



**SOUTHERN**  
ADVENTIST UNIVERSITY

**Physical Therapist  
Assistant Department**

**Class of 2026**

**CLINICAL EDUCATION HANDBOOK**

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### **Accreditation Statement**

The Physical Therapist Assistant Program at Southern Adventist University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call (423) 236-2858 or email [pta@southern.edu](mailto:pta@southern.edu).

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## Clinical Education Handbook

This Clinical Education Handbook aims to give the student and Clinical Instructor specific information regarding the Program's three Clinical Education experiences. It is a complimentary document to the Physical Therapist Assistant (PTA) Student Handbook. All program Policies and Procedures will be enforced. Guidelines for behavior and scope of work outlined in the PTA Student Handbook are still expected. Students must include both handbooks in their Student Portfolio during their Clinical Education experiences. This handbook is broken down into six main sections: Program Information, General Policies and Procedures, Student Policies, Clinical Faculty and Faculty, Additional Information, and an Appendix.

## Introduction to Clinical Education

Clinical Education experiences are an integral part of the PTA student's education. These experiences are designed to provide the student with opportunities to practice skills and competencies acquired during the didactic portion of education. These hands-on, direct patient care experiences will occur in a variety of physical therapy settings under the supervision of a physical therapist (PT) or physical therapist assistant (PTA) Clinical Instructor (CI). The clinical education program encourages the application of teamwork and interprofessional collaboration toward patient care. Both inpatient and outpatient clinical experiences are mandatory and must be completed during the scheduled times. At least one clinical experience must involve the interaction of the PT/PTA team.

## Clinical Flow

All clinical experiences are full-time (36-40 hours/week). The general flow of the Clinical Education experiences is as follows:

**Clinical Affiliation I** – Four weeks at the end of the second technical semester (winter).

April 13, 2026 – May 8, 2026

**Clinical Affiliation II** – Six weeks within the final technical semester (fall).

September 21, 2026 – October 30, 2026

**Clinical Affiliation III** – Six weeks concluding the final technical semester (fall).

November 2, 2026 – December 11, 2026

## **I. Program Information**

### **1.1 Institutional History and Accreditation**

Southern Adventist University in Collegedale, TN, opened its doors over 130 years ago. Southern began serving students in 1892 under the name Graysville Academy. Since that time, the University has undergone several name changes including Southern Industrial School, Southern Junior College, Southern Missionary College, Southern College, and now Southern Adventist University. Southern has grown to a student body of about 2700 and offers about 188 degrees from technical degrees up to Doctoral degrees. Southern Adventist University is accredited by the Commission on Colleges Southern Association of Colleges and Schools.

The Physical Therapist Assistant Program at Southern Adventist University was granted accreditation by the Commission on Accreditation in Physical Therapy Education (CAPTE) in November of 2020. The first cohort of PTA students began in the Fall of 2019 and graduated in December 2020.

### **1.2 Statement of Nondiscrimination**

“In compliance with all applicable federal and state regulations, the university does not discriminate on the basis of race, color, gender, ethnic or national origin, disability or age.” – University Student Handbook, pg. 70

### **1.3 Mission Statement**

In keeping with the mission of Southern Adventist University, the mission of the PTA Program is to develop competent and professional physical therapist assistants able to work under the direction and supervision of a physical therapist through a comprehensive curriculum based on contemporary physical therapy practice. Graduates will meet the needs of the community; perform duties in an ethical and culturally competent manner while reflecting traditional Christian values; and will understand the values of lifelong learning and service.

### **1.4 Program Philosophy**

It is the philosophy of the PTA Program at Southern Adventist University that each student who enters our door develops into the man or woman God is calling them to be. We, the faculty of this program, aim to mentor and disciple each student into a life of caring for our fellow man and servant leadership in the community and in the clinic.

#### ***Program's Focus***

We believe this is best accomplished through integrating three key concepts into the educational development of future physical therapist assistants. If future physical therapist assistants adopt

the vision of reflecting Christ's healing ministry displayed on earth, a propensity to discipleship, and a chaste character, the mission of this department will be fulfilled.

### ***A Healing Ministry***

The physical therapist assistant is positioned to help patients achieve function and life goals he or she never imagined possible. As Christ helped individuals who were lame to walk again, the physical therapist assistant facilitates change allowing a patient to achieve mobility that was not possible before. By viewing this level of service to humanity, the physical therapist assistant is reflecting an attitude of meeting the patient's needs above all else.

### ***Discipleship***

The physical therapist assistant needs to be a disciple first and foremost to God and secondly to our profession. An individual never reaches the point where learning is not necessary. Staying connected to God, the origin of all knowledge and wisdom, the physical therapist assistant continues to learn through courses and practical application. Also, by being a disciple of the profession, each patient is made a little better through the clinician's desire to learn more about ways to perfect various techniques or skills. The profession also grows through the clinician's desire to elevate the profession in the community and politically.

### ***Character***

Character is the last pillar of this Physical Therapist Assistant Program. Emphasizing the need for empathy for each other and our fellow man who may be suffering in various areas allows for greater connection of the physical therapist assistant to the client. Honesty and truthfulness are necessary for proper documentation and billing of services provided.

Sincerity allows for the motivations of the physical therapist assistant to be seen by all. Through the emphasis of Christ-like character, the patient, clinician, and community are all elevated.

## **1.5 Program Goals**

The following goals have been established to assure quality within the Physical Therapist Assistant Education Program at Southern Adventist University:

1. The Physical Therapist Assistant Program will graduate competent entry-level physical therapist assistants able to work under the direction and supervision of a physical therapist.
2. Program faculty will provide students with a positive learning environment and a comprehensive curriculum based on contemporary, evidence-based physical therapy
3. The PTA Program will prepare graduates to effectively communicate in a culturally competent manner with patients and caregivers from diverse socio-economic and cultural backgrounds.
4. The PTA Program will promote the importance of personal and professional development through life-long learning, service opportunities and membership in professional organizations



## 1.6 Program Curriculum

<b>Year One, Fall I</b>	<b>Semester credits</b>	<b>Lecture credits/lab credits/OJT</b>
BIOL 101 A/P I	4	3/1/0
ENGL 101 Read and Writing I	3	3/0/0
PHYS 128 Exploring Physics	3	3/0/0
NOND 101 Southern Connections	1	1/0/0
HIST Any qualified History	3	3/0/0
RELB 125 Life/Teachings of Jesus	<u>3</u>	3/0/0
	17 Credits	

<b>Year One, Winter I</b>	<b>Semester credits</b>	<b>Lecture credits/lab credits/OJT</b>
BIOL 102 A/P II	4	3/1/0
CPTC 100 Computer Concepts	1	1/0/0
MATH 215 Statistics	3	3/0/0
PSYC 128 Dev. Psychology	3	3/0/0
PEAS 125 Fitness for Collegiate Life	1	1/0/0
HLED 210 Medical Terminology	1	1/0/0
RELT 138 Adventist Heritage	<u>3</u>	3/0/0
	16 Credits	

<b>Year Two, Fall II</b>	<b>Semester credits</b>	<b>Lecture credits/lab credits/OJT</b>
PTAS 100 Fund. of PT Practice	3	3/0/0
PTAS 105 Kinesiology	3	2/1/0
PTAS 115 Fundamentals of PT	4	2/2/0
PTAS 205 Therapeutic Modalities	4	2/2/0
PTAS 212 Clinical Pathology	<u>2</u>	2/0/0
	16 Credits	

<b>Year Two, Winter II</b>	<b>Semester credits</b>	<b>Lecture credits/lab credits/OJT</b>
PTAS 201 Observation And Measurement	2	1/1/0
PTAS 209 Orthopedic Rehab	2	2/0/0
PTAS 215 Neuromuscular Rehab	4	2/2/0
PTAS 221 Therapeutic Exercise	3	1/2/0
PTAS 235 Clinical Affiliation I	<u>4</u>	0/0/4
	15 Credits	

<b>Year Two, Fall III</b>	<b>Semester credits</b>	<b>Lecture credits/lab credits/OJT</b>
PTAS 218 Rehabilitation	3	2/1/0
PTAS 225 Capstone Seminar	1	1/0/0
PTAS 245 Clinical Affiliation II	6	0/0/6
PTAS 255 Clinical Affiliation III	<u>6</u>	0/0/6
	16 Credits	

**80 Credits Total**

## **1.7 Course Descriptions**

### **PTAS 100 – Physical Therapy Perspectives – 3 hours**

In this 16-week course, the physical therapist assistant (PTA) student receives an introduction to the role of the PTA within the PT/PTA relationship as well as the overall healthcare team. The fundamentals of ethical decision-making and Standards of Practice for the PTA are defined and established as the behavioral expectation of professionalism throughout the entire program. Students learn to apply appropriate standard to all PTA interactions ranging from daily patient care interactions to more difficult topics like stress management and dealing with death and dying. This course also introduces the PTA student to documentation and evidence-based practice. Prerequisites: Admission to the PTA Program. Corequisites: PTAS 105, PTAS 115, PTAS 205, PTAS 212. FALL

### **PTAS 105 - Kinesiology - 3 hours**

In this 16-week course, the physical therapist assistant (PTA) student discovers human movement through the anatomy and joint biomechanics of the musculoskeletal system. A thorough understanding of anatomical positions, terminology, planes of motion, tissues and muscles of trunk and extremities are covered. Foundation concepts of muscle/joint functions, biomechanics, levers, kinematics, open and closed chain motions, arthrokinematics, and standard joint motion are introduced and will aid in further concept development in PTAS 201 and PTAS 220. Practical applications include goniometry, muscle testing, passive range of motion and palpation of bony landmarks and soft tissues. Prerequisites: Admission to the PTA Program. Corequisites: PTAS 100, PTAS 115, PTAS 205, PTAS 212. FALL

### **PTAS 115 - Fundamentals of PT Practice - 4 hours**

In this 16-week course, the physical therapist assistant (PTA) student learns the fundamental activities of a PTA in the clinical setting. The PTA student learns safety awareness with OSHA standards, infection control, body mechanics, and assessing patient vital signs. The PTA student will also learn about wound care, skin integrity, and common burn treatments. The normal gait cycle will be broken down and discussed. Practical application skills include positioning and draping, wheelchair management mobility, bed mobility, transfers, gait training and assistive device use and management. Prerequisites: Admission to the PTA Program. Corequisites: PTAS 100, PTAS 105, PTAS 205, PTAS 212. Lab Fee: 8 (\$150). FALL

### **PTAS 205 – Therapeutic Modalities – 4 hours**

In this 16-week course, the physical therapist assistant (PTA) student receives instruction in the application of therapeutic modalities to address various physical rehabilitation goals. Students learn the physiology of pain and its influence on patient function. Students are educated in the indications, contraindications, use, and application of the following modalities: superficial

heat/paraffin, cryotherapy, ultrasound, phonophoresis, intermittent compression, mechanical traction, electrical current/iontophoresis, biofeedback, LASER, hydrotherapy, and therapeutic massage. Prerequisites: Admission to the PTA Program. Corequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 212. FALL

#### **PTAS 212 – Clinical Pathology – 2 hours**

In this 16-week course, the physical therapist assistant (PTA) student receives instruction in the impact of disease on human performance and function throughout the lifespan. The way the body protects itself through the various aspects of the immune system and the process of inflammation and repair are the initial areas of focus. The student then proceeds through the study of disease in a systematic manner for all body systems as well as common medical and surgical conditions. Students gain experience in reviewing a medical record, understanding common laboratory values and their indications, and physical therapy implications of common medications. Prerequisites: Admission to the PTA Program. Corequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205. FALL

#### **PTAS 201 – Observation and Measurement – 2 hours**

In this 12-week course, the physical therapist assistant (PTA) student receives instruction in the skills needed to collect information for plan of care progression. It is said, “That which is measured improves” ~ Peter Drucker. Therefore, in order to measure progress or the lack thereof, PTA students must be proficient in observing and assessing the current state of the patient. The students learn how to assess the quantity and quality of pain; posture; muscle tone; reflexes; muscle strength through manual muscle testing; balance and coordination; arousal; mentation; and cognition. Students also learn how to monitor for potential safety and architectural barriers in the home and community. Each student begins an evidence-based research project by selecting a topic for literature review. Prerequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205, PTAS 212. Corequisites: PTAS 209, PTAS 215, PTAS 220, PTAS 235. WINTER

#### **PTAS 209 - Orthopedic Rehabilitation - 2 hours**

In this 12-week course, the physical therapist assistant (PTA) student learns information vital to treating a patient with an orthopedic diagnosis. This course includes content on common orthopedic conditions, common post-surgical conditions and related treatment protocols. Prerequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205, PTAS 212. Corequisites: PTAS 201, PTAS 215, PTAS 220, PTAS 235. WINTER

#### **PTAS 215 - Neuromuscular Rehabilitation - 4 hours**

In this 12-week course, the physical therapist assistant (PTA) student takes a thorough look at treatment of neurologic conditions. This course enables the student to identify normal versus

abnormal neurological tone and movements. Foundational concepts in developmental sequencing, righting and equilibrium reactions, and developmental reflexes are covered. The common techniques of PFN, Rood, Bobath, Brunnstrom, and NDT are used for treatment. Common neurological conditions, including spinal cord injury and traumatic brain injury, are heavily focused on in this course. Prerequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205, PTAS 212. Corequisites: PTAS 201, PTAS 209, PTAS 220, PTAS 235. WINTER

### **PTAS 221 – Therapeutic Exercise – 3 hours**

In this 12-week course, the physical therapist assistant (PTA) student will learn how to assess and apply therapeutic exercise techniques. The foundation from PTAS 105 and 115 are built upon to develop strong skills in therapeutic exercise (progression and regression). Key areas of focus for this course include anaerobic exercise, aerobic conditioning, stretching, strengthening, open vs closed chain exercise, common gait deviations and cardiovascular rehabilitation. Students learn how to write, instruct and progress a home exercise program. Prerequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205, PTAS 212. Corequisites: PTAS 201, PTAS 209, PTAS 215, PTAS 235. WINTER

### **PTAS 235 - Clinical Affiliation I - 4 hours**

In this 4-week course, the physical therapist assistant (PTA) student integrates the didactic knowledge of all prerequisite courses into a full-time clinical experience. The purpose of the initial experience is to apply, integrate, and perform learned clinical skills on patients under the supervision of a licensed physical therapist (PT) and/or physical therapist assistant (PTA). Basic patient care skills, anatomy/biomechanics, therapeutic exercise, and selected assessment techniques are included. Selected pathological and disease conditions will be emphasized depending on the setting. Practice settings may include acute care hospitals, private practice, skilled nursing centers, and outpatient rehabilitation centers. Knowledge, skills and attitudes learned during the didactic courses will be applied to direct patient/client care for uncomplicated patients with a high degree of supervision and guidance. The student will spend 144-160 hours in the clinical setting. Prerequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205, PTAS 212. Corequisites: PTAS 201, PTAS 209, PTAS 215, PTAS 220. WINTER

### **PTAS 218 – Rehabilitation – 3 hours**

In this 4-week course, the physical therapist assistant (PTA) student receives instruction in the treatment of various special population groups and special treatment techniques. The PTA student will learn patient care techniques for the geriatric patient, women's health and occupational health patients. Students will learn how to work with amputees, prosthetics and orthotic management. Other topics include pulmonary rehab, joint mobilizations, and special tests. Competence will be demonstrated in grade I and II peripheral joint mobilizations, postural drainage with cupping and vibration, and residual limb wrapping. Many guest lectures will be incorporated to provide a variety in content area. An evidence-based practice research project

will be conducted with a formal presentation being presented. Prerequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205, PTAS 212, PTAS 201, PTAS 209, PTAS 215, PTAS 220, PTAS 235. Corequisites: PTAS 225, PTAS 245, PTAS 255. FALL

#### **PTAS 225 – Capstone Seminar – 1 hour**

In this 16-week course, students prepare for taking the PTA licensure examination. Instruction in study techniques along with test taking strategies are a large focus of this course. Mock examinations are used throughout the course to increase the student's comfort level with the testing process. Additional topics covered include instruction in resume completion and interview skills, impact of insurance regulation on PT care, risk management, quality assurance and career development. Prerequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205, PTAS 212, PTAS 201, PTAS 209, PTAS 215, PTAS 220, PTAS 235. Corequisites: PTAS 218, PTAS 245, PTAS 255. Lab Fee: 10 (\$210) FALL

#### **PTAS 245 - Clinical Affiliation II - 6 hours**

In this 6-week course, the physical therapist assistant (PTA) student integrates the didactic knowledge of prerequisite courses into a full-time clinical experience. The purpose of this experience is to apply, integrate and perform learned clinical skills on patients under the supervision of a licensed physical therapist (PT) and/or physical therapist assistant (PTA). The emphasis of this experience is on integrating previously learned PTA skills, therapeutic modalities, advanced therapeutic techniques, and neurophysiological techniques into an established physical therapy program. Typical practice settings may include acute care hospitals, private practice, home health, sports centers, developmental centers, skilled nursing centers, geriatrics, pediatrics, inpatient and outpatient rehabilitation centers and VA hospitals. Knowledge, skills and attitudes learned during the didactic courses and PTAS 235 will be applied to direct patient/client care for uncomplicated to complex patients with supervision that will vary with the complexity of the patient or the environment. The student will spend 216-240 hours in the clinical setting. Prerequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205, PTAS 212, PTAS 201, PTAS 209, PTAS 215, PTAS 220, PTAS 235. Corequisites: PTAS 218, PTAS 225, PTAS 255. FALL

#### **PTAS 255 - Clinical Affiliation III - 6 hours**

In this 6-week course, the physical therapist assistant (PTA) student integrates the didactic knowledge of prerequisite courses into a full-time clinical experience. The purpose of this experience is to apply, integrate and perform learned clinical skills on patients at entry-level under the supervision of a licensed physical therapist (PT) and/or physical therapist assistant (PTA). The emphasis of this experience is on integrating previously learned PTA skills, critical thinking, problem solving, advanced therapeutic techniques and neurophysiological techniques into an established physical therapy program. Typical practice settings may include acute care hospitals, private practice, home health, sports centers, developmental centers, skilled nursing

centers, geriatrics, pediatrics, inpatient and outpatient rehabilitation centers and VA hospitals. Knowledge, skills and attitudes learned during the didactic courses, PTAS 235 and PTAS 245 will be applied to direct patient/client care for complex patients with supervision that will vary with the complexity of the patient or the environment. The student will spend 216-240 hours in the clinical setting. Prerequisites: PTAS 100, PTAS 105, PTAS 115, PTAS 205, PTAS 212, PTAS 201, PTAS 209, PTAS 215, PTAS 220, PTAS 235. Corequisites: PTAS 218, PTAS 225, PTAS 245. FALL

## 1.8 Skills Check List

The Skills Check List provides a list of skills that Southern PTA students will have knowledge of and been shown competent in prior to clinical experiences. Italicized items will be taught to knowledge only.

