



**Physical Therapist Assistant
Program
Clinical Education Handbook
2024-2025**

NORTHLAND
COMMUNITY & TECHNICAL COLLEGE

Notice to Students

The Physical Therapist Assistant Program at Northland Community and Technical College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association, 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

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

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

- The student
- The Clinical Instructor
- The Site Coordinator of Clinical Education
- The faculty members of the PTA Program at Northland Community and Technical College

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

Thank you,

Shelley Koerber, PT, MSPT

Director of Clinical Education

Email: shelley.koerber@northlandcollege.edu

Direct: (218) 793-2598

Toll-free: (800) 959-6282, ext. 2598

Justin Berry, PT, DPT, PhD

Program Director

Email: justin.berry@northlandcollege.edu

Direct: (218) 793-2565

Toll-free:(800) 959-6282, ext. 2565

Dawn Eickman, PT, MPT

Instructor

Email: dawn.eickman@northlandcollege.edu

Direct: (218) 793-2615

Toll-free: (800) 959-6282, ext. 2615

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I. Program Information

1.1 Institutional History and Accreditation

Northland Community and Technical College in East Grand Forks began serving students in January 1973 under the name East Grand Forks Area Vocational Technical Institute. The college continued to grow and expand, going through several name changes throughout its history. One of its most prominent consolidations was as Northwest Technical College from 1992-2003. In July 2003, the East Grand Forks campus of Northwest Technical College merged with Northland Community and Technical College of Thief River Falls, to become a fully comprehensive college. Northland is a member of the Minnesota State system, and accredited by the Higher Learning Commission and a member of North Central Association.

Application was made to the MnSCU Board of Trustees to start a Physical Therapist Assistant Program with approval granted in June of 2006. Initial CAPTE accreditation was achieved in 2009.

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1.2 Statement of Nondiscrimination

Northland Community & Technical College is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices or access to and participation in programs, services, status with regard to public assistance or sexual orientation, gender identity, gender expression, familial status or membership or activity in a local commission as defined by law (Title IX, Title II and Section 504). Northland Community and Technical College's and Minnesota State Board Policy 1B.1 Equal Opportunity and Nondiscrimination in Employment and Education and Procedure 1B.1.1, 1B.3 Sexual Violence Policy and Procedure 1B.3.1, and Minnesota State's Reasonable Accommodation in Employment Procedure can be found on the Northland community and Technical College website at www.northlandcollege.edu/about/policies or by contacting the Human Resources Office at 218-683-8630.

Harassment of an individual or group on the basis of race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance or sexual orientation, gender identity, gender expression, familial status, or membership or activity in a local commission has no place in a learning or work environment and is prohibited. Sexual violence has no place in a learning or work environment. Further, the Minnesota State Colleges and Universities system shall work to eliminate violence in all its forms. Physical contact by designated system, college, and university employees may be appropriate if necessary to avoid physical harm to persons or property. This policy is directed at verbal and physical conduct that constitutes discrimination/harassment under state and federal law and is not directed at the content of speech. In cases in which verbal

statements and other forms of expression are involved Northland Community and Technical College will give due consideration to an individual's constitutionally protected right to free speech and academic freedom. The system office, colleges, and universities has developed and implements a complaint process to review complaints of discrimination/harassment or sexual violence.

1.3 Program Mission Statement

The Northland Community and Technical College Physical Therapist Assistant Program provides a contemporary and comprehensive curriculum to prepare graduates to work under the direction and supervision of a physical therapist. Graduates will be prepared to perform clinical duties in an ethical and competent manner and will demonstrate the values of lifelong learning and professional development.

1.4 Program Goals

1. Prepare program graduates for entry-level positions as physical therapist assistants able to work under the direction and supervision of a physical therapist in a legal, ethical, and competent manner
2. Prepare graduates to exhibit effective critical thinking and clinical problem-solving skills
3. Prepare graduates to communicate effectively in a culturally competent manner with patients from diverse backgrounds
4. Program faculty will provide students a positive learning environment and a comprehensive curriculum based on contemporary physical therapy practice
5. The program will promote the importance of continuing personal and professional development through life-long learning opportunities and professional organization membership

1.5 Program Curriculum

Year One, Fall I	Semester credits	Lecture credits/lab credits/OJT
PTAS 1101 Introduction to PTA	3	3/0/0
PTAS 1105 Fundamentals of PTA	4	2/2/0
BIOL 2260 A/P I	4	3/1/0
ENGL 1111 Composition I	3	3/0/0
MN Transfer Curriculum Goal Area IV Math Course	3	3/0/0
HLTH 1106 Medical Terminology	<u>2</u>	2/0/0
	19 credits	
Year One, Spring I		
PTAS 1108 PTA Pathophysiology	2	2/0/0
PTAS 1110 Physical Agents	4	2/2/0
PTAS 1114 Clinical Kinesiology	3	2/1/0
PTAS 1116 Therapeutic Exercise I	2	1/1/0
PTAS 1120 Clinical Introduction	1	0/0/1
BIOL 2262 A/P II	4	3/1/0
SPCH 1101 Public Speaking <u>or</u>		
SPCH 1103 Interpersonal Communications	<u>3</u>	3/0/0
	19 credits	
Year One, Summer		
PSYC 1105 Intro to Psychology	3	3/0/0
PTAS 1130 Clinical Education I	<u>4</u>	0/0/4
	7 credits	
Year Two, Fall II		
PTAS 2101 Orthopedics for PTA	2	2/0/0
PTAS 2105 Neurology for PTA	5	3/2/0
PTAS 2111 Therapeutic Exercise II	3	2/1/0
PTAS 2115 Advanced Techniques	4	2/2/0
PTAS 2125 PTA Ethics and Issues	<u>2</u>	2/0/0
	16 credits	
Year Two, Spring II		
PTAS 2140 Clinical Education II	5	0/0/5
PTAS 2150 Clinical Education III	5	0/0/5
PTAS 2160 Professional Integration	<u>3</u>	3/0/0
	13 credits	
72 credits total		

1.6 Course Descriptions

PTAS 1101 Introduction to PTA

This course introduces the student to the field of Physical Therapy by covering the history, legalities and ethics of the profession as they relate to the healthcare system. The role/responsibilities of physical therapists and physical therapist assistants, development of the team approach in health care delivery, philosophies of rehabilitation, patient relationships, and the psychosocial impact of disability will be covered. The scope of practice of the physical therapist assistant and physical therapy documentation is emphasized.

