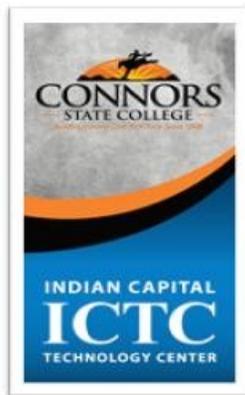


**Connors State College/Indian Capital  
Technology Center  
Physical Therapist Assistant  
Clinical Education Handbook**



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## **OVERVIEW & PURPOSE OF CLINICAL EDUCATION COURSEWORK**

The purpose and value of clinical education coursework is to provide the opportunity for students to apply learned skills and knowledge from didactic coursework in the clinical setting with actual patients, under the direction and supervision of a licensed physical therapist. Supervised clinical education coursework provides opportunity for students to grow, apply knowledge and clinical skills, develop critical thinking skills, and develop professional behaviors. These courses are intended to compliment academic coursework in such a way as to prepare the student for licensure and entry-level practice as a physical therapist assistant upon graduation.

During clinical education courses, the student will work with a clinical instructor (CI) and engage in direct patient care, at a level and pace that is appropriate, given the academic preparation, the setting, the criticality of the patient/client, the individual student, and other factors. The Academic Coordinator of Clinical Education (ACCE) will be responsible for student placement and coordination of the students during the clinical education portion of the program. The ACCE will be responsible for assigning course grades in all clinical education courses, considering a variety of sources of information in the process of grade determination.

Clinical education coursework is a required part of the physical therapist assistant program, per the Commission on Accreditation in Physical Therapy Education (CAPTE) policy.

## **ACCREDITATION STATUS**

Graduation from a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states. Connors State College/Indian Capital Technology Center is seeking accreditation of a new physical therapist assistant education program from CAPTE. On December 1, 2016, the program submitted an Application for Candidacy, which is the formal application required in the pre-accreditation stage. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the technical phase of the program; therefore, no students may be enrolled in technical courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

## COMPLAINTS

The PTA Program takes complaints seriously and works to resolve issues in a satisfactory manner. Individuals registering complaints about the program/faculty will be free from retaliation following submission of a complaint. Complaints regarding the program or program graduates should be first addressed to the PTA Program Director, Sarah Foster, PT, MPT [sarah.foster@ictctech.com](mailto:sarah.foster@ictctech.com), 918-913-3928. Unresolved complaints or complaints about the Program Director should be directed to Debra Bartel, ADN, BSN, MEd, Director of Nursing and Health Careers Education, [debbie.bartel@ictctech.com](mailto:debbie.bartel@ictctech.com), 918-571-4050. All complaints will be documented, included the projected outcome, and kept on file at the program facility. Complaints regarding Accreditation of this program should be addressed to the Commission on Accreditation in Physical Therapy Education. This Commission is located at 111 North Fairfax Street, Alexandria, VA 22314.

The above complaint policy is included on the program webpage to ensure its availability to the public.

If a member of the PTA Program Advisory Committee or employer of graduates has a complaint regarding the program, they should first address the complaint with the PTA Program Director. Unresolved complaints or complaints about the Program Director should be directed to the Director of Nursing and Health Careers Education. The Advisory Committee Survey, which will be sent annually to Advisory Committee Members, includes similar language regarding complaints and the Director's contact information as the Employer of Graduate Survey.

## PTA PROGRAM FACULTY

### **Sarah Foster, MPT Program Director**

918-913-3928 [sarah.foster@ictctech.com](mailto:sarah.foster@ictctech.com)

Sarah Foster graduated from the University of Oklahoma Health Sciences Center Tulsa Campus with a Masters degree in Physical Therapy in 2002. She has been employed for many years as a therapist with local school systems and the Sooner Start services, working with pediatric clients and their families. She also worked part-time in outpatient orthopedic physical therapy clinics during that time. In 2010, Sarah became the clinic director for Excel Therapy Specialists in Tahlequah, OK and saw patients with a variety of orthopedic and neurological conditions. Sarah served as a clinical instructor for PTA students from Tulsa Community College and PT students from the University of Oklahoma, as well as serving as a clinical internship instructor for students in the Health and Human Performance degree at Northeastern State University.

### **Jeff Journey, PTA Academic Coordinator of Clinical Education**

918-348-7901 [jeffrey.journey@ictctech.com](mailto:jeffrey.journey@ictctech.com)

Jeff Journey graduated from Tulsa Community College as a physical therapist assistant in 1990. He has worked in a variety of practice settings, including; inpatient rehabilitation, home health, long term acute care, outpatient orthopedic, and skilled nursing. Jeff received the HomeCare

Excellence Physical Therapist of the Year award in 1993 for his exceptional patient care. Jeff has served as a clinical instructor for some time, and was awarded the Tulsa Community College Excellence in Clinical Instruction Award in 2000.

### **PTA PROGRAM MISSION**

The mission of the program is to produce capable and effective entry-level physical therapist assistants who will provide quality physical therapy services under the direction and supervision of a physical therapist, while demonstrating high ethical standards and dedication to life-long learning.

### **PTA PROGRAM PHILOSOPHY, GOALS & OBJECTIVES**

#### **The PTA Program philosophy:**

- The CSC/ICTC PTA Program is dedicated to providing high-quality student-centered educational opportunities in order to provide well-balanced, comprehensive academic preparation for students.
- The PTA Program recognizes that students are future colleagues in the field of physical therapy, and as such, the student should be supported in the development of professional behaviors in the classroom and clinical education.
- The PTA Program is dedicated to partnering together with students, faculty, clinical facilities, the institutions, employers, and the community, to meet the needs of the student and the community.
- The curriculum is designed to provide the students with a variety of learning opportunities and instructional methods, exposing the student to basic concepts and theory, and progressing toward the integration of clinical skills and evidence-based practice to provide high-quality physical therapy services.
- The PTA Program includes clinical education experiences integrated within the curriculum in order to provide the student with the opportunity to apply clinical skills throughout the program.
- Learning opportunities are necessary that incorporate the student as an active partner in acquiring new information, and preparing the student to integrate life-long learning behaviors, evidence-based practice, critical thinking, self-reflection, and advocacy for the profession and the consumer into practice.

#### **Program Goals:**

1. Develop competent physical therapist assistants who are prepared to pass the national licensure exam and are prepared for entry-level employment.
2. Provide a physical therapist assistant curriculum that is relevant, evidence-based, and reflective of contemporary physical therapy practice.
3. Promote the importance of lifelong learning and involvement with the professional organizations in order to support the profession of physical therapy.

**Program Objectives:**

Graduates of the CSC/ICTC Physical Therapist Assistant Program will be able to:

1. Work under the direction and supervision of a physical therapist in a legal, ethical, and competent manner.
2. Demonstrate the skills of an entry-level practitioner.
3. Demonstrate a commitment to professional development and lifelong learning.
4. Demonstrate effective communication skills in a culturally competent manner with patients and their families/caregivers, other health care providers, and the public.

## PTA CURRICULUM PATTERN

<b>Semester 1 - Fall</b>	<b>Credit Hours/Clock Hours</b>	
ENGL 1113 English Composition I	3	
HIST 1483 or HIST 1493 U.S. History	3	
NURS Medical Terminology	3	
SPCH 1113 Introduction to Oral Communication Or COMS 1113 Fundamentals of Computer Usage	3	
MATH 1513 College Algebra Or MATH 1473 Applied Mathematics	3	
BIOL 2114 General Biology	4	
	<b>19 credit hours</b>	
<b>Semester 2 - Spring</b>		
ENGL 1213 English Composition II	3	
PSYS 1113 General Psychology	3	
POLS 1113 American Federal Government	3	
BIOL 2104 Human Anatomy	4	
BIOL 2114 Human Physiology	4	
	<b>17 credit hours</b>	
General Education Requirements	<b>36 credit hours</b>	
<b>Semester 3 – Summer</b>		
PTAT 1011 Introduction to Physical Therapy	1	30
PTAT 1012 Kinesiology for PTAs	2	60
PTAT 1122 Pathophysiology for PTAs	2	60
PTAT 1203 Basic Patient Care Skills	3	90
	<b>8 credit hours</b>	<b>240 clock hours</b>
<b>Semester 4 – Fall</b>		
PTAT 1033 Therapeutic Exercise I	3	90
PTAT 1023 Physical Agents	3	90
PTAT 1232 Clinical Procedures	2	72
PTAT 2033 Therapeutic Exercise II	3	90
PTAT 1212 Clinical Practice I	2	120
	<b>13 credit hours</b>	<b>462 clock hours</b>
<b>Semester 5 – Spring</b>		
PTAT 2011 Orthopedic Management for PTAs	1	30
PTAT 2043 Neurology & Rehabilitation for PTAs	3	90
PTAT 2124 Clinical Practice II	4	200
PTAT 2121 Professional Issues	1	30
PTAT 2134 Clinical Practice III	4	240
	<b>13 credit hours</b>	<b>590 clock hours</b>
Technical Coursework Requirements	<b>34 credit hours</b>	<b>1292 clock hours</b>
<b>Total</b>	<b>70 credit hours</b>	

## **CLINICAL EDUCATION COURSES**

There are three clinical education courses in the CSC/ICTC PTA Program. They consist of coursework integrated within the didactic coursework, and terminal clinical education experiences. Please see the following course descriptions:

### **PTAT 1212: Clinical Practice I**

This is the first of three clinical educational courses in the PTA program. It offers the student the opportunity to apply learned skills and knowledge in a clinical setting under the direct supervision of a licensed physical therapist. The student will apply basic clinical skills, engage in clinical reasoning, perform medical chart review, and document patient care experiences in a medical record. The student will develop professional behaviors in the clinical setting. This is a full-time 3 week clinical experience (120 hours).

### **PTAT 2124: Clinical Practice II**

This is the second of three clinical education courses in the PTA program. It offers the student the opportunity to apply learned skills and knowledge in a clinical setting, under the direct supervision of a licensed physical therapist. The student will build upon previous clinical experience, working with patients with more complex issues, and increasing patient care load. The student will further develop communication skills, and apply ethical decision making and values-based behaviors into patient care. This is a full-time 5 week clinical experience (200 hours).

### **PTAT 2134: Clinical Practice III**

This is the last of three clinical education courses in the PTA program. It offers the student the opportunity to apply learned skills and knowledge from all didactic coursework in a clinical setting, under the direct supervision of a licensed physical therapist. The student will build upon previous clinical experiences, working with more complex patients and heavier caseload as appropriate. This course allows students to transition forward to becoming a practitioner, integrating knowledge with experience to become safe and effective entry-level physical therapist assistants. This is a full-time 6 week clinical experience (240 hours).

## **COURSE SYLLABI & OBJECTIVES**

Please refer to the course syllabi for PTAT 1212 Clinical Practice I, PTAT 2124 Clinical Practice II, and PTAT 2134 Clinical Practice III in the appendix for information regarding course objectives, course assignments, etc.

There are specific requirements for successful course completion set forth in each course syllabus. During PTAT 1212, Clinical Practice I, the student must achieve: "Intermediate Performance" rating on criteria 1, 3 & 5 of the CPI, and "Advanced Beginner Performance" rating on criteria 2, 4, 6, 7, 8, 9, 10, 11, 12, 13, and 14 of the CPI by completion of the course. During PTAT 2124, Clinical Practice II, students must achieve "Intermediate Performance"

rating on all 14 criteria of the CPI at mid-term assessment, and “Advanced Intermediate Performance” rating on all 14 criteria of the CPI at final assessment. During PTAT 2134, Clinical Practice III, students must achieve “Advanced Intermediate Performance” rating at mid-term assessment, and “Entry-Level Performance” rating by final assessment on all 14 criteria of the CPI. Other course requirements for successful completion are outlined in the course syllabi.

### **ACADEMIC COORDINATOR OF CLINICAL EDUCATION**

The ACCE is the faculty member responsible for the clinical education portion of the PTA program. The ACCE will secure clinical sites and clinical instructors and will determine placement of the students at sites. The ACCE will coordinate and communicate with clinical instructors and students throughout the courses, and will make on-site visits and/or phone conferences during the clinical experiences. The ACCE is responsible for assigning the final grade in clinical education courses, and considers a variety of sources of information in the determination of the grade (see grading policy). The student may refer to the ACCE at any time during clinical education coursework with any questions, concerns, or clarifications.

### **ACCE RESPONSIBILITIES**

The ACCE is responsible for the following:

- Recruiting new clinical sites
- Maintaining updated Clinical Contracts with clinical affiliation sites
- Communicating information regarding the clinical education program to all parties involved
- Educating clinical instructors on course objectives and performance expectations
- Updating the Clinical Education Handbook
- Placing students at appropriate clinical education sites
- Providing all paperwork involved in Clinical Education to students and CIs
- Ensuring that student requirements are met before engaging in Clinical Education
- Providing education to Clinical Instructors regarding use of the CPI and working with students
- Being accessible by phone or in person during all clinical education courses
- Formulating remediation plans for students having difficulty in the clinical setting
- Collecting data regarding various aspects of the clinical education program to ensure quality
- Participating in the Clinical Education Consortium to collaborate with other programs regarding clinical education dates

### **ASSIGNMENT OF STUDENTS TO CLINICAL EDUCATION SITES**

- Students are required to complete the student preference form for clinical coursework
- The ACCE will make the final decision regarding clinical placements. The ACCE will review the student preference form, clinical education placement history, type of practice

setting, student learning style, clinical educator credentials and background, types of learning experiences offered, potential number of patients seen daily, amount/type of structure and supervision available, location of facility, and other factors when making placement decisions. **ALL** placements are subject to availability of that site for specific courses, which can change with little prior notice.

- Students under NO circumstances are to attempt to secure their own clinical placement sites, or to approach facilities on their own. If a student desires to participate in clinical education at a facility that is not a clinical site for the program, the student must approach only the ACCE. The process of securing new clinical sites can be lengthy, and the initiation of that process by the ACCE in no way guarantees the student a placement at that facility during the program.
- The goal of clinical education placements is to secure a variety of clinical experiences for the student prior to graduation, to best prepare the student for practice as an entry-level physical therapist assistant.
- Due to unanticipated or undisclosed circumstances, a student's clinical education site or clinical instructor may need to be changed without prior notice. The student is expected to adjust to the changes in a professional manner.
- There are no guarantees of the student receiving the clinical education placement of their choice.
- Students must understand that they may be required to attend clinical facilities within a one and a half hour drive from the campus during the program. Other facilities may be available outside of that radius, and will be made available to students.

### **RELEASE OF INFORMATION TO CLINICAL EDUCATION FACILITIES**

The PTA program recognizes the responsibility the clinical agency incurs for the patients' welfare and safety. Because of this, the program accepts the fact that the clinical agency may require certain information about students and faculty such as health appraisals, immunizations, licensure/certifications, criminal background/sex offender history drug screen results, demographics, social security number, reasonable accommodations, student learning profiles, progress/counseling records, academic records, etc. in order to determine if any individual circumstance exists which may impede patient welfare, safety, and/or violate facility policy and/or the licensure/accreditation status of the facility. The PTA Program has the responsibility and reserves the right to release such information to clinical facilities. The purpose of releasing such information is to secure/confirm clinical placement. Information may be released at any time throughout the student's enrollment. Students should be aware that a clinical facility has the right to deny clinical access to any student or instructor.

### **MONITORING AND SITE VISITS**

Site visits and/or telephone monitoring will occur at a minimum of once per clinical education experience. These visits will be made primarily by the ACCE, but may be made by any member of the PTA faculty. The purpose of the monitoring is multidimensional and may include, but is not limited to:

- Student performance evaluation

- Clinical site evaluation
- Clinical instructor evaluation
- Assistance with implementation of the clinical education program
- Assistance with managing student performance issues
- Clinical faculty education and development

Clinical faculty should feel free to request an on-site monitoring visit at any time by the ACCE or PTA faculty.

### **SELECTION CRITERIA FOR POTENTIAL CLINICAL EDUCATION SITES**

The CSC/ICTC Program faculty, primarily the ACCE, will select clinical education sites, maintain clinical contracts, letters of intent, and other required forms as needed. The selection of clinical sites is based on the value of facilities that:

- Reflect the appropriate sequence and scope of content in the curriculum design so that the clinical experience strengthens the tie between the didactic education and clinical application.
- Demonstrate safe practice for the students, employees, and patients/clients.
- Show evidence of currently licensed personnel who are qualified and prepared to serve as clinical faculty, with a minimum qualification of one year full-time employment in the field of physical therapy.
- Value professional and ethical behavior by all personnel.
- Provide a variety of practice settings for students, so that they have a variety of clinical education experiences, designed to prepare them for entry-level practice as a physical therapist assistant.

### **CLINICAL EDUCATION SITE RESERVATION REQUEST FORM AND CLINICAL PLACEMENT PLANNING FORM**

The ACCE will send out Clinical Education Site Reservation Request Forms to potential clinical affiliation sites each year, giving the clinical site the opportunity to commit to student placement for the individual courses. The form will allow the clinical site to state which courses they are able to accommodate students, how many students they will be able to accommodate, and to identify the clinical instructor for the students during the course. These will be sent in advance for the year, in an effort to allow clinical sites to plan ahead and to coordinate with neighboring PTA and PT Programs, to allow for maximum student placement across the region. The ACCE will also send a clinical placement planning form to be completed by the potential clinical site, which helps to gather information pertinent to the selection and placement of individual students at various sites.

### **COLLABORATION OF THE ACCE AND THE CLINICAL INSTRUCTOR**

The ACCE and the Clinical Instructor will demonstrate collaboration to ensure student achievement of the course objectives for clinical education coursework. The objectives will be

communicated prior to the clinical experience, as well as throughout the clinical experience. This will include communication with the student and clinical instructor regarding student performance and progress during and throughout the clinical experience.

- The ACCE will communicate course objectives relevant to the particular course to the Clinical Instructor prior to the student being on-site.
- Any additional objectives related to the particular clinical affiliation site should be communicated from the CI to the ACCE prior to the student being on-site.
- The ACCE will act as liaison between the PTA Program and the CI via site visits, phone conferences, and/or email communication to ensure student progress and performance is adequate throughout the clinical experience.
- The CI is responsible for contacting the ACCE immediately with issues and/or concerns related to students or clinical education courses.