1st Semester		
<b>PTAS 105</b> <u>Kinesiology</u> Bony landmark palpation Muscle and soft tissue palpation Goniometry / PROM Manual Muscle Testing	<b>PTAS 115</b> <u>Fundamentals of PT Practice</u> Infection Control/Hand washing Anthropometric Measurement Vital sign assessment Body Mechanics Positioning and Draping Wheelchair (manual) fitting and use Transfers and Bed Mobility Gait Training Assistive devices (ambulatory aids) Skin Integrity Assessment	<b>PTAS 205</b> <u>Therapeutic Modalities</u> Cold bath and contrast bath Cold packs Electrical stimulation Hot packs Ice massage Intermittent compression Mechanical traction Paraffin treatment Therapeutic Ultrasound and <i>Phonophoresis</i> Therapeutic massage
<b>PTAS 100</b> <u>PT Perspectives</u> No lab component		
<b>PTAS 212</b> <u>Clinical Pathology</u> No lab component		
2nd Semester		
<b>PTAS 201</b> <u>Observation/Measurement</u> Postural assessment & Tone Myotomes Cognitive and Sensory Nerve root testing / Reflexes Primitive and Tonic Sensation and Dermatomes Gait Deviations	<b>PTAS 209</b> <u>Orthopedic Rehabilitation</u> No lab component  <b>PTAS 215</b> <u>Neuromuscular Rehabilitation</u> Balance / coordination PNF, Rood, Bobath, Brunstrom, NDT Spinal cord injury treatment Traumatic brain injury treatment	<b>PTAS 221</b> <u>Therapeutic Exercise</u> Therapeutic exercise Progression and regression Stretching techniques Balance / Coordination Home Exercise Programs
<b>PTAS 235 – Clinical Affiliation I</b> 4 weeks		
3rd Semester		
<b>PTAS 225</b> <u>Capstone Seminar</u> No lab component	<b>PTAS 218</b> <u>Rehabilitation</u> Residual limb wrapping Postural Drainage – Cupping & vib. UE Joint Mobilizations (grade I & II) LE Joint Mobilizations (grade I & II)	<b>PTAS 245 – Clinical Affiliation II</b> 6 weeks  <b>PTAS 255 –Clinical Affiliation III</b> 6 weeks

## **1.9 Clinical Education Expected Learner Outcomes**

### ***PTAS 235 Clinical Affiliation I***

Activity Hours per Week: 36-40 hours per week for 4 weeks = 144-160 total hours

**Upon successful completion of this course, the student will be able to:**

- 1 Display 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 PT/PTA team
- 2 Consistently display appropriate 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 intermediate level
- 3 Given extra time and frequent guidance, demonstrate the ability to perform adequate chart review, documentation and communication with the physical therapist regarding all aspects of the patient treatment and patient response to physical therapy interventions
- 4 Demonstrate the ability to assist in the teaching of patients and caregivers
- 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 Consistently demonstrate technical skill performance and behaviors legally and ethically with occasional guidance for routine situations
- 8 Discuss how to communicate with the supervising physical therapist, with moderate assistance from the clinical instructor, to aid in modifying or adjusting interventions based on patient response or assessing patient goals to determine discontinuation of care.
- 9 Recognize situations that require further clarification, supervision or action by the supervising physical therapist.

### ***PTAS 245 Clinical Affiliation II***

Activity Hours per Week: 36-40 hours per week for 6 weeks = 216-240 total hours

**Upon successful completion of this course, the student will be able to:**

- 1 Display 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 PT/PTA team
- 2 Consistently display appropriate 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 intermediate level
- 3 Demonstrate the ability to provide timely and relevant chart review, 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 healthcare providers, consumers, patients and families, and physical therapy personnel with occasional guidance



**Upon successful completion of this course, the student will be able to:**

- 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 to perform PTA skills and behaviors within legal and ethical requirements and guidelines with occasional guidance for new or unusual situations
- 8 Integrate communication with the supervising physical therapist, with minimal assistance from the clinical instructor, to aid in modifying or adjusting interventions based on patient response or assessing patient goals to determine discontinuation of care.
- 9 Design and present an inservice utilizing appropriate evidence-based resources
- 10 Decide on situations that require further clarification, supervision or action by the supervising physical therapist.

### ***PTAS 255 Clinical Affiliation III***

Activity Hours Per Week: 36-40 hours per week for 6 weeks = 216-240 total hours

**Upon successful completion of this course, the student will be able to:**

- 1 Display 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 within the physical therapist's plan of care for routine and complex patients with possible guidance for new or unusual situations
- 2 Consistently display appropriate 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 level
- 3 Demonstrate the ability to independently provide timely and relevant chart review, 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 healthcare providers, consumers, patients and families, and physical therapy personnel
- 5 Demonstrate the ability to 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 Coordinate communication with the supervising physical therapist, without assistance from the clinical instructor, to aid in modifying or adjusting interventions based on patient response or assessing patient goals to determine discontinuation of care.
- 9 Demonstrate the ability to work with other allied health personnel
- 10 Design and present an inservice utilizing appropriate evidence-based resources on a clinical topic
- 11 Justify situations that require further clarification, supervision or action by the supervising physical therapist.

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## **II. General Policies and Procedures**

### **2.1 Selection of Clinical Education Sites**

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 a Clinical Education Site will be from the following:

1. The clinical site’s philosophy regarding clinical education is compatible with Southern’s PTA Program mission.
2. The clinical site’s clinical education program plans 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 Clinical Coordinator of Clinical Education.
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.

### **2.2 Selection of Clinical Instructors**

Criteria for selection of a Clinical Instructor will be from the following:

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 (verified via state board website).
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.

### **2.3 Responsibilities of the Director of Clinical Education (DCE)**

One member of the PTA Program 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. Assessment and determination of student readiness for clinical experience 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 a variety of clinical 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 clinical contract database.
11. Update the Clinical Education Handbook.
12. Provide an updated Clinical Education Handbook to all clinical sites and students.
13. Provide all forms and information to clinical site and clinical instructor.
14. Contact clinical site by phone mid-way through clinical experiences.
15. Schedule site visits
16. Complete and/or coordinate site visits for Clinical Affiliation 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 the Clinical Affiliation Agreement between Southern Adventist University and clinical site is reviewed and renewed annually by academic and clinical faculty.
24. Ensure that clinical education sites receive a copy of Southern's liability insurance on an annual basis.
25. Ensure that clinical instructors meet selection criteria.

#### **2.4 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.
7. Provide communication and problem-solving strategies for the student and CI, if needed

8. Provide necessary documentation to the schools (clinical agreements, completed student CPIs).
9. The SCCE should contact the PTA Program Director with any complaints involving the PTA Program. The SCCE should contact the Senior Vice President for Academic Administration with any complaints regarding the PTA Program Director or DCE. \*\* No retaliation will occur to individuals by the PTA Program or SAU due to a complaint being submitted.

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

\*\*The Senior Vice President for Academic Administration is Robert Young, and his phone number is (423) 236-2804.

## **2.5 Responsibilities of the Clinical Instructor (CI)**

Clinical Instructors 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 Southern. 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. Act in an ethical manner and maintain student confidentiality.
8. Encourage the student to take advantage of unique resources and learning experiences of the clinical setting and its staff.
9. Provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress.
10. Confer and consult with the DCE regarding student learning needs and progress toward meeting objectives.
11. Consult with the DCE regarding unsatisfactory progress of the student.
12. Assess and evaluate the student clinical experience.
13. Set clear expectations and provide ongoing verbal and written feedback.
14. 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.
15. 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 Skills Check List, located in the Section 1.8). 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 formally evaluated on that skill.

16. The CI should contact the PTA Program Director with any complaints involving the PTA Program. The CI should contact the Senior Vice President for Academic Administration with any complaints regarding the PTA Program Director or DCE. \* No retaliation will occur to individuals by the PTA Program or SAU due to a complaint being submitted.
17. When a patient or member of the public has a complaint or concern regarding a PTA student or Southern's PTA Program, the CI is responsible to give the individual the name, title, and phone number of the Senior Vice President for Academic Administration. \*

\*The Senior Vice President for Academic Administration is Robert Young, and his phone number is (423) 236-2804

## **2.6 Clinical Affiliation Agreement**

An Affiliation Agreement must be signed by both the clinical parent company and Southern Adventist University prior to a student being assigned to the facility. This agreement includes a statement regarding general and professional liability insurance. Southern's PTA agreement automatically rolls over from year to year within the agreement's timeline. Either Southern or clinical sites can terminate this agreement with a notice.

## **2.7 Arrangement of Clinical Rotations**

Requests for clinical experience slots are emailed out to the Site Coordinators of Clinical Education (SCCE) on March 1st (year one) as well as various times during the fall due to student interest. The students and SCCE receive student clinical assignments by February 1<sup>st</sup> (year two) for Clinical Affiliation I and July 1<sup>st</sup> (year two) for Clinical Affiliation II and III.

## **2.8 Student Selection of Clinical Sites**

Student preferences: Each student is required to meet with the DCE in a one-on-one meeting to discuss their Clinical Education experiences during the first half of the first Fall Semester. At this time, student preferences and special needs will be discussed. If the student has a clinical site in mind where they would like to have a clinical experience, they must provide this information to the DCE as soon as possible to begin the request process. This slot request and contract process can be lengthy. If the DCE is successful in obtaining the new site, that student will have priority in doing the clinical experience there.

Clinical software: The clinical management system that Southern's PTA Program uses is called Exxat. Exxat will provide each student with a login to the Student Portal. This will allow the student to create an individualized Student Profile. The student will then have access to view all

available clinical slots and the associated clinic information. Student interest in a site will be discussed one-on-one with the DCE. Once sites are secured, the student will be paired with a site within the Exxat portal, and both parties will have access to clinical-specific information. The Student Profile/Bio is sent out to the SCCE and appropriate CI at least 4 weeks prior to the Initiation of the clinical experience.

## **2.9 Placement Policy**

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

All students will complete one integrated, full-time (36-40 hours per week) clinical experience in the second semester of the program. During the last semester of the program, students will complete two full-time 6-week clinical experiences. Each student is required to complete at least one inpatient clinical experience and one outpatient clinical experience.

Students are given the opportunity to state their preferences for placement before the assignment of each clinical is finalized. The student's professional interests and past experience are also taken into consideration.

Clinical schedules are determined by the academic faculty in close collaboration with the clinical faculty. Students may NOT rearrange clinical assignments. Any situation requiring special scheduling attention should be discussed with the DCE. Students should not contact the clinical facilities to obtain a clinical assignment, only to obtain contact information for the DCE. Students will be placed only in facilities that have a current, unexpired written affiliation agreement in place.

With the exception of parents of dependent children, all students can expect to do at least one of their clinical education courses outside the Chattanooga, TN 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 for longer than 2 months within the PT setting within the past 2 years. Likewise, students will not be placed at any clinical site in which a family member will be in a supervisory role.

## **2.10 Readiness for Clinical Education**

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. Passage of all prior coursework
2. Skill competency demonstrated on skill checks and practical exams
3. Professional Behaviors status
4. Prior or current probationary status
5. Clinical evaluations and performance from completed affiliations
6. 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 regard 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 will consider all of the areas listed above. In addition, all practical exams will be monitored in regard to safety criteria, including retakes. The student will be notified in writing if they are placed on program probation or if they are denied a clinical placement.

## **2.11 Communication**

Communication with the student. Each student is required to maintain an active U.S. phone number for communication purposes throughout all three semesters of the PTA Program. This ensures timely updates regarding clinicals, scheduling, communication with the CI and emergency notifications. Failure to provide or update a valid phone number may result in missed communication and potential probation consequences. If a communication is sent to the student, they are expected to respond to the school or facility (site) faculty before the next scheduled academic or clinical duties.

Communication with the Clinical Instructor. Students are encouraged to communicate openly with their clinical Instructor. The clinical instructor is taking on the role of the professor from the classroom. If a student is unclear about anything, the student needs to approach the CI about the topic. Upon arrival to a new clinical site the student should be sure to obtain the best phone number for the facility as well as the Clinical Instructor. The student may need to contact their CI outside of regular clinical hours should an emergency arise.

Communication with the DCE. The primary role of the DCE is to ensure that the student has a successful clinical experience. If a student is concerned about their clinical experience or Clinical Instructor, do not hesitate to contact the DCE. Students must communicate any missed clinical time to the DCE immediately. Should the student become ill or have an emergency situation, the DCE should be contacted via text message or email at the earliest availability to explain the situation. All contact information for the DCE is located at the back of this document.



## **2.12 Supervision**

As a PTA student you can expect to be supervised by your Clinical Instructor at all times. If the Clinical Instructor is a PTA, there must be a licensed physical therapist providing supervision of the PTA and student. If you have any questions or concerns during patient care, you should have direct and immediate access to your Clinical Instructor. The Clinical Instructor is able to leave the treatment area only if the Clinical Instructor feels it is appropriate. At no time should your Clinical Instructor be off facility grounds while you are actively treating patients.

If you arrive at the clinical site and your Clinical Instructor is not going to be present that day, you must immediately contact the DCE and the facility Rehab Director. You are not to treat patients without the appropriate supervision of a Clinical Instructor. If your Clinical Instructor is out sick and the facility immediately appoints another qualified clinician to be your Interim Clinical Instructor, please document this on your time sheet and report this to the DCE if it is going to be for longer than a day.

The DCE will schedule an in-person or phone conference mid-term visit during at least one of the three scheduled clinicals. If the clinical experience is local, the DCE will schedule a time around mid-clinical to supervise a portion of a treatment to make sure that everything with your clinical experience is going well and the student is making appropriate progress. If your clinical experience is out of area, the DCE will schedule a phone conference with you and your Clinical Instructor to discuss the experience.

## **2.13 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. This must be done in the presence of the CI. Students are required to identify themselves as a physical therapist assistant student and should obtain consent for treatment from the patient prior to participation in any treatment and/or intervention. 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.

## **2.14 Evaluation of Student Performance**

Several methods are used to assess a student's progress through each of the three clinical experiences. At the completion of the Clinical Education Program, it is expected that the student will be practicing at entry-level for a PTA.

### ***Grading***

All Clinical Education Courses are Pass/Fail. For a student to receive credit for any clinical course and progress through the PTA program, a "Pass" grade must be achieved. Minimum proficiency in

the skills in the APTA Clinical Performance Instrument (CPI) for Physical Therapist Assistants is required. Graduation from the PTA Program is dependent upon the student achieving entry-level on all 11 CPI categories.