PTAS 1105 Fundamentals of PTA

In this course, students are provided a foundation in physical therapy assessment, interventions and basic patient care skills including vital signs, transfer training, and gait training. Students will have laboratory time to apply, practice, and demonstrate the technical skills taught.

PTAS 1108 PTA Pathophysiology

This course focuses on common disorders and diseases affecting the body's organ systems. Etiology, diagnosis, signs, symptoms, common lab values, and implications for physical therapy treatment will be included. Students will also have an interprofessional opportunity to discuss a patient case study with other healthcare students.

PTAS 1110 Physical Agents

This course prepares the student for safe and effective application of physical agents for patient treatment. Mechanisms of action, indication, precautions, contraindications, and treatment procedures will be covered for the following: superficial heat, cryotherapy, external compression, ultrasound, biofeedback, massage, traction, hydrotherapy, and electrical stimulation. Pain, skin assessment, and wound care using electrotherapy will also be included.

PTAS 1114 Clinical Kinesiology

Building upon Anatomy and Physiology I, this course provides a basic understanding of normal human body movement as related to skeletal, articular, neurological, and muscular systems. Biomechanical principles related to human movement, manual muscle testing, and goniometry will also be addressed.

PTAS 1116 Therapeutic Exercise I

This course studies the physiological effects of exercise on the musculoskeletal, cardiovascular, and pulmonary systems. Physical therapy interventions to improve strength, balance, and flexibility are demonstrated, applied, and practiced in lab.

PTAS 1118 Clinical Skills Review (Elective)

This course is intended to enhance clinical problem-solving and provide an opportunity for students to practice skills with instructor guidance and feedback through patient scenarios. This elective course can be taken for a variety of reasons: review of previous course skills; review or practice of new/concurrent course skills; enhancement of clinical problem solving; program re-entry, or a program plan of action. This course can be repeated up to a maximum of 3 credits.

PTAS 1120 Clinical Introduction

Knowledge, skills, and attitudes learned during technical courses will be applied to direct patient/client management in selected outpatient and long term care settings during a 48-hour part time clinical experience. This course integrates PTA coursework with the objective of students providing quality care with uncomplicated patients and a high degree of supervision and guidance.

PTAS 1130 Clinical Education I

Skills, knowledge and attitudes learned in all first year PTA courses will be applied to direct patient care in selected clinical settings over a full-time four week and four day period. Emphasis will be placed on the clinical application and integration of the knowledge and skills learned during the first year of the PTA program with the objective of students providing quality care with uncomplicated to complex patients and a degree of supervision and guidance that will vary with the complexity of the patient or the environment.

PTAS 2101 Orthopedics for PTA

This course focuses on orthopedic injuries/disorders, musculoskeletal tissue healing and related physical therapy interventions.

PTAS 2105 Neurology for PTA

This course provides information, discussion, and treatment considerations for pediatric and adult neurological diagnoses. Assessment techniques and treatment interventions will be applied in lab scenarios for a variety of neurological diagnoses. This course also presents normal and abnormal developmental processes which affect an individual throughout the life span with an emphasis on integrating aspects of human development to the field of physical therapy.

PTAS 2111 Therapeutic Exercise II

This course presents more advanced forms of therapeutic exercise and physical therapy interventions such as cardiac rehab, soft tissue mobilization, taping, and aquatic therapy. Exercise programs for special populations, including geriatrics is also included.

PTAS 2115 Advanced Techniques

Theory and usage of advanced physical therapy interventions is the focus of this course. Interventions such as postural drainage, rehabilitation for amputations, spinal stabilization, and work hardening will be presented. Specific interventions for women's health will also be discussed.

PTAS 2125 PTA Ethics and Issues

This course includes ethical and legal issues regarding physical therapy, basic principles of management, supervisory processes, healthcare reimbursement, and quality assurance activities including chart audits.

PTAS 2140 Clinical Education II

Skills, knowledge and attitudes learned in all PTA courses will be applied to direct patient care in selected clinical settings over a full-time six week period. Emphasis will be placed on the clinical

application and integration of the knowledge and skills learned during the PTA program with the objective of students providing quality care with uncomplicated to complex patients and a degree of supervision and guidance that will vary with the complexity of the patient or the environment.

PTAS 2150 Clinical Education III

Skills, knowledge and attitudes learned in all PTA courses will be applied to direct patient care in selected clinical settings over a six week period. Emphasis will be placed on the clinical application and integration of the knowledge and skills learned during the PTA program with the objective of students providing quality care with uncomplicated to complex patients and a degree of supervision and guidance that will vary with the complexity of the patient or the environment. Students are expected to be responsible for patient care compatible to the role and entry level skills of the PTA

PTAS 2160 Professional Integration

Lecture and discussion will incorporate student's experiences from PTA Clinic Education II and III. All aspects of patient care will be addressed and case study presentations will be utilized to facilitate problem solving skills.

1.7 Clinical Education Learner Outcomes

PTAS 1120 Clinical Introduction

1. Demonstrate the ability to apply PTA learned skills and knowledge by safely performing selected physical therapy data collection skills and treatment interventions from within the physical therapist's plan of care for routine patients with a high degree of supervision and guidance by a physical therapist or a physical therapist/physical therapist assistant team.
2. Demonstrate beginning level Professional Behaviors in all interactions with patients, family members/caregivers, physical therapy personnel, classmates and instructors
3. Given extra time and with a high degree of supervision, demonstrate adequate documentation and communication to the physical therapist regarding all aspects of the treatment and patient's response to treatment.
4. Demonstrate the ability to assist in the teaching of patients and family
5. Compose a reflective journal regarding the clinical experience while maintaining appropriate patient confidentiality
6. Discuss patient treatments and outcomes with other students and the supervising physical therapist
7. Demonstrate the ability to summarize treatment plans, decision-making, and outcomes with a high degree of guidance from the physical therapist