### **CLINICAL CONTRACTS**

The PTA Program will have evidence of valid clinical contracts between the clinical affiliation site and the institution, signed by both parties, at the time of the clinical education course. The ACCE is responsible for maintaining updated clinical contracts between the clinical affiliation sites and the PTA Program. See sample clinical contract in the appendix.

### **CLINICAL EDUCATION SITES OUTSIDE OF THE STATE/COUNTRY**

The student may be placed in clinical affiliations outside of the state of Oklahoma during the course of clinical education coursework. It is the responsibility of the student to be familiarized with the appropriate State Practice Act for which the clinical affiliation resides. The program does not currently offer provisions for students to participate in clinical education affiliations outside of the United States.

### **CLINICAL EDUCATORS MEETING**

The ACCE will coordinate a yearly clinical educators meeting. The purpose of the meeting is to allow the opportunity to provide training and education to clinical instructors and clinical sites, as well as to have the opportunity to glean feedback from clinical educators, in addition to the Clinical Instructor Feedback Survey forms. The ACCE will try to provide information on topics relevant to the clinical education program and the clinical faculty. An invitation to the meeting will be sent to all clinical faculty as well as potential clinical faculty.

### **STUDENT RIGHTS & RESPONSIBILITIES**

The student will:

1. Wear name tag and identify himself/herself as a student physical therapist assistant during any patient encounter.

2. Request permission to work with the patient before any treatment encounter, and respect the right of any patient to refuse treatment by the student PTA.
3. Adhere to policies and procedures as outlined in the CSC/ICTC Clinical Education Handbook, as well as facility policies and procedures.
4. Familiarize himself/herself with the appropriate State Practice Act prior to beginning the clinical education experience.
5. Assume responsibility for transportation to and from the clinical education facility, as well as any housing or lodging requirements necessitated by the clinical placement.
6. Comply with any clinical health regulations of the clinical education facility, including, but not limited to: HIPPA training, drug screen, current CPR certification, TB skin test or chest x-ray, updated immunization record, yearly vaccinations, OSHA blood borne pathogen training, and criminal background check.
7. Provide proof of health insurance and assume responsibility for any medical expenses or illnesses during the clinical education experience.
8. Follow grievance procedures as outlined in the CSC/ICTC Clinical Education Handbook and CSC/ICTC PTA Program Student Handbook.
9. Maintain professional liability insurance through the CSC/ICTC PTA Program during the course of any clinical education courses.
10. Recognize that he/she is not an employee of the clinical education facility and shall not receive any compensation for work or services during the duration of clinical education courses. The student shall keep in mind that he/she is not providing a service to the clinical education facility or clinical instructor, rather, the facility/instructor is providing a service to the student in agreeing to participate in their educational process in a clinical setting.
11. Receive timely feedback regarding clinical performance, through regular feedback sessions with the clinical instructor, mid-term and final CPI evaluations as set forth in the course, and email/telephone/face-to-face conversations with the CSC/ICTC ACCE.
12. Receive an appropriate orientation to the clinical facility as needed to perform duties in a safe and competent manner.
13. Attend all clinical experiences regularly and punctually.
14. Notify the CI immediately in the case of any late arrival or absence or due to illness/emergency. If the student misses a clinical education day, he/she must also notify the ACCE in writing with an explanation of the reason for the absence. Any absences must be made up, at the discretion and convenience of the clinical instructor.
15. Demonstrate motivation, enthusiasm for learning, and professional behaviors with all patients/instructors/family/caregivers/healthcare professionals, during the clinical experience.
16. Complete and return all evaluations relevant to the course, and all course assignments in a timely manner, as determined ACCE and designated in the course schedule.

### **STUDENTS: WHAT TO EXPECT DURING CLINICAL EDUCATION COURSEWORK**

The clinical education coursework is an exciting opportunity for you to apply the clinical skills and knowledge from didactic coursework into a clinical setting with patients and clients. The clinical faculty is there to support and supervise you on this journey. This is often a challenging time, but a time of tremendous professional and personal growth. The value of clinical education experiences cannot be overstated. As a student, you may be eager to begin treating actual

patients, but you may also be apprehensive and unsure of your skills and abilities in the clinical setting. There is also the uncertainty of forming new interpersonal relationships with clinical faculty, staff, patients/clients, families, other students, and healthcare providers.

View this time as an opportunity to access a new set of resources. You will undoubtedly learn new things about yourself during this experience. You will be encouraged to demonstrate resourcefulness, to be confident while acknowledging and respecting your limitations, to utilize critical thinking skills in new ways, and to place the needs of the patient/client above your own.

Realize that the clinical instructor supervising you during this clinical education experience has a wealth of knowledge and experience and can help to guide you during this educational process. Respect him/her and value the input and feedback given to you, as it will make you a better practitioner. Be prepared every day to give your best effort.

An opportunity to learn is a beautiful thing!

*“Tell me and I forget. Teach me and I remember. Involve me and I learn.”* - Benjamin Franklin

## **STUDENT HEALTH & PHYSICAL CONDITION**

The student must have a sufficient level of fitness and physical ability to perform course related physical activities at the time of acceptance into the program. The student will be made aware of the necessary physical abilities and competencies for successful participation and completion of the program. The student accepts responsibility and liability for his/her own physical and mental condition and ability to participate and complete required activities.

Students must provide proof of physical examination by a licensed medical professional, following acceptance into the PTA Program. Reasonable accommodation will be made to any student who identifies a disability to the instructor at the beginning of a course. However, all students must be able to demonstrate competency in all required skills checks, practical examinations, and course requirements.

Any student who is unable to complete the physical or mental requirements of the program may be required to withdraw.

Any student with knowledge of suspected or confirmed cases of communicable disease should report this information to the appropriate personnel. The PTA program has the obligation to our clinical affiliations to postpone clinical rotations for students with communicable diseases to ensure patient/client safety. Students affected by this policy will be allowed to resume any clinical experience once communicability of the illness has passed, as determined by medical personnel.

## **ABILITIES NEEDED FOR SUCCESS AS A PTA**

A student in health careers education will be learning through direct participation in patient care and as a member of the health care team. To participate effectively as a health care provider, individuals should possess certain abilities which include but may not be limited to:

### **Vision**

adequate to read very small print, diagrams, graphs, and calibrations such as mm and 0.1 ml. Also, must be able to discriminate color changes of skin and body exudates.

### **Hearing**

conversational tones discriminate between different sounds within the body such as breath, heart, fetal heart with use of adaptive medical equipment such as stethoscope; also hear signal alerts on medical machinery.

### **Smell**

to detect and discriminate between odors.

### **Touch**

in order to perceive, through the tactile sense, certain parts of a person's anatomy for the purpose of identifying reference sites for various treatments and/or diagnostic procedures, to collect data during a physical exam, to render personal hygiene measures, etc.

### **Speak & Write**

the predominant language of the geographic area in a clear, concise way during verbal and written communication.

### **General physical fitness / Gross Motor / Fine Motor**

including strength, balance, and agility adequate to endure activities including, but not limited to the following: several consecutive hours of walking, standing, moving, and lifting other persons, pushing and pulling various types of equipment such as wheelchairs and gurneys, repetitive bending and stooping, kneeling, half-kneeling, lifting 20 lbs. repetitively, lifting 50 lbs. occasionally, push/pull 50 lbs. frequently, and frequent overhead reach activity. Fine motor skills are needed to write, to manipulate equipment such as syringes, medical equipment, and to maintain a sterile field. General physical fitness also including freedom from infectious diseases which pose a significant risk of transmission to others in the workplace if reasonable accommodations will not eliminate that risk.

### **General mental/ emotional fitness**

adequate to ensure informed judgment and individual competence on the part of the student in accepting responsibilities, delegating activities to others and providing care to patients.

### **Basic academic skills**

Reading & Math: prefer High School or higher grade equivalency level as evidence on approved program assessment exam(s). Skills should include; penmanship legible; word

usage (written & verbal) appropriate and correct within sentence structure, words spelled correctly; ability to read and interpret various forms of written communication; working with whole numbers, fractions, decimals, calculation of such things as IV fluid rates, preparation of medication dosages, applying various formulas to determine body mass, etc.

## COMPETENCIES

The following competencies are skills and abilities are necessary for the student to participate and complete the PTA program and be successful in employment as a PTA. Students must be able to achieve the following expectations:

1. Attend class approximately 30 hours per week or attend clinical education 40 hours per week, depending on the stage of the curriculum.
2. Comprehend, recall, and apply complex information from the pre-requisite courses to new information presented in the technical courses of the program.
3. Apply critical thinking skills in order to comprehend, analyze, and integrate information from lectures, laboratory, written materials, and other sources into the application of that information to the treatment of patients/clients.
4. Demonstrate scientific reasoning and inquiry skills, and critically analyze data for scientific evidence to the application with patient care.
5. Demonstrate problem-solving skills, both in academic and non-academic settings with a variety of complex problems.
6. Complete all assignments on time.
7. Engage and participate in classroom discussions.
8. Demonstrate quality written and verbal communication skills, utilize proper grammar and spelling, legible penmanship.
9. Demonstrate the ability to use basic mathematic skills for working with medical machinery and rehabilitation equipment in a safe manner.
10. Perform or instruct others in the therapeutic procedures in a safe, effective, and timely manner.
11. Exercise sound judgement and safety precautions at all times.
12. Meet class standards as set forth in course syllabi in order to complete coursework successfully.
13. Adhere to all policies, procedures, and practices set forth in the PTA Program Student Handbook.
14. Address problems to the appropriate person using effective conflict resolution skills, in a timely manner.
15. Maintain classroom, work area, equipment, supplies, personal appearance and hygiene conducive to a professional setting as appropriate.
16. Engage in respectful communication with others, including with individuals from various lifestyles, cultures, belief systems, races, socioeconomic statuses, and abilities.
17. Behave in a competent, professional manner.
18. Understand the legal and ethical expectations for physical therapy practice, and maintain those standards at all times.

19. Demonstrate stress management skills and emotional health required for the utilization of intellectual abilities and good judgement in a fast-paced environment.
20. Establish empathetic relationships in a professional manner, based on mutual trust.
21. Demonstrate high quality interpersonal skills with fellow classmates, instructors, administrators, patients/clients, healthcare professionals, and others.
22. Accept responsibility for personal and professional decisions and actions, and for the outcomes of those decisions and actions.
23. Accept constructive feedback regarding personal performance and incorporate changes to improve behavior as necessary.
24. Manage time and resources in an effective manner.
25. Demonstrate a commitment to learning.

\*These Competencies and Abilities Needed for Success as a PTA listed above must be met in order to complete the program successfully. Students who have concerns about the ability to perform any of these functions should contact the PTA Program Director at 918-913-3928. Individuals with disabilities may request reasonable accommodations. A Request for Accommodation Form is available through Student Services, and should be completed in a timely manner.

#### **TRAVEL TO/FROM CLINICAL EDUCATION SITE**

Students are expected to make arrangements for travel or short term relocation for clinical education placements as needed, up to within a one and half hour drive radius from the campus. Students must have reliable vehicle transportation for all clinical education coursework. Cost of travel and related expenses are the sole responsibility of the student. Some clinical affiliations may be available outside of the stated radius and may be available to the student, however, the program does not routinely expect students to travel outside of the given radius for clinical education experiences.

#### **DRUG SCREEN POLICY-10 PANEL DRUG TEST**

The PTA program will utilize an outside agency to collect urine samples for drug screening. Please refer to the ICTC policy in the Adult Health Careers Student Handbook. The cost of such testing is the responsibility of the student. At the discretion of the clinical education site, students may be subject to random drug testing. Positive drug screens may result in immediate termination from the program.

#### **BACKGROUND CHECKS FOR CLINICAL EDUCATION SITES**

Each student will be required to undergo a criminal background and sex offender registry check after they have accepted a position in the PTA program, in order to protect patients and the general public. The cost of the background checks are the responsibility of the student. Schools reserve the right to repeat background checks if needed. Some clinical sites may require a repeat background check for participation at that site. The background checks, dissemination of self-disclosure information, background check results and conviction records, whether in or

outside of the state of Oklahoma, may be provided to the fieldwork site during the completion of the academic program.

Clinical education sites reserve the right to refuse placement of any student. If a particular clinical education site does not accept the student, the program will make reasonable accommodations to provide alternative fieldwork sites that meet program and course objectives. If being unable to meet the clinical education requirements results in the inability to complete the course, then policies for dismissal from the program will be enforced.

Students must be aware that conviction of a felony or a misdemeanor involving moral turpitude may result in the inability to sit for licensure examination. Students who feel this may be an issue for him/her should contact the Oklahoma State Board of Medical Licensure and Supervision at <http://www.okmedicalboard.org>. Graduates who are unable to take the licensure examination are not allowed by law to practice as a physical therapist assistant; therefore, consideration should be taken prior to accepting a position in the PTA program.

### **IMMUNIZATIONS**

Students must provide documentation of updated immunizations upon admission to the PTA Program. Cost incurred for compliance with immunization standards is the sole responsibility of the student. Neither ICTC nor CSC provide or administer immunizations. Guidelines set forth by the Oklahoma State Health Department (OSDH) and the National Centers for Disease Control (CDC) will be observed, as well as those of the clinical facilities. See listed required immunizations in the Adult Health Careers Student Handbook.

### **CPR**

Students accepted into the PTA Program must show documentation of current certification in CPR for healthcare professionals. Students will not be allowed to participate in clinical education coursework without valid CPR certification.

### **STUDENT HEALTH INSURANCE**

Students are responsible for securing their own health insurance coverage. The school does not provide health insurance coverage. Any accident, illness, or injury, is the sole responsibility of the student, and the program/school holds no responsibility for health coverage for students enrolled in the program. The student is responsible for health coverage for any accident, injury, or illness sustained while enrolled in the program. Students may be required to show documentation of health insurance coverage, at a minimum of catastrophic health insurance coverage, as many clinical affiliation sites require students to maintain health insurance coverage while engaging at clinical education experiences on-site.

### **LIABILITY INSURANCE**

Liability insurance is required for students enrolled in the technical portion of the program. The student will be covered by liability insurance obtained through the program during the technical phase of the program. Cost of the insurance will be recovered from the student through associated student fees.

## **ATTENDANCE**

Students must complete the total required number of hours for each clinical affiliation. Students must notify the CI and the ACCE or any absence or tardiness PRIOR to the time scheduled to be in the clinic. Attendance, tardiness, and any make-up hours are all to be documented in the Student Clinical Notebook on the Attendance Record Form. Any make-up hours should be coordinated and scheduled with the CI. The student is expected to attend except in the case of illness or emergency. Routine doctor visits and errands should be scheduled around the clinical education course. In the event that a clinical instructor is absent or leaves early, the student should observe under another provider or engage in educational activity relevant to the clinical affiliation. **The student should NOT take the opportunity to leave the clinical site early.**

## **MAKE-UP SCHEDULE**

All missed time during clinical education courses must be made up. Make-up scheduling must be approved by the clinical instructor and the ACCE. Make-up schedules should be determined as early as possible in the event of an absence, preferably at the time of notification of the absence. **The student must be aware that make-up schedules for clinical education coursework MUST be completed by the last date of PTAT 2134, Clinical Practice III.** Failure to make up the time before the last day of class may result in failure to graduate with the cohort, and will affect the ability to take the licensure examination.

## **PROFESSIONALISM**

The PTA Student is a representative of the CSC/ICTC PTA Program while participating in clinical education experiences. Just as with during other portions of this program, the student is expected to exhibit Professional Behaviors at all times. These behaviors include:

1. Critical Thinking
2. Communication
3. Problem Solving
4. Interpersonal Skills
5. Responsibility
6. Professionalism
7. Use of Constructive Feedback
8. Effective Use of Time and Resources
9. Stress Management
10. Commitment to Learning

Students will become familiar with the expected professional behaviors during PTAT 1011, Introduction to Physical Therapy. Students will perform self-assessments of professional

behaviors during PTAT 1203, Basic Patient Care Skills. Students will be evaluated by faculty on professional behaviors each semester using the Professional Behaviors Assessment Tool, and the results of that evaluation will be discussed with the student, in order to give the student the opportunity to address concerns and improve performance prior to engaging in clinical education courses, if needed. In order to engage in clinical education coursework and progress in the PTA program, students MUST achieve the following performance levels on all 10 elements of the Professional Behaviors Assessment Tool:

- Beginner Level Performance by the completion of PTAT 2033, Therapeutic Exercise II
- Intermediate Level Performance by the completion of PTAT 2043, Neurology & Rehabilitation
- Entry-Level Performance by the completion of PTAT 2134, Clinical Practice III

### **VALUES-BASED BEHAVIORS OF THE PHYSICAL THERAPIST ASSISTANT**

The PTA student should exhibit the Values-Based Behaviors of the Physical Therapist Assistant during clinical education experiences. The Values are as follows:

1. Altruism
2. Caring and Compassion
3. Continuing Competence
4. Duty
5. Integrity
6. PT/PTA Collaboration
7. Responsibility
8. Social Responsibility

The student can find the full document, with definitions and sample indicators for the Values-Based Behaviors at: <http://www.apta.org/ValuesBasedBehaviors/>

### **ETHICAL BEHAVIOR FOR THE PHYSICAL THERAPIST ASSISTANT**

Students participating in clinical education are expected to demonstrate highly ethical behaviors. The student is to use the APTA Guide for Conduct of the Physical Therapist Assistant and the APTA's Standards of Ethical Conduct for the Physical Therapist Assistant as tools in developing the professional behaviors and ethical standards of an entry-level physical therapist assistant. The Guide for Conduct of the Physical Therapist Assistant addresses several standards for conduct, including:

- Respect
- Altruism
- Sound decisions
- Supervision
- Integrity in relationships
- Reporting
- Exploitation
- Colleague impairment

- Clinical competence
- Lifelong learning
- Organization and business practices
- Documenting interventions
- Support – health needs

The APTA's Standards of Ethical Conduct for the Physical Therapist Assistant sets forth the following standards as a foundation for ethical conduct:

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

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

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

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

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

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

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

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

The student physical therapist assistant should be familiar with these documents and the guidance they offer. Please refer to the following website to access the full documents:

<http://www.apta.org/Ethics/Core/>

## **STATE OF OKLAHOMA PHYSICAL THERAPY PRACTICE ACT**

Students at all times should act within the scope of practice for the physical therapist assistant, as set forth in the state of Oklahoma Physical Therapy Practice act. For access to the Practice Act, visit: [www.okmedicalboard.org](http://www.okmedicalboard.org). If a student is participating in a clinical education course at a site in another state, the student is responsible for adhering to the Practice Act of the state in which they are placed.