The DCE will determine the final grade (Pass/Fail) assigned to the student. If the CI rates a student below the anchor ratings on the final CPI evaluation for the course, the DCE may determine that the student is capable of the minimum performance expectations based on the following:

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

\*From the American Physical Therapy Association (2009). *Physical Therapist Assistant Clinical Performance Instrument*, Alexandria, VA.

### ***Clinical Performance Instrument (CPI)***

The PTA Program at Southern will be using the online version “Clinical Performance Instrument (CPI) for PTA” for all three of the clinical affiliations. This is an online evaluation tool from the American Physical Therapy Association (APTA) that is used to assess the student's Clinical Education portion of the program. Students will have access to the Clinical Performance Instrument (CPI) to review prior to starting their clinical affiliation. The Clinical Instructor has the responsibility of completing the necessary information in the CPI for both the Midterm (PTAS 245 and 255 only) and Final (all 3 clinical experiences). The DCE can provide resources for all clinical instructors needing assistance with completing the CPI and it’s training. Please note that the final grade for the clinical experience is determined by the Program’s DCE.

The clinical experience objectives are listed above in the student section 1.9 Clinical Education Expected Learner Outcomes, which the Clinical Instructor should review to understand the expectations of the student performance during the clinical experience. The objectives are directly linked to the performance criteria on the CPI.

Upon completion of each clinical experience, the student is expected to be at the following level:

PTAS 235 Clinical Affiliation I – Advanced Beginner  
PTAS 245 Clinical Affiliation II – Intermediate  
PTAS 255 Clinical Affiliation III – Entry-Level

The CPI Definitions of Performance Dimensions & Rating Scale Anchors is located in the Appendix of this handbook. Students and CI's can use this for reference when completing the CPI.

### ***Professional Behaviors Assessment Tool***

The Professional Behaviors Assessment Tool is a collection of 10 behavioral traits that are rated on a scale from Beginner to Intermediate and finally to Entry-level. This tool is incorporated in courses PTAS 100, PTAS 235 and PTAS 255. This is a self-assessment tool, done by the student at the end of each of the three technical semesters. See policy 3.4 for details.

Upon completion of the following courses, the student is expected to be at the following level:

PTAS 100 PT Perspectives – Beginning  
PTAS 235 Clinical Affiliation I – Intermediate  
PTAS 255 Clinical Affiliation III – Entry-Level

## **2.15 Site Visits**

During one of the three clinical experiences, a Site Visit will be conducted by the DCE, who will visit the clinical site, meet with the Clinical Instructor and the student and assess the student's progress to date. This visit will be pre-scheduled and advance notice will be given to the CI and student. If the student is attending an out of area facility, this visit will be scheduled as a phone interview with the CI and the student.

### **Other visits/phone calls**

If at any time during the clinical experience the CI and/or the student feel that additional meetings with the DCE are necessary to ensure the success of the student, these will be scheduled.

If the CI or DCE feels that the student is performing below expectations, a meeting with the CI, DCE and student will immediately be scheduled in order to determine the proper course of action. This course of action may include verbal counseling, written counseling, Critical Incident Form, reassignment of affiliation, or termination of the affiliation. Each case will be dealt with on an individual basis.

## **2.16 Determination of Satisfactory Progress of Clinical Education Experience**

All content required during the three clinical affiliations is Pass/Fail. The DCE will determine the final grade assigned to the student. If a student does not achieve the expected level of CPI, the DCE will contact the CI to discuss the student's performance and to review the CPI results.

**Critical Safety:** If a student fails a critical safety skill or in any way puts a patient in danger of harm, they will fail the clinical affiliation course and not be able to continue in the PTA Program. Refer to the Policy and Procedure, Grievance Procedure, for more information.

### ***PTAS 235 Clinical Affiliation I***

The student is expected to complete the following items to pass PTAS 235 and progress in the PTA Program.

<b>Item to complete</b>	<b>Criteria for completion of PTAS 235</b>
Professional Behaviors Assessment Tool	Completion (Goal Intermediate level)
CI Details	Completion
Weekly Goal Form	Weekly Completion
Patient Tracking	Weekly Completion
Time Sheet	Weekly Completion
PTA Student Evaluation: Site and CI	Completion
Clinical Performance Instrument	Advanced Beginner level for all observable components

### ***PTAS 245 Clinical Affiliation II***

The student is expected to complete the following items to pass PTAS 245 and progress in the PTA Program.

<b>Item to complete</b>	<b>Criteria for completion of PTAS 245</b>
CI Details	Completion
Weekly Goal Form	Weekly Completion
Patient Tracking	Weekly Completion
Time Sheet	Weekly Completion
In-service	Completion
Student In-service Feedback Form	2+ Completed
PTA Student Evaluation: Site and CI	Completion
Clinical Performance Instrument	Intermediate level for all observable components

### ***PTAS 255 Clinical Affiliation III***

The student is expected to complete the following items to pass PTAS 255 and progress to graduation from the PTA Program.

<b>Item to complete</b>	<b>Criteria for completion of PTAS 255</b>
Professional Behaviors Assessment Tool	Completion (Goal Entry-Level)
CI Details	Completion
Weekly Goal Form	Weekly Completion
Patient Tracking	Weekly Completion
Time Sheet	Weekly Completion
In-service	Completion

Student In-service Feedback Form	2+ Completed
PTA Student Evaluation: Site and CI	Completion
Clinical Performance Instrument	Entry-level for all observable components

## 2.17 Graduation Criteria

Upon successful completion of the following criteria, Southern Adventist University will grant an Associate of Science Degree with a major in Physical Therapist Assistant.

1. Credit Courses: Students are required to complete all program general education coursework with a minimum 2.5 GPA and technical coursework with a minimum grade of "C" or 73% for each course including all required skill checks and practical examinations.
2. Clinical Education: Students must demonstrate entry-level performance for all 11 CPI criteria by the end of their final clinical education experience.
3. Comprehensive Exam: Students are required to pass a comprehensive examination during PTAS 225 Capstone Seminar. If a student does not obtain a passing score, they are allowed up to two additional attempts to pass the exam, although a different version of the exam will be given. The interval between exam attempts will not be less than one week to allow students adequate time to prepare. Students will not be able to complete the program until the comprehensive exam is passed.
4. Professional Behaviors: Program faculty will assess students as Entry-level for professional behaviors prior to graduation.

The graduation date will be defined as the month of graduation commencement or the end of clinical experiences, whichever comes later. In order to qualify to participate in commencement, a student must have met all program requirements and be in good academic standing.

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### III. Student Policies

#### 3.1 Knowledge of Program and University Policies and Procedures

The PTA program abides by Southern Adventist University policies. The most current university policies can be found at <https://www.southern.edu/media/docs/yearly/handbook.pdf>

Students are expected to have a working knowledge of the content of the Southern PTA Clinical Education Handbook, which is provided during the fall semester of the first technical year. After receiving the PTA Clinical Education Handbook, students will sign and date the “Student Signed Consent of the PTA Clinical Education Handbook”, which is an agreement where the student states they will abide by the content, policies, and procedures of the handbook set forth during their tenure as a Physical Therapist Assistant student. Students will also be able to access the PTA Clinical Education Handbook on the program website.

The PTA Clinical Education Handbook will be reviewed progressively and systematically with current students during bi-monthly clinical meetings. After reviewing a policy, the student will initial and ultimately sign the Student Clinical Contract, agreeing to the reviewed policies.

The PTA Clinical Education Handbook is reviewed and revised annually by program faculty to ensure all program policies are consistent with those of the university. The handbook has been approved by the Vice President for Academic Administration. Program faculty will consider input for manual revisions from students, university administration, the PTA program advisory committee, and clinical faculty. When changes are made after the initial publication of each cohort’s Clinical Education Handbook, PTA program students and Southern administration will be notified of the updates. The updated PTA Clinical Education Handbook is also available on the program website.

#### 3.2 Expectations of the Student

- In order to attend any of the three Clinical Education experiences, the student MUST pass all previous didactic courses with a grade of 73% or higher and must pass all skill checks and practical examinations.
- Each Clinical Affiliation is a full course based on credit hours. Students MUST register and pay for each clinical course prior to the beginning of the affiliation, or they may not attend the affiliation.
- The Student File must be complete prior to initiating any Clinical Education experiences.
- The student is responsible for:
  - Arrangements of personal work schedule, transportation, child-care (if applicable), appropriate attire, meals, etc.

- Contact the clinical site to obtain information related to parking, clinical requirements and departmental policies and procedures, two to four weeks prior to the start of clinical.
- Transportation to and from all Clinical Education sites.
- Adhering to all policies and procedures of the assigned clinical site.
- Act in an ethical and legal manner at all times.
- Identify and actively seek needed learning experiences to meet goals and objectives.
- Confer and consult with the CI and DCE regarding learning needs, progress or concerns.
- Uphold professional behaviors and clinical standards.

### **3.3 Attendance and Absenteeism**

#### ***Attendance Policy***

Attendance and punctuality are mandatory at all Clinical Education experiences. The exact schedule and days of attendance at the clinical site are determined by each clinical instructor (CI) at each clinical site. The student may be required to attend a Clinical Education experience on any day, evening, weekend (excluding Sabbath), holiday, etc. The weekly hours will range from 36-40 hours per week, depending on the CI's schedule. Students will submit a weekly timesheet in Exxat and have it approved by their CI.

Clinical Affiliation	Total Hours
PTAS 235 Clinical Affiliation I	144-160 hours
PTAS 245 Clinical Affiliation II	216-240 hours
PTAS 255 Clinical Affiliation III	216-240 hours

#### ***Sabbath Hours***

The student is not required to attend any clinical education experiences during the Sabbath hours, from sunset Friday to sunset Saturday. If a student offers to do clinical tasks over Sabbath hours, that is their decision, and the PTA Program will allow it.

#### ***Absenteeism***

Appropriate reasons for an excused absence are bereavement, acute illness, acute accident, or a wedding. There is a permitted maximum of 7% excused absence time during each individual clinical experience. This equates to approximately one day for 4-week clinicals and two days for 6-week clinicals. Professional standards expect that all absent time must be communicated in advance (where possible) or at the first feasible availability with your clinical instructor and the Director of Clinical Education (DCE). Any time missed beyond the approved reasons listed above will need to be made up with clinical time.



During PTAS 255 Clinical Affiliation III, each student will be permitted to take three designated Friday afternoons off of clinical time to complete their final cumulative written exam for the PTA Program. This will be at no penalty to the student's hours.

### ***Holidays***

Not all clinical education sites recognize the same holidays as Southern. These sites may remain open for regular business, although Southern may be closed. Students will follow the clinical education site schedule for holidays. If the site remains open for regularly scheduled business, the student will perform their clinical education duties during those holidays. If the clinical education site is closed during a holiday, the student will also have that day off with no penalty of hours. If a CI takes an extended personal holiday during the student's clinical experience, the site will reassign the student to another clinician during those days. Clinical hours missed due to the clinic closure for a holiday will present no penalty to the student.

### ***Inclement Weather***

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.

### ***Mock Licensure Exam***

Students are required to take a mock licensure exam for PTAS 225 Capstone Seminar. This exam will occur during the time of PTAS 255 Clinical Affiliation III. Students will be provided with the date and time of the exam and excused from clinical duties during the scheduled time. If this date/time occurs during clinical hours, the student is not required to make up the hours.

### ***Jury Duty***

If a student is summoned for Jury Duty, they may be excused from clinicals; however, the program must also facilitate student success within the program. The student must immediately contact and inform the DCE of the dates and times of the jury commitment and submit a copy of the Jury Summons. The Program Director and Director of Clinical Education will consult with the student to prepare a letter requesting the court to reschedule jury duty to a date when the student will not miss clinical hours. It is the student's responsibility to deliver this documentation to the courts.

If not excused, the student is responsible to:

1. Furnish instructors with immediate and concrete documentation of the jury duty assignments.
2. Furnish instructors with concrete evidence (date, time, and court) and a signature of their service immediately after serving.
3. Make arrangements with the Clinical Instructor and Director of Clinical Education to re-schedule the clinical affiliation time.

### **3.4 Professional Behavior and Clinical Conduct**

#### ***Professional Behaviors***

All Southern Adventist University Physical Therapist Assistant students are expected to conduct themselves in a professional manner at all times while representing the Program.

The following standards of professionalism are considered mandatory for all PTA students:

- Effective communication (both verbal and non-verbal).
- Enthusiasm/positive attitude.
- Effective teamwork/cooperation.
- Ability to accept and benefit from constructive criticism.
- Recognition of the impact of one's behavior on others, especially patients; modification of inappropriate behavior.
- Accountability/legal and ethical responsibilities.
- Respectful and courteous at all times.
- Preparation to ensure clinical excellence.

Several of the CPI criteria are extremely foundational to the PTA's professional behaviors. The student should be familiar with the details of these criteria as defined in the CPI: Ethical Practice, Legal Practice, and Communication.

#### ***Professional Behaviors Assessment Tool***

The PTA department will be utilizing the Professional Behaviors Assessment Tool, which the student will fill out three times throughout the PTA Program. An initial assessment will be filled out in the first semester during PTAS 100. The student will fill out a second assessment during the second semester, during PTAS 235. The final student self-assessment will be filled out during PTAS 255 during the final semester of the program.

#### ***APTA Standards***

The American Physical Therapy Association (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant is located in the Additional Information section of this handbook.

### **3.5 Personal Appearance**

#### ***Name Tags***

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

### *Dress Code*

The PTA program has a specific dress code for Clinical Education experiences and/or when representing the program at professional meetings and/or community events. The dress code promotes an effective learning environment and the safety of students, patients, or lab partners. Students are required to dress in a professional manner for all clinical experiences. The intention of this dress code is to accustom students to the neat, clean, and professional attire worn in the work environment, improve safety, decrease distractions to others, and reduce disruptions throughout the educational experience. The student's apparel and grooming must conform to health, sanitation, and safety standards. In addition, each student must meet the specific dress code requirements of the assigned clinical facility.

The complete uniform is to be worn during clinical experiences and as otherwise directed by the faculty or clinical instructor. In such cases, where no facility-specific dress code is defined, the required attire is a polo shirt, khaki pants, a student name badge, socks, and shoes. Shoes must be closed-toed, flat-heeled, and it is recommended to have rubber soles for comfort in the clinic. All footwear needs to be free from dirt and soil. It is highly recommended that the student wear a watch with a second hand.

Fingernails must be trimmed properly allowing application of physical therapy treatment techniques without risking damage to the skin of the patient. Artificial nails are not acceptable. Jewelry is limited to one ring per hand, medical alert bracelets, watches, and small stud earrings. Hair must be neat, clean, and may not impede patient care. Beards, sideburns, and mustaches must be neat and trimmed.

The close physical contact that is necessary in the physical therapy lab and clinic requires consistent attention to your personal hygiene. To prevent offending your patients or lab partners, please use deodorant, as well as no perfume or aromatic aftershave. Make sure your breath is fresh and not offensive, being especially careful of "coffee breath".

The following items are strictly prohibited in the clinic:

- Jeans (any color)
- T-shirts (unless university and/or physical therapy related)
- Hats, caps, and any other unapproved headwear
- Excessive hair ornamentation
- Sleeveless clothing and/or crop tops
- Chipped fingernail polish or artificial nails
- Excessive visible piercings or tattoos
- Baggy or sagging pants
- Skirts, skorts
- Flip flops, open-toed shoes, or high heels

- Tight fitting, provocative or revealing clothing

This is the only acceptable dress code. Do not ask for variations unless you have a documented medical reason. Instructors have the final decision concerning the dress code. Failure to comply with the dress code may result in dismissal from your clinical experience if not properly corrected.

### **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 the clinic. Students are not expected to take all textbooks to clinical sites, but to ensure they have appropriate resources for research purposes.

### **3.7 Student Files**

Clinical rotation sites require proper documentation of student compliance weeks to months in advance of rotation start date. To participate in the PTA program and all clinical experiences, the student must provide up-to-date information to compile a Student File. Select files are maintained in a locked cabinet in the PTA department storage closet, while other files are uploaded directly from students to the secure Exxat portal. **A student will not be allowed to attend any Clinical Education experience if their file is incomplete.**

#### ***3.7.1 Required Document Deadlines***

Students are required to have all the following information complete and in their file by the listed due dates. A student will be put on probation if any items are incomplete by the assigned date. Failure to adhere to these deadlines may result in disciplinary action, up to dismissal from the program.

