



# PTA CLINICAL EDUCATION HANDBOOK

Physical Therapist Assistant Program  
Health Professions  
2023-2024



McHenry  
County College

# CAPTE

Commission on Accreditation  
in Physical Therapy Education

The Physical Therapist Assistant Program at McHenry County College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) (3030 Potomac Ave., Suite 100, Alexandria, VA, 22305-3085; phone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org)). If needing to contact the program/institution directly, call (815) 479-7592 or email [clouderman@mchenry.edu](mailto:clouderman@mchenry.edu)

## Welcome to Clinical Education!

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

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

- The student
- The Clinical Instructor
- The Center Coordinator of Clinical Education
- The academic faculty members of the PTA Program at McHenry County College

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

Thank you,

Angela Wallace PTA, MA Manager of Clinical Education Coordination & Christen Louderman  
PT, DPT Program Chair

## Table of Contents

|  |    |
|--|----|
| Welcome .....  | 2  |
| Table of Contents .....  | 3  |
| Harassment and Discrimination .....  | 5  |
| MISSION STATEMENTS.....  | 7  |
| McHenry County College Mission and Vision Statements .....                   | 7  |
| Physical Therapist Assistant Program Mission Statement .....                 | 7  |
| GENERAL EDUCATION AND PTA PROGRAM GOALS .....                                | 8  |
| MCC General Education Goals .....  | 8  |
| MCC PTA Program Goals .....  | 9  |
| Program Objectives.....  | 9  |
| Curriculum Course Sequence .....   | 10 |
| Course Descriptions .....  | 10 |
| Clinical Experience Course Objectives .....                                  | 13 |
| GENERAL GUIDELINES AND PROCEDURES .....                                      | 15 |
| Selection of Clinical Education Sites and Clinical Instructors.....          | 15 |
| Criteria for Selection of Clinical Education Sites.....                      | 15 |
| Criteria for Selection of Clinical Instructors (CI):.....                    | 15 |
| Program Expectations for Clinical Competence of CIs. ....                    | 16 |
| Program Expectations for Clinical Teaching Effectiveness of CIs.....         | 16 |
| Responsibilities of the Program Chair (PC).....                              | 16 |
| Responsibilities of the Clinical Education Coordinator (CEC) .....           | 16 |
| Responsibilities of the Center Coordinator of Clinical Education (CCCE)..... | 17 |
| Responsibilities of the Clinical Instructor (CI).....                        | 18 |
| Affiliation Agreement .....  | 19 |
| Arrangement of Clinical Experiences .....                                    | 20 |
| Readiness for Clinical Experiences .....                                     | 20 |
| Criteria for Passing PTA 145 Introduction to Clinical Education .....        | 20 |
| Determination of Satisfactory Progress of Clinical Experiences.....          | 21 |
| Incomplete Grade for a Full-time Clinical Education Experience .....         | 25 |
| School Holiday and Inclement Weather .....                                   | 25 |
| STUDENT PTA LEGAL PRACTICE GUIDELINES .....                                  | 26 |
| STUDENT RESPONSIBILITIES AT CLINICAL SITES .....                             | 26 |

|   |    |
|---|----|
| PTA PROGRAM CLINICAL EDUCATION EXPECTATIONS AND REQUIREMENTS OF STUDENTS..... | 28 |
| Attendance .....  | 28 |
| Makeup Guideline .....  | 28 |
| Professional Behavior .....   | 29 |
| Dress Code .....  | 29 |
| Transportation .....  | 30 |
| Nametags .....  | 30 |
| Student Preparedness.....   | 30 |
| Confidentiality of Student Clinical Experience Records .....                  | 31 |
| HIPAA.....  | 31 |
| CPR Requirements .....  | 31 |
| Physical Exam/Immunizations Requirements .....                                | 31 |
| Health Insurance .....  | 32 |
| Drug Testing and Criminal Background Checks .....                             | 32 |
| Temporary Accommodations .....  | 33 |
| Accidents.....  | 33 |
| Accommodations for Students with Disabilities .....                           | 33 |
| Student In-Services .....   | 34 |
| Early Termination of Clinical Experience.....                                 | 34 |
| Due Process/Grievance Procedure .....   | 34 |
| Clinical Reassignment.....  | 35 |
| Knowledge of Program and College Policies and Procedures .....                | 35 |
| Informed Consent.....   | 36 |
| Affiliation Agreement .....   | 36 |
| Equipment and Facility Safety .....   | 36 |
| Confidentiality .....   | 36 |
| Supervision.....  | 36 |
| Complaints .....  | 37 |
| Education Tips for the Clinical Instructor .....                              | 37 |
| APPENDIX.....   | 38 |
| APTA Standards of Ethical Conduct for the Physical Therapist Assistant .....  | 39 |
| MCC PTA Program Essential Functions .....                                     | 42 |

PTA 145 Introduction to Clinical Education Skills Checklist ..... 45  
Skills Learned by 1<sup>st</sup> Year MCC PTA Students ..... 46  
Skills Learned by 2<sup>nd</sup> Year MCC PTA Students..... 48  
Professional Behaviors Assessment Tool ..... 52  
Physical Therapy Assistant Program Clinical Handbook Agreement ..... 59  
Clinical Orientation Checklist..... 60  
Clinical Instructor Curriculum Review Form ..... 61  
Clinical Instructor/Student Meeting Form ..... 62  
Confidentiality Agreement ..... 63  
Student In-service Feedback Form ..... 64  
PTA Student Evaluation Clinical Experience and Clinical Instruction ..... 65

## Non-Discrimination Statement

McHenry County College declares and reaffirms a policy of equal opportunity and non-discrimination. The College will make all decisions regarding admission, employment, participation in educational programs, or activities, without discrimination on grounds of race, color, creed or religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disabilities, military status, sexual orientation, gender-related identity, pregnancy, unfavorable discharge from military service, or other factors prohibited by law. Decisions regarding employment include hiring, promotion, termination, wages or salaries, benefits, and other terms and conditions of employment. MCC is committed to diversity and inclusion in its college community.

The lack of English language skills will not be a barrier to admission and participation in educational programs.

Any person having questions regarding the above is directed to contact Rachel Boldman, Title IX Coordinator, Location: Crystal Lake Campus; A252d, 8900 U.S. Highway 14, Crystal Lake, IL 60012, (815) 479-7572; or Chelsey Wintersteen, Section 504 Coordinator, Location: Crystal Lake Campus; A256, 8900 U.S. Highway 14, Crystal Lake, IL 60012, (815) 455-8676.

## MISSION STATEMENTS

### McHenry County College Mission and Vision Statements

Mission: Our focus is learning. Student success is our goal.

Vision: The community's first choice for a lifetime of learning.

### Physical Therapist Assistant Program Mission Statement

Provide comprehensive learning experiences leading to successful employment as an entry-level physical therapist assistant who is able to work under the direction and supervision of a physical therapist, and who is able to meet the needs of employers and the community



# GENERAL EDUCATION AND PTA PROGRAM GOALS

## MCC General Education Goals

### **Critical Thinking:**

Students who graduate from MCC are critical thinkers. They are able to do the following things at a level appropriate for a 2-year degree holder.

- Combine stated truths and facts to make arguments and develop new ideas
- Interpret data and draw conclusions
- Construct arguments supported with more than opinion
- Recognize bias and act in ways that questions assumptions

### **Effective Communication:**

Students who graduate from MCC are effective communicators. They are able to do the following things at a level appropriate for a 2-year degree holder.

- Select from a variety of communication style based on the situation
- Listen attentively
- Adapt to audience and context in professional and/or personal interactions

### **Information Literacy:**

Students who graduate from MCC are information literate. They are able to do the following things at a level appropriate for a 2-year degree holder.

- Access multiple sources to provide sound evidence
- Ensure information is of quality and use the information to accomplish an academic goal
- Acknowledge where information is coming from and whom it belongs to

### **Professionalism:**

Students who graduate from MCC are professional. They are able to do the following things at a level appropriate for a 2-year degree holder.

- Speak and act honestly
- Engage in courteous and culturally sensitive interactions
- Present themselves and actions appropriately in professional environments (this includes in written form such as emails, in person through timely and respectful interactions, and adherence to professional codes and standards).
- Follow through on commitments.

## MCC PTA Program Goals

- The PTA Program will produce clinically competent entry-level physical therapist assistants who work under the direction and supervision of a physical therapist and who are able to meet the needs of their patients, employers, and the community
- The Program will provide an organized, sequential, and comprehensive curriculum integrating classroom, laboratory and clinical education experiences to prepare graduates for contemporary, evidence-based physical therapy practice.
- Program faculty will maintain currency in contemporary physical therapy practice to ensure a current, comprehensive evidence-based curriculum consistent with college requirements and CAPTE standards.
- Faculty and students will promote the importance of lifelong learning, professional engagement, and community awareness regarding physical therapy.