## **CELL PHONE USAGE DURING CLINICAL EDUCATION**

Students must secure cell phones either in their vehicle or in another area designated by the clinical instructor while on site. Non-compliance may result in termination of the clinical rotation

at the discretion of the ACCE. Under **NO** circumstances should a student use cell phones during clinical education hours in patient care areas. The student should provide clinical facility phone numbers at which they can be reached to family in the case of an emergency.

### **INCLEMENT WEATHER**

On occasion inclement weather may cause travel to be hazardous. Classes may be cancelled by decision of the ICTC administration. If the school is still open, but roads remain hazardous, the decision to drive to the clinical site must remain with the student. The PTA program recognizes that students engaged at remote clinical sites may be subject to different weather conditions than the campus. The student should not jeopardize their safety at any time. Weather conditions may indicate a need for students to arrive late or leave early, but without a penalty for absence. It is the responsibility of the student to contact the clinical site and the ACCE in the event of an absence or delay. Days missed due to inclement weather will be made up at the discretion of the clinic and the ACCE.

### **SCHOOL HOLIDAYS**

During official school holidays that fall within the clinical education course, students are not required to attend classes or clinicals. However, if it is a work day for the student's clinical instructor, then the student may opt to work a holiday and take an alternate day off. **Student should follow the work schedule of their clinical instructors as much as possible**, to make the learning process as seamless as possible. The student will still be responsible for completing the total number of required clinical coursework hours, regardless of the days taken as vacation days.

### **CLINICAL EDUCATION DRESS & APPEARANCE**

Students must adhere to dress and appearance guidelines. Personal appearance makes a strong impression upon patients, family, and other healthcare professionals, and can reflect on the level of professionalism of the student. In all instances, attire must be reasonable, modest, and in such style as it will not cause exposure or distraction. Therefore, the student must maintain Clinical Uniform while engaged in clinical education coursework. The uniform should fit as to allow freedom of movement without the risk of exposure. The Clinical Uniform is as follows:

**Clothing:** Royal blue plain polo-style shirt (student must purchase 2) and khaki slacks or pants.

**Shoes:** Closed-toed shoes that are flat, or with a low heel. Higher heeled shoes cause a risk to patient and student safety.

**Lab Jacket:** White short sleeved lab jacket. Lab Jacket is optional in some clinical settings; the student should consult the CI.

**Name Tag:** The student must wear the CSC/ICTC PTA Program student name tag at all times when engaged in clinical education.

The student must also:

- Maintain good oral and physical hygiene
- Keep the use of perfume, cologne, after shave, or scented products to little or none. Smells may be offensive to patients who are ill. Some facilities may prohibit the use of perfume, cologne, and other scents for this reason
- Avoid heavy make-up
- Keep hair neat and clean. Extreme hairstyles should be avoided. Hair must be kept out of the face and eyes, even when stooping and bending. Longer hair must be pulled back in a neat manner. Beards and mustaches must be clean and neatly trimmed.
- Keep fingernails clean, short, smoothly filed, and unpolished
- Maintain clothing that is freshly laundered, stain-free, and wrinkle-free
- Keep jewelry to a minimum. One small stud-like earring per lobe, wedding sets, and wristwatch are allowed, as approved by the faculty and CI. Clinical settings may have restrictions on jewelry, and the student is expected to abide by the clinical facility policy when engaged in clinical education. No nose rings, eyebrow rings, or tongue rings are allowed.

The PTA Program will support the Clinical Faculty that decides to send a student home for inappropriate dress, appearance, or hygiene. This will be considered an absence, and may result in disciplinary action.

## **HIPAA**

Students are responsible for maintain a standard of strict confidentiality in every aspect of patient care. Students must comply with the Health Insurance Portability and Accountability Act (HIPAA). The act sets standards for protecting patient privacy. Students receive HIPAA training upon admission to the PTA Program. Students must not participate in unauthorized disclosure of patient information.

## **CONFIDENTIALITY**

Students should not discuss or post any information about patients, family members, clinical experiences or any clinical facility on any social media site or by electronic communication/venue (Facebook, twitter, cell phone messaging, snapchat, etc.). Nor should a student keep any copy of any patient, family, or clinical facility information or save it to any electronic device.

Patient related information may be discussed with the ACCE or PTA faculty during the course of clinical education experiences with identifying information kept confidential as necessary. Students should keep all patient-related discussions confidential. Students found to be in violation of this policy are subject to disciplinary action including but not limited to immediate dismissal.

## **UNIVERSAL PRECAUTION GUIDELINES FOR HEALTHCARE WORKERS**

Medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens. The student has been educated about the risk of exposure to environmental and physical hazards when participating in both laboratory and clinical settings. These hazards include, but are not limited to: needle sticks, inhalation of microorganisms, and contact with infected blood and body fluids. Blood and body fluid precautions should be consistently used for ALL people and clients. This approach recommended by the Center for Disease Control (CDC) and referred to as “universal blood and body fluid precautions” or “universal precautions” should be used in the care of ALL patients, especially those in emergency care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

All health care workers must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated.

1. Gloves must be worn for touching blood and body fluids, mucous membranes or non-intact skin of all patients.
2. Gloves must be worn for handling items or surfaces soiled with blood or body fluids.
3. Gloves should be available at the nurses' station or in the vicinity, and they should be carried on the persons of health care workers.
4. Gloves must be changed and hands washed after contact with EACH patient.
5. Masks and protective eyewear or face shields must be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes.
6. Gowns or aprons must be worn during procedures that are likely to generate splashes of blood or other body fluids.

Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

Protective devices should be used to resuscitate patients. Mouthpieces, resuscitation bags, or other ventilation devices should be used to resuscitate patients in areas in which the need for resuscitation is predictable to minimize the practice of mouth-to-mouth resuscitation. Students are never required to give mouth-to-mouth breathing when a barrier device is not available.

Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the conditions resolves.

Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant. However, if a health care worker develops an HIV infection while pregnant, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with, and strictly adhere to, precautions to minimize the risk of HIV transmission.

## **REPORTING SUSPECTED EXPOSURE TO BLOOD BORNE PATHOGENS**

Students should follow the procedure of the facility to exposure to blood borne pathogens if an exposure occurs during clinical education coursework. The student should notify the CI immediately, and the CI can assist with the process of minimizing risk through the exposure incident. The student should notify the ACCE at the earliest convenience, once immediate precautions have taken place, of the incident.

## EVALUATION AND GRADING METHODS

Students will be evaluated by the clinical instructor, using the Clinical Performance Instrument (CPI), as well as evaluations of any in-services or special projects.

Although the evaluation of the student's clinical performance is the responsibility of the CI, the assignment of a grade for the course is the responsibility of the ACCE. The student will receive a Pass (P) or No-Pass (NP) for the clinical education course. The final grade determined by the ACCE takes into account many factors, including but not limited to: clinical setting, student experience with patients in that type of setting, relative importance of the various CPI performance criteria, course objectives, expectations of the clinical site, progression of student performance from mid-term to final evaluations, levels of experience in didactic and clinical components, the presence of any significant concerns or exceptional performances, clinical instructor's narrative responses regarding supervision/guidance, quality, complexity, consistency and efficiency related to student performance, additional assignments completed, site visit information.

## STUDENT PTA SUPERVISION GUIDELINES

PTA students engaged in clinical education coursework must be supervised in accordance with Oklahoma law, which states that students are to be supervised by either a licensed physical therapist or licensed physical therapist assistant. The supervising PT or PTA **must be on site** at all times during clinical engagement of student physical therapist assistants.

The state of Oklahoma Physical Therapy Practice Act does not specifically address supervision of students. It does, however, address the supervision of recent graduates from physical therapy and physical therapist assistant education programs, which requires **direct, on-site supervision**.

Subchapter 5. Regulation of Practice, pg. 22, Section 435:20-5-2

### Working Under Supervision

"Recent physical therapist or physical therapist assistant graduates who have completed eligibility requirements for examination and submitted all required forms and fees for examination may work in a Physical Therapy facility under the direct, on the premises, supervision and direction of a licensed Physical Therapist."

It is assumed that physical therapist assistant students engaged in clinical education coursework require direct, on-site supervision by clinical instructors at all times, in all clinical settings.

The APTA sets forth the following position for the Supervision of Student Physical Therapist Assistants: HOD P06-11-09-17 [Amended P06 – 00-19-31; HOD 06-96-20-35; HOD 06-95-20-11] [Position]

“Student physical therapist assistants, when participating as part of a physical therapist assistant education curriculum, and when acting in accordance with American Physical Therapy Association policy and applicable state laws and regulations, are qualified to perform selected physical therapy interventions under the direction and supervision of either the physical therapist alone or the physical therapist and physical therapist assistant working as a team. When the student physical therapist assistant is participating in the delivery of physical therapy services while being supervised by the physical therapist alone or the physical therapist and physical therapist assistant working as a team, the physical therapist or the physical therapist assistant is physically present and immediately available at all times. The physical therapist or the physical therapist assistant will have direct contact with the patient/client during each visit as visit is defined in the Guide to Physical Therapist Practice. The physical therapist maintains responsibility for patient/client management at all times, including appropriate utilization of the physical therapist assistant as described in Direction and Supervision of the Physical Therapist Assistant, and for interventions performed by the student physical therapist assistant.”

It is acceptable to utilize a 2:1 student:clinical instructor ratio, and to pair PTA students with PT students or other PTA students during clinical education experiences, depending on what works best for the clinical instructor and students. CSC/ICTC PTA Program accepts and encourages the pairing of CSC/ICTC students with students from other schools and programs, as this encourages collaboration among students and enhances the learning process.

Clinical instructors should be aware that provision of services by students may not be reimbursable in all cases.

- Medicare Part A – therapy students must be in line-of-sight supervision of the professional therapist (Federal Register, July 30, 1999). Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the service under line-of-sight supervision.
- Medicare Part B – the following criteria must be met in order for services provided by a student to be billed by the long-term care facility:
- The qualified professional is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgement, and is responsible for the assessment and treatment.
- The practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified professional is the person responsible for the services and, as such, signs all documentation. (A student may, of course, also sign, but it is not necessary because the Part B payment is for the clinician’s services, not for the student’s services.)
- Physical therapy assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy assistant students while providing services within their scope of work and performed under the direction and supervision of a qualified physical or occupational therapist.

## **CLINICAL EDUCATION GRIEVANCE PROCEDURES**

Students are encouraged to resolve any conflicts in a professional manner. This means that the first step should always be open and professional communication between the student and the clinical faculty. If the situation warrants, the ACCE should be contacted regarding the issue. The ACCE will evaluate the situation and intervene as necessary.

Documentation of the issues/incidents is critical. Students/Clinical Faculty/ACCE should take care to compile written documentation containing as much detail as possible regarding the issue. The student and/or CI may use the Critical Incident Form or the Clinical Education Counseling Form as appropriate, found in the appendix. A copy should be provided to the ACCE immediately.

Early identification of problems and communication of these issues is the best way to identify and remediate the issue, providing the student the opportunity for growth, development, and a successful outcome in the clinical education experience. Any issues regarding patient or personnel safety should be immediately discussed. Behaviors that are not ideal or unacceptable are best discussed confidentially between the CI and the student in a private location. The CI or student may contact the ACCE at any time, if the situation warrants.

Any complaints regarding the ACCE may be directed to Sarah Foster, Program Director at 918-913-3928, [sarah.foster@ictctech.com](mailto:sarah.foster@ictctech.com). Any complaints regarding the Program Director, may be directed to Debbie Bartel, District Administrator – Nursing and Health Careers Education, 918-775-9119, ext. 116, [debbie.bartel@ictctech.com](mailto:debbie.bartel@ictctech.com).

## **REMOVAL OF A STUDENT FROM A CLINICAL EDUCATION SITE/COURSE**

In some instances, a student may need to be removed from a clinical education site. This decision is the responsibility of the ACCE. Every effort will be made to resolve conflicts and work out a solution that the student may continue at the original placement site. However, the ACCE may determine the needs of the student and clinical instructor are best served through the removal of the student from the clinical site. The rationale and supporting documentation for the removal will be recorded on a Clinical Education Counseling Form, which will be kept on file in the office of the ACCE.

If the student is dismissed from the clinical facility, the ACCE and Program Director will evaluate the situation and determine if another clinical education facility scheduling is appropriate. If the student is granted another facility site, the student may be required to fulfill an individualized remediation plan before being allowed to start another clinical education experience. Students experiencing difficulties may be restricted to facilities in closer proximity to campus, as it provides more opportunity to on-site visits and closer monitoring by the ACCE.

If a student is dismissed from a clinical education facility for a second time, the student's individual case will be reviewed, and he/she may be withdrawn from the program. A review board will be impaneled consisting of designated staff from CSC and ICTC to review the case, if

the student petitions to have the case reviewed. The review board will make the final decision regarding dismissal or remediation.

### **CLINICAL EDUCATION COURSE ASSIGNMENTS**

Students may be required to complete assignments during the course of their clinical affiliations. These vary, and may include: case studies, discussion questions, medical documentation assignments, reflection papers, or in-services. The student is expected to work on clinical assignments outside of clinical time, but may need to spend some time gathering data or researching patient information related to course assignments. Clinical faculty may be asked to evaluate student performance on staff in-services or presentations. An evaluation form will be provided to the clinical faculty in this case. Please refer to course assignments as listed in course syllabi.

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

The student will complete an evaluation of the clinical site/clinical instructor at the completion of the clinical experience, using the APTA's Physical Therapist Assistant Student Evaluation Form for Clinical Experience and Clinical Instruction. The student will return the signed form to the ACCE by the deadline set forth in the course syllabus.

### **PTA STUDENT CONTACT TO CLINICAL SITE**

The student will be required to contact the clinical site and/or CI prior to beginning a clinical affiliation. The student should call the facility/CI to introduce himself, and clarify any questions prior to the first day of the course.

### **QUALIFICATIONS OF CLINICAL FACULTY**

The ideal clinical faculty should possess the following qualifications:

- A minimum of one year full time clinical experience, or equivalent
- Competency in clinical skills for his/her practice setting
- Model appropriate professional behaviors for the student
- Work well as a member of the PT/PTA team within his/her facility, and adhere to legal/ethical standards as set forth in the State Practice Act
- Understand the expectations of entry-level practice which is the goal for the student by the completion of the final clinical education course
- Have an interest in working with and educating students, understanding that students learn in a variety of ways and being willing to employ various teaching tactics to best fit the student
- Be dedicated to lifelong learning
- Possess quality instructional, supervisory, and performance evaluation skills in working with students

## **CLINICAL INSTRUCTOR RIGHTS & RESPONSIBILITIES**

The CSC/ICTC PTA program seeks clinical faculty that seek to further the mission of the program. In order to make the outcomes of clinical education positive, the clinical faculty should:

- Familiarize themselves with the program mission, philosophy, and goals.
- Familiarize themselves with the course syllabus and objectives for the relevant clinical education course in which the student is enrolled
- Plan appropriate varied learning opportunities for the student in the clinical setting
- Communicate performance expectations clearly to the student at the beginning of the clinical education experience
- Provide orientation to the facility as appropriate for the student, including: facility policy and procedure, emergency and safety protocols, supervision expectations, documentation methods, etc.
- Set goals with the student regarding learning objectives, performance expectations, etc. at the beginning of the experience
- Supervise and evaluate student clinical performance
- Provide ongoing formal and informal feedback to the student in the form of: immediate feedback, weekly progress meetings, mid-term and final CPI evaluations, etc.
- Communicate regularly with the ACCE as needed.
- Clarify any questions or concerns with the student or ACCE.
- Familiarize themselves with the use of the CPI as an assessment tool.
- Provide feedback to the program regarding curriculum review, in an effort to help the program implement changes as needed to improve the program and student preparedness for clinical education. Clinical Instructors will be provided with a Clinical Instructor Curriculum Review Form to be completed, in an effort to provide the program with helpful feedback.

## **CENTER COORDINATOR OF CLINICAL EDUCATION RIGHTS & RESPONSIBILITIES**

If a site has a CCCE, that person is responsible for coordinating student assignments and learning opportunities at their site. The CCCE should possess good organizational and communication skills, have an understanding of the educational process and goals, be dedicated to placing the student with an appropriate instructor and setting that best meets the educational experience, act as a consultant and liaison throughout the clinical education experience.

## **INFORMATION SENT TO CLINICAL SITES PRIOR TO STUDENT ARRIVAL**

If a student is placed at a clinical affiliation site, the ACCE will provide information to the CCCE/CI regarding: dates of clinical experience, student profile, course syllabi, and course objectives. Each clinical instructor will be provided with access to the CPI and on-line training

regarding its use, and a copy of the clinical education handbook, including assessment survey forms.