PTAS 1130 Clinical Education I

1. Demonstrate the ability to apply all PTA learned skills and knowledge by safely performing selected physical therapy data collection skills and treatment interventions from within the physical therapist's plan of care for routine patients with moderate supervision and guidance by a physical therapist or a physical therapist/physical therapist assistant team.
2. Given extra time and frequent guidance, demonstrate the ability to perform adequate documentation and communication with the physical therapist regarding all aspects of

- the patient treatment and patient response to physical therapy interventions
3. Demonstrate the ability to assist in the teaching of patients and caregivers
 4. Compare the role of other allied health personnel with the role of physical therapy personnel
 5. Demonstrate the ability to participate in scheduling and other routine administrative procedures of the physical therapy department
 6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate
 7. Compose a reflective journal regarding the clinical experience while maintaining appropriate patient confidentiality
 8. Consistently demonstrate technical skill performance and behaviors legally and ethically with occasional guidance for routine situations
 9. Design and present an in-service on the role of the physical therapist assistant.

PTAS 2140 Clinical Education II

1. Demonstrate the ability to apply all PTA learned skills and knowledge by consistently providing safe, effective, and competent physical therapy data collection skills and treatment interventions from within the physical therapist's plan of care for routine patients with minimal supervision and guidance by a physical therapist or a physical therapist/physical therapist assistant team.
2. Consistently demonstrate appropriate professional behaviors in interactions with patients, family members/caregivers, physical therapy personnel, and other health care providers by displaying all Generic Abilities at least at the developing level with some Professional Behaviors at entry level
3. Demonstrate the ability to provide timely and relevant documentation and communication to the physical therapist regarding all aspects of the patient treatment and patient's response to the treatment with occasional guidance
4. Demonstrate the ability to participate in the teaching of other health care providers, consumers, patients and families, and physical therapy personnel with occasional guidance.
5. Demonstrate the ability to participate in routine administrative procedures of the clinic, including billing and patient scheduling with occasional guidance
6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate
7. Demonstrate the ability perform PTA skills and behaviors within legal and ethical requirements and guidelines with occasional guidance for new or unusual situations

PTAS 2150 Clinical Education III

1. Demonstrate the ability to independently apply all PTA learned skills and knowledge by consistently and safely performing effective and competent physical therapy data collection skills and treatment interventions from the physical therapist's plan of care for routine and complex patients with minimal supervision by a physical therapist or a physical therapist/ physical therapist assistant team with possible guidance for new or unusual situations
2. Consistently demonstrate entry level professional behaviors and respect in all interactions with patients, family members/caregivers, physical therapy personnel, and other

- health care providers by displaying all Professional Behaviors at entry level
3. Demonstrate the ability to independently provide timely and relevant documentation and communication to the physical therapist regarding all aspects of the patient treatment and patient's response to the treatment
 4. Demonstrate the ability to independently provide effective education to other health care providers, consumers, patients and families, and physical therapy personnel.
 5. Perform administrative procedures of the clinic, including billing, insurance requirements and quality assurance with guidance for new or unusual situations.
 6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences as appropriate.
 7. Demonstrate the ability to consistently and independently perform PTA skills and behaviors within legal and ethical requirements and guidelines.
 8. Compose a reflective journal regarding the clinical experience and compare the journal with the journal written during Clinical Education I
 9. Demonstrate the ability to work with other allied health personnel.

II. GENERAL POLICIES AND PROCEDURES

2.1 SELECTION OF CLINICAL EDUCATION SITES AND CLINICAL INSTRUCTORS

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

Criteria for Selection of Clinical Education Sites

1. The clinical site’s philosophy regarding clinical education is compatible with the NCTC PTA Program philosophy.
2. The clinical site’s clinical education program is planned to meet the specific objectives of the academic program, the physical therapy service, and the individual student.
3. The physical therapy staff practices ethically and legally.
4. The clinical site demonstrates administrative support for physical therapy clinical education.
5. The clinical site has a variety of learning experiences, appropriate to the setting, available to students.
6. The clinical site provides an active, stimulating environment appropriate for the learning needs of the student.
7. The physical therapy staff is adequate in number to provide an educational program for students.
8. Clinical sites with more than three physical therapists have a designated Site Coordinator of Clinical Education (SCCE).
9. There is an active staff development program for the clinical site.
10. The clinical education site is committed to the principle of equal opportunity and affirmative action as required by Federal law.

Criteria for Selection of Clinical Instructors (CI):

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

2.2 RESPONSIBILITIES OF THE DIRECTOR OF CLINICAL EDUCATION (DCE)

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

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

2.3 RESPONSIBILITIES OF THE SITE COORDINATOR OF CLINICAL EDUCATION (SCCE)

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

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

Note: If there is no designated SCCE, then the departmental director is responsible for the items listed above.

*The Dean of Health, Public Services, and Technical Programs is Stephanie LeDuc, MBA, and her phone number is (218) 793-2609

2.4 RESPONSIBILITIES OF THE CLINICAL INSTRUCTOR (CI)

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

1. Demonstrate an interest in teaching and in continuing education.
2. Orientate the student to the facility.
3. Facilitate student accomplishment of goals and objectives; assist with planning learning experiences with the student.
4. Supervise the student or arrange supervision by another qualified person.
5. Serve as a resource to the student.
6. Serve as a role model of professional behavior.
7. Encourage the student to take advantage of unique resources and learning experiences of the clinical setting and its staff.

8. Provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress.
9. Confer and consult with the DCE regarding student learning needs and progress toward meeting objectives.
10. Consult with the DCE regarding unsatisfactory progress of the student.
11. Assess and evaluate the student clinical experience. Set clear expectations and provide ongoing verbal and written feedback.
12. Problem-solving needs are to be addressed through open communication between the student and CI. If problems cannot be solved to the satisfaction of the CI and the student, the SCCE and DCE should be contacted.
13. The CI is responsible for being aware of which assessment or intervention techniques the student has demonstrated competence on during the PTA Program prior to the clinical experience (See skill list located in the Appendix). If a CI teaches a student an assessment or treatment technique that has not been presented or practiced in the academic setting, the CI is responsible for determining if the student is safe in applying the procedure to the patient in the clinical setting. The student cannot be evaluated on that skill.
14. The CI is expected to act in an ethical manner and maintain student confidentiality
15. The CI may contact Dean of Health, Public Services, and Technical Programs with any complaints regarding the DCE or PTA Program Director. * The CI should contact the PTA Program Director with any complaints involving the Northland PTA Program.
16. When a patient or member of the public has a complaint or concern regarding a PTA student or the Northland PTA Program, the CI is responsible to give the individual the name, title, and phone number of Dean of Health, Public Services, and Technical Programs.*

*The Dean of Health, Public Services, and Technical Programs is Stephanie LeDuc, MBA, and her phone number is (218) 793-2609

2.5 MEMORANDUM OF AGREEMENT

A Memorandum of Agreement must be signed by the both the clinical facility and NCTC prior to a student being assigned to the facility. This agreement includes a statement regarding general and professional liability and insurance. This agreement automatically rolls over from year to year within the agreement's timeline. Either Northland or clinical sites can terminate this agreement with a notice.

2.6 ARRANGEMENT OF CLINICAL EXPERIENCES

Requests for dates of clinical experiences are mailed out to the Site Coordinators of Clinical Education (SCCE) before March 5th for all clinical rotations. The deadline to return clinical slots is March 31st. The SCCE receives clinical assignments for students by December 1st for summer rotations and May 1st for spring rotations. The SCCE is responsible for assigning students to each clinical instructor.

2.7 PLACEMENT POLICY

The PTA program DCE makes all clinical assignments. Clinical placements are designed to expose the student to different physical therapy settings. It is hoped this exposure will assist the student's attainment of the skills needed for entry level practice as a Physical Therapist Assistant.

All students will complete one part-time 48-hour clinical education experience in the second semester of the program followed by a full time 4 week, 4 day clinical experience in the summer after their first year in the program. During the last semester of the program all students will complete two full time 6-week clinical experiences.

Each student is required to complete at least one full time inpatient clinical experience and one full time outpatient clinical experience. Students are given an opportunity to state their preferences for placement before assignments for the full-time clinical experiences are finalized. The students' professional interests and experiences are also given consideration.

Clinical schedules are determined by the academic faculty in close collaboration with the clinical faculty. Students may **NOT** rearrange clinical assignments. Special situations should be discussed with the DCE. Students should not contact the clinical facilities to obtain a clinical assignment. If a student contacts the clinical facility directly to arrange a clinical placement, please contact the PTA Program DCE. Students will be placed only at facilities in which there is a current, unexpired written clinical agreement in place.

Except for parents of dependent children, all students can expect to do at least one of their clinical education courses outside the East Grand Forks/Grand Forks area. For clinical education placements, all expenses incurred (transportation, meals, housing, etc.) are the student's responsibility unless they are provided by the clinical facility.

Students will not be placed at any clinical site where they have been employed within the PT setting within the past 2 years. Students can only be placed within NC-SARA states (<http://nc-sara.org/>).

Placement and scheduling for PTAS 1120, Clinical Introduction, is performed by the DCE. Each student is scheduled for at least three clinical sites for Clinical Introduction, with at least one site being a skilled nursing facility, one being in acute care, and one being an outpatient site. It is the student's responsibility to sign up for additional time or to switch with a classmate if a scheduled time will not work for the student or if the student is ill.

For Clinical Education I, students are prepared for clinical education experiences in acute care, outpatient, SNF, and rural hospital settings. Following curricular content in the 4th semester, students are also prepared for clinical education experiences in additional settings for Clinical Education II and Clinical Education III, including pediatrics and inpatient rehab.

2.8 READINESS FOR CLINICAL EXPERIENCES

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

1. Skill competency demonstrated on practical exams
2. Professional Behaviors status
3. Clinical evaluations and performance from completed affiliations
4. Ability to perform in a safe manner

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

2.9 CRITERIA FOR PASSING PTAS 1120 CLINICAL INTRODUCTION

1. For a student to pass PTAS 1120 Clinical Introduction, the student must:
 - a. Demonstrate all Professional Behaviors at least beginning level, with at least 50% at the Intermediate Level. Professional Behaviors are assessed by the student and program faculty.
 - b. Complete a reflective journal detailing the diagnoses of patients treated as well as the interventions performed by the student. The journal is due no later than the last week of class for the semester.
 - c. Complete 48 hours of clinical experience with hours being completed in at least 3 of the sites used for Clinical Introduction, with at least one site being a skilled nursing facility, one being acute care, and one being an outpatient facility.
 - d. Have the Clinical Introduction Skill Checklist at least 75% completed.
Note: If a student is having trouble completing the Clinical Introduction Skill Checklist due to minimal patients in the clinical facility, patients being too involved for student assistance, etc., they will be able to perform checklist skills with a PTA Program faculty member during scheduled open lab times. Students will only be allowed to do this the last four weeks of the semester. It is the student's responsibility to have the Skill Checklist 75% completed by the end of the semester.
2. The student must pass Clinical Introduction before starting Clinical Education I.
3. When a No-Pass grade is earned in Clinical Introduction

- a. The student will retake Clinical Introduction prior to Clinical Education I in a full-time format following the end of the spring semester, with the start date of Clinical Education I delayed from the normal scheduled dates later in the summer.
- b. If the individual plan of action is met and all deficiencies are corrected during this retake, the student may enroll in Clinical Education I.
- c. If Clinical Introduction is failed twice, the student is dismissed from the program.

2.10 DETERMINATION OF SATISFACTORY PROGRESS OF CLINICAL EDUCATION

Clinical Education courses are graded on a Pass-No Pass system. There are minimum criteria ratings on the Clinical Performance Instrument which must be met to consider the clinical experience passed. The minimum acceptable rating for Clinical Education I is Advanced Beginner for all 11 criteria. For Clinical Education II, the minimal acceptable rating for all 11 criteria is Intermediate with at least 6 criteria also rated at the Advanced Intermediate level. For Clinical Education III, the student must be at entry-level for all 11 criteria. A student must also meet the program's clinical education attendance and absenteeism policy and complete and receive a passing grade on all clinical experience assignments (such as in-service presentation, journal completion, etc.) to obtain a passing grade for all clinical education coursework.