<b>September 1</b> (1st sem.)	<b>December 31</b> (1st sem.)	<b>January 31</b> (2 <sup>nd</sup> sem.)
<ul style="list-style-type: none"> <li>• PTA Program Student Handbook Agreement</li> <li>• Informed Consent</li> <li>• Essential Functions Verification Form</li> <li>• Photo/Video Release</li> <li>• Clinical Education Handbook Consent</li> <li>• Drug and Alcohol Testing Consent</li> </ul>	<ul style="list-style-type: none"> <li>• CPR Card</li> <li>• HIPAA and OSHA certificate</li> <li>• Insurance Card</li> <li>• Hepatitis B series</li> <li>• MMR</li> <li>• Tdap</li> <li>• Varicella</li> <li>• Seasonal Influenza</li> </ul>	<ul style="list-style-type: none"> <li>• Background check</li> <li>• Drug Screen</li> <li>• Health Release Form</li> <li>• TB Test</li> <li>• N95 Respirator Fit</li> </ul>

### ***3.7.2 Cardiopulmonary Resuscitation (CPR)***

Each student must have a current CPR certification (Basic Life Support (BLS) for Health Care Providers) during all three clinical experiences. This certification course must be approved by the American Heart Association. Students will be required to show proof of this certification prior to the start of the second semester of the PTA Program and must remain certified throughout the remainder of the program.

### ***3.7.3 Insurance***

Southern requires all students living in University housing and/or taking classes on-campus to have health insurance that complies with the Affordable Care Act (ACA) and offers MEDICAL coverage in the state of Tennessee. As a service to our students, Southern offers an affordable nationwide Platinum level health insurance plan with United Healthcare (UHC).

Students taking six or more credit hours on-campus during the school year (three or more credit hours during any summer session) or living in University housing are eligible and automatically enrolled in the Sickness and Injury plan from UHC unless a signed waiver, indicating insurance coverage compliant with the ACA, has been submitted to opt out. All undergraduate students must submit a Health Insurance Waiver/Enrollment form during registration. Information can be found on Southern's website at

<http://www.southern.edu/administration/risk/students/undergraduate.html>.

All students annually purchase professional liability insurance through Southern that provides liability coverage for unintended injury to patients or other students during on and off-campus educational experiences. Students have the option to purchase additional liability coverage if desired. Information on purchasing additional coverage is available upon request.

### ***3.7.4 Immunization Requirements***

Proof of vaccinations must be provided by submitting a copy of an official immunization record or a form by a medical provider verifying the immunization dates along with the physician's signature. Hospital guidelines do not allow students to participate in patient care without current vaccinations or titers. For this reason, **all vaccinations for the PTA Program are required, with the exception of the Covid vaccine.** Refusal of any of the following vaccinations will result in the student withdrawing from the PTA Program for personal reasons.

- Measles, Mumps, Rubella – 2 doses or titer
- Diphtheria, Tetanus, Pertussis – Original dose, booster within last ten years, or titer
- Varicella Zoster (chicken pox) – 2 doses or titer
- Hepatitis B – 3 doses, titer or negative chest x-ray
- Tuberculosis – one-step is acceptable, some sites may require a two-step. Chest x-ray and physicians report may be necessary if TB test is positive.
- Influenza – 1 dose annually
- Covid-19 Vaccine – some sites may require this vaccination to attend clinical.

### ***3.7.5 Background Check***

Tennessee law requires that any person who provides services that involve direct contact with patients and residents at a health care facility licensed by the Tennessee Department of Health have a background study conducted by the state. An individual who is disqualified from having direct patient contact as a result of the background study will not be permitted to participate in a clinical placement, and therefore dismissed from the program.

### ***3.7.6 Drug Screening***

Southern Adventist University's Physical Therapist Assistant program maintains contractual agreements with clinical agencies used in the education of PTA students. These agencies require drug testing of employees and students. For all PTA students, drug screening is required as part of the pre-clinical process and must be completed prior to the first clinical. Likewise, for all currently enrolled students, drug and/or alcohol screening is mandatory when there is probable cause and/or reasonable suspicion to believe that the student is under the influence of drugs and/or alcohol while in the classroom and/or clinical settings. The university reserves the right to perform random drug and/or alcohol testing at any point during the PTA Program.

1. All students accepted into the PTA program will be tested for drug use. If the student fails to provide a clean drug screen, continuation in the PTA Program will be immediately rescinded.
2. All students must further sign a statement agreeing to immediate monitored drug and alcohol screening upon request of the Physical Therapist Assistant Program Director, PTA instructor and/or CI when there is probable cause and/or reasonable suspicion to believe that the student is under the influence of drugs and/or alcohol.
3. Incoming and currently enrolled students with verified positive test results for alcohol, any illegal drug, or abuse of prescribed or over-the-counter medications, or mind-altering substances, will be given reasonable opportunity to challenge or explain the results. Where results are confirmed and no medical justification exists, students are not allowed to participate in clinical activities; thus, they may not meet the objectives required for successful completion of the Physical Therapist Assistant program, resulting in dismissal from the program.
4. If a student fails a subsequent drug and/or alcohol screen, the student will be immediately dismissed from the Physical Therapist Assistant program.
5. If a student fails to appear for any requested/required drug and/or alcohol screening tests, the student will be immediately dismissed from the Physical Therapist Assistant program.
6. All information regarding drug and alcohol testing and resulting actions (i.e. rehabilitation, dismissal) will be kept confidential and will be maintained in a file separate from the student's regular file. Only the Physical Therapist Assistant Program Director will have access to the file.

### ***3.7.7 Health Release Form (Physical Exam)***

Each student is required to visit a medical provider to fill out a Health Release Form. This form will be made available to students upon acceptance to the PTA Program. This physical will be performed within 12 months of admittance to any clinical experience. This form must be completed by an appropriate licensed medical professional which may include a MD, DO, NP or PA. This form may not be completed by an immediate family member.

### ***3.7.8 N95 Respirator Fit***

Facilities utilized for clinical experiences require that all students are fit tested with N95 respirator masks prior to clinical experiences. Fit testing will be scheduled at the beginning of the winter semester. Attendance is mandatory on the scheduled date to be fit tested. Students may not progress to clinical education without being properly tested for a respirator mask.

## **3.8 Student Portfolio**

In preparation for a successful clinical education experience, Southern's PTA program requires that each PTA student prepare a Portfolio to accompany them on-site. The goal of the Student Portfolio is for each student to present their clinical qualifications to each clinic and ultimately a potential employer. This portfolio will also include important reference documents for the clinical experience. Being prepared is one of the hallmarks of a healthcare provider. The PTA program will forward a copy of the Exxat Student Profile; however, it is necessary for the student to report to all clinical affiliations with the following items organized in a neat and orderly fashion. The Student Portfolio will be checked by the DCE prior to the first day of clinical education.

Required documents for Student Portfolio:

- Course Syllabi
- Course documents (such as time log, patient tracking, goal form, etc.)
- Site-specific documents, signature pages, or other information
- PTA Clinical Education Handbook
- PTA Student Handbook

Recommended documents

- CPR Card
- Health Release Form
- N95 Respirator Fit
- In-service presentations
- All evaluations by the CI
- Letters of Recommendation received during clinicals

### **3.9 Accidents**

Any accidents occurring at a clinical facility that result in patient, hospital personnel, or personal injury and/or damage to equipment must be reported to the clinical instructor immediately. The student must complete a facility-specific incident form and notify the DCE of the incident. 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.

### **3.10 Accommodations**

Southern Adventist University affirms the rights of students with disabilities to equal opportunities and treatment in all aspects of education. Reasonable accommodation will be made that will enable students with disabilities to enjoy equal educational opportunities. In order to receive accommodations a student must complete the following steps prior to initiation of the clinical experience.

1. Initiate a request for services through the Student Disabilities Services
2. Provide documentation verifying the disability
3. Follow the plan as determined after consultation with the Student Disabilities Services

### **3.11 Student In-Services**

During PTAS 245 and PTAS 255, the student must present an in-service on a relevant clinical topic, agreed upon by the Clinical Instructor and student. It is necessary for the student to create and distribute a handout to each audience member. Students are also encouraged to create a visual presentation (such as a PowerPoint) to display if the facility has the resources. Southern requests that each clinical site provide accommodation of a time and location for the student to present this to an audience (2+ people) before the last week of their clinical experience. The student will be responsible for providing the Student In-service Feedback Form (located in the back of this handbook) to the Clinical Instructor and audience members to complete. Completing this form will assist the DCE in assigning a grade for the clinical experience.

### **3.12 Confidentiality**

Southern Adventist University has designated that certain data is considered public or private data. Please see the Southern Adventist University Student Handbook for details on this policy.

In keeping with Southern's Data Privacy Policy, the PTA Program will maintain privacy/confidentiality in the following manner:

1. Grades will be posted in the university wide eClass system, which requires students to sign in using an individual password.



2. All exams, quizzes, and assignments will be returned in a manner that does not expose the grade.
3. Feedback will be provided after skill checks and practical exams with only the student and instructor(s) present. When necessary or helpful, instructors will obtain permission if they would like to provide feedback in front of other students
4. Clinical faculty must follow the data privacy policies of Southern and the PTA Program
5. Requests for student information from any government agency will be referred to the Registrar's Office
6. Students will sign a confidentiality agreement which applies to maintaining the privacy and confidentiality of patients during all clinical experiences.
7. 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 pass an online instructional module/knowledge test hosted by Tennessee Clinical Placement Systems (TCPS) prior to their first clinical education course.

### **3.13 Early Termination of Clinical Experience**

Southern's PTA Program DCE 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 the 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 being removed from the clinical experience. The CI needs to keep the DCE informed of any potential problems. If the CI feels that 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, PTA Program Director, CI and/or SCCE 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.

### **3.14 Due Process/Grievance Procedure**

Students who believe that their academic rights have been infringed upon or that they have been treated unjustly with respect to their academic program are entitled to fair and impartial consideration of their cases. They should do the following to affect a solution:

1. Present the case to the professor or professors concerned.
2. If necessary, discuss the problem with the department chair or school dean.

3. If agreement is not reached at this level, submit the matter to the Vice President for Academic Administration.
4. Finally, ask for a review of the case by the Academic Grievance Committee, chaired by the Vice President for Academic Administration or his designee and including three other faculty members and two students selected by the Academic Affairs Committee. Both the student and the professor involved in the case are entitled to appear before the committee or to present a written statement of the case. The decision of the committee shall be presented in writing to the individuals involved within three days of the committee meeting unless a later time is agreed upon by both parties. The decision of the committee is binding and will be implemented by the professor involved or the Vice President for Academic Administration.
5. Retaliation for any complaints will not be pursued by the department or university against the complainant.

### **3.15 Clinical Reassignment**

When a student is on a clinical affiliation 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 not limited to the following: family crisis, health status, conflict with the CI, and 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.

### **3.16 PTA Student Evaluations of Facility, CI and DCE**

At the conclusion of each Clinical Education experience the student will complete an evaluation on the clinical experience/clinical instruction ("Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction") as well as a performance evaluation on the DCE (Course Evaluation).

### **3.17 Employment**

Because of the rigor of the PTA program and the time commitment involved, it is recommended that students do not hold other employment during the length of the Physical Therapist Assistant Program. Employment during this program while discouraged is not prohibited. However, employment that competes with class or clinical time will result in class/clinical time being missed and can affect a student's overall program outcome. Student clinical placements may be limited if employment is involved.

### **3.18 Travel and General Safety Recommendations**

*Vehicle Safety:*

- Park in well-lit, heavily populated areas. Trust your instincts, if something doesn't feel right, find another place to park.
- Be aware of your surroundings.
- Avoid parking next to occupied vehicles.
- Know where your cell phone is, in case of emergency.
- Do not leave valuable items visible in your car.
- Always roll up all windows and lock all doors before walking away from your vehicle.

#### *Before Entering Your Vehicle*

- Walk with others to your vehicle whenever possible.
- If someone looks suspicious, leave the area immediately; do not try to go to your vehicle. Contact the facility Safety or call the police.
- Have your keys in hand when you approach your vehicle.
- Look around and underneath your vehicle before approaching.
- Check the back seat of your vehicle before entering.
- Upon entering your vehicle, immediately lock all doors.

#### *While Driving*

- If you are involved in a minor collision in an isolated area, you may want to drive to a well-lit and populated area before stopping to assess your damage.
- While driving, if you notice that you are being followed, do not go home. Drive to the nearest police station, open store, or service station for help. If you are fearful of exiting your vehicle, blow your horn to draw attention to yourself.
- Report all attempted vehicle thefts to the Campus Safety (if on Southern's campus) 423.236.2100 or local police department. This information will assist police in catching the suspects before they make another attempt.

#### *Personal Property*

Wallet, purse, and backpack theft make up a large percentage of personal property theft. You can reduce the opportunity for theft by taking a few simple precautions:

- Do not leave your personal items in your trunk, unlocked desks, cabinets or in the open.
- Lock your door when you leave, even if you are gone for a short time.

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## IV. Clinical Faculty and Facility

### 4.1 Communication

#### *With a clinical site*

Communication with a new clinical site is initiated by the DCE via phone or email. If the clinic is in the area of the university, an on-site visit may be the first form of communication. Once a contact person has been established, the Affiliation Agreement is established by the DCE and appropriate personnel via email. If the facility has a facility-specific agreement, that will be utilized. Otherwise, the Southern Adventist University Affiliation Agreement will be initiated.

The PTA Clinical Education Handbook will be provided to the SCCE and CI prior to initiation of the clinical experience. If the clinical site is local, the DCE may visit the site directly to tour the facility and meet the clinical staff. If the clinical site is not local, the DCE will communicate with the clinical staff and obtain information on the clinical site and clinical faculty prior to clinical placement.

Once a clinical site is established, the PTA Clinical Education Handbook will be sent to active sites annually or upon request.

#### *With a Clinical Instructor*

Clinical Instructors are encouraged to have open communication with the DCE at any point during the student's clinical experience. All current contact information for the DCE is located at the end of this document. If any concerns should arise about the PTA student, please do not hesitate to initiate a conversation with the DCE. There will be a "site visit" where the DCE will either visit the clinical facility or do a phone interview with the CI and the student to make sure everything is going well.

### 4.2 Supervision

#### *Clinical Instructor*

The Clinical Instructor is responsible for supervising the PTA student at all times during the clinical time period. The CI needs to be available in the event that a student has any questions or concerns during a treatment. The CI is responsible for assessing the student's clinical abilities and, when appropriate, progress towards independent treatment. If the student is not ready to treat independently, the CI should not leave them alone with the patient. If a student is actively treating a patient, a supervising therapist is required to be on the facility grounds.

### ***Supervising Physical Therapist***

The PTA Program welcomes PTAs as clinical instructors, provided that they meet the recommended CI qualifications stated above. However, it is imperative for the student to have ongoing contact with the supervising PT and that appropriate mentoring and role-modeling of the PT/PTA relationship be provided. This is especially true in clinical arrangements that utilize part-time or PRN PTs or those that rely on frequent telecommunication contact between the supervising PT and PTA. In these situations, particular care must be given to teaching the student the how, when, and why of that critical communication link and allowing them to be actively involved in that relationship.

### **4.3 Managing Student Information**

Once a student is assigned to a specific clinical facility, the Student Profile will be conveyed to the clinical through a secure Exxat portal link, Southern's PTA clinical placement software. A link will be emailed to the specific clinical instructor with their individual student information. This link is not to be shared with anyone. If someone else at the clinical facility needs student information, they must contact the DCE for access.

### **4.4 Clinical Facility Rights and Privileges**

#### **Clinical Faculty Communication and Program Information Sharing**

Southern's PTA Program values the clinical faculty who are involved with the clinical education of Southern students. CIs and SCCEs are entitled to rights and privileges as a result of their participation with the Southern PTA Clinical Education Program. The program is committed to ensuring that clinical faculty remain well-informed about program expectations, standards, and opportunities to provide input regarding the clinical education experience.

To maintain clear communication and provide comprehensive program information, the DCE utilizes the secure Exxat portal system to communicate directly with clinical instructors prior to each clinical experience. Through this system, clinical instructors receive:

- An updated Clinical Education Handbook that outlines all program policies, procedures, and expectations for the clinical experience
- Specific clinical competency expectations and performance standards that students are expected to achieve during their clinical rotation
- Detailed expectations of the clinical instructor's role and responsibilities throughout the student's clinical experience
- Clear guidelines regarding supervision requirements, evaluation processes, and communication protocols

This systematic approach ensures that each clinical instructor is thoroughly prepared and informed before supervising Southern PTA students. Clinical instructors are strongly encouraged to maintain open and direct communication with the DCE regarding any suggestions, concerns, or recommendations they may have related to the clinical education program. The DCE welcomes feedback and input from clinical faculty as their insights contribute to the continuous improvement of the clinical education experience for both students and clinical sites.

The program recognizes that clinical instructors serve as essential partners in the educational process, and their expertise and feedback are valuable resources for enhancing the quality of clinical education. Through this ongoing communication structure, the program maintains its commitment to fostering collaborative relationships with clinical faculty while ensuring that all parties remain informed of their roles and responsibilities.