### SKILLS LEARNED BY STUDENTS PRIOR TO CLINICAL EDUCATION COURSES

<b>Skills Learned Prior to PTAT 1212: Clinical Practice I</b>					
<b>Kinesiology</b>	<b>Basic Patient Care Skills</b>	<b>Therapeutic Exercise I</b>	<b>Physical Agents</b>	<b>Therapeutic Exercise II</b>	<b>Clinical Procedures</b>
Anatomical Palpation skills*	Patient interview*	PROM*	Moist hot packs*	Cardiac rehab**	Wound care (no sharp debridement)
Dermatomes, myotomes, and peripheral reflex testing*	Handwashing and asepsis techniques*	AROM*	Cold packs*	Energy conservation and relaxation*	Sterile dressing changes*
Classification of joint end-feel*	Sterile vs. clean techniques*	AAROM*	Ice massage*	Spinal stabilization exercise*	Bandaging for edema control*
UE goniometry*	Vital signs assessment*	Concentric/ec centric exercises*	Contrast baths*	Spinal rehab theories	Breathing exercises*
LE goniometry*	Pain assessment*	Stretching exercises*	Paraffin bath*	Vestibular and advanced balance training*	Coughing techniques*
Neck & Trunk goniometry*	Bed mobility *	Neuro-gliding exercises*	Hydrotherapy*	Physioball exercise*	Postural drainage*
Functional ROM assessment*	Body mechanics*	Resistive exercises: manual and mechanical*	Ultrasound: direct & immersion*	Geriatric exercise*	Pulmonary percussion techniques*
UE Manual muscle testing*	Sit-to-stand transfers*	Plyometric exercise*	Phonophoresis*	Women's health exercise	Massage (cervical, low back, full back)*
LE manual muscle testing*	Pivot transfers*	Aerobic exercise	Laser	Job simulation training	Soft tissue mobilization*
Neck/trunk manual muscle testing*	2-person lift transfers*	Functional exercise training*	Diathermy (theory only)	Post-amputation exercise*	Peripheral joint mobilization (grades I and II ONLY)*
	Sliding board transfers*	Gait cycle analysis	Infrared lamp (theory only)	Residual limb wrapping*	Orthotics
	Mechanical Patient Lift*	Postural assessment	Mechanical compression*	Prosthetic training	Architectural and environmental

					home assessment
	Fitting assistive devices for gait*	Postural correction exercises	Cervical traction*		Workplace ergonomic assessment
	Gait training: flat surfaces and stairs*	Application of CPM devices*	Lumbar traction*		
	Wheelchair safety/mobility/positioning*	Balance and coordination assessment*	Electrode placement and care*		
	Patient positioning and draping*	Introductory balance and coordination exercises*	IFC*		
	Tilt table	Open/closed chain exercises*	Iontophoresis*		
	Anthropometric measurements: height, weight, girth, length, volumetric*	HEP instruction*	NMES and Russian*		
		Aquatic exercise	High Volt*		
		Standardized functional assessments	Biofeedback*		
			TENS*		

<b>Skills Learned Prior to PTAT 2124: Clinical Practice II and PTAT 2134: Clinical Practice III</b>	
<b>Orthopedic Management for PTAs</b>	<b>Neurology &amp; Rehabilitation</b>
Post-op rehabilitative protocols	Motor learning techniques
Identification of orthopedic special tests	PNF diagonals*
Standardized functional & pain assessment for orthopedic diagnoses	NDT techniques*
	Inhibition techniques*
	Mentation and cognition assessment*
	Sensory assessment with SCI*
	Pediatric exercises and handling techniques
	Developmental reflexes*
	Righting and equilibrium reactions*
	Neurological gait patterns and gait training
	Standardized functional assessments for neurological diagnoses
	Specialized wheelchairs
	Adaptive and assistive devices for patient with neurological conditions

\*skill assessed through skills check and/or practical exam

\*\*clinical instructors who teach skills not covered in the curriculum are responsible for assessing students safety and competence prior to patient treatment.

### **STUDENT ORIENTATION TO CLINICAL FACILITY**

Student orientation to the facility is the responsible of the clinical facility and CCCE/CI. It is suggested that the student should receive orientation to:

- Department treatment/working hours
- Parking areas
- Lunch and break practices
- Emergency procedures
- Patient scheduling
- Departmental policies and procedures
- Medical documentation system
- Billing and reimbursement system
- Patient transport system
- Other departments within the facility

### **ACCESS TO LEARNING OPPORTUNITIES**

The clinical environment has much to offer in learning opportunities for the student. The CI should make as many learning opportunities available to the student, as appropriate, including but not limited to: observation, supervised direct patient care, medical charts, billing procedures, treatment protocols, home programs, administrative activities of the facility, departmental meetings, interprofessional care, surgical observation, and more.

### **METHODS OF STUDENT EVALUATION**

Clinical instructors may use a variety of data collection in evaluating students, including: direct observation, role playing, documentation review, assignments, outcome surveys, patient surveys, interviews and more. Students should be given a written copy of the evaluation and a verbal explanation of the evaluation. Students should complete a self-evaluation using the CPI prior to meeting with the clinical instructor. The two evaluations should be compared and discussed with the CI. Mid-term evaluations should provide an opportunity to provide feedback and guidance for modification of behavior and goal setting for the remainder of the clinical experience. Summative comments and signature pages should be completed in full. Clinical instructors will not be responsible for assigning a grade.

**Mid-term Evaluations:** Mid-term evaluation is optional for Clinical Practice I. Students should receive mid-term evaluation using the CPI for Clinical Practice II and III. Dates will be set forth in the course syllabi for deadlines for mid-term evaluations.

**Final Evaluations:** Final evaluations are required for all clinical education courses. Students should receive final evaluation using the CPI prior to the end of the last day of the course.

Additional evaluation of in-services, assignments or projects may be asked of the CI during the course. If this is the case, the CI will be provided with evaluation forms and due dates, along with the course syllabi.

We understand that PTA students may work with more than one healthcare provider during the course of the clinical education experience. The final evaluation should reflect input from all clinical instructors.

### **USING THE CPI**

The Clinical Faculty will be using the Clinical Performance Instrument (CPI) for evaluation of the student during the clinical education course. The ACCE will provide written instructions on how to use the CPI to each clinical facility. There are also instructions on the education section of the APTA website at <http://www.apta.org>. The ACCE is available for questions, concerns, or on-site training in use of the CPI.

The clinical instructor should be familiar with what “Entry-Level Performance” entails, as this is the goal of student performance by the completion of Clinical Practice III, PTAT 2134, prior to graduation. Entry-Level Performance means that a student is capable of completing the tasks expected of a new graduate under the supervision of a physical therapist. The student should be proficient in data collection, clinical reasoning, and application of interventions. More information regarding Entry-Level Performance is found in the anchor definitions of the CPI.

The CPI is divided into 14 performance criteria, with the CI assigning a performance level to the student along a visual analog scale (VAS). The CI should document comments related to the student supervision/guidance, quality, complexity, consistency, and efficiency, which will help guide the CI in selecting the proper designation using the VAS.

Minimum required skills of physical therapist assistant graduates at entry-level, can be helpful for CIs to refer to when determining student performance level. These minimum required skills can be found at: [www.apta.org](http://www.apta.org)

### **USING THE VISUAL ANALOG SCALE**

It is important to note that the VAS does not reflect letter grades or percentages. The VAS offers a continuum from “Beginning Performance” to “Entry-Level Performance.” This in no way represents that “Beginning Performance” is correlated to an “F” or that “Entry-Level Performance” is correlated to an “A.” The CI should pay close attention to the anchor definitions to help determine how to use the VAS.

### **EARLY WARNING & FEEDBACK**

It is vital that the student receive ongoing feedback and early warning for unacceptable behavior or performance. This offers the student ample opportunity to make behavioral changes and seek instruction so that he/she may have a successful outcome by the completion of the course.

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

Clinical sites will be asked to complete a Clinical Site Evaluation Form (CSIF). The purpose of the CSIF is to collect information from clinical sites in order to compile data regarding the learning experiences and opportunities available at each site, and to assist with accreditation documentation. The APTA CSIF Web compiles the information from the CSIF into an online database.

### **CLINICAL INSTRUCTOR PROGRAM EVALUATION SURVEY**

The CI will have the opportunity to provide feedback to the ACCE regarding the clinical education program and the experience with the student at his/her facility. This information is useful in engaging in ongoing improvement for the program and achieving successful outcomes with students. Please see attached survey form in the appendix: Clinical Education Program Evaluation.

**Clinical Practice I  
PTAT 1212**

Fall 2017

Connors State College/Indian Capital Technology Center PTA Program

**Instructor:**

**Jeff Journey, CSC/ICTC ACCE and Clinical Instructor(s), at assigned Clinical Facility**  
[jeffrey.journey@ictctech.com](mailto:jeffrey.journey@ictctech.com)      **Office phone: 918-348-7901**

**Credit Hours: 2      Clock Hours: 120**

**Course Dates: 11/13/17-12/8/17**

**Office hours:** By Appointment, available by phone

**Course Description:**

This is the first of three clinical educational courses in the PTA program. It offers the student the opportunity to apply learned skills and knowledge in a clinical setting under the direct supervision of a licensed physical therapist. The student will apply basic clinical skills, engage in clinical reasoning, perform medical chart review, and document patient care experiences in a medical record. The student will develop professional behaviors in the clinical setting. This is a full-time 3 week clinical experience (120 hours).

**Course Pre-requisites:** Admission to the CSC/ICTC PTA Program and successful completion of all prior coursework with a “C” or better.

**Required Texts:**

**On-line training tutorial on the use of the PTA Clinical Performance Instrument (CPI) Web must be completed prior to beginning this course. Instructions will be provided to the student.**

Dreeben-Irimia, O. (2013). *Physical Therapy Clinical Handbook for PTAs, 2<sup>nd</sup> ed.* Burlington, MA: Jones & Bartlett Learning.

State Practice Act relevant to your clinical facility. Refer to the following website:

<http://www.apta.org/Licensure/StatePracticeActs/>

**Instructional Methods:**

Students will enhance learning through the following types of experiences: observation, direct patient care, demonstration, instruction, discussion, interdisciplinary activities, departmental

meetings, research, practice, observation of medical procedures, course assignments, and/or quality assurance review.

### **Student Rights and Responsibilities related to Clinical Education Courses:**

The student will:

17. Wear name tag and identify himself/herself as a student physical therapist assistant during any patient encounter.
18. Request permission to work with the patient before any treatment encounter, and respect the right of any patient to refuse treatment by the student PTA.
19. Adhere to policies and procedures as outlined in the CSC/ICTC Clinical Education Handbook, as well as facility policies and procedures.
20. Familiarize himself/herself with the appropriate State Practice Act prior to beginning the clinical education experience.
21. Assume responsibility for transportation to and from the clinical education facility, as well as any housing or lodging requirements necessitated by the clinical placement.
22. Comply with any clinical health regulations of the clinical education facility, including, but not limited to: HIPPA training, drug screen, current CPR certification, TB skin test or chest x-ray, updated immunization record, yearly vaccinations, OSHA blood borne pathogen training, and criminal background check.
23. Provide proof of health insurance and assume responsibility for any medical expenses or illnesses during the clinical education experience.
24. Follow grievance procedures as outlined in the CSC/ICTC Clinical Education Handbook and CSC/ICTC PTA Program Student Handbook.
25. Maintain professional liability insurance through the CSC/ICTC PTA Program during the course of any clinical education courses.
26. Recognize that he/she is not an employee of the clinical education facility and shall not receive any compensation for work or services during the duration of clinical education courses. The student shall keep in mind that he/she is not providing a service to the clinical education facility or clinical instructor, rather, the facility/instructor is providing a service to the student in agreeing to participate in their educational process in a clinical setting.
27. Receive timely feedback regarding clinical performance, through regular feedback sessions with the clinical instructor, mid-term and final CPI evaluations as set forth in the course, and email/telephone/face-to-face conversations with the CSC/ICTC ACCE.
28. Receive an appropriate orientation to the clinical facility as needed to perform duties in a safe and competent manner.
29. Attend all clinical experiences regularly and punctually.
30. Notify the CI immediately in the case of any late arrival or absence or due to illness/emergency. If the student misses a clinical education day, he/she must also notify the ACCE in writing with an explanation of the reason for the absence. Any absences must be made up, at the discretion and convenience of the clinical instructor.

31. Demonstrate motivation, enthusiasm for learning, and professional behaviors with all patients/instructors/family/caregivers/healthcare professionals, during the clinical experience.
32. Complete and return all evaluations relevant to the course, and all course assignments in a timely manner, as determined ACCE and designated in the course schedule.

### **Course Objectives:**

By the end of this course, the student will:

1. Demonstrate the ability to apply PTA learned skills and knowledge by safely performing selected physical therapy assessment skills and treatment interventions from within the physical therapist's plan of care for routine patients with moderate supervision and guidance from the clinical instructor.
2. Consistently demonstrate technical skill performance and clinical behaviors legally and ethically with occasional guidance for routine situations.
3. Demonstrate an awareness and respect for cultural differences among patients and others, and adapt care and interpersonal interaction in a manner that is appropriate, with frequent guidance
4. Demonstrate, the ability to perform adequate written, verbal, and nonverbal communication with patients, family/caregivers, and other healthcare professionals, given extra time and frequent guidance by the clinical instructor
5. Demonstrate the ability to apply developing clinical problem solving skills during patient care, and the ability to consider various sources of information in the clinical-decision making process, with moderate guidance from the clinical instructor
6. Demonstrate the ability the perform appropriate documentation and communication with the supervising physical therapist, with extra time and frequent guidance, regarding all aspects of the patient treatment and patient response to physical therapy interventions.
7. Demonstrate the ability to perform a chart review to identify information relevant to the delivery of physical therapy services for routine patients prior to care, with frequent guidance from the clinical instructor
8. Demonstrate the ability to modify, progress, and adapt treatment as needed, within the physical therapist's plan of care, based on patient needs and changes in physiological status, with extra time and frequent guidance
9. Demonstrate the ability to assist in the teaching of patients and caregivers.
10. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate, with frequent guidance
11. Demonstrate the ability to participate in scheduling and other routine administrative procedures of a physical therapy department, with frequent guidance
12. Demonstrate the developing ability to utilize medical literature and clinical reasoning skills by composing a patient case study focused on evidence based practice.

## SKILLS LEARNED BY STUDENTS PRIOR TO CLINICAL EDUCATION COURSES

<b>Skills Learned Prior to PTAT 1212: Clinical Practice I</b>					
<b>Kinesiology</b>	<b>Basic Patient Care Skills</b>	<b>Therapeutic Exercise I</b>	<b>Physical Agents</b>	<b>Therapeutic Exercise II</b>	<b>Clinical Procedures</b>
Anatomical Palpation skills*	Patient interview*	PROM*	Moist hot packs*	Cardiac rehab	Wound care (no sharp debridement)
Dermatomes, myotomes, and peripheral reflex testing*	Handwashing and asepsis techniques*	AROM*	Cold packs*	Energy conservation and relaxation*	Sterile dressing changes*
Classification of joint end-feel*	Sterile vs. clean techniques*	AAROM*	Ice massage*	Spinal stabilization exercise*	Bandaging for edema control*
UE goniometry*	Vital signs assessment*	Concentric/ec centric exercises*	Contrast baths*	Spinal rehab theories	Breathing exercises*
LE goniometry*	Pain assessment*	Stretching exercises*	Paraffin bath*	Vestibular and advanced balance training*	Coughing techniques*
Neck & Trunk goniometry*	Bed mobility *	Neuro-gliding exercises*	Hydrotherapy*	Physioball exercise*	Postural drainage*
Functional ROM assessment*	Body mechanics*	Resistive exercises: manual and mechanical*	Ultrasound: direct & immersion*	Geriatric exercise*	Pulmonary percussion techniques*
UE Manual muscle testing*	Sit-to-stand transfers*	Plyometric exercise*	Phonophoresis*	Women's health exercise	Massage (cervical, low back, full back)*
LE manual muscle testing*	Pivot transfers*	Aerobic exercise	Laser	Job simulation training	Soft tissue mobilization*
Neck/trunk manual muscle testing*	2-person lift transfers*	Functional exercise training*	Diathermy (theory only)	Post-amputation exercise*	Peripheral joint mobilization (grades I and II ONLY)*
	Sliding board transfers*	Gait cycle analysis	Infrared lamp (theory only)	Residual limb wrapping*	Orthotics
	Mechanical Patient Lift*	Postural assessment	Mechanical compression*	Prosthetic training	Architectural and environmental home assessment

	Fitting assistive devices for gait*	Postural correction exercises	Cervical traction*		Workplace ergonomic assessment
	Gait training: flat surfaces and stairs*	Application of CPM devices*	Lumbar traction*		
	Wheelchair safety/mobility/positioning*	Balance and coordination assessment*	Electrode placement and care*		
	Patient positioning and draping*	Introductory balance and coordination exercises*	IFC*		
	Tilt table	Open/closed chain exercises*	Iontophoresis*		
	Anthropometric measurements: height, weight, girth, length, volumetric*	HEP instruction*	NMES and Russian*		
		Aquatic exercise	High Volt*		
		Standardized functional assessments	Biofeedback*		
			TENS*		

<b>Skills Learned Prior to PTAT 2124: Clinical Practice II and PTAT 2134: Clinical Practice III</b>	
<b>Orthopedic Management for PTAs</b>	<b>Neurology &amp; Rehabilitation</b>
Post-op rehabilitative protocols	Motor learning techniques
Identification of orthopedic special tests	PNF diagonals*
Standardized functional & pain assessment for orthopedic diagnoses	NDT techniques*
	Inhibition techniques
	Mentation and cognition assessment*
	Sensory assessment with SCI*
	Pediatric exercises and handling techniques
	Developmental reflexes
	Righting and equilibrium reactions*
	Neurological gait patterns and gait training
	Standardized functional assessments for neurological diagnoses
	Specialized wheelchairs

	Adaptive and assistive devices for patient with neurological conditions
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\*skill assessed through skills check and/or practical exam

\*\*clinical instructors who teach skills not covered in the curriculum are responsible for assessing students safety and competence prior to patient treatment.

### Grading Scale:

**This course is a pass/fail course.** Although the evaluation of the student’s clinical performance is the responsibility of the CI, the assignment of a grade for the course is the responsibility of the ACCE. The student will receive a Pass (P) or No-Pass (NP) for the clinical education course. The final grade determined by the ACCE takes into account many factors, including but not limited to: clinical setting, student experience with patients in that type of setting, relative importance of the various CPI performance criteria, course objectives, expectations of the clinical site, progression of student performance from mid-term to final evaluations, levels of experience in didactic and clinical components, the presence of any significant concerns or exceptional performances, clinical instructor’s narrative responses regarding supervision/guidance, quality, complexity, consistency and efficiency related to student performance, additional assignments completed, site visit information.