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

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

The final decision as to whether or not the student passes the clinical experience is made by the DCE. If the DCE determines that there is a question about whether a student's performance is acceptable, the DCE brings up the issue to the PTA program faculty for consideration. If a student does not obtain the minimal acceptable rating on the CPI for a clinical education experience, the DCE will first consult with the CI to

determine if an error was made with CPI completion, and to determine if the student has met the required minimal acceptable rating on the CPI.

2.11 NO-PASS GRADE FOR THE CLINICAL EXPERIENCE

1. The DCE meets with the student to discuss the grade and reason for the grade.
2. Failure of a clinical experience may result in dismissal from the program, readmission following the program's readmission policy, or the student may be provided an opportunity to retake the failed clinical education experience without losing their position in their cohort (such as later in the summer session for Clinical Education I or immediately following Clinical Education III, which would result in a late graduation). The result will depend on the circumstances of the failure, if there were patient safety concerns, and availability of clinical education sites for remediation.
3. Recommendations are made for remediation of the problem(s).
4. The student is reminded of Northland's policies regarding the student's right of appeal.
5. A Plan of Action is developed by the DCE, PTA Program Director, and the student.

2.12 SCHOOL HOLIDAY AND INCLEMENT WEATHER

Not all clinical education sites recognize the same holidays as Northland. These sites may remain open for regular business although Northland may be closed. Students may not attend clinical education on a holiday when Northland is closed, even if the clinical education site is still open.

Inclement weather is a way of life in this part of the country, especially during the winter months. If a clinical education facility closes for regular business due to inclement weather the student is to call or email the DCE as per the absenteeism policy. It will not be considered an absence if the clinical education site is closed due to inclement weather.

III. STUDENT POLICIES

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

3.1 STUDENT RESPONSIBILITIES

Each student will have a variety of clinical experiences throughout the two years of the PTA Program. The student will be involved in clinical site selection, placement, and is encouraged to consider the CI's area of expertise, and any special program and learning experiences available at the clinical site. The student's responsibilities are as follows:

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

3.2 ATTENDANCE AND ABSENTEEISM

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

Most clinical facilities do not close for the same holidays as Northland Community and Technical College (NCTC), nor do they close for heavy snow or other inclement weather. Students should document any time absent due to facility holiday closure or inclement weather. Students may not attend clinical education on a holiday when Northland is closed, even if the clinical education site is still open.

Absences and tardiness will be monitored in two ways:

1. Communication between the clinical instructors and the DCE

2. Time card/sheets

Students will receive time cards prior to entering a new rotation. Each time card is to be labeled with the student's name and the dates for which the card is used. Each student is to write down the total hours spent at the facility each day. Any time the student leaves the clinic, such as for lunch, cannot count for clinical experience time on the time card. These time cards are to be signed biweekly by the CI and the student must turn them in to the DCE with the other required clinical paperwork at the end of the rotation.

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

3.3 PROFESSIONAL BEHAVIORS

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

1. Professional Behaviors (Located in Appendix)

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

Expected Professional Behaviors levels are

- a. End of Semester I: All Professional Behaviors at least beginning level
- b. End of Semester II: 50% of Professional Behaviors at intermediate level
- c. End of Semester III: all Professional Behaviors at least intermediate level
- d. End of Semester IV: all Professional Behaviors at entry level

Faculty will provide oral and written feedback regarding professional behaviors each semester. Information will be gathered from the CPI criteria to assist academic faculty in assessing the Professional Behaviors. Copies of this feedback will be placed in the student's file. Students are expected to change unsatisfactory behaviors after receiving feedback from faculty. If a student is not demonstrating professional behaviors at an appropriate level, the student will develop a plan for improvement with academic faculty. Serious deficits in professional behavior with no improvement may result in program probation or program dismissal.

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

3.4 PERSONAL APPEARANCE

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

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

Students are expected to comply with the dress code for each clinical facility. Unless otherwise noted by the facility's dress code, students should wear professional street clothes and comfortable closed-toe shoes. Professional street clothes typically will include a shirt with sleeves, dress slacks or khaki-type pants (no jeans), sturdy low-heeled shoes with a closed toe, socks, and a watch with a second hand. A white lab coat may be worn in some facilities. Athletic shoes are acceptable if they are neat and professional looking. Given today's fashions and the level of physical activity required in most PT settings, it is recommended that students check their appearance from all angles and positions to ensure that clothing ensures freedom of movement, remains in position and does not expose undergarments at any time.

3.5 NAME TAGS

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

3.6 STUDENT PREPAREDNESS

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

3.7 CONFIDENTIALITY

Students are expected to maintain confidentiality standards at all times in the clinical setting. It is not ethical to share information with other individuals regarding patients/clients, facilities, clinical instructors, or classmates. This includes placing the patient's name or other identifying item on case study reports, class presentations; etc.; failing to obtain written permission to utilize pictures or videos of

a patient in presentations or talking about patients to your classmates. Violation of this policy may result in probation or dismissal from the PTA Program.

During the first semester of the PTA program, students are instructed in basic HIPPA (Health Insurance Portability and Accountability Act) policies and procedures for proper use and handling of confidential patient/client information. They are also required to view an online instructional module and pass a Knowledge Assessment at 75% proficiency, prior to their first clinical education course. The CI should give the student instruction in site-specific HIPPA procedures at the start of the clinical experience.

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

3.8 CPR/IMMUNIZATION REQUIREMENTS

Each student must have a current CPR certification (Basic Life Support (BLS) for Health Care Providers or CPR for the Professional Rescuer) upon entering their first clinical experience. Students will be required to show proof of this certification prior to the start of the second semester of the program. In addition, prior to the first clinical education experience, students must complete a complete an online database showing proof of a negative TB skin test and/or negative chest x-ray within the previous year, immunization records, and proof of Hepatitis B immunization, Tetanus-Diphtheria (Td or Tdap); Measles, Mumps, and Rubella (MMR); Varicella (chicken pox); and Influenza (completed annually). Some clinical education sites require students to have the COVID-19 vaccination. Although the COVID-19 vaccination is not required by NCTC or the program, the program cannot guarantee that a student will be able to complete the clinical education aspect of the program without being vaccinated against COVID-19.