### **Professional Development**

Southern's 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 make an effort to host continuing education workshops on both clinical education and clinical practice topics. 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.

### **In-Service**

Southern's PTA Program academic faculty members are available to provide in-services for any affiliating clinical facility on mutually agreed upon topics. This in-service can 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.

### **PTA Program Departmental Resources**

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

## CEU's

The Tennessee Board of Physical Therapy allows clinical instructors licensed in Tennessee to receive continuing education credit for being a clinical instructor. Clinical instructors will receive up to 10 CEU credits for PTAS 235 Clinical Affiliation I and up to 15 CEU credits for PTAS 245 Clinical Affiliation II and/or PTAS 255 Clinical Affiliation III. (Class II credit) "Serving as a clinical instructor for an accredited physical therapist or physical therapist assistant educational program. Continuing competence credit is one (1) hour per sixteen (16) contact hours with the student(s)" The Tennessee Board of Physical Therapy General Rules Governing the Practice of Physical Therapy: Rule 1150-01-.12 (6c). A certificate will be issued to each Clinical Instructor upon completion of the clinical experience.

### **4.5 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 affiliated at that facility. Equipment should be inspected regularly, and safety regulations should be posted and reviewed periodically.

### **4.6 Formal Complaints**

A formal complaint is one that is (1) submitted in writing (2) signed and (3) sent to the attention of the PTA Program Director and/or the Senior Vice President for Academic Administration. The Program will neither entertain complaints that are not in writing, or which are anonymous, nor will it consider complaints sent electronically or through facsimile transmission.

The formal complaint must state the following: A clear and concise written description of the evidence upon which the allegation is based. (Materials and documentation used to support a complainant's allegations should be limited to and directly related to the reported case.) The evidence should state relevant facts and documents and support the referenced complaint. Also, the written allegation must include a description of any action(s) taken by the complainant to date and all applicable correspondence.

All complaints are handled through this written procedure. Once the formal written complaint is submitted, the Program and the complainant are responsible for the following:

- A. The Program Director will acknowledge a formal written complaint within 15 business days of its receipt.
- B. Within 30 business days after acknowledging receipt of the complaint, the Program Director and the Senior Vice President for Academic Administration will review the complaint and its documentation and determine whether it is within the scope of Program or University policies, if there is adequate documentation, whether the complaint identifies issues that



may jeopardize the quality of educational programs or the general welfare and integrity of the communities in which the University serves, or whether the complaint raises significant questions about the University's compliance with University or accreditation standards.

- C. The disposition of the complaint is to include one of the following:
- a. The complaint will not be processed further because it is not within the scope of Program or University policies or there is inadequate documentation to raise questions concerning the institution's compliance with Program or University standards.
  - b. Where appropriate, a resolution is suggested to the complainant.
  - c. The complaint has sufficient substance to warrant further review. In this case, the University will make every effort to expedite the investigation; however, the time required to conduct the investigation may vary considerably depending on the circumstances and nature of the complaint. Following the review, the complainant will be notified regarding one of the following by the Associate Vice President for Academic Administration:
    - i. The complaint will not be processed further because there is insufficient evidence of significant non-compliance.
    - ii. If there appears to be sufficient evidence of significant substance or if the Program or University administration are unable to document a defense, then the Associate Vice President for Academic Administration will determine action to ensure a resolution will be forthcoming. Follow up correspondence will be provided to the complainant.
    - iii. Individual complaints will be retained in the office of the PD or other offices as designated by the Associate Vice President for Academic Administration.
    - iv. The Program will maintain a log of complaints and periodically review the types of complaints filed. Steps will be taken to address any pattern that may be observed in this review.
    - v. If the complainant is not satisfied, a complaint may be submitted to the Senior Vice President for Academic Administration.

\*Retaliation for any complaints will not be pursued by the department or university against the complainant.

\*\*The Senior Vice President for Academic Administration is Robert Young, and his phone number is (423) 236-2804.

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## **V. Additional Information**

### **5.1 Blood Borne Pathogens and Infectious Control**

1. All students shall practice proper hand washing technique/hand hygiene while in the clinic setting.
2. Gloves are to be worn by students during contact of open wounds.

### **5.2 Prevention of Transmission of HIV/AIDS**

This policy conforms to Southern Adventist University's policy on HIV and is intended to provide clear guidelines in case of exposure/infection among students and clients. In light of the Americans with Disabilities Act of 1990, it is imperative that:

- The same policy should apply to students, faculty, or staff except where statutes regulate employment or other relationships.
- Inquiry into HIV status is not part of the student application process.
- Schools should inform students of potential infectious hazards inherent in Physical Therapist Assistant education programs, including those that might pose additional risks to the health of HIV positive persons.
- Qualified individuals cannot and will not be denied admission to the PTA program on the basis of HIV status.
- If exposure occurs, counseling will be provided by appropriate personnel through the University Health Center.

Guidelines

**Guidelines for Prevention of HIV include the following:**

- Students will be provided with current information regarding personal health habits, HIV transmission and risk behaviors, and preventive measures as part of their requisite pre-clinical preparation.
- Students will receive written and verbal information and instructions on universal precautions in accordance with CDC guidelines. (See Guidelines to Prevent Transmission of Disease).
- These instructions will be reinforced throughout the program and clinical supervision provided to permit compliance in all clinical learning experiences. Faculty will be competent role models in the care of HIV infected clients.

**Guidelines for Management of HIV Positive Clients include the following:**

- All PTA personnel are professionally and ethically obligated to provide client care with compassion and respect for human dignity. No PTA personnel may ethically refuse to treat a

client solely because the client is at risk of contracting or has an infectious disease such as HIV or AIDS.

- Students and faculty will follow rules of confidentiality and individual rights which apply to all clients.

**Guidelines for Exposure to HIV include the following:**

- See Guidelines to Prevent Transmission of Infectious Diseases in Appendix regarding precautions and procedures following exposure.
- If exposure occurs, the student will be informed of the CDC recommended guidelines for occupational exposure: Test for HIV to establish seronegative at the time of the incident, then retest at 3 months and 6 months following exposure to rule out development of positive serology.

### **5.3 OSHA**

More than 90 million American spend their days on the job. As a nation, they are our most valuable resource. Surprisingly until 1970, no uniform and comprehensive requirements existed for workplace safety and their protection against health hazards.

How OSHA was formed - In 1970, Congress considered annual figures such as these:

- Job related accidents accounted for more than 14,000 worker deaths.
- Nearly 2 1/2 million workers were disabled.
- Ten times as many person-days were lost from job-related disabilities as from strikes.
- Estimated new cases of occupational diseases totaled 300,000

In terms of lost production and wages, medical, expenses and disability compensation, the burden on the nation's commerce was staggering. Human costs were beyond calculations. Therefore, the Occupational Safety and Health Act of 1979 (the Act) was passed by a bipartisan Congress "...to assure so far as possible every working man and woman in the Nation safe and healthful working conditions and to preserve our human resources."

#### **What does OSHA Stand For?**

Under the Act, the Occupational Safety and Health administration (OSHA) was created within the Department of Labor.

Simply stated, OSHA is the Occupational Safety and Health Administration and is responsible for worker safety and health protection.

Since its inception in 1970, OSHA has cut the work-fatality rate by more than half, reduced the overall injury and illness rates in industries where OSHA has concentrated its attention, virtually

eliminated brown lung disease in the textile industry and reduced trenching and excavation fatalities by 35 percent.

OSHA is administered through the Department of Labor (DOL). The DOL regulates and enforces more than 180 federal laws. These mandates and the regulations that implement them cover many workplace activities for about 10 million employers and 125 million workers.

### **Who Does OSHA Cover?**

OSHA determines which standards apply to your workplace and requires you to follow these standards and requirements.

All employees and their employers under Federal Government authority are covered by OSHA. Coverage is provided either directly by federal OSHA or through state programs. OSHA does not cover the self-employed or immediate members of farm families that do not employ outside workers.

OSHA offers an extensive Web site at [osha.gov](http://osha.gov) that includes sections devoted to training, state programs, small businesses, construction, as well as interactive eTools to help employers and employees.

OSHA also offers training programs for employers and employees to get hazard recognition. Some states currently mandate training.

### **OSHA Hazard Communication Standards**

The Hazard Communication Standard (HCS) is OSHA's way of ensuring safety to employees who potentially come in contact with hazardous chemicals. Those who manufacture or import chemicals must assess their hazards, as well as create labels and safety data sheets (SDS) that inform their customers of the potential dangers. Workplaces that contain hazardous chemicals must have clearly displayed labels and supply the SDS to employees who may come in contact with them. Employees must also be trained on proper handling of hazardous chemicals.

OSHA has chosen to align their Hazard Communication Standard with the Globally Harmonized System of Classification and Labeling of Chemicals. The goal is to improve the "quality and consistency of hazard information, making it safer for workers to do their jobs and easier for employers to stay competitive," says U.S. Secretary of Labor Hilda Solis.

The new Globally Harmonized System (GHS) is a standardized system of identifying hazardous chemicals and it is used internationally. These standards have been created over several years in collaboration between hazard communication experts from across the globe, including representatives from OSHA.

## **What is the difference between the new Hazard Communication Standard?**

Chemical importers and manufacturers have always been required to provide labels and SDS, but the format in which it was presented was not standardized. Now, through this global standardization effort, the three areas that will be standardized are: hazard labels, safety data sheets, and hazard classification.

**Labels:** All labels will be required to contain four elements: a pictogram that conveys the specific hazard a chemical may present, signal words that specify the level of severity of hazard, a hazard statement that assigns a class and category to the chemical, and a precautionary statement that advises how the chemical should be handled to reduce the risk of injury.

**Safety Data Sheets:** SDS sheets will all need to follow the standardized 16-section format.

**Hazard Classification:** The definition of what hazards a chemical can cause, as well as what class and category a chemical should be in, is now standardized.

The goal is to use standardization to make labels and SDS easier to understand, which in turn makes the workplace safer.

## **5.4 Summary of HIPAA Guidelines**

Confidentiality and Privacy mean that the patients have the right to control who will see their protected health information. With the enactment of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a patient's right to have his/her health information kept private, secure and confidential became more than just an ethical obligation of healthcare providers; it became a federal law.

Protected Health Information (PHI) includes patient identity, address, age, social security number and any other personal information that patients are asked to provide. In addition, protected health information includes why a person is sick or in the hospital, what treatments and medications he/she may receive, and other observations about his/her condition or past health conditions.

Healthcare providers use information about patients to determine what services they should receive. Ask yourself before looking at any protected health information:

- Do I need this in order to do my job and provide quality care?
- What is the least amount of information I need to do my job?
- Depending on your task, if you do not need to know confidential patient information, then you should not access this information.

### Ways to protect a patient's privacy include:

- Keep discussions about patient care private if reasonably possible by closing doors, pulling curtains and conducting discussions so that others cannot overhear by speaking softly.
- Keep medical records locked and out of public areas such as cafeteria lines, waiting rooms and elevators.
- If you find that you are overhearing someone else discuss patient information, politely remind the individual of the privacy policies and let them know they can be overheard.
- Do not release any patient information, unless authorized by the patient.
- Do not leave messages on answering machines regarding patient condition or test results.
- Safeguard medical records by not leaving the record unattended in an area where the public can view or access the record.
- If you have logged into a computer system to view an electronic medical record, make sure to log off once you are finished.
- Before discarding any patient-identifiable information, make sure it is properly shredded or locked in a secure bin to be destroyed later. Do not leave information intact in a trashcan.
- Website: <https://www.hhs.gov/hipaa/index.html>

## 5.5 Patient Bill of Rights

A Patient's Bill of Rights was first adopted by the American Hospital Association in 1973. *This revision was approved by the AHA Board of Trustees on October 21, 1992.*

### Introduction

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities.

The American Hospital Association presents A Patient's Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by the hospital on behalf of the institution, its medical staff, employees, and patients. The American Hospital Association encourages health care institutions to tailor this bill of rights to their patient community by translating and/or simplifying the language of this bill of rights as may be necessary to ensure that patients and their families understand their rights and responsibilities.

## Bill of Rights

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfers to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.
4. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.
5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care



and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

9. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depend, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for

insurance claims and for working with the hospital to make payment arrangements, when necessary.

A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their lifestyle on their personal health.

## **Conclusion**

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.

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## **VI. Appendix**

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## **CORE VALUES FOR THE PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT HOD P06-19-48-55**

[Amended: HOD P06-18-25-33; Initial HOD P05-07-19-19;] [Previously Titled: Core Values: for the Physical Therapist] [Position]

The core values guide the behaviors of physical therapists (PTs) and physical therapist assistants (PTAs) to provide the highest quality of physical therapist services. These values imbue the scope of PT and PTA activities. The core values retain the PT as the person ultimately responsible for providing safe, accessible, cost-effective, and evidence-based services; and the PTA as the only individual who assists the PT in practice, working under the direction and supervision of the PT. The core values are defined as follows:

- **Accountability**  
Accountability is active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
- **Altruism**  
Altruism is the primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.
- **Collaboration**  
Collaboration is working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.
- **Compassion and Caring**  
Compassion is the desire to identify with or sense something of another's experience; a precursor of caring.  
  
Caring is the concern, empathy, and consideration for the needs and values of others.
- **Duty**  
Duty is the commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.
- **Excellence**  
Excellence in the provision of physical therapist services occurs when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.
- **Integrity**  
Integrity is steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.

- Social Responsibility

Social responsibility is the promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

**Explanation of Reference Numbers:**

HOD P00-00-00-00 stands for House of Delegates/month/year/page/vote in the House of Delegates minutes; the "P" indicates that it is a position (see below). For example, HOD P06-17-05-04 means that this position can be found in the June 2017 House of Delegates minutes on Page 5 and that it was Vote 4.

P: Position | S: Standard | G: Guideline | Y: Policy | R: Procedure

# Standards of Ethical Conduct for the Physical Therapist Assistant

HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]



## 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.

*Proviso: The Standards of Ethical Conduct for the Physical Therapist Assistant as substituted will take effect July 1, 2010, to allow for education of APTA members and nonmembers.*



## N-95 Fit Test Medical Evaluation

N-95 Fit Test Medical Evaluation			
Student Information		Evaluator Sign:	
Name _____	Age _____	Type of respirator you will use: Brand: 3M                      1860 / 1860S Comments: _____	
Date _____	Height _____		
Gender     Male / Female	Weight _____		
Place a check mark in the appropriate box (Yes/No)		Yes	No
1 Do you currently smoke tobacco, or have you smoked tobacco in the last month?			
2 Have you ever had any of the following conditions		Yes	No
a Seizures (fits)			
b Diabetes			
c Allergic reactions that interfere with your breathing			
d Claustrophobia			
e Trouble smelling odors			
3 Have you ever had any of the following pulmonary or lung problems?		Yes	No
a Asbestosis			
b Asthma			
c Chronic bronchitis			
d Emphysema			
e Pneumonia			
f Tuberculosis			
g Silicosis			
h Pneumothorax (collapsed lung)			
i Lung cancer			
j Broken ribs			
k Any chest injuries or surgeries			
l Any other lung problem			
4 Do you currently have any of the following symptoms of pulmonary/lung disease?		Yes	No
a Shortness of breath			
b Shortness of breath when walking fast on level ground or walking up a slight hill or incline			
c Shortness of breath when walking with other people at an ordinary pace on level ground			
d Have to stop for breath when walking at your own pace on level ground			
e Shortness of breath when washing or dressing yourself			
f Shortness of breath that interferes with your job			
g Coughing that produces phlegm (thick sputum)			
h Coughing that wakes you early in the morning			

i	Coughing that occurs mostly when you are lying down		
j	Coughing up blood in the last month		
k	Wheezing		
l	Wheezing that interferes with your job		
m	Chest pain when you breathe deeply		
n	Any other symptoms that you think may be related to lung problems		
5	Have you ever had any of the following cardiovascular or heart problems?	Yes	No
a	Heart attack		
b	Stroke		
c	Angina (chest pain)		
d	Heart failure		
e	Swelling in your legs or feet (not caused by walking)		
f	Heart arrhythmia		
g	High blood pressure		
h	Any other heart problem that you have been told about		
6	Have you ever had any of the following cardiovascular or heart symptoms?	Yes	No
a	Frequent pain or tightness in your chest		
b	Pain or tightness in your chest during physical activity		
c	Pain or tightness in your chest that interferes with your job		
d	In the past two years, have you noticed your heart skipping or missing a beat		
e	Heartburn or indigestion that is not related to eating		
f	Any other symptoms that you think may be related to heart or circulation problems? _____		
7	Do you currently take medication for any of the following problems?	Yes	No
a	Breathing or lung problems		
b	Heart trouble		
c	Blood Pressure		
d	Seizures (fits)		
8	If you have used a respirator, have you ever had any of the following problems?	NA	Yes
a	Eye irritation		
b	Skin allergies or rashes		
c	Anxiety		
d	General weakness or fatigue		
e	Any other problem that interferes with your use of a respirator. Why: _____		



## Health Release Form

### Part A: To be completed by the STUDENT

#### Student Information

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

Birth Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary healthcare provider: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Health History: Have you ever had or do you have any of the following:

	Yes	No
1 Frequent headaches		
2 Hay fever		
3 Sinus trouble, nose bleeds		
4 Frequent colds		
5 Ear infections or problems		
6 Frequent sore throat		
7 Asthma		
8 Chronic cough		
9 Hoarseness		
10 Serious dental disorders		
11 Recurrent vomiting		
12 Ulcers		
13 Jaundice or hepatitis		
14 Frequent or painful urination		
15 Blood in urine		
16 Frequent bowel irregularities (diarrhea, constipation)		
17 Black or bloody stool		
18 Neck injuries or problems		
19 Foot problems		
20 Swollen ankles		
21 Knee injury		
22 Bone or joint problems		

	Yes	No
23 Rheumatism or arthritis		
24 Low back pain		
25 Broken bones		
26 Varicose veins		
27 Anemia		
28 Seizures		
29 Bruise easily		
30 Extreme nervousness		
31 Depression/emotional probs		
32 Dizziness		
33 Severe weakness		
34 Fainting spells		
35 High blood pressure		
36 Heart problems		
37 Angina		
38 Skin problems, eczema, chronic rash		
39 Wear glasses or contacts		
40 Diabetes		
41 Tumors, cancer		
42 Breast lumps		
43 Rheumatic fever		
44 Hand/wrist pain or numbness		

	Yes	No
45 Do you smoke?		
46 Have you ever had a work-related injury or illness?		
47 Are you currently under a doctor's care for any condition?		
48 Are you currently or might you be pregnant?		
49 Has anyone in your immediate family ever had a history of diabetes?		