**During this course, students are expected to meet the following requirements, to be completed by the due date set forth in the course schedule:** (missed deadlines may result in failure of this course)

- Receive a minimum of **“Intermediate Performance”** rating scale by their clinical instructor on items 1, 3 & 5 of the 14 performance criteria of the PTA Clinical Performance Instrument. The student must meet a minimum of **“Advanced Beginner Performance”** rating scale by their clinical instructor on items 2, 4, 6, 7, 8, 9, 10, 11, 12, 13 & 14 of the 14 performance criteria of the PTA Clinical Performance Instrument.
  1. Safety
  2. Clinical behaviors
  3. Accountability
  4. Cultural Competence
  5. Communication
  6. Self-Assessment and Lifelong Learning
  7. Clinical Problem Solving
  8. Interventions: Therapeutic Exercise
  9. Interventions: Therapeutic Techniques
  10. Interventions: Physical Agents and Mechanical Modalities
  11. Interventions: Electrotherapeutic Modalities
  12. Interventions: Functional Training and Application of Devices/Equipment.
  13. Documentation
  14. Resource Management

- Complete the entire course with all clinical education hours as required. **Any illnesses/absences must be made up at the discretion/convenience of the clinical instructor and approved by the ACCE.**
- Have received no significant concern boxes on the final CPI evaluation.
- Have not received any red flag items on criteria 1-4, 7 of the CPI. Any unethical or unsafe clinical practice may be grounds for failure and possible removal from the PTA program, based on the decision of the clinical faculty and program director.
- Not receive any scores on the CPI at final evaluation that are lower than the mid-term performance, if the optional mid-term evaluation was completed.
- Students must complete self-assessment final ratings of all 14 performance criteria of the CPI, as well provide summative comments. The student will be required to collect evaluation signatures and fax or email them to the Academic Coordinator of Clinical Education (ACCE) at final assessment. If regular mail must be used to return the assessments due to restrictions of the clinical setting, the ACCE must be notified in advance and give approval. In addition, students will be required to upload discussion and respond to weekly clinical topics as designated by the ACCE. The student and CI have the option to complete a mid-term evaluation, but this is optional, as this clinical education experience is three weeks in length.
- The student must complete the Clinical Site Evaluation Form and CI Evaluation Form and turn in the completed form to the ACCE and the CI at the completion of the clinical education experience. The student will also complete a separate confidential Clinical Site and CI evaluation form that he/she will turn into the ACCE within 2 weeks following the completion of the course.
- The student is expected to exhibit professionalism and appropriate clinical behavior during this course. Please see the CSC/ICTC Clinical Education Handbook for policies relating to student conduct and clinical education coursework. Student must sign and turn in the form signifying that they have read and understand the Clinical Education Policies and will abide by them during this course, **prior to 11/10/17.**

### **Course Schedule:**

#### **Week 1:**

- Orientation to clinical facility (physical spaces, policies and procedures, emergency protocols, parking, work hours, meal and break times, etc.)
- Discussion with CI regarding: course syllabus, use of CPI, student assignments, preferred personal learning style and modes of feedback, set dates/times for weekly feedback sessions, mid-term evaluation and final evaluation
- Log into PTA CPI Web and locate evaluation
- Complete Group Discussion Question
- Begin researching a potential patient for Case Study Assignment
- Participate in the delivery of PT services under the direct supervision of the CI
- Start with a small patient case load with non-complicated cases and increase slowly
- Complete the weekly feedback session and form by the end of week 1

- Complete and return to ACCE updated Clinical Site Information Form (CSIF)

**Week 2:**

- Continue to increase patient load as designated by the CI, according to the student’s ability and academic preparation
- Continue researching for the Case Study Assignment and begin work on the written assignment
- Complete the weekly feedback session and form by the end of week 2

**Week 3:**

- Continue to increase patient load as designated by the CI, according to the student’s ability and academic preparation. The student should be **capable** of carrying 25% of an entry-level PTA case load by the completion of week 3.
- Complete research and the Case Study Assignment
- Complete the PTA-CPI Final Self-Evaluation
- Review and discuss the CI’s Final Evaluation of the student using the PTA-CPI
- Complete the Clinical Site/Clinical Instructor Evaluation Form and review it with the CI
- Complete a self-assessment using the Professional Behaviors Assessment Tool.
- Sign and fax/email/mail the final forms to the ACCE

**Within 2 Weeks following completion of the Course:**

- Complete the Clinical Site and CI Evaluation Form and return to the ACCE
- Compose and mail a thank you card to your CI as a token of gratitude for his/her participation in your clinical education

**Course Due Dates:**

<b>Assignment</b>	<b>Due Date</b>
Group Discussion	By 11:59 p.m. on 11/19/17
Updated CSIF	By 11:59 p.m. on 11/19/17
Group Discussion	By 11:59 p.m. on 12/3/17
Group Discussion	By 11:59 p.m. on 12/7/17
Mid-term performance criteria assessment and summative comments (optional for this course)	By 5 p.m. on 11/29/17
Case Study Assignment Due	By 5 p.m. on 12/8/17
Professional Behaviors Assessment Tool Self-Assessment Due	By 5 p.m. on 12/8/17
Final performance criteria assessment and summative comments	By 5 p.m. on 12/8/17

Completion of the Clinical Education Site Evaluation form	By 5 p.m. on 12/8/17
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**Group Discussion Questions:**

Discussion questions will be posted on Monday mornings, at the beginning of the week prior to the due date. **Students must respond to the question, as well as respond to a minimum of two peer responses.** Discussion questions will focus on experiences relevant to the clinical education course. In student responses they must do the following:

- Use proper grammar, punctuation and spelling.
- Answer each part of the question presented
- Elaborate on a thought or opinion with supporting examples or evidence

**Case Study Assignment:**

The student is expected to complete a case study assignment during this course. The purpose is for the student to present an overview of the treatment approach and progression of care. The student is to determine the clinical reasoning behind the selection of the treatment approach, and identify factors which may have affected clinical outcomes. The case study must have 5 sections:

1. Patient history (to include medical history and analysis of patient roles)
2. Physical therapy initial evaluation findings and goals
3. Course of treatment (include synopsis of clinical reasoning behind selection of interventions and progression of treatment)
4. Current findings and level of patient function
5. Discussion (to include analysis of effectiveness of treatment approach and any factors that may have influences patient outcomes other than the selected interventions)

The student must include 5 peer-reviewed references to support the course of treatment, analysis of the effectiveness of the treatment approach, selected interventions, patient progression, or other factors that influence patient outcomes. Due to the shorter nature of this clinical experience, the student does not need to have been witness to the entire course of treatment for the selected patient. The student may select a current patient who has been receiving physical therapy services prior to the student’s arrival at the clinical education site.

**AMERICANS WITH DISABILITIES ACT (ADA)**

Any disabled person requiring specific information regarding services should call the Student Services Center, Muskogee Campus, 2403 North 41st Street East, at 918.687.6383, Ext. 284, between 8:00 a.m. – 4:30 p.m., Monday through Friday. Facilities on all Indian Capital Technology Center campuses are wheelchair accessible. Students who feel they need specific accommodations related to this course should notify faculty as soon as possible.

Indian Capital Technology Center does not discriminate on the basis of race, color, religion, national origin, sex/gender, age, disability marital or veteran status.

Connors State College does not discriminate on the basis of race, color, religion, national origin, sex/gender, age, disability, marital or veteran status.

**Clinical Practice II  
PTAT 2124**

Spring 2018

Connors State College/Indian Capital Technology Center PTA Program

**Instructor:**

**Jeff Journey, CSC/ICTC ACCE and Clinical Instructor(s), at assigned clinical facility**

[jeffrey.journey@ictctech.com](mailto:jeffrey.journey@ictctech.com)

**Office Phone: 918-348-7901**

**Credit Hours: 4      Clock Hours: 200**

**Course Dates: 2/12/18-3/9/18**

**Office hours:** By Appointment, available by phone

**Course Description:**

This is the second of three clinical education courses in the PTA program. It offers the student the opportunity to apply learned skills and knowledge in a clinical setting, under the direct supervision of a licensed physical therapist. The student will build upon previous clinical experience, working with patients with more complex issues, and increasing patient care load. The student will further develop communication skills, and apply ethical decision making and values-based behaviors into patient care. This is a full-time 5 week clinical experience (200 hours).

**Course Pre-requisites:** Admission to the CSC/ICTC PTA Program and successful completion of all prior coursework with a “C” or better.

**Required Texts:**

Dreeben-Irimia, O. (2013). *Physical Therapy Clinical Handbook for PTAs, 2<sup>nd</sup> ed.* Burlington, MA: Jones & Bartlett Learning.

State Practice Act relevant to your clinical facility. Refer to the following website:

<http://www.apta.org/Licensure/StatePracticeActs/>

**Instructional Methods:**

Students will enhance learning through the following types of experiences: observation, direct patient care, demonstration, instruction, discussion, interdisciplinary activities, departmental meetings, research, practice, observation of medical procedures, course assignments, and/or quality assurance review.

## **Student Rights and Responsibilities related to Clinical Education Courses:**

The student will:

33. Wear name tag and identify himself/herself as a student physical therapist assistant during any patient encounter.
34. Request permission to work with the patient before any treatment encounter, and respect the right of any patient to refuse treatment by the student PTA.
35. Adhere to policies and procedures as outlined in the CSC/ICTC Clinical Education Handbook, as well as facility policies and procedures.
36. Familiarize himself/herself with the appropriate State Practice Act prior to beginning the clinical education experience.
37. Assume responsibility for transportation to and from the clinical education facility, as well as any housing or lodging requirements necessitated by the clinical placement.
38. Comply with any clinical health regulations of the clinical education facility, including, but not limited to: HIPPA training, drug screen, current CPR certification, TB skin test or chest x-ray, updated immunization record, yearly vaccinations, OSHA blood borne pathogen training, and criminal background check.
39. Provide proof of health insurance and assume responsibility for any medical expenses or illnesses during the clinical education experience.
40. Follow grievance procedures as outlined in the CSC/ICTC Clinical Education Handbook and CSC/ICTC PTA Program Student Handbook.
41. Maintain professional liability insurance through the CSC/ICTC PTA Program during the course of any clinical education courses.
42. Recognize that he/she is not an employee of the clinical education facility and shall not receive any compensation for work or services during the duration of clinical education courses. The student shall keep in mind that he/she is not providing a service to the clinical education facility or clinical instructor, rather, the facility/instructor is providing a service to the student in agreeing to participate in their educational process in a clinical setting.
43. Receive timely feedback regarding clinical performance, through regular feedback sessions with the clinical instructor, mid-term and final CPI evaluations as set forth in the course, and email/telephone/face-to-face conversations with the CSC/ICTC ACCE.
44. Receive an appropriate orientation to the clinical facility as needed to perform duties in a safe and competent manner.
45. Attend all clinical experiences regularly and punctually.
46. Notify the CI immediately in the case of any late arrival or absence or due to illness/emergency. If the student misses a clinical education day, he/she must also notify the ACCE in writing with an explanation of the reason for the absence. Any absences must be made up, at the discretion and convenience of the clinical instructor.

47. Demonstrate motivation, enthusiasm for learning, and professional behaviors with all patients/instructors/family/caregivers/healthcare professionals, during the clinical experience.
48. Complete and return all evaluations relevant to the course, and all course assignments in a timely manner, as determined ACCE and designated in the course schedule.

### **Course Objectives:**

By the end of this course, the student will:

13. Demonstrate the ability to apply PTA learned skills and knowledge by safely performing physical therapy assessment skills and treatment interventions from within the physical therapist's plan of care for routine patients with minimal supervision and guidance by the clinical instructor
14. Consistently demonstrate technical skill performance and clinical behaviors legally and ethically with minimal guidance for new or unusual situations
15. Consistently demonstrate an awareness and respect for cultural differences among patients and others, and adapt care and interpersonal interaction in a manner that is appropriate as needed, with occasional guidance for new or unusual situations
16. Consistently demonstrate quality written, verbal, and non-verbal communication practices with patients, family/caregivers, and other healthcare professionals, with occasional guidance
17. Demonstrate the ability to apply clinical problem solving skills consistently during the care of increasingly complex patients, and the ability to consider a variety of quality sources of information in the clinical decision-making process, with minimal guidance from the clinical instructor
18. Demonstrate the ability to perform appropriate documentation and communication with the supervising physical therapist, with occasional guidance, regarding all aspects of patient treatment and the patient response to physical therapy interventions
19. Demonstrate the ability to perform a chart review to identify information relevant to the delivery of physical therapy services prior to care, for routine and complex patients, with occasional guidance from the clinical instructor
20. Demonstrate the ability to appropriately modify, progress, and adapt treatment as needed, within the physical therapist's plan of care, based on the patient needs and changes in physiological status, with occasional guidance
21. Demonstrate the ability to participate in the education of patients, family/caregivers, and other health care providers, utilizing appropriate teaching methods, with occasional guidance
22. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate, with occasional guidance
23. Demonstrate the ability to participate in routine administrative procedures of the physical therapy department, including billing and patient scheduling with occasional guidance
24. Integrate information from professional literature into clinical practice, as evidenced by designing and presenting an acceptable faculty in-service presentation, considering the needs, learning style, and knowledge base of the target audience

## SKILLS LEARNED BY STUDENTS PRIOR TO CLINICAL EDUCATION COURSES

<b>Skills Learned Prior to PTAT 1212: Clinical Practice I</b>					
<b>Kinesiology</b>	<b>Basic Patient Care Skills</b>	<b>Therapeutic Exercise I</b>	<b>Physical Agents</b>	<b>Therapeutic Exercise II</b>	<b>Clinical Procedures</b>
Anatomical Palpation skills*	Patient interview*	PROM*	Moist hot packs*	Cardiac rehab	Wound care (no sharp debridement)
Dermatomes, myotomes, and peripheral reflex testing*	Handwashing and asepsis techniques*	AROM*	Cold packs*	Energy conservation and relaxation*	Sterile dressing changes*
Classification of joint end-feel*	Sterile vs. clean techniques*	AAROM*	Ice massage*	Spinal stabilization exercise*	Bandaging for edema control*
UE goniometry*	Vital signs assessment*	Concentric/ec centric exercises*	Contrast baths*	Spinal rehab theories	Breathing exercises*
LE goniometry*	Pain assessment*	Stretching exercises*	Paraffin bath*	Vestibular and advanced balance training*	Coughing techniques*
Neck & Trunk goniometry*	Bed mobility *	Neuro-gliding exercises*	Hydrotherapy*	Physioball exercise*	Postural drainage*
Functional ROM assessment*	Body mechanics*	Resistive exercises: manual and mechanical*	Ultrasound: direct & immersion*	Geriatric exercise*	Pulmonary percussion techniques*
UE Manual muscle testing*	Sit-to-stand transfers*	Plyometric exercise*	Phonophoresis*	Women's health exercise	Massage (cervical, low back, full back)*
LE manual muscle testing*	Pivot transfers*	Aerobic exercise	Laser	Job simulation training	Soft tissue mobilization*
Neck/trunk manual muscle testing*	2-person lift transfers*	Functional exercise training*	Diathermy (theory only)	Post-amputation exercise*	Peripheral joint mobilization (grades I and II ONLY)*
	Sliding board transfers*	Gait cycle analysis	Infrared lamp (theory only)	Residual limb wrapping*	Orthotics
	Mechanical Patient Lift*	Postural assessment	Mechanical compression*	Prosthetic training	Architectural and environmental home assessment

	Fitting assistive devices for gait*	Postural correction exercises	Cervical traction*		Workplace ergonomic assessment
	Gait training: flat surfaces and stairs*	Application of CPM devices*	Lumbar traction*		
	Wheelchair safety/mobility/positioning*	Balance and coordination assessment*	Electrode placement and care*		
	Patient positioning and draping*	Introductory balance and coordination exercises*	IFC*		
	Tilt table	Open/closed chain exercises*	Iontophoresis*		
	Anthropometric measurements: height, weight, girth, length, volumetric*	HEP instruction*	NMES and Russian*		
		Aquatic exercise	High Volt*		
		Standardized functional assessments	Biofeedback*		
			TENS*		

<b>Skills Learned Prior to PTAT 2124: Clinical Practice II and PTAT 2134: Clinical Practice III</b>	
<b>Orthopedic Management for PTAs</b>	<b>Neurology &amp; Rehabilitation</b>
Post-op rehabilitative protocols	Motor learning techniques
Identification of orthopedic special tests	PNF diagonals*
Standardized functional & pain assessment for orthopedic diagnoses	NDT techniques*
	Inhibition techniques
	Mentation and cognition assessment*
	Sensory assessment with SCI*
	Pediatric exercises and handling techniques
	Developmental reflexes
	Righting and equilibrium reactions*
	Neurological gait patterns and gait training
	Standardized functional assessments for neurological diagnoses
	Specialized wheelchairs
	Adaptive and assistive devices for patient with neurological conditions

\*skill assessed through skills check and/or practical exam

\*\*clinical instructors who teach skills not covered in the curriculum are responsible for assessing students safety and competence prior to patient treatment.

### **Grading Scale:**

**This course is a pass/fail course.** Although the evaluation of the student's clinical performance is the responsibility of the CI, the assignment of a grade for the course is the responsibility of the ACCE. The student will receive a Pass (P) or No-Pass (NP) for the clinical education course. The final grade determined by the ACCE takes into account many factors, including but not limited to: clinical setting, student experience with patients in that type of setting, relative importance of the various CPI performance criteria, course objectives, expectations of the clinical site, progression of student performance from mid-term to final evaluations, levels of experience in didactic and clinical components, the presence of any significant concerns or exceptional performances, clinical instructor's narrative responses regarding supervision/guidance, quality, complexity, consistency and efficiency related to student performance, additional assignments completed, site visit information.

