Nails should be neatly trimmed to fingertip length and clean. Nail polish, if worn, should be clear or natural. Dark pinks, reds, purple, green or black, etc. are not acceptable. Artificial nails are not allowed.

7. Hair must be pulled back or up if longer than shoulder length. No two-tone hair, radical haircuts or teased dos are permissible, as they are not considered professional.

8. Personal hygiene is of vital importance. Daily bathing and the use of deodorant should be routine. Consideration should be shown for the fact that the scent of strong perfume, hair spray, coffee or cigarette smoke is offensive to many patients who may not be feeling well.

**Some clinical sites are smoke-free facilities. It is the student’s responsibility to adhere to the smoke-free policy. Violation of a clinical policy is grounds for dismissal from the program.**

10. Each student must be identified by an approved nametag acquired through the college.

11. All visible tattoos must be covered while in the clinic.

26. **Student Clinical Responsibilities**

1. The student is required to formulate a minimum of 3 goals specific to the clinical assignment. The student must submit the goals by the due date given and bring a copy of these objectives to the clinical instructor the first day of the clinical assignment.
2. Students must keep current copies of the health and physical form, TB test, CPR and first aid card. The student must bring copies on the first day of the clinical assignment.

7. **List of Skills Mastered Prior to First Clinical Experience**

The students have been evaluated on the skills listed below in the table. If an item falls under the “Skill Check” category, the student demonstrated the skill upon demand. If the item falls under the “Practical” category, then the student was given a patient scenario/POC and was required to carry out a mock treatment on a simulated patient. Many skills fall under both categories indicating that the student demonstrated the skill both in isolation and applied the skill in a mock patient simulation.

The following grading system is used in the laboratory:

**Performance Evaluation Criteria:**

3 - Performs all functions and tasks with mastery. Demonstrates efficiency and skill in the preparation, adjustment and use of all materials and equipment. Operates in a confident and professional manner. Is well organized in communication and actions. Demonstrates awareness of personal and patient safety at all times.

2 - One verbal cue is from the instructor to perform required functions competently and maintain safety in a clinically acceptable manner.

1 - Needs multiple prompts from the instructor. Disorganized and/or inefficient. Uses minimum care in safety. Needs improvement.

0 - Performs required tasks or functions in an unacceptable manner. Lacks knowledge of procedures and/or equipment. Inattentive to safety or infection control issues. Actions and/or appearance unprofessional.

Each lab practical also has critical safety elements and required components of the skill that must be passed with a “3” in order to pass the practical. A critical safety element is a portion of the skill which is intended to prevent or mitigate injury. A required component of the skill is an essential part of the skill that is necessary to ensure student has mastered the particular skill.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Course</th>
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<td>Body Mechanics</td>
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<tr>
<td>Transfers</td>
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<tr>
<td>Bed Mobility</td>
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<tr>
<td>Palpation</td>
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<td>Skill</td>
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<tr>
<td>Draping</td>
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<tr>
<td>Wheelchair Mobility</td>
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<tr>
<td>PROM</td>
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<td>Handwashing</td>
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<tr>
<td>Goniometry</td>
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<td>Reflex testing</td>
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<tr>
<td>PROM, AROM, AAROM</td>
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<tr>
<td>Strengthening: OKC, CKC, Eccentric, Concentric, Isometric (gym equip., free weights/ theraband)</td>
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<td>Postural Stabilization, McKenzie/ Williams, Swiss Ball, Plyometric exs., Aerobic training, endurance training</td>
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<td>Monitors and responds to patient’s physiological response to tx</td>
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<td>Balance (Static and Dynamic)/ Coordination</td>
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<td>PNF patterns, stretching</td>
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<td>Gait Training (patterns, pt. education, stairs, curbs, un-level surfaces, guarding)</td>
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<td>Volumetrics</td>
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<td>Intermittent Compression</td>
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<td>Amputee residual limb wrapping</td>
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<td>Pulmonary Hygiene (percussion, chest mobilization, coughing exercises)</td>
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<td>Target Heart Rate Calculation</td>
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<td>Cardiac Diagnosis Treatment</td>
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## GULF COAST STATE COLLEGE
### PHYSICAL THERAPIST ASSISTANT PROGRAM CURRICULUM

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28. **Assessment Policy of Clinical Instructors**

Assessment of Clinical Educators will occur through a variety of mechanisms. This assessment will include evaluating the effectiveness of individual CIs as well as the effectiveness of the CIs collectively. The assessment will determine the effectiveness of the clinical instructor’s student instruction abilities, if the site CI would benefit from individual mentoring by the ACCE for future student instruction and for aiding in determining future developmental areas for all clinical instructors associated with the college clinical experiences.