## Program Objectives

Graduates of the McHenry County College PTA Program will...

- Work as a clinically competent entry-level physical therapist assistant under the direction and supervision of a physical therapist.
- Demonstrate effective communication skills in a culturally competent manner with patients, family members/caregivers, and healthcare professionals.
- Increase community awareness of the role of the physical therapist assistant.
- Demonstrate an awareness of the importance of lifelong learning and professional engagement.

## Curriculum Course Sequence

### Prior to Admittance to PTA

|  |          |
|--|----------|
| <i>BIO 230 Human Structure and Function</i>                | 6        |
| <i>ENG 151 Composition I</i>                               | 3        |
| <i>AOM 135 Medical Terminology</i>                         | 3        |
| <i>PSY 151 Introduction to Psychology</i>                  | 3        |
| <i>SPE 151 Intro to Speech (recommended taking online)</i> | <u>3</u> |
|  | 18       |

| <u>Fall- first year</u>                | <u>Credit Hours</u> |
|--|---------------------|
| PTA 101 Intro to PTA                   | 3                   |
| PTA 120 PTA Patient Interventions I    | 4                   |
| PTA 130 PTA Patient Assessment I       | 4                   |
| <i>HCE 111 Evidence Based Practice</i> | <u>1</u>            |
|  | 12                  |

| <u>Spring- first year</u>           | <u>Credit Hours</u> |
|-------------------------------------|---------------------|
| PTA 141 PTA Kinesiology             | 4                   |
| PTA 142 PTA Pathophysiology         | 2                   |
| PTA 145 Intro to Clinical Education | <u>1</u>            |
|                                     | 7                   |

| <u>Fall – second year</u>             | <u>Credit Hours</u> |
|---------------------------------------|---------------------|
| PTA 210 PTA Patient Assessment II     | 3                   |
| PTA 220 PTA Patient Interventions II  | 4                   |
| PTA 240 PTA Administration            | 1                   |
| PTA 242 PTA Rehabilitation Strategies | <u>3</u>            |
|                                       | 11                  |

| <u>Spring- second year</u>         | <u>Credit Hours</u> |
|------------------------------------|---------------------|
| PTA 250 PTA Clinical Experience I  | 5                   |
| PTA 251 PTA Clinical Experience II | 5                   |
| PTA 252 PTA Clinical Seminar       | <u>2</u>            |
|                                    | 12                  |

Total Credits: 60

## Course Descriptions

### **PTA 101, Introduction to PTA**

Introduction to PTA students learn about the healthcare continuum and the range of patient care services offered, legal and ethical guidelines for practice, healthcare teams, Physical Therapist (PT) / Physical Therapist Assistant (PTA) relationships, and effective intercultural and interpersonal communication skills. They will also learn how to document patient care services along the healthcare continuum. Students will explore collaborative relationships with the PT and other healthcare team members and learn how to recognize what is beyond the PTA scope of practice.

### **PTA 120, Interventions I**

PTA Patient Interventions I prepares students to implement components of the plan of care established by the physical therapist. Students will relate the plan of care developed by the physical therapist to short and long term goals and intended outcomes. Students will learn how to implement functional training, perform selected therapeutic exercise interventions, and apply superficial heat and cold modalities. They will also learn how to incorporate effective teaching strategies during interventions, how to consult with the physical therapist and how to contribute to patients' discontinuation of care from facilities or service

### **PTA 130, Assessment I**

Course Description: PTA Patient Assessment I prepares students to gather data essential for carrying out the patients' plan of care developed by the physical therapist. Students will learn how to perform components of the assessments of arousal, mentation and cognition; aerobic capacity and endurance, vital signs, anthropometric characteristics, joint integrity and mobility, muscle performance, gait, locomotion, and balance. They will learn how assess normal and abnormal integumentary. Students will also learn how to administer standardized tests for pain as well as how to assess factors that contribute to pain. They will learn normal and abnormal patient responses. Students will be exposed to medical and surgical conditions that are commonly seen by the PTA.

### **PTA 141, Kinesiology**

PTA Kinesiology provides students an opportunity to apply their knowledge of musculoskeletal anatomy to functional movements and activities of daily living. Instruction includes soft tissue/bony landmark palpation, joint structure, muscle function as well as osteo-kinematic and arthro-kinematic motion of each major joint of the musculoskeletal system. Students study normal/abnormal postures and gait patterns. This course is a foundation for the students' Physical Therapist Assistant Program Assessment courses, Intervention II course, and PTA Rehabilitation Strategies.

### **PTA 142, Pathophysiology**

PTA Pathophysiology includes the study of diseases and disorders commonly seen in physical therapy practice. The course includes an overview of the etiology, pathogenesis, signs/symptoms, medical management, and how pathology may impact the delivery of physical

therapy services. Study covers body systems pathologies across the life span including neuromuscular, musculoskeletal, cardiovascular, pulmonary, integumentary, gastrointestinal, endocrine, lymphatic, and other special systems. Age-related changes pertaining to various body systems are identified to provide students with awareness of life span changes. This course is a foundation for the students' Physical Therapist Assistant Program Assessment courses, Intervention II course, and PTA Rehabilitation Strategies.

### **PTA 210 Assessment II**

PTA Patient Assessment II continues to prepare students to gather data identified essential for carrying out the patients' plan of care developed by the physical therapist. In this course students will learn how to perform components of the assessments after activity with measurement of vital signs, cardiovascular function, ventilation, respiration and self-care and home management and community or work reintegration. They will learn how to identify normal and abnormal responses in patients. They will also learn how to recognize positions, postures or activities that could aggravate or relieve pain and skin trauma.

### **PTA 220, Interventions II**

PTA Patient Interventions II continues to prepare students to implement components of the plan of care established by the physical therapist. Students will learn how to perform and teach balance, coordination, posture and breathing exercises; perform massage, deep heat, traction, biofeedback, hydrotherapy and electrotherapeutic agents; perform wellness interventions, wound management, isolation and infection control techniques. Students will also learn how to apply patient education (motor learning) interventions directed by the physical therapist and how to contribute to patients' discontinuation of care from facility or service.

### **PTA 240 Administration**

In PTA Administration, students expand their understanding of Physical Therapist (PT) / Physical Therapist Assistant (PTA) relationships, focusing on discharge planning, quality assurance and social responsibility. They will explore their role in education and participate in professional and community organizations. They will also develop a resume suitable for beginning their search for employment.

### **PTA 242, Rehabilitation Strategies**

PTA Rehabilitation Strategies continues to prepare students to perform appropriate assessment techniques and treatment interventions from within the plan of care established by the physical therapist for patients with acquired and/or progressive neurological disorders as well as for special patient populations including pediatrics, geriatrics, and patients with amputations. Other topics of study include the study of neuro-motor development, neuromuscular rehabilitation techniques, and the effects of age-related changes on functional movement across the lifespan

### **PTA 250, Clinical Experience I**

Clinical Experiences I is a full-time, 40 hours/week for eight (8)-weeks (total of 320 hours), clinical experience that continues to prepare students to function as entry-level physical therapist assistants while they are provided opportunities to apply and further develop

knowledge, behaviors and skills learned in all prior PTA program courses. Students apply established interventions, perform selected data collection and practice hands-on techniques while supervised and mentored by clinical instructors (licensed physical therapists &/or licensed physical therapist assistants).

### **PTA 251, Clinical Experience II**

Clinical Experience II is a full-time, 40 hours/week eight-week, (total of 320 hours) clinical experience that continues to prepare students to function as entry-level physical therapist assistants while they are provided opportunities to apply and further develop knowledge, behaviors and skills learned in all prior PTA program courses. Students apply established interventions, perform selected data collection and practice hands-on techniques while supervised and mentored by clinical instructors (licensed physical therapists &/or licensed physical therapist assistants). Upon completion of this course, students are expected to demonstrate patient care skills compatible to the role of an entry-level PTA.