Please provide details for all "Yes" answers give in items 1-49.

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If you have ever been hospitalized for any major medical illness or operation, write your most recent hospitalizations below:

Year	Operation or illness	Name of hospital	City and State

I understand that by signing this form I am certifying the accuracy of the information, and that supplying any false or incorrect information on this form shall constitute grounds for discipline up to and including dismissal from Southern's PTA Program.

I also certify that the answers are true and hereby give the examining Health Care Provider (MD, NP, PA) permission to submit a report of my physical condition to Southern Adventist University PTA Program.

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

## Part B: To be completed by the MEDICAL PROVIDER

### Medical Provider

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

### Facility Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Instructions:** This patient is a student in the Physical Therapist Assistant Program at Southern Adventist University. To determine if the student is safe to participate in clinical experiences, this form must be completed by an appropriate medical provider (MD, DO, NP, PA) and returned to the PTA Program Director of Clinical Education. If there are any questions, please contact the DCE, Mandy Sharpe, at 423-236-2357.

### **Clearance** (Check only one of the following)

- ☐ NO RESTRICTIONS. To my knowledge, the student is able to participate in clinical experiences without restrictions and without being impaired by prescriptions/substances. The student is able to perform the Essential Functions of Southern's PTA Program. (*Southern Adventist University's PTA Program Essential Functions is attached for reference.*)
- ☐ LIMITATIONS/RESTRICTIONS/PRECAUTIONS until \_\_\_\_\_ (date). If the student has limitations/restrictions/precautions, the student may participate in select clinical experiences that do not compromise the safety of the student or others at the discretion of the PTA Program Director. Please list any limitations/restrictions/precautions in performing the Essential Functions of the PTA Program. (*Southern Adventist University's PTA Program Essential Functions is attached for reference.*) Limitations/Restrictions/Precautions:

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- ☐ UNABLE TO PARTICIPATE until \_\_\_\_\_ (date) for the following reason:

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### **Follow-up Appointment** (Check only one of the following)

- ☐ No Follow-up appointment needed
- ☐ Follow-up appointment is scheduled for \_\_\_\_\_ (date)

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Part C: Essential Functions**

The following is a reference list taken from the PTA Essential Functions document, for the medical provider to be aware of what is expected of the PTA student.

Physical requirements of 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 lbs.
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.

**Southern Adventist University**  
**Physical Therapist Assistant Program**

**Clinical Orientation Checklist**

Student \_\_\_\_\_ CI \_\_\_\_\_

Name of facility \_\_\_\_\_

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

\_\_\_\_\_ 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

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

CI Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This is not a required document. Once completed, please keep it in your portfolio for reference.

## Weekly Goal Form

### Instructions

1. Set Goals:
  - a. Goals should be set on the first day of the work week.
  - b. They should be based on current student performance.
  - c. Write them in the designated boxes (some suggested areas to create goals are listed below)
  - d. Create measurable goals specific to the student's needs.
2. Review Goals:
  - a. Goals should be reviewed on the final day of the work week.
  - b. Mark the date the goal was met or indicate improvement needed.
  - c. Provide comments about student performance from the week as needed.
3. Student and CI must sign after discussing the weekly goals.
4. Upload to eClass by each Friday evening (before sunset, please).

### Goal Suggestions

#### Communication & Confidence

- Patient interactions
- Explanations to patients
- Cueing patients
- Confident behaviors
- Taking initiative during sessions
- Planning daily schedule/set-up
- Communication with other staff/disciplines

#### Interventions

- MMT/ROM
- Vitals
- Modalities
- Manual techniques
- HEP
- Transfers
- Assistive devices
- Therapeutic exercise
- Equipment
- Line management

#### Clinical Reasoning

- Thinking process
- Progress/regression
- Planning ahead
- Know the “why”
- Asking appropriate questions

#### Case Load

- Treat X patients per day
- Take the lead on X patients per day

#### Documentation

- EMR system
- Subjective questions (functional)
- Objective details/measurements
- Concise documentation
- Timeliness (speed to document)
- Progress Note writing
- Billing
- Time management (treat & document)



Week 1	Goals	Needs Improvement	Goal Met (date)
	Communication & Confidence		
	Clinical Reasoning		
	Documentation		
	Interventions		
	Case Load		
Comments:			

Signatures: Student: \_\_\_\_\_ CI: \_\_\_\_\_

Week 2	Goals	Needs Improvement	Goal Met (date)
	Communication & Confidence		
	Clinical Reasoning		
	Documentation		
	Interventions		
	Case Load		
Comments:			

Signatures: Student: \_\_\_\_\_ CI: \_\_\_\_\_

Week 3	Goals	Needs Improvement	Goal Met (date)
	Communication & Confidence		
	Clinical Reasoning		
	Documentation		
	Interventions		
	Case Load		
Comments:			

Signatures: Student: \_\_\_\_\_ CI: \_\_\_\_\_

Week 4	Goals	Needs Improvement	Goal Met (date)
	Communication & Confidence		
	Clinical Reasoning		
	Documentation		
	Interventions		
	Case Load		
Comments:			

Signatures: Student: \_\_\_\_\_ CI: \_\_\_\_\_

Week 5	Goals	Needs Improvement	Goal Met (date)
	Communication & Confidence		
	Clinical Reasoning		
	Documentation		
	Interventions		
	Case Load		
Comments:			

Signatures: Student: \_\_\_\_\_ CI: \_\_\_\_\_

Week 6	Goals	Needs Improvement	Goal Met (date)
	Communication & Confidence		
	Clinical Reasoning		
	Documentation		
	Interventions		
	Case Load		
Comments:			

Signatures: Student: \_\_\_\_\_ CI: \_\_\_\_\_

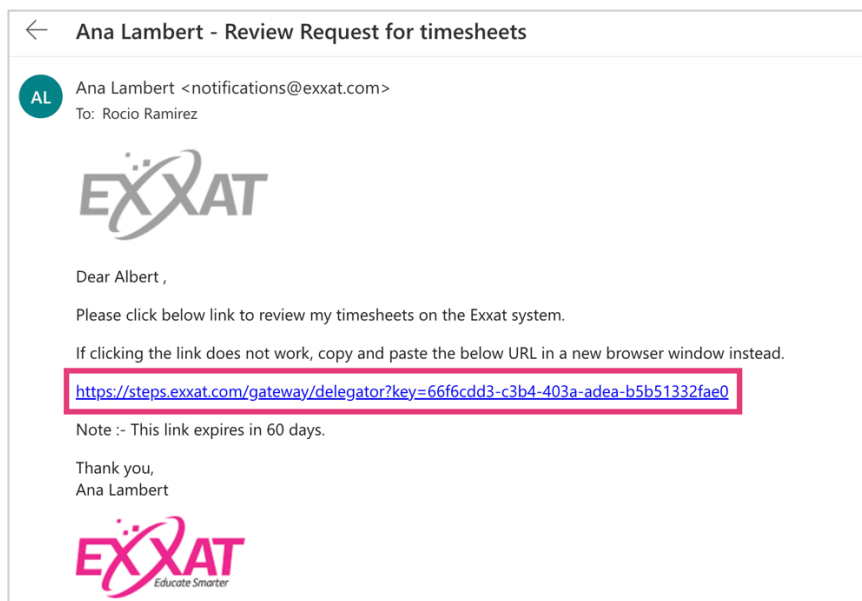
## Patient Tracking

[illegible]

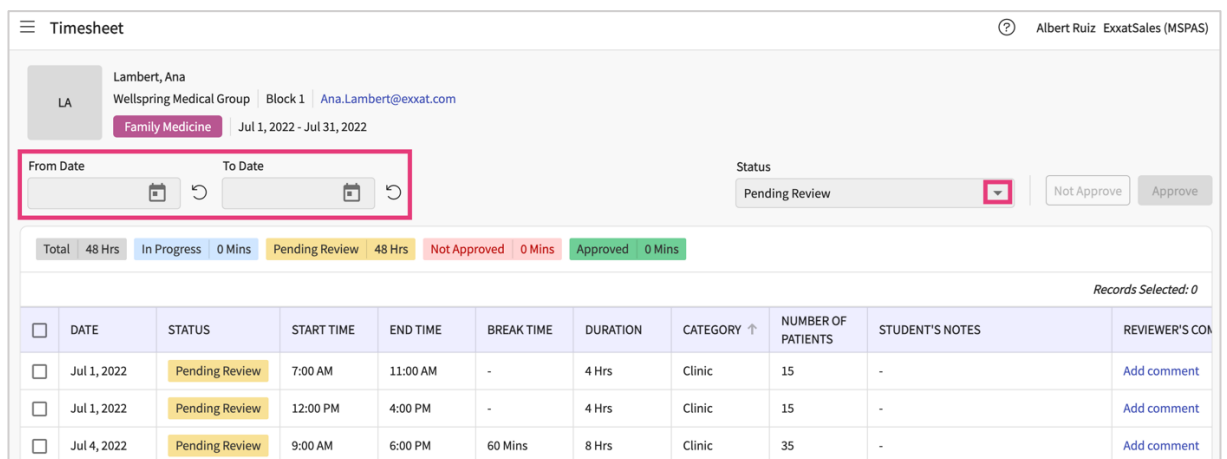
# Reviewing Student Timesheets for Site Prism

When working with students during a rotation, the school may request you to review and sign off on the student's timesheets.

1. Once a student submits their timesheet, you will be sent an email with a subject line "Student Name – Review Request for Timesheets". Click on the link to review their timesheet.
  - a. Caution: the link automatically expires within 60 days!
  - b. Please note, Internet Explorer is not a supported browser.
  - c. If the link does not work, copy and paste the URL in a new window.



2. You will be redirected to Exxat and will view all timesheets submitted by the student.
  - a. You can filter by dates and status.



3. If you'd like to make any comments on a specific time log, scroll to the right of the table and click Add Comment.
  - a. If the comment applies to multiple logs, select the logs first using the open checkbox.

LA

Lambert, Ana  
 Wellspring Medical Group | Block 1 | [Ana.Lambert@exxat.com](mailto:Ana.Lambert@exxat.com)  
 Family Medicine | Jul 1, 2022 - Jul 31, 2022

Total 48 Hrs | In Progress 0 Mins | Pending Review 48 Hrs | Not Approved 0 Mins | Approved 0 Mins

Records Selected: 0

<input type="checkbox"/>	DATE	STATUS	START TIME	END TIME	BREAK TIME	DURATION	CA	REVIEWER'S COMMENTS
<input type="checkbox"/>	Jul 1, 2022	Pending Review	7:00 AM	11:00 AM	-	4 Hrs	Cli	<a href="#">Add comment</a>
<input type="checkbox"/>	Jul 1, 2022	Pending Review	12:00 PM	4:00 PM	-	4 Hrs	Cli	<a href="#">Add comment</a>

4. A drawer will open. Provide your comments and click Save.
  - a. If you selected multiple timesheets, select the checkbox "Apply comments to all the selected records" option.

X Add your comments
 

Save

☐ Apply comments to all the selected records

Comments
 

Comments made by reviewer

5. Select the entries you'd like to review using the open checkbox and select Approve or Not Approve on the top right corner.

LA

Lambert, Ana  
 Wellspring Medical Group | Block 1 | [Ana.Lambert@exxat.com](mailto:Ana.Lambert@exxat.com)  
 Family Medicine | Jul 1, 2022 - Jul 31, 2022

From Date  To Date  Status Pending Review

Not Approve Approve

Total 48 Hrs | In Progress 0 Mins | Pending Review 48 Hrs | Not Approved 0 Mins | Approved 0 Mins

Records Selected: 3

<input type="checkbox"/>	DATE	STATUS	START TIME	END TIME	BREAK TIME	DURATION	CATEGORY	NUMBER OF PATIENTS
<input checked="" type="checkbox"/>	Jul 1, 2022	Pending Review	7:00 AM	11:00 AM	-	4 Hrs	Clinic	15
<input checked="" type="checkbox"/>	Jul 1, 2022	Pending Review	12:00 PM	4:00 PM	-	4 Hrs	Clinic	15
<input checked="" type="checkbox"/>	Jul 4, 2022	Pending Review	9:00 AM	6:00 PM	60 Mins	8 Hrs	Clinic	35
<input type="checkbox"/>	Jul 5, 2022	Pending Review	7:00 AM	4:00 PM	60 Mins	8 Hrs	Clinic	55



6. A pop-up will appear asking you to confirm your review of the selected timesheets. Click Ok.

Are you sure you want to proceed?

CancelOk

7. The time entries you reviewed will be removed from the table. Any entries you have not yet reviewed will remain visible on the page.

LA

Lambert, Ana  
Wellspring Medical Group | Block 1 | [Ana.Lambert@exxat.com](mailto:Ana.Lambert@exxat.com)  
Family Medicine | Jul 1, 2022 - Jul 31, 2022

From Date

To Date

Status  
Pending Review

Not Approve

Approve

Total 32 Hrs

In Progress 0 Mins

Pending Review 32 Hrs

Not Approved 0 Mins

Approved 0 Mins

Records Selected: 0

<input type="checkbox"/>	DATE	STATUS	START TIME	END TIME	BREAK TIME	DURATION	CATEGORY	NUMBER OF PATIENTS	STUDENT'S NOTES	REVIEWER'S COM
<input type="checkbox"/>	Jul 5, 2022	Pending Review	7:00 AM	4:00 PM	60 Mins	8 Hrs	Clinic	55	-	<a href="#">Add comment</a>
<input type="checkbox"/>	Jul 6, 2022	Pending Review	7:00 AM	4:00 PM	60 Mins	8 Hrs	Clinic	55	-	<a href="#">Add comment</a>
<input type="checkbox"/>	Jul 7, 2022	Pending Review	9:00 AM	6:00 PM	60 Mins	8 Hrs	Clinic	64	-	<a href="#">Add comment</a>
<input type="checkbox"/>	Jul 8, 2022	Pending Review	7:00 AM	4:00 PM	60 Mins	8 Hrs	Clinic	45	-	<a href="#">Add comment</a>

# Southern Adventist University

## Physical Therapist Assistant Program

### CI Details

\*Note: The data in this form is to be entered online in Exxat. The purpose of this form as a hard copy is for student use when asking questions in the clinic. You do not have to turn in the paper-copy of this form. Please complete online in Exxat.

#### Clinical Instructor

CI Name:

Cell Phone #:

Highest degree earned:

Degree Area (PT, PTA):

School graduated from:

Year of graduation:

Years of experience as a CI:

Years of experience as clinician:

Years worked at this company:

Areas of expertise:

Clinical certifications:

APTA Credentialed CI? Yes / No

Professional Organization memberships:

APTA: Yes / No

Other:

Favorite part of being a therapist?

Favorite patient population to treat?