**During this course, students are expected to meet the following requirements, to be completed by the due date set forth in the course schedule:** (missed deadlines may result in failure of this course)

- Receive a minimum of “**Intermediate Performance**” rating scale on the 14 performance criteria by their clinical instructor at mid-term assessment and “**Advanced Intermediate Performance**” rating scale by their clinical instructor on the final assessment on all 14 performance criteria of the Clinical Performance Instrument (CPI).
  15. Safety
  16. Clinical behaviors
  17. Accountability
  18. Cultural Competence
  19. Communication
  20. Self-Assessment and Lifelong Learning
  21. Clinical Problem Solving
  22. Interventions: Therapeutic Exercise
  23. Interventions: Therapeutic Techniques
  24. Interventions: Physical Agents and Mechanical Modalities
  25. Interventions: Electrotherapeutic Modalities
  26. Interventions: Functional Training and Application of Devices/Equipment.
  27. Documentation
  28. Resource Management
- Complete the entire course with all clinical education hours as required. **Any illnesses/absences must be made up at the discretion/convenience of the clinical instructor and approved by the ACCE**
- Have received no significant concern boxes on the final CPI evaluation

- Have not received any red flag items on criteria 1-4, 7 of the CPI. Any unethical or unsafe clinical practice may be grounds for failure and possible removal from the PTA program, based on the decision of the clinical faculty and program director.
- Not received any scores on the CPI at final evaluation that are lower than the mid-term performance. Students must show progression of skills throughout the course.
- Students must complete self-assessment mid-term and final ratings of all 14 performance criteria of the CPI, as well provide summative comments. The student will be required to collect evaluation signatures and fax or email them to the Academic Coordinator of Clinical Education (ACCE) at both mid-term and final assessments. If regular mail must be used to return the assessments due to restrictions of the clinical setting, the ACCE must be notified in advance and give approval.
- Respond to discussion questions and /or weekly clinical topics as designated by the ACCE. Students are expected to read and respond in a professional manner to at least two other students' discussion/responses for each week.
- Complete an acceptable faculty in-service presentation, utilizing current relevant medical literature to support clinical practice. The topic of this in-service will be decided by the CI and student together. An evaluation form for this presentation will be provided to the CI.
- The student is expected to exhibit professionalism and appropriate clinical behavior during this course. Please see the Clinical Education Handbook for policies relating to student conduct and clinical education coursework. Student must sign and turn in the form signifying that they have read and understand the Clinical Education Policies and will abide by them during this course, **prior to 2/2/18**.

If for some reason, the student is unable to complete all performance criteria at the “Intermediate Performance” due to lack of availability at the clinical site, it must either be completed satisfactorily at “Intermediate Performance” during Clinical Practice I PTAT 1212; OR may be demonstrated in a simulated clinical situation for the ACCE (with ACCE approval only).

### **Course Schedule:**

#### **Week 1:**

- Orientation to clinical facility (physical spaces, policies and procedures, emergency protocols, parking, work hours, meal and break times, etc.
- Discussion with CI regarding: course syllabus, use of CPI, student assignments, preferred personal learning style and modes of feedback, set date/times for weekly feedback sessions, mid-term evaluation and final evaluation
- Log into PTA CPI Web and locate evaluation
- Complete Group Discussion Question
- Discuss In-Service Presentation and potential topics with CI
- Complete and return updated Clinical Site Information Form (CSIF)
- Complete weekly feedback session and form by the end of week 1

#### **Week 2:**

- Increase patient load progressively, as designated by the CI, according to student's ability and taking into account level of patient complexity
- Begin research for In-Service Presentation
- Respond to Group Discussion Question
- Complete the weekly feedback session and form by end of week 2

**Week 3:**

- Continue to increase patient load progressively, as designated by the CI, according to student's ability and taking into account level of patient complexity
- Continue work on In-service Presentation
- Respond to Group Discussion Question
- Complete the weekly feedback session and form by the end of week 3
- Complete mid-term CPI Evaluation and return forms to ACCE

**Week 4:**

- Continue to increase patient load progressively, as designated by the CI, according to student's ability and taking into account level of patient complexity
- Respond to Group Discussion Question
- Present In-Service for clinical staff
- Turn in In-Service Evaluation form to ACCE by end of week 4

**Week 5:**

- The student should be able to manage a patient load of 50-75% of an entry-level PTA with minimal supervisory input from the PT
- Complete final CPI Evaluation and return forms to ACCE

**Within 2 Weeks following completion of the course:**

- Complete the Clinical Site and CI Evaluation Form and return to the ACCE
- Compose and mail a thank you card to your CI as a token of gratitude for his/her participation in your clinical education

**Course Due Dates:**

<b>Assignment</b>	<b>Due Date</b>
Group Discussion	By 11:59 p.m. on 2/11/18
Complete CSIF and return to ACCE	By 11:59 p.m. on 2/11/18
Group Discussion	By 11:59 p.m. on 2/18/18
Mid-term performance criteria assessment and summative comments	By 5 p.m. on 2/23/18
Group Discussion	By 11:59 p.m. on 2/25/18
Group Discussion	By 11:59 p.m. on 3/4/18
In-Service Presentation	By 11:59 p.m. on 3/4/18

Self-Assessment using Professional Behaviors Assessment Tool	By 5 p.m. on 3/9/18
Final performance criteria assessment and summative comments	By 5 p.m. on 3/9/18
Completion of the Clinical Site and CI Evaluation Form	By 5 p.m. on 3/9/18

### Group Discussion Questions:

Discussion questions will be posted on Monday mornings, at the beginning of the week prior to the due date. **Students must respond to the question, as well as respond to a minimum of two peer responses.** Discussion questions will focus on experiences relevant to the clinical education course. In student responses, they must do the following:

- Use proper grammar, punctuation, and spelling
- Answer each part of the question presented
- Elaborate on a thought or opinion with supporting examples or evidence

### Student In-Service Presentation:

Students must present an in-service presentation at the clinical facility by 3/4/18.

- **Topic:** Students may choose the topic of the in-service presentation together with the CI. Topics may include: a physical therapy intervention, an assessment measure, a patient case study, billing/coding procedure, quality assessment of physical therapy services, a patient education brochure or handout, a brochure or handout for physicians or other healthcare professionals, or any other topic agreed upon between the CI and the student.
- **Length:** The presentation is to last 15-20 minutes in length.
- **Mode of Delivery:** Student must specify the mode of delivery (verbal/handouts/PowerPoint/demonstration)
- **Attendants:** students must specify the number and type of attendants (patients/community members/therapy personnel/administrative personnel/office personnel) Students must demonstrate how they considered the needs and knowledge base of the attendants in their presentation.
- **References:** Include 5 or more references from peer reviewed sources to support your topic.
- Students must turn in an outline of the presentation with the information outlined above, along with a signed copy of the In-Service Presentation Evaluation Form by 3/4/18 11:59 p.m.

**AMERICANS WITH DISABILITIES ACT (ADA)**

Any disabled person requiring specific information regarding services should call the Student Services Center, Muskogee Campus, 2403 North 41st Street East, at 918.687.6383, Ext. 284, between 8:00 a.m. – 4:30 p.m., Monday through Friday. Facilities on all Indian Capital Technology Center campuses are wheelchair accessible. Students who feel they need specific accommodations related to this course should notify faculty as soon as possible.

Indian Capital Technology Center does not discriminate on the basis of race, color, religion, national origin, sex/gender, age, disability marital or veteran status.

Connors State College does not discriminate on the basis of race, color, religion, national origin, sex/gender, age, disability, marital or veteran status.

**In-Service Presentation Evaluation Form**  
**Connors State College/Indian Capital Technology Center PTA Program**

**Student's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Presentation Topic:** \_\_\_\_\_

Evaluation Criteria	Score (Circle)				
	1	2	3	4	5
Topic was relevant, and agreed upon in advance by the student and CI					
Student used effective audio/visual aids					
In-service met the time requirements (15-20 minutes, or other if determined by CI)					
Student was prepared and organized					
Student was knowledgeable about the topic					
Student demonstrated quality communication skills throughout the presentation (eye contact, spoke clearly, elaborates and explains material)					
Student included references to support the presentation					

**Comments:**

**Clinical Instructor Signature:** \_\_\_\_\_

**Clinical Practice III  
PTAT 2134**

Spring 2018  
Connors State College/Indian Capital Technology Center

**Instructors:**

**Jeffrey Journey, PTA CSC/ICTC ACCE and Clinical Instructor(s), at assigned Clinical Facility**

[jeffrey.journey@ictctech.com](mailto:jeffrey.journey@ictctech.com)

**Office phone: 918-348-7901**

**Credit Hours: 4      Clock Hours: 240**

**Course Dates: 3/26/18-5/4/18**

**Office hours:** By Appointment, available by phone

**Course Description:**

This is the last of three clinical education courses in the PTA program. It offers the student the opportunity to apply learned skills and knowledge from all didactic coursework in a clinical setting, under the direct supervision of a licensed physical therapist. The student will build upon previous clinical experiences, working with more complex patients and heavier caseload as appropriate. This course allows students to transition forward to becoming a practitioner, integrating knowledge with experience to become safe and effective entry-level physical therapist assistants. This is a full-time 6 week clinical experience (240 hours).

**Course Pre-requisites:** Admission to the CSC/ICTC PTA Program and successful completion of all prior coursework with a “C” or better.

**Required Texts:**

Dreeben-Irimia, O. (2013). *Physical Therapy Clinical Handbook for PTAs, 2<sup>nd</sup> ed.* Burlington, MA: Jones & Bartlett Learning.

State Practice Act relevant to your clinical facility. Refer to the following website:

<http://www.apta.org/Licensure/StatePracticeActs/>

**Instructional Methods:**

Students will enhance learning through the following types of experiences: observation, direct patient care, demonstration, instruction, discussion, interdisciplinary activities, departmental meetings, research, practice, observation of medical procedures, course assignments, and/or quality assurance review.

## **Student Rights and Responsibilities related to Clinical Education Courses:**

The student will:

49. Wear name tag and identify himself/herself as a student physical therapist assistant during any patient encounter.
50. Request permission to work with the patient before any treatment encounter, and respect the right of any patient to refuse treatment by the student PTA.
51. Adhere to policies and procedures as outlined in the CSC/ICTC Clinical Education Handbook, as well as facility policies and procedures.
52. Familiarize himself/herself with the appropriate State Practice Act prior to beginning the clinical education experience.
53. Assume responsibility for transportation to and from the clinical education facility, as well as any housing or lodging requirements necessitated by the clinical placement.
54. Comply with any clinical health regulations of the clinical education facility, including, but not limited to: HIPPA training, drug screen, current CPR certification, TB skin test or chest x-ray, updated immunization record, yearly vaccinations, OSHA blood borne pathogen training, and criminal background check.
55. Provide proof of health insurance and assume responsibility for any medical expenses or illnesses during the clinical education experience.
56. Follow grievance procedures as outlined in the CSC/ICTC Clinical Education Handbook and CSC/ICTC PTA Program Student Handbook.
57. Maintain professional liability insurance through the CSC/ICTC PTA Program during the course of any clinical education courses.
58. Recognize that he/she is not an employee of the clinical education facility and shall not receive any compensation for work or services during the duration of clinical education courses. The student shall keep in mind that he/she is not providing a service to the clinical education facility or clinical instructor, rather, the facility/instructor is providing a service to the student in agreeing to participate in their educational process in a clinical setting.
59. Receive timely feedback regarding clinical performance, through regular feedback sessions with the clinical instructor, mid-term and final CPI evaluations as set forth in the course, and email/telephone/face-to-face conversations with the CSC/ICTC ACCE.
60. Receive an appropriate orientation to the clinical facility as needed to perform duties in a safe and competent manner.
61. Attend all clinical experiences regularly and punctually.
62. Notify the CI immediately in the case of any late arrival or absence or due to illness/emergency. If the student misses a clinical education day, he/she must also notify the ACCE in writing with an explanation of the reason for the absence. Any absences must be made up, at the discretion and convenience of the clinical instructor.

63. Demonstrate motivation, enthusiasm for learning, and professional behaviors with all patients/instructors/family/caregivers/healthcare professionals, during the clinical experience.
64. Complete and return all evaluations relevant to the course, and all course assignments in a timely manner, as determined ACCE and designated in the course schedule.

**Course objectives:**

By the end of this course the student will:

1. Demonstrate the ability to apply all PTA learned skills and knowledge by consistently and competently performing physical therapy assessment skills and treatment interventions from the physical therapist's plan of care at the level of an entry level physical therapist assistant
2. Consistently demonstrate technical skill performance and clinical behaviors legally and ethically at the level of an entry-level practitioner
3. Consistently and independently demonstrate an awareness and respect for cultural differences among patients and others, adapting care and interpersonal interaction in a manner that is appropriate at the level of an entry-level physical therapist assistant.
4. Consistently demonstrate quality written, verbal, and non-verbal communication practices with patients, family/caregivers, and other healthcare professionals, at the level of an entry-level practitioner
5. Demonstrate the ability to independently apply clinical problem solving skills during the care of routine and complex patients, and the ability to consider a variety of quality sources of information in the clinical decision making process
6. Demonstrate the ability to independently perform appropriate documentation and communication with the supervising physical therapist regarding all aspects of patient treatment and the patient response to physical therapy interventions
7. Demonstrate the ability to independently perform an effective chart review to identify information relevant to the delivery of physical therapy services prior to care at the level of an entry level physical therapist assistant
8. Demonstrate the ability independently and appropriately modify, progress, and adapt treatment as needed, within the physical therapist's plan of care based on patient needs and changes in physiological status
9. Demonstrate the ability to independently provide effective education to patients, family members, physical therapy personnel, and other health care providers, using appropriate teaching methods
10. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate
11. Demonstrate the ability to independently perform administrative procedures, including billing, insurance requirements, and quality assurance with guidance for new or unusual situations
12. Demonstrate the ability to utilize medical literature and clinical reasoning skills by composing a patient case study focused on evidence-based practice

13. Consistently demonstrate appropriate professional behaviors with patients, family members, physical therapy personnel, and other health care providers by displaying all Professional Behaviors at entry level

### SKILLS LEARNED BY STUDENTS PRIOR TO CLINICAL EDUCATION COURSES

<b>Skills Learned Prior to PTAT 1212: Clinical Practice I</b>					
<b>Kinesiology</b>	<b>Basic Patient Care Skills</b>	<b>Therapeutic Exercise I</b>	<b>Physical Agents</b>	<b>Therapeutic Exercise II</b>	<b>Clinical Procedures</b>
Anatomical Palpation skills*	Patient interview*	PROM*	Moist hot packs*	Cardiac rehab	Wound care (no sharp debridement)
Dermatomes, myotomes, and peripheral reflex testing*	Handwashing and asepsis techniques*	AROM*	Cold packs*	Energy conservation and relaxation*	Sterile dressing changes*
Classification of joint end-feel*	Sterile vs. clean techniques*	AAROM*	Ice massage*	Spinal stabilization exercise*	Bandaging for edema control*
UE goniometry*	Vital signs assessment*	Concentric/eccentric exercises*	Contrast baths*	Spinal rehab theories	Breathing exercises*
LE goniometry*	Pain assessment*	Stretching exercises*	Paraffin bath*	Vestibular and advanced balance training*	Coughing techniques*
Neck & Trunk goniometry*	Bed mobility *	Neuro-gliding exercises*	Hydrotherapy*	Physioball exercise*	Postural drainage*
Functional ROM assessment*	Body mechanics*	Resistive exercises: manual and mechanical*	Ultrasound: direct & immersion*	Geriatric exercise*	Pulmonary percussion techniques*
UE Manual muscle testing*	Sit-to-stand transfers*	Plyometric exercise*	Phonophoresis*	Women's health exercise	Massage (cervical, low back, full back)*
LE manual muscle testing*	Pivot transfers*	Aerobic exercise	Laser	Job simulation training	Soft tissue mobilization*
Neck/trunk manual muscle testing*	2-person lift transfers*	Functional exercise training*	Diathermy (theory only)	Post-amputation exercise*	Peripheral joint mobilization (grades I and II ONLY)*
	Sliding board transfers*	Gait cycle analysis	Infrared lamp (theory only)	Residual limb wrapping*	Orthotics
	Mechanical Patient Lift*	Postural assessment	Mechanical compression*	Prosthetic training	Architectural and environmental

					home assessment
	Fitting assistive devices for gait*	Postural correction exercises	Cervical traction*		Workplace ergonomic assessment
	Gait training: flat surfaces and stairs*	Application of CPM devices*	Lumbar traction*		
	Wheelchair safety/mobility/positioning*	Balance and coordination assessment*	Electrode placement and care*		
	Patient positioning and draping*	Introductory balance and coordination exercises*	IFC*		
	Tilt table	Open/closed chain exercises*	Iontophoresis*		
	Anthropometric measurements: height, weight, girth, length, volumetric*	HEP instruction*	NMES and Russian*		
		Aquatic exercise	High Volt*		
		Standardized functional assessments	Biofeedback*		
			TENS*		

<b>Skills Learned Prior to PTAT 2124: Clinical Practice II and PTAT 2134: Clinical Practice III</b>	
<b>Orthopedic Management for PTAs</b>	<b>Neurology &amp; Rehabilitation</b>
Post-op rehabilitative protocols	Motor learning techniques
Identification of orthopedic special tests	PNF diagonals*
Standardized functional & pain assessment for orthopedic diagnoses	NDT techniques*
	Inhibition techniques
	Mentation and cognition assessment*
	Sensory assessment with SCI*
	Pediatric exercises and handling techniques
	Developmental reflexes
	Righting and equilibrium reactions*
	Neurological gait patterns and gait training
	Standardized functional assessments for neurological diagnoses
	Specialized wheelchairs
	Adaptive and assistive devices for patient with neurological conditions

\*skill assessed through skills check and/or practical exam

\*\*clinical instructors who teach skills not covered in the curriculum are responsible for assessing students safety and competence prior to patient treatment.

### **Grading Scale:**

**This course is a pass/fail course.** Although the evaluation of the student’s clinical performance is the responsibility of the CI, the assignment of a grade for the course is the responsibility of the ACCE. The student will receive a Pass (P) or No-Pass (NP) for the clinical education course. The final grade determined by the ACCE takes into account many factors, including but not limited to: clinical setting, student experience with patients in that type of setting, relative importance of the various CPI performance criteria, course objectives, expectations of the clinical site, progression of student performance from mid-term to final evaluations, levels of experience in didactic and clinical components, the presence of any significant concerns or exceptional performances, clinical instructor’s narrative responses regarding supervision/guidance, quality, complexity, consistency and efficiency related to student performance, additional assignments completed, site visit information.