## Clinical Experience Course Objectives

### **PTA 145, Introduction to Clinical Education**

At the completion of this course students will be able to:

1. Demonstrate the ability to safely perform selected physical therapy assessment techniques and treatment interventions from within the physical therapist's plan of care for routine patients with non-complicated diagnosis with a high degree of supervision and guidance by a physical therapist.
2. Given additional time along with a high degree of supervision, demonstrate the ability to adequately perform documentation, and communication with the supervising physical
3. Demonstrate the ability to assist with the education of patients and family members/caregivers
4. Demonstrate the ability to summarize treatment plans, physical therapy goals, and intended treatment outcomes, for patients with a non-complicated diagnosis with a high degree of guidance from the supervising physical therapist
5. Demonstrate appropriate professional clinical behaviors within the context of physical therapy, by achieving at least 50% intermediate level for all ten components of the Professional Behavior Assessment Tool. (Faculty Professional Behaviors Assessment)

### **PTA 250, Clinical Experience I**

At the completion of this course students will be able to:

1. Demonstrate the ability to consistently perform safe, effective, and competent physical therapy assessment skills and treatment interventions from within the physical therapist's plan of care for routine patients with minimal supervision and guidance by the physical therapist.

2. Demonstrate the ability to provide timely and relevant documentation and communication to the physical therapist regarding all aspects of patient status, patient treatment and patient response to the treatment with occasional guidance from the physical therapist.
3. Demonstrate the ability to participate in the teaching of patients, family members/caregivers, and other health care providers with occasional guidance from the physical therapist.
4. Demonstrate the ability to perform patient communication, in a culturally competent manner, with minimal guidance from the physical therapist.
5. Demonstrate the ability to participate in routine administrative procedures of the clinic, including billing and performance improvement activities, with occasional guidance
6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate.
7. Consistently demonstrate appropriate legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers with occasional guidance from the supervising physical therapist for new or unusual situations.
8. Design and provide an in-service to healthcare professionals utilizing appropriate evidence-based resources.

### **PTA 251, Clinical Experience II**

At the completion of this course students will be able to:

1. Demonstrate the ability to independently apply all PTA learned skills and knowledge by consistently and safely performing effective and competent physical therapy assessment skills and treatment interventions from the physical therapist's plan of care for routine and complex patients with minimal supervision by the physical therapist
2. Demonstrate the ability to independently provide timely and relevant documentation and communication to the physical therapist regarding all aspects of patient status, patient treatment and patient response to treatment.
3. Demonstrate the ability to independently provide effective education to patients, family members/caregivers, and other health care providers.
4. Demonstrate the ability to independently perform patient communication, in a culturally competent manner.
5. Demonstrate the ability to perform administrative procedures of the clinic, including billing, insurance requirements and performance improvement activities, with guidance for new or unusual situations.
6. Recognize administrative roles and duties through attendance at departmental meetings, committee meetings, and case conferences with other healthcare providers as appropriate.
7. Consistently and independently demonstrate appropriate legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers.

8. Consistently demonstrate entry level Professional Behaviors in all interactions with patients, family members/caregivers, physical therapy personnel, and other health care providers by displaying all Professional Behaviors at entry level (Student Self-Assessment and Faculty Professional Behaviors Assessment)
9. Design and provide an in-service to healthcare professionals utilizing appropriate evidence-based resources.

## GENERAL GUIDELINES AND PROCEDURES

### Selection of Clinical Education Sites and Clinical Instructors

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

#### Criteria for Selection of Clinical Education Sites

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

#### Criteria for Selection of Clinical Instructors (CI):

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



## Program Expectations for Clinical Competence of CIs.

### Required

1. Current PT or PTA license
2. No recorded corrective action from state licensing authority
3. Minimum of 1 year or equivalent of clinical experience post licensure
4. Clinical experience in practice area

### Recommended

5. APTA Credentials CI, Basic or Advanced
6. PT: American. Board Physical Therapist Specialist (ABPTS) certification
7. PTA: Advanced Proficiency Pathway
8. PT or PTA: other certification

## Program Expectations for Clinical Teaching Effectiveness of CIs.

1. Provides constructive & timely feedback on student performance
2. Demonstrates skill in active learning
3. Communicates in a clear, concise, open & non-threatening manner
4. Provides clear performance expectations
5. Teaches in an interactive manner that encourages problem solving
6. Provides patient care related responsibilities within the students scope of knowledge & skills
7. Identifies resources, including Evidence-Based Practice, to promote student development

## Responsibilities of the Program Chair (PC)

The PC will lead the student selection committee for students applying to the PTA program. Academic and/or behavioral issues will be directed to the PC to determine an appropriate resolution. The PC is in charge of creating and assessing the PTA curriculum to ensure it reflects current and contemporary practice of Physical Therapy. The PC is also directed to achieve and maintain accreditation through CAPTE as well as assist the college in assessment for AQIP accreditation.

## Responsibilities of the Manager of Clinical Education Coordination (CEC)

The Clinical Education Coordinator (CEC) will be the contact person for students as well as clinical sites (CCCEs & Clinical Instructors) regarding placement, questions or concerns with all matters related to clinical education.

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 Memorandum of Agreement database.
11. Update the Clinical Education Handbook.
12. Provide 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 or perform on-site visit mid-way through clinical experiences.
15. Schedule site visits.
16. Complete and/or coordinate site visits for Clinical Experience I and II 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 Affiliation Agreement between MCC's and clinical site is reviewed and renewed annually by academic and clinical faculty.
24. Ensure that clinical education sites receive a copy of MCC's liability insurance on an annual basis.
25. Ensure that clinical instructors meet selection criteria.

## Responsibilities of the Center Coordinator of Clinical Education (CCCE)

The Center Coordinator of Clinical Education (CCCE) is the individual at the clinical education site responsible for overseeing the clinical education program at that site. The CCCE is responsible for the training and coordination of clinical instructors and the assigning the student to a clinical instructor. The CCCE helps in planning and problem solving with the clinical instructor and student team in a manner that enhances the clinical education learning experience. The CCCE is the student's contact at the facility related to the clinical experience at the facility. The CCCE is also the CEC's contact person at the clinical facility. The CCCE is responsible for developing and maintaining a current Clinical Site Information Form.

1. Coordinate and schedule potential clinical experiences for affiliating schools
2. Provide orientation materials on the day of student arrival

3. Delegate actual clinical supervision of students to a staff PT or to a PT/PTA team
4. Serve as a resource for the CI for establishing goals and objectives, setting up learning experiences, and evaluating student performance
5. Inform the CI of all pertinent information from the affiliating schools
6. Monitor the supervision and learning experiences of students. Provide communication and problem-solving strategies for the student and CI, if needed
7. Provide necessary documentation to the schools (clinical agreements, completed student CPIs, developing and maintaining a current Clinical Site Information Form.)
8. The CCCE should contact the PTA Program Chair with any complaints involving the PTA Program. The CCCE should contact the Dean of Math, Science and Health Professions with any complaints regarding the CEC, Program Chair, or PTA Program\*. No retaliation will occur by the program or college due to a complaint being filed.

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

\* Dean of Math, Science and Health Professions is Chris Loding [ccooclanis-loding@mchenry.edu](mailto:ccooclanis-loding@mchenry.edu)  
(815) 455-8713

## Responsibilities of the Clinical Instructor (CI)

The Clinical Instructor (CI) for Part- and Full-time clinical experiences is a licensed professional who is responsible for instruction, supervision, and evaluation of the student at the clinical education site. If the clinical instructor is a physical therapist assistant, a physical therapist will also work with the student and clinical instructor. CIs and CCCEs are expected to have at least one year of clinical experience. At some sites, more than one CI may supervise one or more students.

1. Demonstrate an interest in teaching and in continuing education.
2. Orientate the student to the facility.
3. Facilitate student accomplishment of goals and objectives; assist with planning learning experiences with the student.
4. Supervise the student or arrange supervision by another qualified person.
5. Serve as a resource to the student.
6. Serve as a role model of professional behavior.
7. Encourage the student to take advantage of unique resources and learning experiences of the clinical setting and its staff.
8. Provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress.
9. Confer and consult with the CEC regarding student learning needs and progress toward meeting objectives.
10. Consult with the CEC regarding unsatisfactory progress of the student.
11. Assess and evaluate the student clinical experience. Set clear expectations and provide ongoing verbal and written feedback.

12. Problem-solving needs are to be addressed through open communication between the student and CI. If problems cannot be solved to the satisfaction of the CI and the student, the CCCE and CEC should be contacted.
13. The CI is responsible for being aware of which assessment or intervention techniques the student has demonstrated competence on during the PTA Program prior to the clinical experience (See skill list located in the Appendix). If a CI teaches a student an assessment or treatment technique that has not been presented or practiced in the academic setting, the CI is responsible for determining if the student is safe in applying the procedure to the patient in the clinical setting. The student cannot be evaluated on that skill.
14. The CI is expected to act in an ethical manner and maintain student confidentiality
15. The CI may contact the Dean of Health Professions with any complaints regarding the CEC or PTA Program Chair.\* The CI should contact the PTA Program Chair with any complaints involving the MCC PTA Program. No retaliation will occur by the program or college due to a complaint being filed.
16. When a patient or member of the public has a complaint or concern regarding a PTA student or the MCC PTA Program, the CI is responsible to give the individual the name, title, and phone number of the Dean of Math, Science and Health Professions\*. No retaliation will occur by the program or college due to a complaint being filed.