Individual CI assessment will occur during and immediately after the time the CI has a student. This assessment will include gathering information from 1) the student, 2) the CI, 3) the ACCE and 4) the CCCE as appropriate.

- **Student:**
  - Students will assess the clinical instruction using the **Student Midterm/Final Evaluation of Clinical Experience** forms at mid-term and end of the clinical experience.
    - Mid-term evaluation will be completed by the student and forwarded to the ACCE prior to the scheduled mid-term visit/call. Any CI receiving a student score of 3 or 4 will trigger the ACCE to have a further discussion with the student during the midterm visit.
    - Final evaluations will be completed by the student and shared with the CI at the end of the clinical. The form will then be submitted to the ACCE. Any score of 3 or 4 will be recorded on the CI performance log and will be discussed with the CCCE. If the CI receives a score of 3 or 4 by more than one student an individual CI development plan will be created.
  - During the mid-term site call/visit the student will be asked about CI effectiveness. Special attention will be given to findings from the student survey. Responses will be recorded on the **Mid-term Clinical Site Contact Form** questions, #13-17.
  - All issues regarding a specific CI will be recorded and kept in the facilities file for future reference.
  - The concerns are tabulated and saved for future discussion with the site’s Clinical Coordinator of Clinical Education (CCCE). Discussion with the site’s CCCE will occur at least on a yearly basis by email or phone and documented in the Clinical Site Concerns Log. If the ACCE determines critical safety, or ethical issues are the main concern, the ACCE will initiate a discussion with the site CCCE immediately after such issues have been identified. The discussion will be documented on both the Clinical Site Concerns Log and the CI/CCCE Development Activity Log.
Clinical Instructor:
- The CI will be interviewed by the ACCE during the mid-term call/visit. The ACCE will ask questions regarding the CI’s self-perception of their effectiveness as a clinical instructor.
  - Mid-term Clinical Site Contact Form questions (#1,3,4,6,8,10,11)
- Each CI will be asked to complete a CI Survey on his/her performance at the end of the clinical rotation. Information gathered from this document will be used by the ACCE to assess the CI’s self-reported instruction performance and aide in identifying areas of clinical education concern or weakness that may be improved through continued education offered by the college. The ACCE will note the areas of concern and offer one-on-one advising if the CI is likely to be supervising PTA students in the future.

ACCE:
- During the mid-term call/visit the ACCE will evaluate the CIs general knowledge of clinical education strategies and determine if there are any areas of need for development. This will be recorded on the Mid-Term Clinical Site Contact Form.
- Upon review of CIs completion of CPI if the ACCE notes any issues or concerns. Concerns will be documented on the CI performance log.

CCCE:
- If student interview and CI interview indicate a significant concern the ACCE will interview the CCCE regarding the CIs performance as a clinical educator.

Effectiveness of all developmental activities will be evaluated based upon the trigger that indicated the need for the plan.

Group CI Evaluation:

Student:
- Students will assess the clinical instruction using the Final Student Clinical Experience Evaluation at the end of the clinical experience. Any area indicated as a 3 or 4 for more than one CI will be considered an area of global concern and a CI developmental plan will be established.

Clinical Instructor:
- CI self-assessments completed after each clinical experience will be compiled. Any area rated as a 1 or 2 by 5 or more CIs will trigger a developmental activity.

ACCE:
- ACCE notes from mid-term site/call visit logs and from final evaluation of CPI completion will be compiled. Any area noted as a concern with 5 or more CIs will trigger a developmental activity.

CCCE:
○ A survey will be sent to all CCCEs on an annual basis. Any area rated as a 1 or 2 by 5 or more CCCEs will trigger a developmental activity.

- Developmental activities could include a special mailing, a newsletter, a CE course/workshop or an online instructional activity.