**During this course, students are expected to meet the following requirements, to be completed by the due date set forth in the course schedule.** (Missed deadlines may result in failure of this course)

- Receive a minimum of “**Advanced Intermediate Performance**” rating scale by their clinical instructor at mid-term and “**Entry-Level Performance**” rating scale by their clinical instructor on the final assessment on all 14 performance criteria of the Clinical Performance Instrument (CPI).
  29. Safety
  30. Clinical behaviors
  31. Accountability
  32. Cultural Competence
  33. Communication
  34. Self-Assessment and Lifelong Learning
  35. Clinical Problem Solving
  36. Interventions: Therapeutic Exercise
  37. Interventions: Therapeutic Techniques
  38. Interventions: Physical Agents and Mechanical Modalities
  39. Interventions: Electrotherapeutic Modalities
  40. Interventions: Functional Training and Application of Devices/Equipment.
  41. Documentation
  42. Resource Management
- Complete the entire course with all clinical education hours as required. **Any illnesses/absences must be made up at the discretion/convenience of the clinical instructor and approved by the ACCE**
- Have received no significant concern boxes on the final CPI evaluation

- Have not received any red flag items on criteria 1-4, 7 of the CPI. Any unethical or unsafe clinical practice may be grounds for failure and possible removal from the PTA program, based on the decision of the clinical faculty and program director
- Not received any scores on the CPI at final evaluation that are lower than the mid-term performance. Students must show progression of skills throughout the course
- Students must complete self-assessment mid-term and final ratings of all 14 performance criteria of the CPI, as well as provide summative comments. The student will be required to collect evaluation signatures and fax or email them to the ACCE at both mid-term and final assessments. If regular mail must be used to return the assessments due to restrictions of the clinical setting, the ACCE must be notified in advance and give prior approval
- Respond to discussion questions and/or weekly clinical topics as designated by the ACCE. Students are expected to read and respond in a professional manner to at least two other students' discussion/responses for each week
- Complete an acceptable patient case study, integrating medical literature and clinical reasoning skills together.

The student is expected to exhibit professionalism and appropriate clinical behavior during this course. Please see the Clinical Education Handbook for policies relating to student conduct and clinical education coursework. Students must sign and turn in the form signifying that they have read and understand the Clinical Education Policies and will abide by them during this course, **prior to 3/23/18.**

### **Course Schedule:**

#### **Week 1:**

- Orientation to clinical facility (physical spaces, policies and procedures, emergency protocols, parking, work hours, meal and break times, etc.)
- Discussion with CI regarding: course syllabus, use of CPI, student assignments, preferred personal learning style and modes of feedback, set date/times for weekly feedback sessions, mid-term evaluation and final evaluation
- Log into PTA CPI Web and locate evaluation
- Complete Group Discussion Question
- Discuss patient case study with CI
- Complete and return updated Clinical Site Information Form (CSIF)
- Complete weekly feedback session and form by the end of week 1

#### **Week 2:**

- Increase patient load progressively, as designated by the CI, according to student's ability and taking into account level of patient complexity
- Begin research for Patient Case Study

- Respond to Group Discussion Question
- Complete the weekly feedback session and form by end of week 2

**Week 3:**

- Continue to increase patient load progressively, as designated by the CI, according to student’s ability and taking into account level of patient complexity
- Continue work on Patient Case Study
- Respond to Group Discussion Question
- Complete mid-term CPI Evaluation and return forms to ACCE

**Week 4:**

- Continue to increase patient load progressively, as designated by the CI, according to student’s ability and taking into account level of patient complexity
- Respond to Group Discussion Question
- Complete the weekly feedback session and form by the end of week 4

**Week 5:**

- Student should be working at or near 100% of a full entry-level PTA caseload
- Respond to Group Discussion Question
- Complete the weekly feedback session and form by the end of week 5

**Week 6:**

- Demonstrate capability of managing a patient load of 100% of an entry-level PTA
- Complete Patient Case Study Assignment
- Complete the Professional Behaviors Assessment Tool with the CI and return forms to CI
- Complete final CPI Evaluation and return forms to ACCE

**Within 2 Weeks following completion of the course:**

- Compose and mail a thank you card to your CI as a token of gratitude for his/her participation in your clinical education
- Complete the Clinical Site and CI Evaluation Form and return to the ACCE

**Course Due Dates:**

<b>Assignment</b>	<b>Due Date</b>
Complete CSIF and return to ACCE	By 11:59 p.m. on 4/1/18
Group Discussion Question	By 11:59 p.m. on 4/1/18
Group Discussion Question	By 11:59 p.m. on 4/8/18
Mid-term performance criteria assessment and summative comments	By 5 p.m. on 4/13/18
Group Discussion Question	By 11:59 p.m. on 4/15/18

Group Discussion	By 11:59 p.m. on 4/22/18
Group Discussion	By 11:59 p.m. on 4/29/18
Group Discussion	By 11:59 p.m. on 5/3/18
Patient Case Study Assignment	By 1 p.m. on 5/4/18
Professional Behaviors Assessment Tool Due	By 1 p.m. on 5/4/18
Final performance criteria assessment and summative comments	By 1 p.m. on 5/4/18

### Group Discussion Questions:

Discussion questions will be posted on Monday mornings, at the beginning of the week prior to the due date. **Students must respond to the question, as well as respond to a minimum of two peer responses.** Discussion questions will focus on experiences relevant to the clinical education course. In student responses, they must do the following:

- Use proper grammar, punctuation, and spelling
- Answer each part of the question presented
- Elaborate on a thought or opinion with supporting examples or evidence

### Case Study Assignment:

The student is expected to complete a case study assignment during this course. The purpose is for the student to present an overview of the treatment approach and progression of care of a patient they have worked with during the clinical experience. The student is to explain the clinical reasoning behind the selection of the treatment approach, and identify factors which may have affected clinical outcomes. The case study must have 5 sections:

6. Patient history (to include medical history and analysis of patient roles)
7. Physical therapy initial evaluation findings and goals
8. Course of treatment (include synopsis of clinical reasoning behind selection of interventions and progression of treatment)
9. Current findings and level of patient function
10. Discussion (to include analysis of effectiveness of treatment approach and any factors that may have influences patient outcomes other than the selected interventions)

The student must include 5 peer-reviewed references to support the course of treatment, analysis of the effectiveness of the treatment approach, selected interventions, patient progression, or other factors that influence patient outcomes.

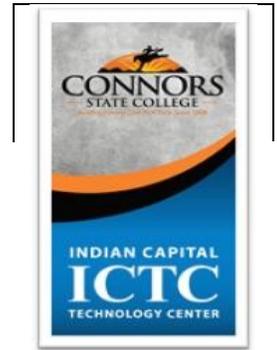
**AMERICANS WITH DISABILITIES ACT (ADA)**

Any disabled person requiring specific information regarding services should call the Student Services Center, Muskogee Campus, 2403 North 41st Street East, at 918.687.6383, Ext. 284, between 8:00 a.m. – 4:30 p.m., Monday through Friday. Facilities on all Indian Capital Technology Center campuses are wheelchair accessible. Students who feel they need specific accommodations related to this course should notify faculty as soon as possible.

Indian Capital Technology Center does not discriminate on the basis of race, color, religion, national origin, sex/gender, age, disability marital or veteran status.

Connors State College does not discriminate on the basis of race, color, religion, national origin, sex/gender, age, disability, marital or veteran status.

**Connors State College/Indian Capital  
Technology Center  
Physical Therapist Assistant Program**



**Jeff Jurney, PTA, ACCE**

2403 N. 41<sup>st</sup> Street East

Phone: 918-348-7901

Fax: 888-828-2134

Muskogee, OK 74403

[E-mail: jeffrey.jurney@ictctech.com](mailto:jeffrey.jurney@ictctech.com)

Facility Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

CCCE:

CCCE Email:

CCCE Phone:

No Change In Contact Information

**New Contact Info**

If you are accepting students in multiple settings please write in the number next to the setting (ie Acute care 1, SNF 2 Total Students=3)

Clinical Experience Number	Notes from School	Dates	Number of Weeks	Setting (Check all that apply)	Experience Type (Check all that apply)	Number of Students
PTAT 1212 Clinical Practice I	Students have completed 2 semesters of didactic work. See skills list students have had prior to this experience.	<b>*11/13/17-12/8/17</b> <i>Students may coordinate clinical schedule over thanksgiving break as best suits the CI schedule, so long as 120 hours are completed.</i>	<b>3 weeks</b>	<input type="checkbox"/> Acute Care <input type="checkbox"/> Rehab <input type="checkbox"/> SNF <input type="checkbox"/> Home Health <input type="checkbox"/> Outpatient <input type="checkbox"/> Other Click here to enter text.	<input type="checkbox"/> Orthopedic <input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Pediatrics <input type="checkbox"/> Integumentary <input type="checkbox"/> Other Click here to enter text.	
PTAT 2124 Clinical Practice II	Students have completed all didactic coursework, except for a Professional Issues course. Students have covered all clinical skills in lab at this point.	<b>2/12/18-3/9/18</b>	<b>5 weeks</b>	<input type="checkbox"/> Acute Care <input type="checkbox"/> Rehab <input type="checkbox"/> SNF <input type="checkbox"/> Home Health <input type="checkbox"/> Outpatient <input type="checkbox"/> Other Click here to enter text.	<input type="checkbox"/> Orthopedic <input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Pediatrics <input type="checkbox"/> Integumentary <input type="checkbox"/> Other Click here to enter text.	
PTAT 2134 Clinical Practice III	Completion of all didactic coursework, including Neuro, Pediatrics, Orthopedics.	<b>3/26/18-5/4/18</b>	<b>6 weeks</b>	<input type="checkbox"/> Acute Care <input type="checkbox"/> Rehab <input type="checkbox"/> SNF <input type="checkbox"/> Home Health <input type="checkbox"/> Outpatient <input type="checkbox"/> Other Click here to enter text.	<input type="checkbox"/> Orthopedic <input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Neuromuscular <input type="checkbox"/> Pediatrics <input type="checkbox"/> Integumentary <input type="checkbox"/> Other Click here to enter text.	

Reserved for University Students

First Come- First Serve

Interview Required

No opening contact us in the future

Contact us closer to the date

No openings do not contact us in future

CCCE (or person completing form) Click here to enter text.

Please complete and return via e-mail/fax/ mail to Jeff Jurney, Clinical Education Coordinator, by April 30<sup>th</sup>, 2016 (see contact info above)

Date Click here to enter text.

# Critical Incident Form

## CSC/ICTC PTA Program - Clinical Education

<b>Description of Incident:</b>		
<b>Evaluator/Observer:</b>		
<b>Precipitating Factors (if any):</b>		
<b>Consequences/Action Taken:</b>		
<b>Recommended Follow-Up:</b>		
<b>Signatures:</b>	<b>Student:</b>	<b>Date:</b>
	<b>CI:</b>	<b>Date:</b>
	<b>ACCE:</b>	<b>Date:</b>

**CSC/ICTC PTA CLINICAL EDUCATION COUNSELING FORM  
PROGRESS/COUNSELING RECORD**

<b>Student's Name:</b>	
<b>Date:</b>	
<b>Description of Progress/Concerns:</b>	
<b>Recommendation/Action:</b>	
<b>Student Comments:</b>	
<b>Instructor Signature:</b>	<b>Date:</b>
<b>Student Signature:</b>	<b>Date:</b>
<b>Follow-Up Date, if needed:</b>	

**In-Service Presentation Evaluation Form**  
**Connors State College/Indian Capital Technology Center PTA Program**

**Student's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

**Presentation Topic:** \_\_\_\_\_

Evaluation Criteria	Score (Circle)				
	1	2	3	4	5
Topic was relevant, and agreed upon in advance by the student and CI	1	2	3	4	5
Student used effective audio/visual aids	1	2	3	4	5
In-service met the time requirements (15-20 minutes, or other if determined by CI)	1	2	3	4	5
Student was prepared and organized	1	2	3	4	5
Student was knowledgeable about the topic	1	2	3	4	5
Student demonstrated quality communication skills throughout the presentation (eye contact, spoke clearly, elaborates and explains material)	1	2	3	4	5
Student included references to support the presentation	1	2	3	4	5

**Comments:**

**Clinical Instructor Signature:** \_\_\_\_\_

## Attendance Record Form

Students are to complete this attendance record during clinical rotations

<b>Week 1</b>	
Date:	Hours:

<b>Week 2</b>	
Date:	Hours:

<b>Week 3</b>	
Date:	Hours:

<b>Week 4</b>	
Date:	Hours:

<b>Week 5</b>	
Date:	Hours:

<b>Week 6</b>	
Date:	Hours:

Student Signature: \_\_\_\_\_

## Student Preference Form for Clinical Education

**Student Name:**

<b>PTAT 1212: Clinical Practice I:</b>
Site Preference #1
Site Preference #2
Site Preference #3

<b>PTAT 2124: Clinical Practice II:</b>
Site Preference #1
Site Preference #2
Site Preference #3

<b>PTAT 2134: Clinical Practice III:</b>
Site Preference #1
Site Preference #2
Site Preference #3

\*Filling out the Student Preference Form for Clinical Education Form in no way guarantees a clinical site placement of choice. Multiple factors are considered in the placement of students, including: clinical education placement history, type of practice setting, student learning style, clinical educator credentials and background, types of learning experiences offered, potential number of patients seen daily, amount/type of structure and supervision available, location of facility, and other factors.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Connors State College Indian Capital Technology Center Physical Therapist Assistant Program Clinical Education Program Evaluation Form

**Clinical Faculty:** Please complete this questionnaire as it applies to the Physical Therapist Assistant Clinical Education Program at CSC-ICTC over the past year.

**Name of Facility** \_\_\_\_\_

**Type of practice:** \_\_\_ Acute \_\_\_ Rehab \_\_\_ Outpatient \_\_\_ Pediatric \_\_\_ Rural Hospital \_\_\_ Other \_\_\_

The Following Questions are for both CI's and CCCE's

**Additional Comments:**

1. The faculty and ACCE are accessible to me when I have any questions.

Accessible

Not accessible

5      4      3      2      1      NA

\_\_\_\_\_

\_\_\_\_\_

2. I received information regarding clinical placements in a timely manner.

Timely

Not Timely

5      4      3      2      1      NA

\_\_\_\_\_

\_\_\_\_\_

3. I am satisfied with the feedback that I receive about my facility.

Satisfied

Not Satisfied

5      4      3      2      1      NA

\_\_\_\_\_

\_\_\_\_\_

4. When there has been problems with a CSC-ICTC PTA student, I have been satisfied with the strategies/resolutions proposed by the ACCE.

Satisfied

Not Satisfied

5      4      3      2      1      NA

\_\_\_\_\_

\_\_\_\_\_

5. The communication between the ACCE and the CCCE is effective in Meeting the needs to place PTA students in this facility.

Meets Needs

Needs Not Met

5      4      3      2      1      NA

\_\_\_\_\_

\_\_\_\_\_

6. I received information about mid-rotation paperwork/evaluation processes and the ACCE visit in a timely manner.

**Additional Comments:**

Timely                      Too Late  
5      4      3      2      1      NA

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7. I am satisfied with the mid-rotation visit procedure used by the ACCE.

Satisfied                      Not Satisfied  
5      4      3      2      1      NA

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8. What other topics would be of interest to you in attending a workshop to facilitate clinical education?

9. List areas you would like help from the clinical education faculty.

10. What do you consider the strengths and weakness of the clinical education policies and /or procedures used by the PTA program such as attendance policies, grading criteria, and in-service requirements?

11. Are there areas of the clinical education program where you would like to become more involved?

12. The one thing the PTA Program could do that would help me be a better Clinical Instructor is:

**For CCCE's, Please provide brief written comments on the following topics:**

1. How many staff members currently serve as Clinical Instructors (CI's)? \_\_\_\_\_
2. How many Clinical Instructors have been to an APTA Clinical Instructor Credentialing Course? \_\_\_\_\_
3. How many staff members would be interested in attending an APTA Clinical Instructor Workshop to become a Credentialed Clinical Instructor? \_\_\_\_\_.

# CSC-ICTC CLINICAL PLACEMENT PLANNING FORM

1. What is the name of the clinical site?

2. What is the name of the CCCE/Clinical Coordinator?

3. Clinical Site Address:

4. Phone number for CCCE/Clinical Coordinator

5. Email address for CCCE/Clinical Coordinator

6. Fax number for CCCE/Clinical Coordinator

7. Preferred method of communication:

Phone

Email

Fax

8. Is your clinical site available to take CSC-ICTC PTA students for Clinical Experience in 2017-2018? If YES, please indicate the number of students you would be able to have at your site for each clinical you are able to educate students:

\_\_\_\_\_PTAT 1212 Clinical Practice I (3 weeks/Fall 2017)

\_\_\_\_\_PTAT 2124 Clinical Practice II (5 weeks/Fall 2018)

\_\_\_\_\_PTAT 2134 Clinical Practice III (6 weeks/Fall 2018)

9. Please indicate any management changes that may affect your contract or your clinical education program in the space below.  
(Please skip this question if it does not apply to your clinical site)

10. I would be interested in a site visit/in-service by the ACCE to discuss the PTA program

Yes

No

11. I would be interested in an in-service to clinical site staff to discuss clinical education

Yes

No

12. If you are interested in receiving information on special topics (ie. APTA CI Credentialing Program, the electronic PTA Clinical Performance Instrument, or Information on Evidence Based Practice) please list in the space below:

13. I am interested in exploring a 2:1 supervisory model (2 students:1 CI)

Yes

No

14. I am comfortable with the CSC-ICTC PTA Clinical Education Program

Yes

No

15. The CSC-ICTC Clinical Education Handbook is annually email to clinical sites and is available on the program website. Would you also like to have a hard copy sent to you?