\* Dean of Math, Science and Health Professions is Chris Loding [ccooclanis-loding@mchenry.edu](mailto:ccooclanis-loding@mchenry.edu)  
(815) 455-8713

## Affiliation Agreement

A fully executed Affiliation Agreement, signed by the clinical facility and MCC, must be in place prior to a student being assigned to the facility. The agreement must include:

- Purpose for the agreement;
- Objectives of the institution and the clinical education site in establishing the agreement;
- The rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students;
- Procedures to be followed in reviewing, revising, and terminating the agreement;
- General and professional liability and insurance.
- The agreement automatically rolls over from year to year within the agreement's timeline (3 years).
- MCC and/or the clinical facility can terminate the agreement with a written notice, 90 days prior to termination.
- All revisions, modifications, waivers, or alterations to the agreement must be approved in writing by both parties.
- An annual review will be completed by the program and the facility one (1) year from the date of execution of this agreement and annually thereafter.

## Arrangement of Clinical Experiences

Requests for dates of clinical experiences are mailed out to the Clinical Coordinators of Clinical Education (CCCE) annually before the last week day of the first full week in March for all clinical experiences. The deadline to return clinical slots is the last week day of the first full week in April. The CCCE receives clinical assignments for students by no later than the first weekday of November for spring clinical experiences and no later than the first week day of June for fall clinicals. The CCCE is responsible for assigning students to each Clinical Instructor.

The CEC will insure that all students participate in at least one outpatient and at least one acute experience at a hospital, acute rehab unit, subacute facility/unit or skilled nursing facility during the last 3 full time clinical experiences. Along with the setting, student will need at least one adult and geriatric experience in the final 3 clinicals.

## Readiness for Clinical Experiences

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

1. Skill competency demonstrated on practical exams
2. Competency Skill Checks
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 regards to patient care is a priority of this program. In order to insure 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 regards 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.

## Criteria for Passing PTA 145 Introduction to Clinical Education

For a student to pass PTA 145 Introduction to Clinical Education, the student must:

1. Demonstrate all Professional Behaviors at least beginning level. Professional Behaviors are assessed by the student and program faculty.
2. Complete a reflective journal detailing the diagnoses of patients treated as well as the interventions performed by the student. The journal is due no later than the last week of class for the semester.
3. Complete 60 hours of clinical experience.
4. Have the Clinical Introduction Skill Checklist at least 75% completed.

**Note:** If a student is having trouble completing the Clinical Introduction Skill Checklist due to minimal patients in the clinical facility, patients being too involved for student assistance, etc., they will be able to perform checklist skills with a PTA Program faculty member during scheduled open lab times. Students will only be allowed to do this the last two weeks of the semester. It is the student's responsibility to have the Skill Checklist 75% completed by the end of the semester.

There are two situations when the student may earn a passing grade for Clinical Introduction, but still be placed on PTA Program Academic Probation. These are:

1. When there are safety issues with skills on the Clinical Introduction Skill Checklist.
2. When the Professional Behaviors requirements are not met but all other passing criteria are met.

When a student is placed on PTA Program Probation, a plan of action will be developed. The plan of action will be designed and agreed upon by the student and the program faculty and will describe a plan for the deficient criteria to be improved. This may include meeting individually with program faculty and may include independent study and working with other students. The student must demonstrate competency in any deficits prior to remediation of the clinical experience.

The student must pass Clinical Introduction before starting Clinical Experience I. The student cannot be on PTA Program Probation when starting full-time clinical experiences.

When an Unsatisfactory grade is earned in Introduction to Clinical Education the student will retake Introduction to Clinical Education prior to Clinical Experience I in a one and a half week forty-hour format. If the individual plan of action is met and all deficiencies are corrected during this retake, the student may enroll in Clinical Experience I. If Introduction to Clinical Education is failed twice, the student is dismissed from the program.

## Determination of Satisfactory Progress of Clinical Experiences

The MCC PTA CEC assigns grades for the clinical education experiences. In assigning the grade, the CEC evaluates:

- The *APTA PTA Clinical Performance Instrument (PTA CPI)*© completed by the Clinical Instructor(s) at midterm and the final time of each full time experience.
- At midterm and the conclusion of the full time experience, students will complete a midterm and final self-assessment using the *PTA CPI* for the Clinical Instructor to frame goals for the remainder of the clinical education experience(s).
- At midterm and the conclusion of the experience, students also complete the *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* to provide feedback to the CI, CCCE, and PTA CEC.
- Any additional feedback provided by the CI, CCCE or student.

Clinical Education courses are graded on a Satisfactory (S) – Unsatisfactory (NC) system.

There is a minimum criteria rating on the *Clinical Performance Instrument (CPI)*, which **must** be met to consider the clinical experience passed.

### **Introduction to Clinical Education:**

- Demonstrate all Professional Behaviors at least at the Beginning Level. Professional Behaviors are assessed by the student and program faculty.
  - Completed Initial, Midterm & Final Student self-assessment of Professional Behavior Assessment Tool with any Clinical Instructor (CI) comments/recommendations, scanned & submitted on Canvas within 24 hours of completion.
  - Completed Initial, Midterm & Final CI assessment of Professional Behavior Assessment Tool with any Clinical Instructor (CI) comments/recommendations, scanned & submitted on Canvas within 24 hours of completion.
- Each week, complete and post on Canvas a reflective journal of each patient treated/assessed (gender & age), detailing the diagnoses of each patient (primary & secondary), intervention(s) and/or assessment(s) performed by the student &/or C.I. and a S.O.A.P. note documenting each intervention session performed by the student &/or C.I. The weekly journal is due (posted on Canvas) within 24 hours of the last day of the clinical experience each week.
  - During the final week, outline an interprofessional activity this is appropriate for the given facility. Examples may include: attending rounds or family conferences, co-treatment, shadowing another discipline, observing surgery, etc.
- Each week, complete Introduction to Clinical Education Skills Checklist of activities observed &/or performed (scan revised Skills Checklist & post on Canvas) within 24 hours of the last day of the clinical experience each week.
- Complete 60 hours of clinical experience.
- Complete at least 75% of treatment intervention &/or assessment skills on the Introduction to Clinical Education Skill Checklist.
- Completion of each treatment intervention &/or assessment skill must be confirmed via CI signature.

### **PTA 250 PTA Clinical Experience I:**

- The minimal acceptable rating for all 14 Performance Criteria (PC) is Intermediate with at least 7 PC also rated at the Advanced Intermediate level.

### **PTA 252 PTA Clinical Experience II:**

- The student must be at entry-level for all 14 Performance Criteria (PC).

For each of the full time clinical experiences (Clinical Experiences I and II) the following must be completed to pass the course with “satisfactory” grade.

- Meet the program’s clinical education attendance and absenteeism policy
- Complete all clinical experience assignments

- Complete and submit (via Canvas) a Weekly Planning Form. All Weekly Planning Forms MUST be completed and submitted on time.
  - Week 1\*: DUE No later than 10:00 pm of Day One: Week 1 Goals
  - Week 1\*: DUE No later than 10:00 pm of Last Day: Week 1 Goal Outcomes & Goals for the next week
  - Each Week Thereafter\*: DUE: No later than 10:00 pm, Last Day each week: Goal Outcomes & Goals for the next week
  - Final Week\*; DUE: no later than 10:00 pm, Last Day each week: Goal Outcomes  
\*unless otherwise approved in advance with MCC PTA faculty.  
Goals must be SMART: specific, measurable, action oriented, realistic & relevant, and time based
- Design and present an In-Service, topic TBD by student & CI
  - Present during week 3 or 4, or negotiated by C.I. and student (C.I. has final decision)
  - Must be presented to clinic staff, audience of at least three (3), including CI
  - Items that MUST be posted on Canvas:
    - In-service outline with learning objectives. DUE: Week 2, Last Day
    - All final paperwork (in-service presentation evaluations, your actual in-service, and any handouts that were given out) DUE: Week 4 Last Day
- Using the *American Physical Therapy Association (APTA) Physical Therapist Assistant (PTA) Clinical Performance Instrument (CPI)* Student self-assessments and CI mid-term and final assessments are each DUE: within 2 days of the day of the mid-term or the final assessment mtg.
  - Students will self-assess their performance at midterm and at the conclusion of the clinical experience.
  - CI will assess the student's performance at midterm and at the conclusion of the clinical experience.
  - Students will assess the clinical instruction and clinical experience using the *Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction* form, at the conclusion of the clinical experience.
- With collaboration with the CI &/or CCCE, fully review & as needed, revise the Clinical Site Information Form (CSIF) DUE: Fax CSIF Review & Revision form to PTA Program CEC no later than 10:00 pm of Last Day of Week 2.