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

3.9 ACCIDENTS

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

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

3.10 ACCOMMODATION

Northland affirms the rights of students with disabilities to equal opportunity and treatment in all aspects of education. Reasonable accommodations will be made that will enable students with disabilities to enjoy equal educational opportunities. In order to receive accommodations, a student must:

1. Initiate a request for services through the campus Disabilities Coordinator (located in the Academic Success Center)
2. Provide documentation verifying the disability
3. Follow plan as determined after consultation with campus Disabilities Coordinator

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

3.11 STUDENT IN-SERVICES

Students are required to provide an in-service on a clinical topic utilizing appropriate professional resources during PTAS 1130 Clinical Education I. Students will also provide an in-service on a topic of their choice (with input from their clinical instructor) during at least one of their two six-week clinical experiences utilizing professional resources. When a student provides an in-service, they should have the clinical site staff evaluate and provide feedback using the Student In-service Feedback Form located in the Appendix.

3.12 EARLY TERMINATION OF CLINICAL EXPERIENCE

The PTA Program DCE and the Northland PTA program faculty may remove the student from the clinical site if it appears that the student is performing incompetently or poses a safety threat to the patients/clients or staff of the clinical site. This decision will be made based on input from the SCCE and/or student's CI. The DCE will meet with the student either in person or by phone within twenty-four hours to explain the reasons for removal from the clinical area and to inform the student that he/she is failing. Please keep the DCE informed of any potential problems. If you feel the student must be removed from the clinical education experience, contact the DCE or PTA Program Director immediately.

Following this action an informal meeting with the student, DCE, CI and/or SCCE, and PTA Program Director will be convened as soon as possible to discuss the student's status. If the removal from the clinical setting is upheld as a result of this meeting, the student receives a failing grade in the clinical component of the course and may be dismissed from the program.

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

3.13 DUE PROCESS/GRIEVANCE PROCEDURE

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

If the student and CI are unable to find a solution, the student should then bring up the situation to the SCCE, who may consult with the program's DCE. If the student, CI, and SCCE are unable to find a solution, the student should then bring up the matter to the PTA program DCE. Should the student feel an unsatisfactory solution was achieved after involving the DCE, the student should then bring up the matter to the PTA Program Director. If the student still feels an unsatisfactory solution was achieved, the student should bring up the matter with the appropriate Dean.

Student complaints involving clinical faculty or clinical facilities should be directed to the PTA Program DCE.

3.14 CLINICAL REASSIGNMENT

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

A student will be allowed only one opportunity during the PTA Program to be considered for a clinical reassignment. The student will not be allowed a clinical reassignment if they are on PTA program probation, and they must be off PTA program probation prior to clinical reassignment.

3.15 BACKGROUND CHECKS

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

3.16 KNOWLEDGE OF PROGRAM AND COLLEGE POLICIES AND PROCEDURES

The PTA program abides by Northland Community and Technical College policies. The most current college policies can be found at <http://www.northlandcollege.edu/about/policies/>.

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

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

3.17 INFORMED CONSENT

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

IV. RESPONSIBILITIES OF THE CLINICAL FACILITY

4.1 MEMORANDUM OF AGREEMENT

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

4.2 EQUIPMENT AND FACILITY SAFETY

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

4.3 CONFIDENTIALITY

All clinical facilities are expected to have policies on the confidentiality of records and other personal information. Additionally, there should be facility policies concerning the informed consent of patients seen by the student. Facility guidelines on the use of human subjects for educational purposes should also exist at each facility. These policies should be reviewed with the students affiliating at that facility.

4.4 SUPERVISION

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

4.5 COMPLAINTS

Complaints regarding the program or the program graduates should be first addressed to the PTA Program Director. Unresolved complaints or complaints about the Program Director should be directed to Stephanie LeDuc, MBA, Dean of Health, Public Services, and Technical Programs. Stephanie's email address is stephanie.leduc@northlandcollege.edu and her phone number is (218) 793-2609. All

complaints will be documented, including the projected outcome, and kept on file at the program facility. There will be no retaliation by the college or program due to the filing of a complaint. Complaints regarding Accreditation of this program should be addressed to the Commission on Accreditation in Physical Therapy Education. This Commission is located at 303 Potomac Ave., Suite 100, Alexandria, VA 22305-3085, and the commission phone number is 800-999-2782.

V. CLINICAL FACULTY RIGHTS AND PRIVILEGES

5.1 CLINICAL FACULTY RIGHTS AND PRIVILEGES

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

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

The PTA Program will also try to host continuing education workshops on both clinical education and clinical practice topics. The APTA Clinical Instructor Credentialing Course will be offered either by Northland or in partnership with the University of North Dakota's Doctor of Physical Therapy Program at least every other year. A workshop on a physical therapy practice topic will be scheduled in subsequent years. All area physical therapy clinicians are invited to attend these workshops; however, those clinicians who have served as clinical faculty for the program will be offered either free tuition or a reduced tuition.

Clinical faculty will also receive, upon request, a Northland library card to allow them to access Northland library journals, books, and electronic resources.

Northland PTA Program academic faculty members are available to provide in-services for any affiliating clinical facility on mutually agreed upon topics. This in-service could be on clinical education topics or other physical therapy information. Contact the PTA Program Director if your facility is interested in arranging for an in-service.

Clinical Faculty will be given the opportunity to use PTA Program departmental resources as able. Departmental resources are located in the PTA Program laboratory and in Program faculty offices. Please contact the PTA Program Director for a list of available departmental resources.

The North Dakota Board of Physical Therapy allows clinical instructors licensed in North Dakota to receive continuing education credit for being a clinical instructor. Clinical instructors will receive 1.0 hours of CEU credit for PTAS 1130, Clinical Education I; and 1.5 hours of CEU credit for PTAS 1140 and/or PTAS 1150.

5.2 EDUCATION TIPS FOR THE CLINICAL INSTRUCTOR

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

Scheduling a formal meeting at least one time per week to review the student's progress and goals to be addressed the next week is recommended.

It is helpful to have a student information packet to mail to the student prior to the affiliation.