Least favorite part of being a therapist? Be honest.

What is something that you do as a part of your job that you didn't know you were going to have to do?



## Site Visit Form

Student: first last

Course:

CI: name

Site:

DCE: Mandy Sharpe, PT, DPT

Date:

Meeting: On-Site

Time:

### Conversation with Clinical Instructor

- Does the CI have any concerns with the following areas?
  - Safety: **No** –
  - Clinical Behaviors: **No** -
  - Accountability: **No** -
  - Communication: **No** -
  - Clinical Problem Solving: **No** –
- Experience the student is receiving:
  - CI caseload (typical # of patients per day):
  - # of patients the student is taking lead on:
  - Patient population:
- General impression of the student's performance thus far:
  - Strengths:
  - Weaknesses:
- Clinical Education Program requirements, goals and expectations reviewed for specific clinical: **Yes**
- At this point, is the student performing at the expected performance level? **Yes**
- What are the goals/plans for the remainder of this clinical experience?
- Final Comments:
  - First time meeting clinical instructor.
  - First time meeting clinic director or SCCE
  - Inquired if there is anything the facility needs /would like from the university to improve the experience.
  - General support offered to CI. Informed that DCE is available for any further needs.
- CI Questions:
- Conversation Length:

### Conversation with Student

- Support of CI to student
  - Does the CI provide the student with constructive and thorough comments? **Yes**

- Does the CI identify areas for student improvement?  
Yes
- Is the CI receptive to the student's needs or learning style? Yes
- Is the CI available to the student when needed? Yes
- Is the CI implementing the clinical program according to school and facility policies? Yes
- Comments:
- Overall is the clinical relationship between the student and CI encouraging student clinical growth?  
Yes -
- Any concerns or comments about this clinical experience or CI?  
No -
- Do you feel the CI is providing you with the appropriate level of supervision and independence?  
Yes -
- Experience the student is receiving:
  - # of patients the student is taking lead on:
  - Patient population:
  - Opportunities provided outside of clinic work:
- Student Self-Assessment
  - Strengths:
  - Weaknesses:
- Final Comments: General support offered to student. Informed that DCE is available for any further needs.
- Student Questions:
- Conversation Length:

### Observation

- Able to observe the student treating a patient? Yes –
- Interaction with patient:
- Interaction with CI:
- Patient comments:
- Provided facility with tangible item: Fruit/cheese tray and Thank You note; was well received

### Action Plan

- Is an Action Plan Necessary? No

Southern Adventist University  
Physical Therapist Assistant Program

Student In-Service Feedback Form

Student Name: \_\_\_\_\_ Date of In-service: \_\_\_\_\_

Topic of In-Service: \_\_\_\_\_

Select one: \_\_\_\_\_ Clinical Affiliation II (Sept/Oct) \_\_\_\_\_ Clinical Affiliation III (Nov/Dec)

*Student Instructions: You must have a minimum of 2 audience members fill out this form.*

---

*Audience Instructions: Please fill out the remaining portion of this form.*

Did the in-service cover a topic that is current with physical therapy practice? Circle: Yes / No

Please explain:

	<i>Disagree</i>		<i>Agree</i>	
Student understands the topic being presented	1	2	3	4
Maintains good eye contact throughout presentation	1	2	3	4
Provides handouts/outlines/additional supportive information	1	2	3	4
Demonstrates professional appearance	1	2	3	4
Answers questions appropriately and respectfully	1	2	3	4

Strengths of presentation:

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

Reviewer's name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Thank you for your time. When completed, please return this form to the PTA student*

## DEFINITIONS OF PERFORMANCE DIMENSIONS & RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<b>Performance Dimensions</b>	
<b>Supervision/ Guidance</b>	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences*, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation* and may vary with the complexity of the patient or environment.</li> </ul>
<b>Quality</b>	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled or highly skilled performance.</li> </ul>
<b>Complexity</b>	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.</li> </ul>
<b>Consistency</b>	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> <li>As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.</li> </ul>
<b>Efficiency</b>	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> <li>As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.</li> </ul>
<b>Rating Scale Anchors</b>	
<b>Beginning performance</b>	<ul style="list-style-type: none"> <li>A student who requires direct personal supervision 100% of the time working with patients with constant monitoring and feedback, even with patients with simple conditions.</li> <li>At this level, performance of essential skills is inconsistent and clinical problem solving* is performed in an inefficient manner.</li> <li>Performance reflects little or no experience in application of essential skills with patients.</li> <li>The student does not carry a patient care workload with the clinical instructor (a PTA directed and supervised by a physical therapist or a physical therapist).</li> </ul>
<b>Advanced beginner performance</b>	<ul style="list-style-type: none"> <li>A student who requires direct personal supervision 75% – 90% of the time working with patients with simple conditions, and 100% of the time working with patients with more complex conditions.</li> <li>At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review), clinical problem solving, interventions (eg, monitoring therapeutic exercise), and related data collection (eg, single angle goniometry), but is unable to perform more complex tasks, clinical problem solving, interventions/data collection without assistance.</li> <li>The student may begin to share the patient care workload with the clinical instructor.</li> </ul>
<b>Intermediate performance</b>	<ul style="list-style-type: none"> <li>A student who requires direct personal supervision less than 50% of the time working with patients with simple conditions, and 75% of the time working with patients with complex conditions.</li> <li>At this level, the student is proficient with simple tasks, clinical problem solving, and interventions/data collection and is developing the ability to consistently perform more complex tasks, clinical problem solving, and interventions/data collection.</li> <li>The student is <b>capable of</b> maintaining 50% of a full-time physical therapist assistant's patient care workload.</li> </ul>
<b>Advanced intermediate performance</b>	<ul style="list-style-type: none"> <li>A student who requires clinical supervision less than 25% of the time working with new patients or patients with complex conditions and is independent working with patients with simple conditions.</li> <li>At this level, the student is consistent and proficient in simple tasks, clinical problem solving, and interventions/data collection and requires only occasional cueing for more complex tasks, clinical problem solving, and interventions/data collection.</li> <li>The student is <b>capable of</b> maintaining 75% of a full-time physical therapist assistant's patient care workload.</li> </ul>
<b>Entry-level performance</b>	<ul style="list-style-type: none"> <li>A student who is <b>capable of</b> completing tasks, clinical problem solving, and interventions/data collection for patients with simple or complex conditions under general supervision of the physical therapist.</li> <li>At this level, the student is consistently proficient and skilled in simple and complex tasks, clinical problem solving, and interventions/data collection.</li> <li>The student consults with others to resolve unfamiliar or ambiguous situations.</li> <li>The student is <b>capable of</b> maintaining 100% of a full-time physical therapist assistant's patient care workload in a cost effective* manner with the direction and supervision of the physical therapist.</li> </ul>

## **Professional Behaviors Assessment Tool**

Student Name:

Class of:

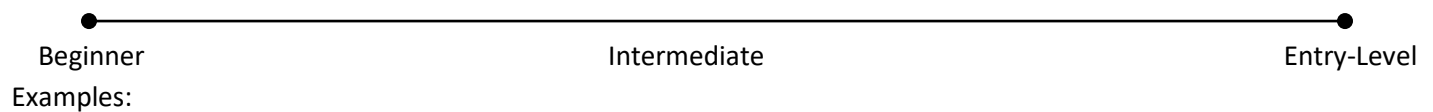
Directions:

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. You will complete this form in PTAS 100, PTAS 235 and PTAS 255.
  - a. Highlight all criteria that describe behaviors that you demonstrate in Beginning level (column 1), Intermediate level (column 2), or Entry level (column 3). Use different colored highlighters for each of the 3 assessments.
  - 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, 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. Share your self assessment with your clinical instructor, specifically seeking his/her feedback.
6. Save and upload to eClass
7. The next course this document is required, utilize this current form and perform the consecutive assessment.

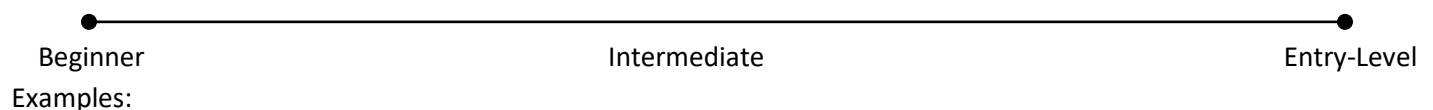
**1. Critical Thinking:** The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, 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><b>Beginning Level:</b>          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><b>Intermediate Level:</b>          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><b>Entry Level:</b>          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>
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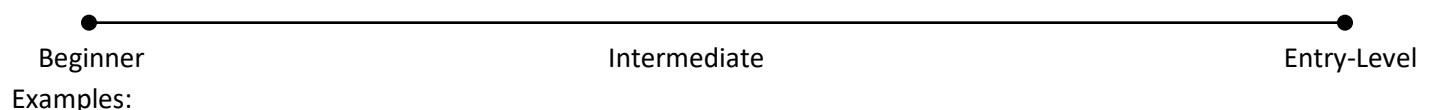
**PTAS 100 Physical Therapy Perspectives**



**PTAS 235 Clinical Affiliation I**



**PTAS 255 Clinical Affiliation III**



2. **Communication**: The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

***Beginning Level:***

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

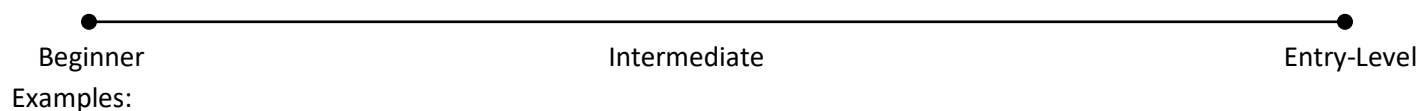
**Intermediate Level:**

- 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)

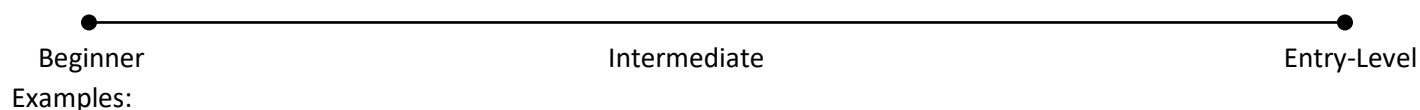
**Entry Level:**

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

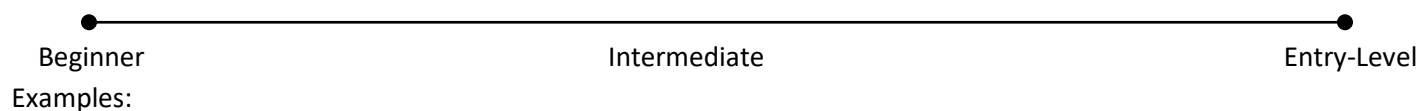
## PTAS 100 Physical Therapy Perspectives



## PTAS 235 Clinical Affiliation I



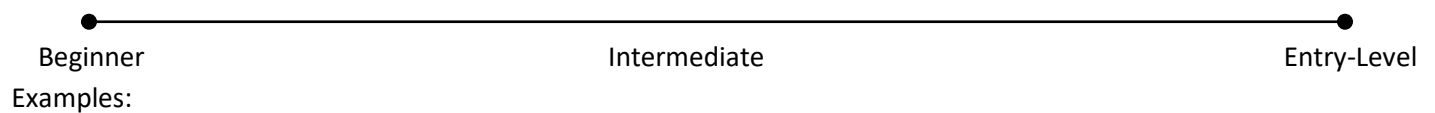
## PTAS 255 Clinical Affiliation III



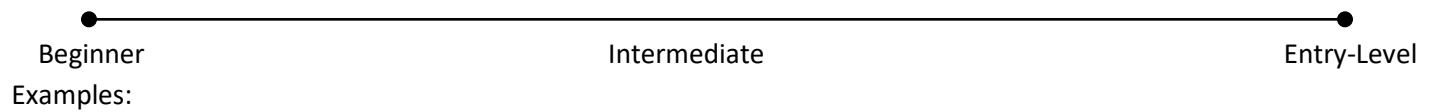
**3. Problem Solving:** The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

<p><b>Beginning Level:</b>  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</p>	<p><b>Intermediate Level:</b>  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</p>	<p><b>Entry Level:</b>  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</p>
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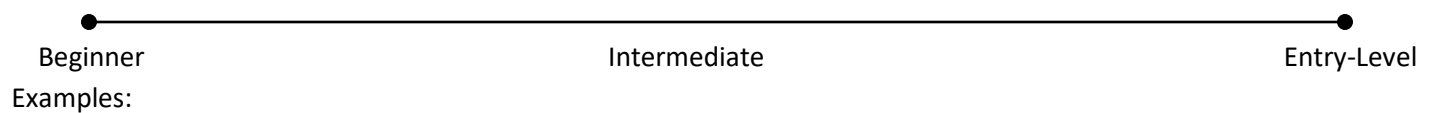
**PTAS 100 Physical Therapy Perspectives**



**PTAS 235 Clinical Affiliation I**



**PTAS 255 Clinical Affiliation III**





**4. Interpersonal Skills:** The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

***Beginning Level:***

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

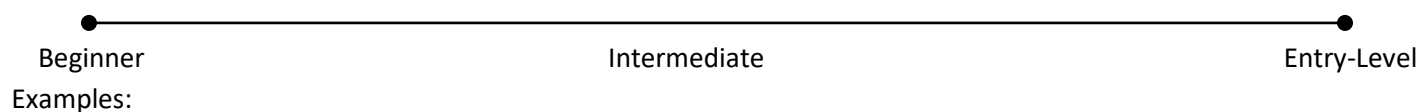
**Intermediate Level:**

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

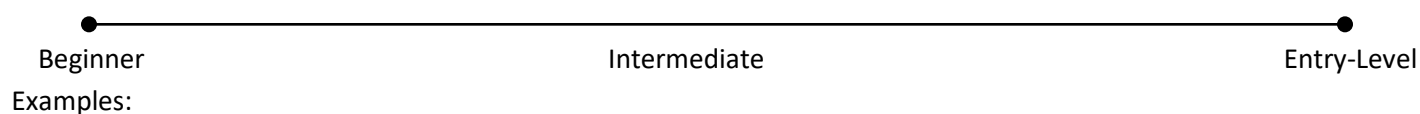
**Entry Level:**

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

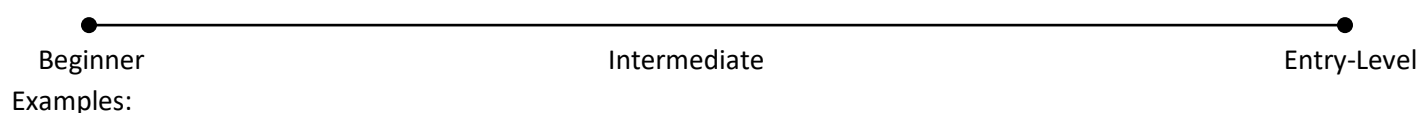
## PTAS 100 Physical Therapy Perspectives



## PTAS 235 Clinical Affiliation I



## PTAS 255 Clinical Affiliation III



5. **Responsibility**: 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.