To be eligible for a "Satisfactory" grade, students must submit all of the completed forms in a timely manner (according to the Weekly Course Schedule). Failure to submit forms in a timely manner may result in a grade of "Unsatisfactory" (NC) for this course.

An "Unsatisfactory" grade for a clinical education experience may still be given even if a student follows the attendance and absenteeism policy and obtains the minimal acceptable score on the Clinical Performance Instrument. This decision is a professional judgment based upon the following:



- Whether any “Significant Concerns” boxes are checked on the final CPI form. If one or more “Significant Concerns” are checked on the final evaluation, it is unlikely the student’s performance would be considered satisfactory for the course.
- Problems or concerns raised by the student and clinical faculty during the clinical experience and whether or not these were effectively resolved
- How the problems in #2 affected patient care and safety as well as the student’s chances of performing at entry-level by graduation
- Whether the problems in #2 fit a pattern of problems that were evident during the student’s academic coursework
- CEC consultation with the student, CI, and CCCE
- The uniqueness or complexity of the clinical education site
- Whether or not all outcomes on the course syllabus have been met (Such as Expected Professional Behaviors levels).
- If the CEC determines that there is a question about whether a student’s performance is acceptable, the CEC brings up the issue to the PTA program academic &/or clinical faculty (CCCE &/or CI) for consideration.
- The final decision as to whether or not the student passes the clinical experience is made by the Program CEC.

At the completion of each full-time clinical experience, the student is responsible for:

- Ensuring the *PTA CPI* has been completed & signed by the CI, CCCE, and the student
- Ensuring, in collaboration with the CI &/or CCCE, that the Clinical Site Information Form (CSIF) is has been fully reviewed & revised as needed
- The entire *Physical Therapist Student Evaluation: Clinical Experience and Clinical Instruction* is completed and signed by the student, CI and CCCE
- All paperwork must be submitted at midterm and conclusion of Introduction to Clinical Education as well as Clinical Experiences I, and II to the PTA program CEC.
- All submitted documentation must be signed by the student, CI and CCCE.

The student will receive a Satisfactory, passing grade for Introduction to Clinical Experience, Clinical Experiences I, and II if all requirements for the course have been met. These requirements include:

- satisfactory completion of the objectives for the clinical experience,
- completion of all required hours at the clinical site,
- completion of all assignments, and the submission of all required documentation to the PTA program CEC by DUE dates indicated in course syllabi.

**A student will receive a grade of “Unsatisfactory” if any of these requirements have not been completed. Students with outstanding grades of “Unsatisfactory” are not permitted to continue in the program** (see Early Termination for additional information)

In addition, for a student to participate in the College’s graduation ceremony, all required paperwork must be submitted prior to the ceremony.

## Incomplete Grade for a Full-time Clinical Education Experience

Any student, who is unable to complete an assigned clinical experience because of an extraordinary circumstance such as a health or family emergency, must notify the PTA CEC, in advance. If prior notification is not possible due to extreme emergency, the student should consider the time missed in clinic prior to communication as absences. Until confirmed by the PTA CEC, the clinical education experience has not been canceled, and the student has not withdrawn. In compliance with college grading policies, the student must supply the PTA CEC with any supporting documentation of the circumstances for approval and must be making satisfactory progress to receive a grade of "Incomplete".

The student who receives a grade of 'Incomplete' in a clinical experience will be required to complete a plan developed in collaboration the PTA PC/CEC &/or Faculty. The PTA CEC will determine the length of the clinical experience to be completed as well as the plan for completion based on feedback from the Center Coordinator of Clinical Education and/or the Clinical Instructor and the student. The PTA CEC will make every attempt to assign the student to an alternate clinical education site if the original site is no longer available.

**In regard to PTA 250 PTA Clinical Experience I**, pending availability of clinical education sites, the student must complete the clinical experience before the end of the fall semester. A delay in completing PTA 250 will impact the timing of beginning & completion of PTA 251 PTA Clinical Experience II. The PTA CEC will make every attempt to assign the student to an alternate clinical education site to complete PTA 251 PTA Clinical Experience II during the fall semester. If an alternate clinical education site is not available to complete PTA 251 during the fall semester, the PTA CEC will make every attempt to assign the student to an alternate clinical education site during the spring semester.

**In regard to PTA 251 PTA Clinical Experience II**, pending availability of clinical education sites, the student must complete the clinical experience before the end of the spring semester. Any student who withdraws from a clinical experience and does not follow these procedures or whose performance would have resulted in a grade of "Unsatisfactory" had they completed the clinical experience, will receive a grade of "Unsatisfactory" and will be dismissed from the PTA program.

## School Holiday and Inclement Weather

Not all clinical education sites recognize the same holidays as MCC (i.e. MLK Holiday). Clinical education sites may remain open for regular business although MCC 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 be expected to complete their clinical education duties. If the clinical education site is closed due to a holiday, the student will also have that day off. Inclement weather is a way of life in this part of the country, especially during the winter months. If a clinical education facility closes for regular business due to inclement weather, the student is to call or email the PTA CEC as per the absenteeism policy. It will not be considered an absence if the clinical education site is closed due to inclement weather.

## STUDENT PTA LEGAL PRACTICE GUIDELINES

In accordance with Illinois law governing the practice of physical therapy, as noted in the [Physical Therapy Practice Act](#)

Section 1. (9) The patient care activities provided by the physical therapist assistant (and presumably the PTA Student) shall not include the interpretation of referrals, evaluation procedures, or the planning or major modification of patient programs.

Section 2. (8) The practice of physical therapy by a physical therapy student or a physical therapist assistant student under the on-site supervision of a licensed physical therapist. The physical therapist shall be readily available for direct supervision and instruction to insure the safety and welfare of the patient.

## STUDENT RESPONSIBILITIES AT CLINICAL SITES

### **Delineated in the MCC Affiliation Agreement**

1. Student shall adhere to and follow all policies, procedures, practices and standards established by the Facility, and shall do so under the specific instruction of supervisory staff of the Facility.\* College or facility may immediately remove any student deemed to be clinically unsafe to patients, employees, or others. Facility reserves the right to prohibit the return of any such students unless a corrective action plan satisfactory to Facility has been proposed and its compliance assured by the college. Facility further reserves the right to request removal of any student whose conduct is contrary to Facility's standards of conduct as set forth in its policies and procedures.
2. Conform to the standards and practices established by the School while functioning at the Facility.\*
3. Obtain medical care at his/her own expense for any injuries or illnesses sustained as a direct or indirect result of his/her affiliation with the Facility.\*
4. Provide his/her own transportation and living arrangements.\*
5. Report to the Facility on time and follow all established regulations during the regularly scheduled operating hours of the Facility, including notifying Facility and College of any absences or necessary schedule changes.\*
6. Obtain prior written approval of the Facility and the School before publishing any material relating to the clinical learning experience.
7. Meet the personal, ethical and professional standards required of employees of the Facility and consistent with the applicable professional Code of Ethics (Standards of Ethical Conduct for the PTA and Guide for Conduct of the PTA) and the applicable standards of JCAHO and/or other relevant accrediting or regulatory bodies.\*
8. Students participating in each Clinical Education course maintain and have in force a personal student professional liability insurance policy.\* The student automatically pays the premium for the policy indirectly via PTA Course Fees the student pays each term.
9. Student shall maintain & provide proof to the facility (as well as the PTA program) of health insurance coverage in force during each clinical experience and shall comply with

all the health and immunization requirements of the Facility. In the event required insurance coverage is not provided or is canceled, the Facility may terminate the placement of the student\*

10. Student has met all requirements of CPR certification, hepatitis B vaccination, and OSHA compliance for prevention of transmission of blood-borne pathogens and TB.\*
11. Criminal background check and drug screen, are required of each placed student prior to participation in the clinical rotation.\*
12. Students are not to replace the Facility staff, and are not to render service except as identified for educational value and delineated in the jointly planned educational experiences.\*
13. Emergency outpatient treatment will be available to students while in the hospital for clinical training in case of accident or illness. In case of emergency at a non-hospital site, standard procedure will be followed.
14. It is the student's responsibility to bear the cost of the emergency treatment.\*
15. Students shall be required to comply with the Facility's policies and procedures regarding the confidentiality of patient information and the use of all such information.\*

\* MCC Affiliation Agreement

Note: Facility Affiliation Agreement/Contract, may contain additional and/or alternative expectations requirements and/or responsibilities of the Facility and/or students.