Yes

No

15. Please choose the best answer regarding the clinical contract between CSC-ICTC and your site:

**The contract has been reviewed and there are no concerns at this time.**

**I have concerns with the clinical contract and would like to be contacted.**

**Connors State College  
Indian Capital Technology Center  
Physical Therapist Assistant Program  
CLINICAL INSTRUCTOR CURRICULUM REVIEW FORM**

Check the Clinical Education Experience:

Clinical Instructor Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Dates of Clinical: \_\_\_\_\_

Clinical Instructor's Entry-level PT Degree: \_\_\_\_\_

Years Experience as a Clinical Instructor: \_\_\_\_\_

Years Experience as a Clinician: \_\_\_\_\_

APTA Credentialed Clinical Instructor: Yes or No

APTA Membership: Yes or No

Were there any areas where the PTA student was not fully prepared for clinical education?

What recommendations do you have for improving the PTA Program curriculum?

What recommendations do you have for improving the PTA Clinical Education program?

How might the ACCE improve coordination, communication, and/or interventions between the school and clinical site?

When completed, please fax or email this form to:  
Jeff Journey, ACCE [jeffrey.journey@ictctech.com](mailto:jeffrey.journey@ictctech.com)  
Phone: 918-348-7901 Fax: 1-888-828-2134

**CLINICAL ROTATION AGREEMENT**  
**Indian Capital Technology Center**  
**Muskogee\* Sallisaw\* Stilwell \* Tahlequah**

THIS AGREEMENT is made and entered into as of \_\_\_\_\_ between ***Indian Capital Technology Center (the "School")***, and \_\_\_\_\_ (the "Facility").

1. Clinical Rotations. The School shall arrange clinical rotation experience ("Clinical Rotations") for students ("Students") at the Facility. The School and the Facility shall mutually determine the training programs that will participate, scope of the Clinical Rotation programs, the schedule of student assignments and the number of Students who may participate in the Clinical Rotations. Upon mutual agreement the clinical experience may include training programs / disciplines/ departments, including but not limited to the following as available and approved by the facility:

Practical Nursing	Nurse Assisting
Practical Nursing Preceptorship	Laboratory / Lab Tech
Radiology / Radiology Technology	Respiratory Therapy
EKG	Commercial Services
Ultrasound	SPD
EMT / Paramedic	Physical Therapist Assistant /Aid
Certified Medication Aid	Pharmacy / Pharmacy Tech
Occupational Therapy /Assistant/Aid	Dental / Dental Assist / Dental Hygiene
Medical Records	Home Health Aide
Medical Office	Health Science Technology
Surgical Technology	Sports Medicine

And others as mutually agreed upon by the Facility and the School faculty and staff.

2. Term. The term of this Agreement shall be for the period of the Clinical Rotations, approximately **12 months, commencing \_\_\_\_\_ and ending \_\_\_\_\_**, unless terminated earlier as provided in this Agreement. **After the initial term, this Agreement shall continue in effect for additional periods of one year** each unless one party notifies the other at least **90 days** prior to the end of the initial term or any extended term of its intent to terminate this Agreement at the end of such term, in which event this Agreement shall terminate at the end of the then-current term. However, notification by a party of its intent not to renew shall not affect students currently enrolled and participating in Clinical Rotations.

3. Responsibilities of the School.

a. The School shall designate a School employee or another individual retained by the School (the "Clinical Instructor") to serve as the coordinator for the Clinical Rotations to work directly with Facility personnel and coordinate all the activities of Students.

b. The School shall designate one or more of its instructors or faculty members (“Instructors”) to instruct and supervise Students during the Clinical Rotations.

*c. The School and facility may jointly choose to allow students to participate in preceptorships, mentorships, internships, observation, or other similar rotations in which a faculty member acts as a facilitator of learning as the student works under the supervision of approved staff. In such mutually approved cases, an assigned faculty member will be available (on-call) for consultation, direction, etc. In some instances a faculty member may not be “on-site” in the facility.*

d. The School shall provide a roster of the names of the Clinical Instructor, Instructors and Students (the “Roster”), along with a rotation schedule, to the Facility before the Clinical Rotations begin.

e. For each Instructor and Student who will participate in the Clinical Rotations, the School shall provide to the Facility verification of the following immunizations and tests: (i) a complete Hepatitis B vaccination series (series of three or waiver); (ii) negative PPD or chest x-ray; (iii) MMR vaccination(s) or positive titer(s); (iv) a written verification of varicella history, varicella vaccination or a varicella titer by a physician or a physician’s designee; and (v) a background check.

f. The School shall require that each Student and Instructor before beginning the Clinical Rotations have current CPR certification that meets standards acceptable to the Facility.

g. The School shall instruct Students that they are not permitted to perform any of the following: (i) double-check on medications or blood products; or (ii) begin or discontinue blood products, chemotherapy, or experimental drugs and therapies.

h. The School shall instruct Students that they are not permitted to accept orders from physicians or other health care professional in person or by telephone or call a physician or physician’s office to obtain an order.

i. The School shall require Students to have transportation to and from the Facility, to arrive and depart promptly, and to park in areas designated by the Facility.

j. The School shall be responsible for all actions, activities and affairs of Students, the Clinical Instructor and all Instructors during the Clinical Rotations to the extent required by law.

k. The School shall be responsible for planning and implementing the educational program, including administration, programming, curriculum content, books and materials, faculty appointments, eligibility and admission criteria, Student selection, matriculation, promotion,

graduation, Student performance evaluation, Instructor performance evaluation, references and all academic aspects of the Clinical Rotation programs.

4. Responsibilities of the Facility.

a. The Facility shall designate a Facility employee to serve as its coordinator (the “Facility Coordinator”) for the Clinical Rotations and to work directly with the Clinical Instructor and Instructors to plan and coordinate the Clinical Rotations. The Facility may also designate one or more employees to serve as Clinical Instructors.

b. The Facility shall provide the Clinical Instructor with copies of the Facility’s policies, rules, regulations and procedures that are applicable to Students’ and Instructors’ participation in the Clinical Rotations.

c. The Facility shall provide an orientation to the Clinical Instructor that includes a tour of the Facility and addresses any facilities or procedures of a particular Facility department pertinent to the Clinical Rotations.

d. The Facility shall permit Students and Instructors to assist in the provision of nursing or other ancillary health care services to Facility patients, but the Facility may restrict their activities, including any patient care activities, at the Facility.

e. The Facility shall provide parking in designated areas for Students and Instructors.

f. The Facility shall permit the School and its accreditation agencies to visit, tour and inspect the Facility’s facilities and records relating to the Clinical Rotations on reasonable notice during the Facility administration’s regular business hours, subject to requirements of patient confidentiality, legal compliance requirements of the Facility, and minimizing disruption or interference with Facility operations, including patient care activities.

g. The Facility shall make its classrooms, conference rooms and library facilities available to the School for the Clinical Rotations, without charge, subject to availability and Facility policies regarding use of its facilities.

h. The Facility shall make available emergency care and treatment to Students and Instructors, as necessary, subject to its usual charges.

5. Conflicts and Removal of Students or Instructors. If a conflict arises between an employee of the Facility, on the one hand, and an Instructor or Student, on the other, the Clinical

Instructor and Facility Coordinator shall intervene in an attempt to resolve the matter. The Facility may require that the School immediately remove a Student or Instructor from a Clinical Rotation when the Facility believes that the individual exhibits inappropriate behavior, is disruptive, does not comply with Facility rules or policies, or poses a threat to the health, safety or welfare of a patient, employee or any other person. In addition, upon receipt of the Roster or at any time after a Clinical Rotation begins, the Facility may refuse to allow any Student or Instructor to participate in the Clinical Rotation if the individual has an unfavorable record with the Facility from previous employment, another clinical rotation or any other reason.

6. Representations and Warranties of the School. The School represents and warrants to, and covenants with, the Facility as follows:

a. Each Student is currently enrolled at the School. Students who are under 18 years of age have obtained written permission of a parent or guardian to participate in the Clinical Rotation; if the Student is an emancipated minor, then the Student has furnished written authorization to participate in the Clinical Rotation.

b. Students are required to wear uniforms with name badges issued by the School, be well-groomed and make a neat appearance while at the Facility.

c. A Student may perform duties and procedures for which he or she has been prepared academically, but not any others.

d. The School shall continuously monitor and evaluate the competence and performance of each Student and shall remove from a Clinical Rotation any Student who is not competent or qualified to participate in the Clinical Rotation.

e. The Instructors are duly licensed to practice *health care* in Oklahoma; the license of each Instructor is unrestricted; and each Instructor must keep his or her license current, in good standing and unrestricted during the entire term of this Agreement.

f. The Instructors are experienced, qualified and currently competent to provide the services that are required of them for the Clinical Rotations and any services required of them under this Agreement.

g. The School has provided the Clinical Instructor, Instructors and Students with training on the Facility's policies and procedures with respect to protected health information that is necessary and appropriate for them to carry out the activities contemplated by this Agreement as required by applicable provisions of the Health Information Portability and Accountability Act of 1996 and regulations.

h. The School has not been excluded, debarred, or otherwise made ineligible to participate in any federal healthcare program as defined in 42 USC § 1320a-7b(f).

i. All information that has been furnished to the Facility concerning the School, Students and Instructors is true and correct in all respects.

j. All representations and warranties in this Agreement shall remain true and correct during the term of this Agreement. If any of the representations and warranties become inaccurate in any way, the School shall immediately notify the Facility.

7. Employees of the School. Other than any Facility employee designated as an Instructor as permitted in this Agreement, the School, and not the Facility, is the employer of the Instructors and Clinical Instructors. The School shall be responsible for (a) the compensation and benefits payable and made available to the Instructors and Clinical Instructors, and (b) withholding any applicable federal and state taxes and other payroll deductions as required by law.

8. Insurance Coverage.

a. State-Operated Institutions. This provision is applicable to Schools that are owned and operated by the State of **Oklahoma or are political subdivisions of the State of Oklahoma.** The School represents that it and its faculty are self-insured according to the Oklahoma Governmental Tort Claims Act. The School agrees to furnish verification of professional liability insurance covering the participating Students and Instructors. The Facility shall maintain insurance in amounts sufficient to cover its responsibilities under this Agreement. During the term of this Agreement, the School shall require Students and Instructors to maintain, and each Student and Instructor shall continuously maintain professional liability insurance in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate, and with such coverages as may be acceptable to the Facility. Upon request, the School shall arrange for the Students to provide a certificate of insurance to the Facility evidencing such coverage and shall notify the Facility immediately if any adverse change in coverage occurs for any reason. The policies shall provide that they may not be cancelled or terminated without giving the Facility at least 30 days advance notice of cancellation or termination.

b. Institutions That Are Not State-Operated. This provision is applicable to Schools that are not owned and operated by the State of Oklahoma. During the term of this Agreement, the School shall continuously maintain for itself and for Students and Instructors professional liability insurance in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate, and with such coverages as may be acceptable to the Facility. Upon request, the School shall provide a certificate of insurance to the Facility evidencing such coverage and shall notify the Facility immediately if any adverse change in coverage occurs for any reason. The policy shall provide that it may not be cancelled or terminated without giving the Facility at least 30 days advance notice of cancellation or termination. The Facility shall maintain insurance in amounts sufficient to cover its responsibilities under this Agreement.

9. Termination.

a. Termination for Cause. The Facility may immediately terminate this Agreement for cause upon notice to the School upon the occurrence of any of the following events: (i) the failure of the School to maintain insurance coverage as required by this Agreement; or (ii) the School fails to bar a Student from participating in a Clinical Rotation after the Facility has informed the School to remove a Student for reasons permitted under this Agreement.

b. Termination for Material Breach. If either party defaults by the failure to comply in all material respects with the terms of this Agreement, the other party may terminate this Agreement by giving at least 30 days prior written notice to the defaulting party, specifying in reasonable detail the nature of the default, unless the defaulting party remedies the default within the 30 day period. This provision shall not constitute an election of remedies by either party, and each party shall have and retain all rights and remedies that may be available at law or in equity in the event of breach or default by the other party.

10. Responsibility for Actions. Each party shall be responsible for its own acts and omission and the acts and omissions of its employees, officers, directors and affiliates. A party shall not be liable for any claims, demands, actions, costs expenses and liabilities, including reasonable attorneys' fees, which may arise in connection with the failure of the other party or its employees, officers, directors, or agents to perform any of their obligations under this Agreement. If the School is an agency or institution of the State of Oklahoma, the School's liability shall be governed by the Oklahoma Governmental Tort Claims Act.

11. Disclaimer of Intent to Become Partners. The Facility and the School shall not by virtue of this Agreement be deemed to be partners or joint venturers. Neither party shall incur any financial obligation on behalf of the other.

12. Notices. Any and all notices, consents or other communications by one party intended for the other shall be deemed to have been properly given if in writing and personally delivered, transmitted by electronic means, or deposited in the United States first class mails, postpaid, to the addresses or numbers set forth below the signatures of the parties.

13. Confidentiality. The School shall, and the School must require Clinical Instructors, Instructors and Students to, keep confidential and not divulge to anyone else any of the proprietary, confidential information of the Facility, including patient information, unless such information (a) is or becomes generally available to the public other than as a result of disclosure by the School or any of the Students, or (b) is required to be disclosed by law or by a judicial, administrative or regulatory authority. The School, Clinical Instructors, Instructors and Students shall not use such information except as required to provide patient care services in the Clinical Rotations.

#### 14. HIPAA Compliance.

a. The School must, and the School shall require the Clinical Instructors, Instructors and Students to, appropriately safeguard the protected health information of patients, in accordance with applicable provisions of the Health Insurance Portability and Accountability Act of 1996, as it may be amended from time to time (“HIPAA”) and applicable law. Instructors and Students may use and disclose protected health information solely for the education and treatment purposes contemplated by this Agreement.

b. With respect to information obtained or received from the Facility, the School shall: (i) not use or further disclose the information other than as permitted or required by this Agreement or as required by law; (ii) use appropriate safeguards to prevent use or disclosure of the information other than as provided for by this Agreement; (iii) report to the Facility any use or disclosure of the information not provided for by this Agreement of which the School becomes aware; and (iv) require that any agents, including a subcontractor, to whom the School provides protected health information received from, or created or received by the School on behalf of, the Facility agrees to the same restrictions and conditions that apply to the Facility with respect to such information.

15. Rights in Property. All supplies, fiscal records, patient charts, patient records, medical records, X-rays, computer-generated reports, pharmaceutical supplies, drugs, drug samples, memoranda, correspondence, instruments, equipment, furnishings, accounts and contracts of the Facility shall remain the sole property of the Facility.

16. Non-Discrimination. Except to the extent permitted by law, the Facility, the School, Instructors and Students shall not discriminate on the basis of race, color, creed, sex, age, religion, national origin, disability or veteran’s status in the performance of this Agreement. As applicable to the School, the provisions of Executive Order 11246, as amended by EO 11375 and EO 11141 and as supplemented in Department of Labor regulations (41 CFR Part 60 et. Seq.) are incorporated into this Agreement and must be included in any subcontracts awarded involving this Agreement. The School represents that, except as permitted by law, all services are provided without discrimination on the basis of, race, color, creed, sex, age, religion, national origin, disability or veteran’s status; that it does not maintain nor provide for its employees any segregated facilities, nor will the School permit its employees to perform their services at any location where segregated facilities are maintained. In addition, the School agrees to comply with Section 504 of the Rehabilitation Act and the Vietnam Era Veteran’s Assistance Act of 1974, 38 U.S.C. Section 4212.

17. Facility Policies and Procedures. The School shall, and the School must require Instructors and Students to, comply with the policies, rules, and regulations of the Facility as provided to the School by the Facility.

18. Severability. The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision.

19. No Assignment. Neither party may assign its rights or delegate its duties under this Agreement without the prior written consent of the other.

20. Binding Effect. This Agreement shall be binding upon, and shall inure to the benefit of, the parties and their respective legal representatives, successors and permitted assigns.

21. Governing Law. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Oklahoma.

22. Rights Cumulative; No Waiver. No right or remedy conferred in this Agreement upon or reserved to the Facility is intended to be exclusive of any other right or remedy. Each and every right and remedy shall be cumulative and in addition to any other right or remedy provided in this Agreement. The failure by either the Facility or the School to insist upon the strict observance or performance of any of the provisions of this Agreement or to exercise any right or remedy shall not impair any such right or remedy or be construed as a waiver or relinquishment with respect to subsequent defaults.

23. No Third-Party Beneficiaries. This Agreement is not intended to confer any right or benefit upon, or permit enforcement of any provision by, anyone other than the parties to this Agreement.

24. Entire Agreement. This Agreement constitutes the entire understanding and agreement of the parties with respect to its subject matter and cannot be changed or modified except by another agreement in writing signed by the party.

SCHOOL:

\_\_\_\_\_

By \_\_\_\_\_

(Signature and Title)

Address:

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

FACILITY:

\_\_\_\_\_

By \_\_\_\_\_

(Signature and Title)

Address:

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Please Identify a Contact Person for your facility who maintains Clinical Contracts with school/training programs.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Please Identify the person(s) who should be contacted regarding orientation of students/faculty to your facility.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Mgmt Services Inc P O Box 3142 Tulsa, OK 74101	CONTACT NAME: Susan Sullivan
	PHONE (A/C, Reg. Est.): (918) 764-1653 FAX (A/C, No.): 866-420-0935
	E-MAIL ADDRESS: susan_sullivan@ajg.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Oklahoma Schools Insurance Group (a self-insured group)
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED  
Indian Capital Technology Center  
as a Member of OSIG  
2403 N. 41st Street East  
Muskogee, OK 74403

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR / TR	TYPE OF INSURANCE	ADDL SUBR / INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SBLL Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> SBJCT <input type="checkbox"/> LOC		OSIG-2015	07/01/2015	07/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		OSIG-2015	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$125,000 BODILY INJURY (Per accident) \$1,000,000 PROPERTY DAMAGE (Per accident) \$25,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Student Professional Liability is included

\* General Liability/School Board Legal Liability/Automobile Liability subject to Oklahoma Governmental Tort Claims Act \$125,000 BI / \$25,000 PD / \$1,000,000 Ea Acc

CERTIFICATE HOLDER Certificate Holder OGE Energy Corp. & Its Subsidiaries Corporate Insurance P.O. Box 321, M/C 502 Oklahoma City, OK 73101-0321	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Arthur J. Gallagher</i>
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