***Beginning Level:***

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

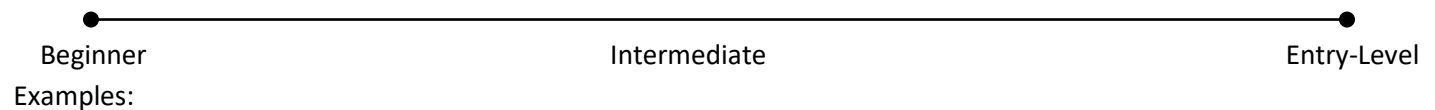
**Intermediate Level:**

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

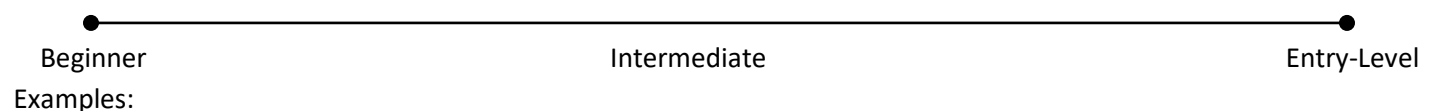
**Entry Level:**

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

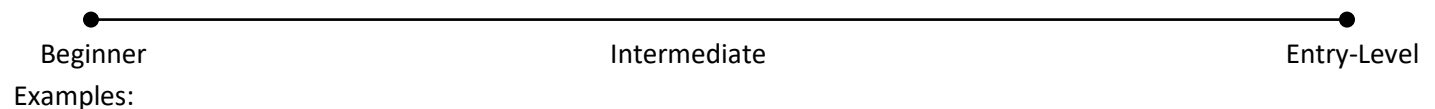
## PTAS 100 Physical Therapy Perspectives



## PTAS 235 Clinical Affiliation I



## PTAS 255 Clinical Affiliation III



6. **Professionalism:** The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

***Beginning Level:***

Abides by all aspects of the academic program honor code 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

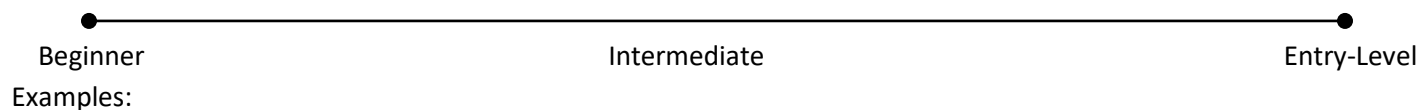
**Intermediate Level:**

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

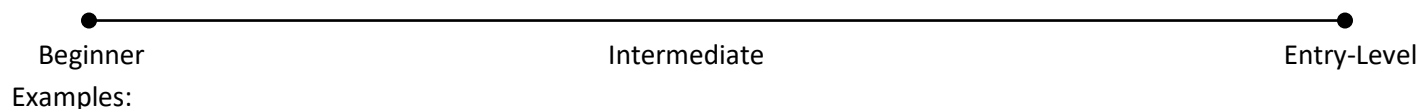
**Entry Level:**

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

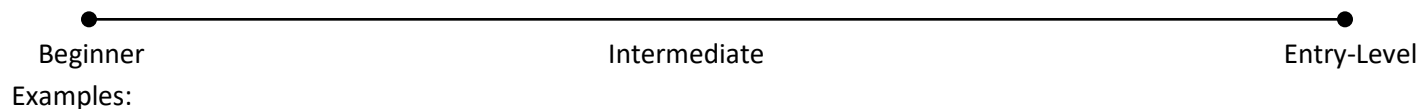
## PTAS 100 Physical Therapy Perspectives



## PTAS 235 Clinical Affiliation I



## PTAS 255 Clinical Affiliation III



**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

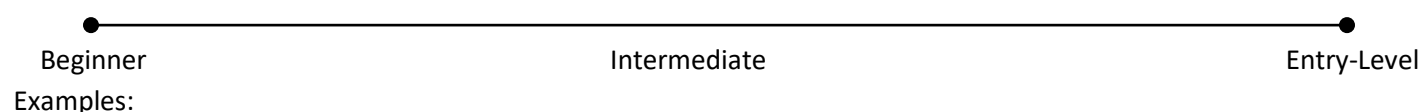
**Intermediate Level:**

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

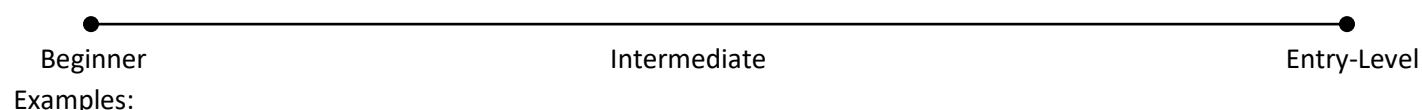
**Entry Level:**

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

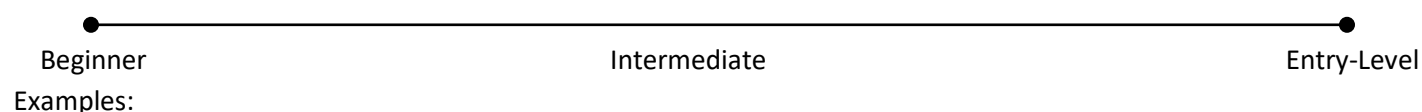
## PTAS 100 Physical Therapy Perspectives



## PTAS 235 Clinical Affiliation I



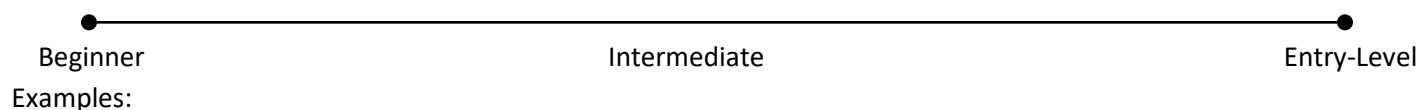
## PTAS 255 Clinical Affiliation III



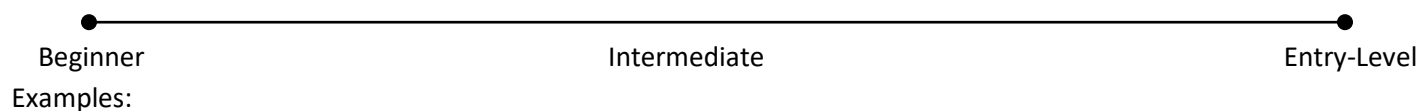
**8. Effective Use of Time and Resources:** The ability to manage time and resources effectively to obtain the maximum possible benefit.

<p><b>Beginning Level:</b> Comes prepared for the day's activities&amp; 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</p>	<p><b>Intermediate Level:</b> 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</p>	<p><b>Entry Level:</b> 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</p>
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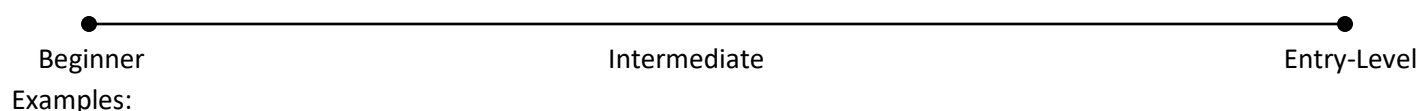
**PTAS 100 Physical Therapy Perspectives**



**PTAS 235 Clinical Affiliation I**

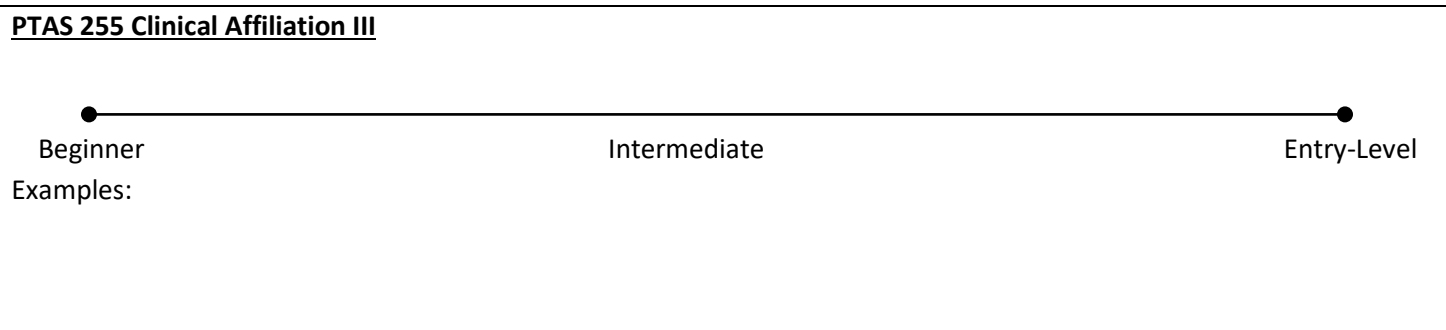
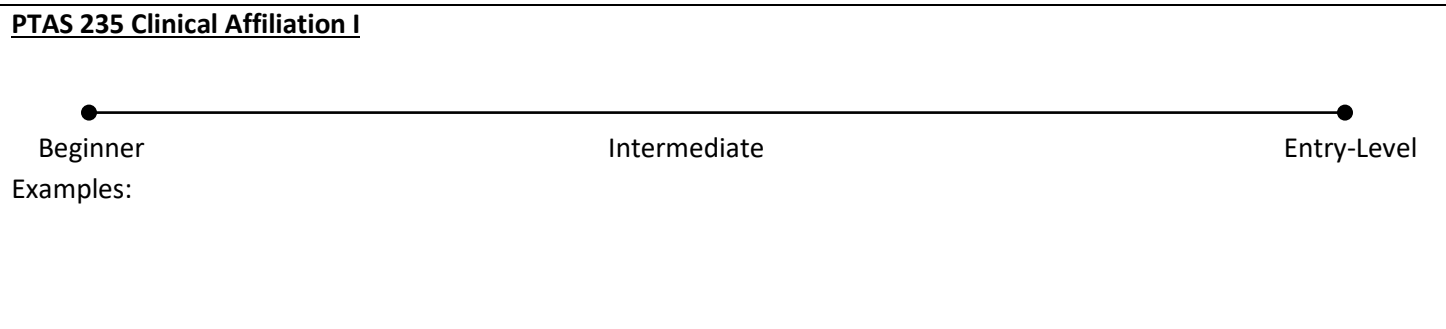
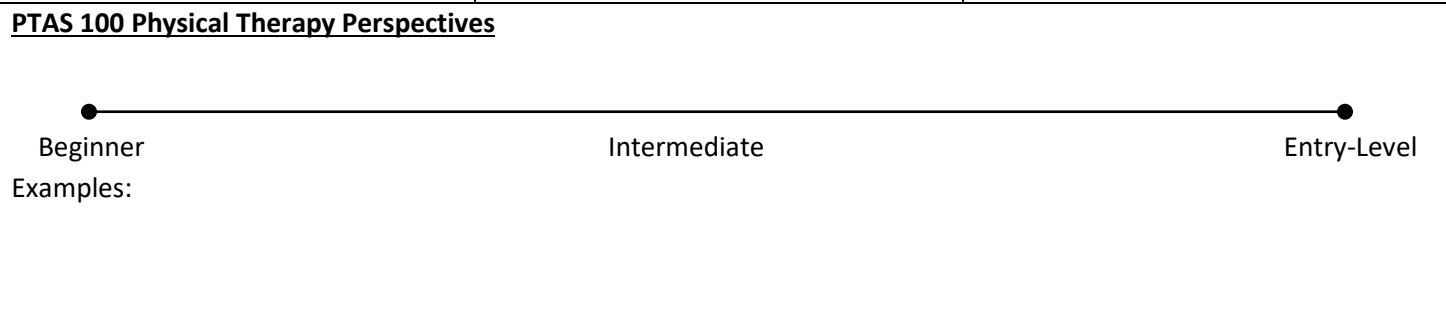


**PTAS 255 Clinical Affiliation III**



**9. Stress Management:** 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.

<p><b><i>Beginning Level:</i></b>  Recognizes own stressors;  Recognizes distress or problems in others; Seeks assistance as needed;  Maintains professional demeanor in all situations</p>	<p><b><i>Intermediate Level:</i></b>  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</p>	<p><b><i>Entry Level:</i></b>  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</p>
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**10. Commitment to Learning:** 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.

***Beginning Level:***

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

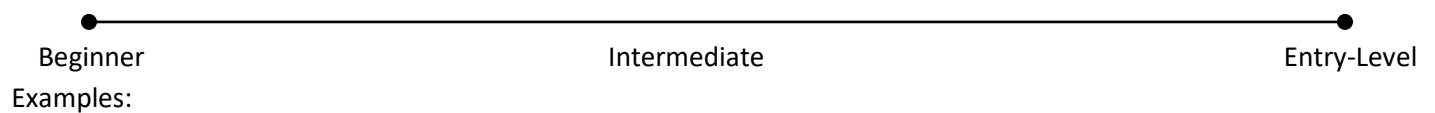
**Intermediate Level:**

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

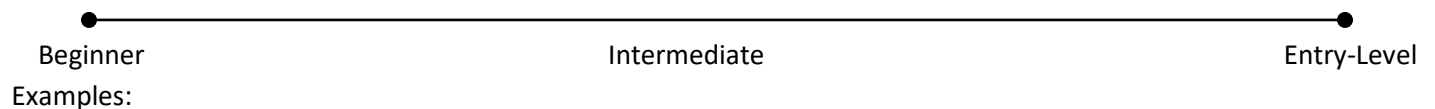
**Entry Level:**

- 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

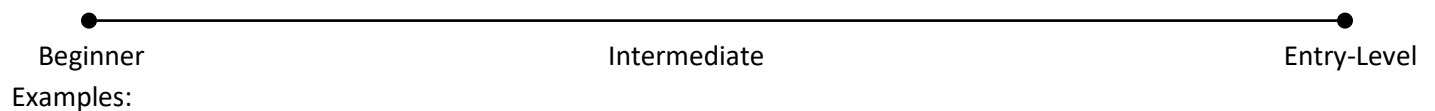
## PTAS 100 Physical Therapy Perspectives



## PTAS 235 Clinical Affiliation I



## PTAS 255 Clinical Affiliation III



### **PTAS 100 Physical Therapy Perspectives**

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:**

### **PTAS 235 Clinical Affiliation I**

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:**

### **PTAS 255 Clinical Affiliation III**

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:**



Southern Adventist University  
Physical Therapist Assistant Program

## Critical Student Incident Form

Date of Incident: \_\_\_\_\_ Student: \_\_\_\_\_

Course: \_\_\_\_\_

**Instructor's Description of Incident:**

**Required Action:**

Instructor's Signature and Date: \_\_\_\_\_

**Student's Comments:**

Student's Signature and Date: \_\_\_\_\_

**Director's Comments:**

Director's Signature and Date: \_\_\_\_\_

Original to Director, then student file; Copy to Student



### Closing Statement

Thank you, our community partners, for your continued support of Southern's Physical Therapist Assistant Program. We greatly appreciate your willingness to participate in the training of quality, skilled entry-level Physical Therapist Assistants across this great State of Tennessee and beyond.

Please feel free to contact us with any questions or concerns you may have about the program. We are striving to ensure good communication with our community partners to meet your facility needs.

#### **Mandy Sharpe, PT, DPT**

Director of Clinical Education  
Southern Adventist University  
[msharpe@southern.edu](mailto:msharpe@southern.edu)  
Office: (423) 236-2357  
Cell: (919) 306-7215

#### **Christopher Stewart, PT, DPT, MBA**

Program Director  
Southern Adventist University  
[cbstewart@southern.edu](mailto:cbstewart@southern.edu)  
Office: (423) 236-2356

Southern Adventist University  
Physical Therapist Assistant Program

**Student Signed Consent for Drug and Alcohol Testing**

Policy

The PTA Program has a zero-tolerance policy with respect to illicit drug use. A drug screen will be required of any new student accepted into the Program. A drug screen will also be required for an enrollment lapse of one semester or more. Students may be screened at any other time for random testing, reasonable suspicion or evidence of alcohol or drug use. The student requiring random testing for reasonable suspicion or evidence of alcohol or drug use will be responsible for laboratory cost. Violation and positive drug screens will result in disciplinary action up to and including dismissal.

For each statement below, please initial on the line signifying that you agree to and understand each statement.

\_\_\_\_\_ I hereby agree to submit to any drug or alcohol test when requested by the PTA department by furnishing a sample of my urine, breath, and/or blood for analysis. I have been fully informed of the reasons for the test and I understand what I am being tested for and the procedure involved. I am fully aware that the results of this test will be forwarded on to the DCE at Southern Adventist University's PTA Department and will become part of my record.

\_\_\_\_\_ I understand that if at any time I refuse to submit to a drug or alcohol test or if I otherwise fail to cooperate with the testing procedure, I will be removed from the PTA Program.

\_\_\_\_\_ I understand that if at any time the results of my drug or alcohol test come back positive, disciplinary action including up to and/or dismissal from the PTA Program may be required.

\_\_\_\_\_ I understand that the PTA Department has the right to request a randomized drug or alcohol screen/test be performed at any time during my participation in the PTA Program.

\_\_\_\_\_ I understand that if at any time there is reasonable suspicion or evidence of drug or alcohol use, a randomized screen/test may be performed at the expense of the student.

By signing on the line below, you have read, understand and agree to the statements above as well as the concepts and/or requirements outlined in this handbook in regard to drug and alcohol testing.

**I agree to all the above:**

Student Name (Print): \_\_\_\_\_

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

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



**Student Signed Consent of the  
PTA Clinical Education Handbook**

I, the undersigned, hereby acknowledge that I have received, and am responsible for the contents of the Southern Adventist University Physical Therapist Assistant Clinical Education Handbook.

I agree to comply with all policies, procedures, expectations, and responsibilities outlined within the handbook, including but not limited to professional behavior, clinical performance standards, confidentiality, safety protocols, and communication guidelines. I understand that adherence to these standards is essential for successful participation in clinical education experiences and for progression within the PTA program.

I further understand that failure to abide by the policies in the Clinical Education Handbook may result in disciplinary action, up to and including dismissal from the program.

By signing below, I affirm my commitment to uphold the standards of the Physical Therapist Assistant Program at Southern Adventist University and to conduct myself with integrity and professionalism during all clinical education experiences.

Student Name (Print): \_\_\_\_\_

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

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