# PTA PROGRAM CLINICAL EDUCATION EXPECTATIONS AND REQUIREMENTS OF STUDENTS

## Attendance

1. Students are expected to attend PTA 145 Introduction to Clinical Education, PTA 250 Clinical Experience I, and PTA 251 Clinical Experience II, on the days and times mutually determined with their clinical instructors prior to the start of the clinical experience. Students are expected to be present for all days and hours scheduled.
2. PTA 145 Introduction to Clinical Education, the part-time clinical experience, will be five hours/day, one day/week.
3. PTA 250 Clinical Experience I and PTA 251 Clinical Experience II, each a full-time clinical experience, are 40 hours/week.
4. The student's schedule is dictated by the clinical education site and the Clinical Instructor's and/or the Center Coordinator of Clinical Education's schedule.
5. The student's schedule may include: weekend or evening work, or alternate work schedules (e.g. four-10 hour days, three-12 hr days and one-4 hour day, etc.).
6. Second year students are expected to report to their clinical site on MLK holiday, unless the clinic is closed in observance of MLK holiday.
7. The student must observe policies of the facility regarding days off and holidays (including religious holidays).
8. Scheduled Absence:
  - a. Any special requests regarding time off must be approved by the PTA CEC and the clinical site, Clinical Instructor &/or Center Coordinator of Clinical Education.
  - b. Students may be given the opportunity of attending a Continuing Education course, workshop or in-service offered through their clinical site. Attendance at these activities and makeup time is at the discretion of the PTA CEC and clinical site CI &/or CCCE.
  - c. The CI, CCCE &/or the PTA CEC retain the right to deny any request for time off.
9. Unscheduled Absence: If students are unable to attend the clinic, for any reason (ie. illness or personal / family issues) they are expected to notify the CI, as well as the PTA program CEC, at least 30 minutes before their scheduled start-time that day, or earlier if possible.
10. Failure to notify the clinical site and/or PTA CEC of any absence is considered a violation of the Facility Departmental policy as well as the PTA program and may lead to an "Unsatisfactory" grade for the clinical experience.

## Makeup Guideline

Students are required to make up the time missed due to any absence. The student, CI, CCCE and PTA program CEC will collaborate to determine a mutually acceptable plan for making up time missed. All make up hours need to be completed prior to the start of the following clinical experience or graduation.

## Professional Behavior

Appropriate Professional Behavior by students is expected at **ALL** times. Students are expected to follow professional standards when in the classroom, laboratory and clinical settings.

Guidelines for these standards are as follows:

**Professional Behaviors** (Located in Appendix) Ten specific “Professional Behaviors” are assessed throughout the PTA Program curriculum. Students will self-assess these professional abilities once each semester and review this assessment with their PTA academic advisor.

### **PTA Program Professional Behavior Level Expectations:**

- End of Semester I: All Professional Behaviors at least beginning level
- End of Semester II: 50% of Professional Behaviors at intermediate level or higher
- End of Semester IV: all Professional Behaviors at least intermediate level
- End of Semester V: all Professional Behaviors at entry level

Faculty will provide oral and written feedback regarding professional behaviors each semester.

1<sup>st</sup> year spring: PTA 101 Introduction to PTA

1<sup>st</sup> year fall: PTA 145 Introduction to Clinical Education

2<sup>nd</sup> year summer: PTA 240 PTA Administration

2<sup>nd</sup> year fall: PTA 252 Clinical Seminar

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

### **American Physical Therapy Association (APTA) Guidelines for:**

- APTA Standards of Ethical Conduct for the Physical Therapist Assistant (Located in Appendix)
- APTA Guide for Conduct of the Physical Therapist Assistant (Located in Appendix)
- APTA Values-Based Behaviors for the Physical Therapist Assistant (Located in Appendix)

## Dress Code

When students are at a clinical site they represent MCC, and are expected to dress, appear, and act professionally. MCC expects students to follow the dress code of the academic program, while being mindful that they represent themselves, the Physical Therapist Assistant program at MCC and the profession of Physical Therapy.

- No shorts, jeans of any type, athletic or cargo pants, Capri pants, overalls, t-shirts, sweatshirts, sleeveless shirts, shirts that reveal midriffs or thermal underwear shirts. Shirts with tails should be tucked in. Shirts without collars should not be mistaken for t-shirts. Clothing should not restrict movement.
- No open-toed shoes or open-heeled shoes, sandals, platform shoes, or high heels are allowed. Socks/hosiery must be worn. If athletic shoes allowed per the clinical site dress code, they must be clean, and *specifically* for clinical work. Athletic shoes should be dark (black, brown, navy) or neutral (white, tan, gray) colored; no bright or neon colors permitted.
- Care should be taken to appear clean and well groomed. No dangling jewelry, long nails, perfume, colognes or body soaps / lotions with strong odors. Facial hair should be well groomed. Students should be mindful of the negative impressions that may be created by excessive body piercing, tattoos, unnatural hair colors, or excessive makeup.
- Clinical sites may require students to conform to facility dress and grooming standards, which differ from this dress code. If a facility requires a specific uniform (lab coat, scrubs, khaki's, jersey), the student is responsible for the purchase. Facilities may also require that staff and students NOT display body piercings, tattoos, or unnatural hair colors in the clinic.
- When patients are present in the classroom, students are expected to dress professionally.

This list is not exhaustive and may not reflect contemporary fashion. MCC expects the student to project a professional appearance at all times. If in doubt, error on the conservative side.

## Transportation

Students are required to provide their own form of reliable transportation to and from fieldwork sites. In order to provide students with the scope and breadth of experiences necessary to prepare entry-level Physical Therapist Assistants, students may need to travel over an hour each direction to a clinical site.

## Nametags

Nametags should be worn at all times while at a Clinical Site related to the MCC Physical Therapist Assistant Program. The PTA Program will supply the student with a nametag indicating the student's name, MCC affiliation, and designation. In addition, some facilities may require the student to wear a nametag supplied by that facility. Students are not allowed to wear their MCC nametags while participating in non-college activities. Lost or damaged nametags must be replaced at the student's expense.

## Student Preparedness

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

## Confidentiality of Student Clinical Experience Records

All assessment tools containing information pertaining to a student must be considered confidential and may only be shared between clinical site where the student is scheduled, the student, and the Physical Therapist Assistant program.

## HIPAA

Students are expected to maintain confidentiality standard at all times in the clinical setting. It is not ethical to share information with other individuals regarding patient/client, facilities, Clinical Instructors or classmates. This includes placing the patient's name or other identifying items on case study reports, class presentations, etc; failing to obtain written permission to utilize picture or videos of a patient in presentations, posting information regarding patients and/or facility staff on any form of social media and/or sharing information regarding patients and/or facility staff with classmates and/or anyone else. Violations of this policy may result in probation or dismissal from the PTA program as well as potential Federal charges.

During the first semester of the PTA program, students are instructed in basic HIPAA (Health Information Portability and Accountability Act) policies and procedures for proper use and handing of confidential patient/client information. The CI should give the student instruction in site-specific HIPAA procedures at the start of the clinical experience.

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

## CPR Requirements

Each student must have a current CPR certification (American Heart Association Health Care Provider or American Red Cross CPR for the Professional Rescuer) upon entering their first clinical experience. Students will be required to show proof of this certification prior to the start of the second semester of the program.

## Physical Exam/Immunizations Requirements

Prior to the PTA 145 Introduction to Clinical Education, students must complete a MCC Health Screening Form. Forms are provided to students following admission to the program.

1. Students must have a physical examination including documentation of the following immunization records; Measles, Rubella, Mumps, Varicella, Tetanus, and Diphtheria. Documentation must be submitted to the PTA PC/CEC no later than 45 days prior to the first day of second semester classes. If the student does not meet this expectation, the



student will be unable to register for classes and will complete self-dismissal from the program.

2. Students must submit documentation of a negative Two- Step Mantoux Tuberculin test within 65 days of the first day of PTA 145 and/or negative chest x-ray within 65 days of the first day of PTA 145, except if the student had a previous negative chest x-ray within 1 year of the first day of PTA 145. If the student does not meet this expectation the student will not be able to register for classes and will complete self-dismissal from the program.
3. Students are strongly advised to receive a Hepatitis B vaccination. Students that prefer to not receive a Hepatitis B vaccination must sign a declination form. Please be aware that some clinical sites mandate a Hepatitis B vaccination, therefore declination of the vaccination will cause the student to be ineligible for placement at that particular site.
4. Flu shots are required annually during the first 8-12 weeks of each fall semester (1<sup>st</sup> year & 2<sup>nd</sup> year), depending on the availability of the Flu vaccine that year. Documentation of receiving the Flu vaccine or a written letter documenting the medical advice/rationale to decline the Flu vaccine must be submitted no later than 45 days prior to the first day of spring semester classes. If the student does not meet this expectation, the student will be unable to register for spring classes and will complete self-dismissal from the program.
5. Pneumonia shots are strongly recommended.
6. COVID-19 vaccine is required for all clinical sites

- Some clinical affiliations require proof of a physical within 6 months and/or additional vaccinations/titers of vaccinations prior of attending that clinical.