Information that is helpful includes:

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

APPENDIX

American Physical Therapy Association (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life. No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

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

- 1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
- 1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

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

- 2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.
- 2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
- 2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.
- 2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

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

- 3A. Physical therapist assistants shall make objective decisions in the patient's/client's best interest in all practice settings.
- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.
- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

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

- 4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.
- 4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).
- 4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
- 4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.
- 4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
- 4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

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

- 5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
- 5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.
- 5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.
- 5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
- 5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

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

- 6A. Physical therapist assistants shall achieve and maintain clinical competence.
- 6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.
- 6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

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

- 7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
- 7B. Physical therapist assistants shall not accept gifts or other considerations that influence or

give an appearance of influencing their decisions.

- 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
- 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients

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

- 8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
- 8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.
- 8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy

Skills Learned by 1st Year NCTC PTA Students

Fundamentals of PTA	Physical Agents	Kinesiology	Therapeutic Exercise I
Handwashing/universal precautions*	Therapeutic massage*	L/E goniometry*	Strengthening exercises*
Patient transfers*	Paraffin	U/E goniometry*	Stretching exercises*
Bony prominence palpation*	Cryotherapy*	L/E MMT*	Gait Cycle
Bed mobility*	Hot packs*	U/E MMT*	Gait deviations
Wound Care (No sharp debridement)	Contrast baths/packs*	Neck/Trunk goniometry*	Home exercise programs
Bony Prominence Palpation*	Infrared (theory only)	Neck/Trunk MMT*	Isotonic/isometric exercise*
Vital sign assessment*	Diathermy (theory only)	Spinal nerve reflexes*	Concentric/eccentric exercise*
Fitting assistive devices*	Intermittent Compression*	Dermatomes*	Reciprocal inhibition*
Gait training – level surface and stairs*	Laser (theory only)	Myotomes*	Open & closed chain exercises*
Tilt Table	TENS*		Balance/coordination exercises*
Sterile Dressing Change	Interferential*		Post-surgical exercise programs/protocols
Body mechanics	High volt*		Common balance assessments
Anthropometric Measurements*	Therapeutic ultrasound*		
PROM*	Phonophoresis (theory only)		
AAROM*	CPM		
AROM*	Cervical & Lumbar mechanical traction*		
Sterile techniques	Iontophoresis*		
Bandaging*	Biofeedback*		
Wheelchair mobility	Hydrotherapy (theory only)		
Patient positioning and draping*	NMES*		
	Russian Current*		

Skills learned by 2nd year NCTC PTA students

Neurology	Therapeutic Exercise II	Advanced Techniques
PNF diagonals*	Soft tissue mobilization*	Residual limb wrapping*
Motor learning techniques	Taping	Body mechanics for work tasks*
Functional movement analysis	Exercise for Geriatric populations	Job simulation*
Inhibition techniques	Plyometrics	Post-amputation rehab
Transfers for rehab diagnoses*	Aerobic Conditioning	Postural drainage*
Gait Training for rehab diagnoses*	Cardiac Rehab	Orthotics/Prosthetics
SCI transfers, positioning, and pressure relief*	Pool therapy	Coughing and Breathing exercises*
Pediatric exercises	Advanced balance exercises	Grade I-II Peripheral Joint Mobilization*
Basic NDT techniques*		Lumbar Stabilization
Sensation & cognition assessment*		Special ortho tests (theory only)
		Women's health

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

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

Professional Behaviors Assessment Tool

Student Name _____ Date: _____

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

<p>1. <u>Critical Thinking:</u> The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</p>		
<p><i>Beginning Level:</i> Raises relevant questions; Considers all available information; Articulates ideas; Understands the scientific method; States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion); Recognizes holes in knowledge base; Demonstrates acceptance of limited knowledge and experience</p>	<p><i>Intermediate Level:</i> Feels challenged to examine ideas; Critically analyzes the literature and applies it to patient management; Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas; Seeks alternative ideas; Formulates alternative hypotheses; Critiques hypotheses and ideas at a level consistent with knowledge base; Acknowledges presence of contradictions</p>	<p><i>Entry Level:</i> Distinguishes relevant from irrelevant patient data; Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations; Exhibits openness to contradictory ideas; Identifies appropriate measures and determines effectiveness of applied solutions efficiently; Justifies solutions selected</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

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

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

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

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

<p>6. <u>Professionalism:</u> The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.</p>		
<p><i>Beginning Level:</i> Abides by all aspects of the academic program policies and the APTA Code of Ethics; Demonstrates awareness of state licensure regulations; Projects professional image; Attends professional meetings; Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</p>	<p><i>Intermediate Level:</i> Identifies positive professional role models within the academic and clinical settings; Acts on moral commitment during all academic and clinical activities; Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making; Discusses societal expectations of the profession</p>	<p><i>Entry Level:</i> Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary; Provides patient & family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity; Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development; Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices; Discusses role of physical therapy within the healthcare system and in population health; Demonstrates leadership in collaboration with both individuals and groups</p>

Specific Example:	Place an “x” on the visual analog scale _____ B I E
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7. Use of Constructive Feedback: The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.

Beginning Level: Demonstrates active listening skills; Assesses own performance; Actively seeks feedback from appropriate sources; Demonstrates receptive behavior and positive attitude toward feedback; Incorporates specific feedback into behaviors; Maintains two-way communication without defensiveness	Intermediate Level: Critiques own performance accurately; Responds effectively to constructive feedback; Utilizes feedback when establishing professional and patient related goals; Develops and implements a plan of action in response to feedback; Provides constructive and timely feedback	Entry Level: Independently engages in a continual process of self evaluation of skills, knowledge and abilities; Seeks feedback from patients/clients and peers/mentors; Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities; Uses multiple approaches when responding to feedback; Reconciles differences with sensitivity; Modifies feedback given to patients/clients according to their learning styles
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Specific Example:	Place an “x” on the visual analog scale _____ B I E
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8. Effective Use of Time and Resources: The ability to manage time and resources effectively to obtain the maximum possible benefit.