## Health Insurance

Students must provide documented evidence to each clinical facility & maintain health insurance coverage in force during each clinical experience and shall comply with all the health and immunization requirements of each clinical facility. In the event required insurance coverage is not provided or is canceled, the clinical facility may terminate the placement of the student. Students must submit documentation of health insurance coverage in force to the PTA CEC within 15 days prior to the first day of PTA 145 Introduction to Clinical Education.

## Drug Testing and Criminal Background Checks

PTA Clinical Education sites require the student to complete a drug test and fingerprinting, or supply the results of a criminal background check. Students are responsible for costs associated with these tests (cost of testing & background check paid via course fee). Students who present with positive drug test results without documentation of medical necessity will not be allowed to begin or continue in the program. The student may apply for readmission and/or re-entry after one year pending evidence of subsequent treatment, counseling and negative drug screen. Refusal by a student to submit to testing will result in that student's dismissal from

the program. Instructions for completion of the drug screening process will be provided by the PTA Program Chair or CEC.

Criminal background checks will be performed by the vendor hired by the college. Students will also be screened for clearance on the sex offender registry and child abuse clearance

## Temporary Accommodations

At times, students may experience a physical, medical, or psychological problem that does not qualify as a disability, but that could significantly impact the ability to complete the clinical education portion of the PTA program. Students must provide written documentation of the health related limitation(s) from an appropriate health care provider. Students must give appropriate documentation to the PTA CEC and the CI/CCCE. The PTA program will work with the clinical site to determine whether strategies or accommodations may be developed that will allow the student to fully participate in the clinical education experience.

## Accidents

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

In the event of an accident, the student will need to complete an MCC incident form and notify the CEC of the incident.

## Accommodations for Students with Disabilities

The MCC faculty and staff are committed to working in accordance with the provisions of the Americans with Disabilities Act (ADA) and providing reasonable accommodations for individuals with physical or mental limitations. Appropriate learning experiences are provided which are geared to maximize each student's abilities. Students with disabilities are encouraged to work with faculty and staff to identify ways in which the critical functions and skills of a Physical Therapist Assistant can be performed in a manner that will satisfactorily fulfill the requirements of the clinical education program while meeting the student's unique needs.

The ADA defines a person with a disability as one who has a physical or mental impairment that substantially interferes with one or more major life functions, one who has a record of such impairment, or one who is regarded as having such impairment. A reasonable accommodation is any modification to the environment, schedule, or practice that makes it possible for an individual with a disability to fulfill academic or clinical site requirements. An acceptable, reasonable accommodation does not put other individuals at significant risk for harm, nor does it impose undue hardship on the college or clinical site. Undue hardship may be considered high

cost, unsettling environmental modification, impractical practice or schedule changes, or changes that would alter the primary nature of professional education or standards of practice. In order to receive accommodations, the student must provide written documentation of the disability from an appropriate qualified practitioner. The student must also identify what types of accommodations are needed. The PTA PC, CEC and MCC Access and Disability Services will advise the student on seeking accommodations from the clinical site. Individuals with disabilities may request reasonable accommodations or information by contacting the MCC Access and Disability Services: A 256; Phone: (815) 455-8766; TTY: (815) 455-7237; Video Phone: (815) 261-0098; Fax: (815) 479-7836

## Student In-Services

Students will provide an in-service on a topic of their choice (with input from their clinical instructor) during each of their 2 eight-week clinical experiences, PTA 250 & PTA 251. When a student provides an in-service they should have the clinical site staff evaluate and provide feedback using the Student In-service Feedback Form located in the Appendix.

## Early Termination of Clinical Experience

The PTA Program Chair, CEC and faculty may remove the student from the clinical site if it appears that the student is performing incompetently or poses a safety threat to the patients/clients or staff of the clinical site. This decision will be made based on input from the CCCE and/or student's CI. The CEC will meet with the student either in person or by phone within twenty-four hours to explain the reasons for removal from the clinical area and to inform the student that he/she is failing. All parties need to keep the CEC informed of any potential problems.

Following this action an informal meeting with the student, CI and/or CCCE, and PTA Program Chair and CEC 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 unsatisfactory (NC) 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.

## Due Process/Grievance Procedure

It is the policy of the MCC Physical Therapist Assistant Program to work with students in finding a fair and just solution to problems that may arise, including grievances, questions, and misunderstandings. At all steps of the grievance procedure students should feel free to discuss the matters fully with clinical faculty, PTA program faculty, and MCC administration. Students

are urged to first take their problems to their clinical instructor. Usually, the CI will have direct knowledge about the subject and is best qualified to work with the student in resolving the manner.

If the student and CI are unable to find a solution, the student should then bring up the situation to the CCCE, who may consult with the program's CEC. If the student, CI, and CCCE are unable to find a solution, the student should then bring up the matter to the PTA program CEC. If the student still feels an unsatisfactory solution was achieved, the student should bring up the matter with the Dean of Math Science and Health Professions Chris Loding who can be reached at [ccoclanis-loding@mchenry.edu](mailto:ccoclanis-loding@mchenry.edu) (815) 455-8713

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

## Clinical Reassignment

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

## Knowledge of Program and College Policies and Procedures

The PTA program abides by MCC's policies. The most current college policies can be found at [mchenry.edu/board/boardpolicymanual.pdf](http://mchenry.edu/board/boardpolicymanual.pdf)

Students are expected to have a working knowledge of the content of the MCC PTA Program Clinical Education Handbook, which is provided annually during the spring semester. After reviewing the Clinical Education Handbook, students will sign and date the "Clinical Education Handbook Agreement", which is an agreement where the student states they understand the content of the handbook and agree to abide by the policies and procedures set forth during their tenure as a Physical Therapist Assistant student. Students will also be able to access the PTA Program Clinical Education Handbook on the program website at: [mchenry.edu/pta/index.asp](http://mchenry.edu/pta/index.asp) The PTA Program Clinical Education Handbook is reviewed and revised annually by program faculty. To ensure all program policies are consistent with those of the College, the handbook is reviewed annually by the Dean of Math, Science and Health Professions. Program faculty will consider input for manual revisions from students, college administration, the PTA program advisory committee, and clinical faculty. When changes are made after the initial publication of each year's Clinical Education Handbook, PTA Program students and MCC's administration will be notified of the updates. The Handbook available on the program website will also be updated.

## Informed Consent

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

## Affiliation Agreement

Only clinical facilities with current, executed, written Affiliation Agreement in place will be utilized for the placement of students. The CEC reviews the list of clinical sites annually to make sure all sites have a current Affiliation Agreement.

## Equipment and Facility Safety

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

## Confidentiality

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

## Supervision

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

## Complaints

Complaints regarding the program or the program graduates should be first addressed to the PTA Program Chair, Dr. Christen Louderman [clouderman@mchenry.edu](mailto:clouderman@mchenry.edu), (815) 479-7592. Unresolved complaints or complaints about the Program Chair should be directed to Chris Loding, Dean of Math, Science and Health Professions [ccoclanis-loding@mchenry.edu](mailto:ccoclanis-loding@mchenry.edu) (815) 455-8713. All complaints will be documented, including the projected outcome, and kept on file at the program facility. No retaliation by the program or college will occur due to an individual making a complaint. Complaints regarding Accreditation of this program should be addressed to the Commission on Accreditation in Physical Therapy Education. This Commission is located at 3030 Potomac Ave., Suite 100. Alexandria, VA 22305-3085.

## Education Tips for the Clinical Instructor

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

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

It is helpful to have a student information packet to mail to the student prior to the affiliation. Information that is helpful includes:

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

**PTA  
CLINICAL  
EDUCATION  
HANDBOOK  
APPENDIX**

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

**Preamble**

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

## **Standards**

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

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

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

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

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

- 3A. Physical therapist assistants shall make objective decisions in the patient's/client's best interest in all practice settings.