Beginning Level: Comes prepared for the day’s activities& responsibilities; Identifies resource limitations (i.e. information, time, experience); Determines when and how much help/assistance is needed; Accesses current evidence in a timely manner; Verbalizes productivity standards and identifies barriers to meeting productivity standards; Self-identifies and initiates learning opportunities during unscheduled time	Intermediate Level: Utilizes effective methods of searching for evidence for practice decisions; Recognizes own resource contributions; Shares knowledge and collaborates with staff to utilize best current evidence; Discusses and implements strategies for meeting productivity standards; Identifies need for and seeks referrals to other disciplines	Entry Level: Uses current best evidence; Collaborates with members of the team to maximize the impact of treatment available; Has the ability to set boundaries, negotiate, compromise, and set realistic expectations; Gathers data and effectively interprets and assimilates the data to determine plan of care; Utilizes community resources in discharge planning; Adjusts plans, schedule etc. as patient needs and circumstances dictate; Meets productivity standards of facility while providing quality care and completing non-productive work activities
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Specific Example:	Place an “x” on the visual analog scale <hr/> B I E
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9. <u>Stress Management:</u> The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.		
<i>Beginning Level:</i> Recognizes own stressors; Recognizes distress or problems in others; Seeks assistance as needed; Maintains professional demeanor in all situations	<i>Intermediate Level:</i> Actively employs stress management techniques; Reconciles inconsistencies in the educational process; Maintains balance between professional and personal life; Accepts constructive feedback and clarifies expectations; Establishes outlets to cope with stressors	<i>Entry Level:</i> Demonstrates appropriate affective responses in all situations; Responds calmly to urgent situations with reflection and debriefing as needed; Prioritizes multiple commitments; Reconciles inconsistencies within professional, personal and work/life environments; Demonstrates ability to defuse potential stressors with self and others
Specific Example:		Place an “x” on the visual analog scale <hr/> B I E

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

Specific Example:	Place an “x” on the visual analog scale 
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Based on my Professional Behaviors Assessment, I am setting the following Goals:

To accomplish these goals, I will take the following specific actions:

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

**Northland Community and Technical College
Physical Therapist Assistant Program**

Clinical Orientation Checklist

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

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

**When Completed, please fax this form to
Shelley Koerber, NCTC PTA Program DCE at (218) 793-2842**

**Northland Community and Technical College
Physical Therapist Assistant Program**

Clinical Instructor/Student Meeting Form

Check the Clinical Education Experience:

- _____ PTA Clinical Experience I (5 week experience, summer)
_____ PTA Clinical Experience II (first 6 week experience, spring)
_____ PTA Clinical Experience III (second 6 week experience, spring)

Week #: _____

Dates: _____

CLINICAL INSTRUCTOR COMMENTS:

Student's Strengths:

Areas/Skills Showing Improvement:

Areas/Skills to Work on:

STUDENT COMMENTS:

GOALS FOR NEXT WEEK :

Clinical Instructor

Date

Student

Date

Students are to fax completed forms to the DCE at 218-793-2842 at midterm and final portions of the Clinical Experience

**Northland Community and Technical College
Physical Therapist Assistant Program**

Confidentiality Agreement

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

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

It is particularly important that the student recognizes the sensitivity of information regarding medical recruitment plans, capital decisions, real estate purchases, decisions regarding closures, mergers, and other strategic plans that may have impact on the agency’s competitive position relative to other health care providers (both institutional and individual) in the service area.

Signature

Date

Print Name

**Northland Community and Technical College
Physical Therapist Assistant Program**

Student In-service Feedback Form

Instructions: Please have a minimum of two in-service audience members fill out the feedback form.

Check the Clinical Education Experience:

- PTA Clinical Experience I (5 week experience, summer)
- PTA Clinical Experience II (first 6 week experience, spring)
- PTA Clinical Experience III (second 6 week experience, spring)

Topic of In-service: _____

Date of In-service: _____

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

Strengths of presentation:

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

Other comments:

Northland Community and Technical College Physical Therapist Assistant Program

Clinical Introduction Skill Checklist

Instructions: For each skill safely performed by the student and observed by a physical therapist or physical therapist assistant during Introduction to Clinical Introduction, please write the date the skill was observed, the facility where the skill occurred, and have the observing PT/PTA sign their name.

Skill	Date	Facility	PT/PTA signature
Gait Training on a level surface			
Gait Training on Stairs			
Sit ↔ Stand Transfer			
Supine ↔ sit transfer			
Fit or assist fitting for an assistive device			
Assisted bed mobility			
Vital Sign Assessment			
Goniometry – U/E			
Goniometry - LE			
MMT – U/E			
MMT – L/E			
PROM – L/E			
PROM – U/E			
Therapeutic Exercise: U/E strengthening			
Therapeutic Exercise: L/E strengthening			
Therapeutic Exercise: L/E stretching			
Therapeutic Exercise: U/E stretching			
Hot pack/Cold pack			
Ultrasound			
E-stim			
Balance Assessment			

**Northland Community and Technical College
Physical Therapist Assistant Program
Essential Functions for Physical Therapist Assistant Students**

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

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

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

1. Sit 2-5 hours per day with lecture blocks up to 3 hours.
2. Stand 1-6 hours with lab time blocks up to 3 hours.
3. Lift up to 60 pounds.
4. Push/pull up to 50 pounds of force exerted at waist level.
5. Squat or stoop.
6. Use auditory, tactile, and visual senses to assess physiological status of an Individual.
7. Demonstrate good standing and unsupported sitting balance.
8. Demonstrate good finger dexterity

- 9. Coordinate verbal and manual instructions**
- 10. Communicate effectively with a variety of people through written verbal, and nonverbal methods.**
- 11. Use hands repetitively**
- 12. Shift weight in sitting or standing**
- 13. Demonstrate the ability to use a firm grasp while using physical therapy equipment and while performing physical therapy interventions.**
- 14. Reach above shoulder level.**
- 15. Kneel, kneel-stand, and half kneel.**
- 16. Use equipment that emits electrical, ultrasonic, and thermal energy.**
- 17. Physically move and transfer patients**

Students who have concerns about the ability to perform any of these functions should contact the PTA Program Director at (218) 793-2565. Individuals with disabilities may request reasonable accommodations or information by calling the NCTC Academic Success Center at (218) 683-8560.

**Northland Community and Technical College
Physical Therapist Assistant Program**

CLINICAL EDUCATION HANDBOOK AGREEMENT

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

Student Name (Please Print)

Signature

Date