- 3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.
- 3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.
- 3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.
- 3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

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

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

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

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

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

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

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

- 7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.
- 7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.
- 7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
- 7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.
- 7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients

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

- 8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
- 8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
- 8C. Physical therapist assistants shall be responsible stewards of healthcare 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

**McHenry County College**  
**Physical Therapist Assistant Program**  
**Essential Functions for Physical Therapist Assistant Students**

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

1. Attend class approximately 12-24 contact hours a week or perform 40 hours a week of clinical education, depending on the stage of the program curriculum.
2. Complete all assignments on time.
3. Participate in classroom discussions.
4. Perform or instruct others in the following procedures (learned in class) in a timely manner: transfers, gait training, physical agents, activities of daily living, therapeutic exercises or activities, and data collection procedures.
5. Use sound judgment and safety precautions (exposure to blood borne pathogens and/or infectious disease may occur as part of the educational experience). Students are trained in safety/infection control and are expected to follow these guidelines to avoid contracting or transmitting disease.
6. Meet class standards for successful course completion.
7. Use critical thinking when making decisions.
8. Follow standards stated in PTA Program Guideline and Procedure Manual and the PTA Program Clinical Education Handbook.
9. Address problems or questions to the appropriate person at the appropriate time.
10. Maintain classroom, work area, equipment, supplies, personal appearance and hygiene conducive to a professional setting as appropriate.
11. Behave in a competent, professional manner.

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

1. Sit 2-5 hours per day with lecture blocks up to 3 hours.
2. Stand 1-6 hours with lab time blocks up to 6 hours.
3. Lift up to 60 pounds.
4. Push/pull up to 50 pounds of force exerted at waist level.
5. Squat or stoop.
6. Use auditory, tactile, and visual senses to assess physiological status of an individual.
7. Demonstrate good standing and unsupported sitting balance.
8. Demonstrate good finger dexterity.
9. Coordinate verbal and manual instructions.
10. Communicate effectively with a variety of people through written verbal, and nonverbal methods.
11. Use hands repetitively.

12. Shift weight in sitting or standing.
13. Demonstrate the ability to use a firm grasp while using physical therapy equipment and while performing physical therapy interventions.
14. Reach above shoulder level.
15. Kneel, kneel-stand, and half kneel.
16. Use equipment that emits electrical, ultrasonic, and thermal energy.
17. Physically move and transfer patients

Students who have concerns about the ability to perform any of these functions should contact the PTA Program Chair at (815) 479-7592.

Individuals with disabilities may request reasonable accommodations or information by contacting the MCC Access and Disability Services: A 260; Phone: (815) 455-8766; TTY: (815) 455-7237; Video Phone: (815) 261-0098; Fax: (815) 479-7836

**McHenry County College  
Physical Therapist Assistant Program  
Essential Functions Verification**

**Essential Function Student Signature Page to be Completed BEFORE Program Entry**

**Yes**       **No**      I have read and I understand the Essential Functions relative to the Physical Therapist Assistant Program.

**Yes**       **No**      I am able to meet the Physical Requirements of the PTA Program as specified and do not require any reasonable accommodation to meet these requirements at this time.

(✓) **I require the following reasonable accommodation(s) to meet the Physical Requirement standard as specified:**

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\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

## MCC PTA Program

### PTA 145 Introduction to Clinical Education Skills Checklist

**Instructions:** For each skill safely performed by the student and observed by a physical therapist (PT) or physical therapist assistant (PTA) during Introduction to Clinical Education, please document:

1. The date the skill was observed, 2. The name of the facility where the skill occurred 3. Have the observing PT or PTA sign their name.

| Skill  | Date | Name of Facility | PT/PTA Signature |
|--|------|------------------|------------------|
| Gait Training on a level surface without an assistive device |      |                  |                  |
| Gait Training on a level surface with an assistive device    |      |                  |                  |
| Gait Training on stairs without an assistive device          |      |                  |                  |
| Gait Training on Stairs with an assistive device             |      |                  |                  |
| Sit ↔ Stand Transfer   |      |                  |                  |
| w/c ↔ Bed Transfer   |      |                  |                  |
| Supine ↔ sit transfer  |      |                  |                  |
| Fit or assist fitting for an assistive device                |      |                  |                  |
| Assisted bed mobility  |      |                  |                  |
| PROM – U/E or L/E  |      |                  |                  |
| AAROM – U/E  |      |                  |                  |
| AAROM – L/E  |      |                  |                  |
| AROM – U/E   |      |                  |                  |
| AROM – L/E   |      |                  |                  |
| Hot pack use   |      |                  |                  |
| Cryotherapy use  |      |                  |                  |
| Documentation  |      |                  |                  |
| Patient Education  |      |                  |                  |
| UE Goniometry, at least any 2 motions                        |      |                  |                  |
| LE Goniometry, at least any 2 motions                        |      |                  |                  |

**Note:** If a student is having trouble completing at least 75% of the Introduction to Clinical Education Skills Checklist due to minimal patients in the clinical facility, patients being too involved for student assistance and/or other similar reasons, the student will be able to perform checklist skills with a PTA Program faculty member during scheduled Open Lab times. Students will only be allowed to do this the last six (6) weeks of the semester. It is the student's responsibility to have at least 75% of the Skills Checklist completed by the end of the semester.

PTA 145 Intro to Clin Ed Skills Checklist modified 2-20-17

## Skills Learned by 1<sup>st</sup> Year MCC PTA Students

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

### Intro to Clinical Education PTA 145

| PTA 120 PTA Patient Interventions I   | PTA 130 PTA Patient Assessment I   |
|---|--|
| Standard precautions* (7D23i)   | Review health records 7D18   |
| Cryotherapy (Cold packs and ice massage)* (7D23b)                                     | Assess State of arousal, mentation and cognition* (7D24c)  |
| Whirlpool* (7D23b)  | Assess Standard vital signs at rest* (7D24a)   |
| Hot packs* (7D23b)  | Assess Anthropometric characteristics* (7D24b)   |
| Paraffin Bath* (7D23b)  | Assessment of positional changes and activities* (7D24a)   |
| Fluido-therapy (knowledge only) (7D23b)   | Administer common outcome based standardized questionnaires* (7D24j)   |
| Diathermy (knowledge only) (7D23b)  | MMT UE, LE, Neck/Spine & Trunk* ) (7D24h)  |
| Cold Laser (knowledge only) (7D23b)   | Assess muscle mass* (7D24h)  |
| Skin assessment pre/post superficial heat and cryotherapy* (7D24f)                    | Assess muscle length at UE, LE, Neck/Spine & Trunk* (7D24h)  |
| Administer pain scales* (7D24j)   | Assess muscle tone (7D24h)   |
| Indications for common orthotic devices (7D24d)                                       | Balance and coordination assessment of a patient with a non-complicated diagnosis *(7D24e).  |
| Patient positioning and draping (patients with non-complicated diagnosis)* (7D23d)    | Gait cycle assessment of a patient, with a non-complicated diagnosis* (7D24e).   |
| Bed Mobility (patients with non-complicated diagnosis) (7D23d)                        | Static &/or dynamic balance assessment of a patient, with a non-complicated diagnosis* (7D24e).  |
| Transfer training (patients with non-complicated diagnosis)* (7D23d)                  | Correct alignment and fit of an assistive or adaptive device of a patient, with a non-complicated diagnosis* (7D23b, 7D24d, 7D24k)   |
| Wheelchair management and mobility (patients with non-complicated diagnosis)* (7D23f) | Educate patient and/or caregiver on ability to care for assistive and/or adaptive devices, including identification of the patient and/or caregiver's ability to care for the device(s)* (7D23b, 7D23g, 7D24d) |

|  |   |
|--|---|
| Gait training for patients with non-complicated diagnosis* (7D23f)   | Differentiate between normal and abnormal joint movement (7D24g).   |
| Fit gait training assistive devices for patients with non-complicated diagnosis* (7D23f)   | Measure functional range of motion* (7D24l)   |
| Patient/caregiver gait training home program education (7D12, 7D23f, 7D23g)  | Measure ROM using a goniometer, inclinometer and tape measure* (7D24g, 7D24l)   |
| Correct body mechanics during select patient care activities (bed mobility, transfers, ROM, strengthening and stretching) (7D27) | Differentiate between normal and abnormal integumentary changes* (7D24f)  |
| Normal and abnormal movement patterns cueing* (7D23f)  | Assess absent or altered sensation including light touch, position, and sharp/dull for patient with non-complicated diagnosis* (7D24f)                            |
| AROM of UE and LE major joints * (7D23h)   | Recognize viable versus nonviable tissue. (7D24f)   |
| AAROM UE and LE major joints * (7D23h)   | Recognize activities, positions and postures that may aggravate or relieve pain; cause or relieve altered sensation; and produce associated skin trauma (7D24f)   |
| PROM of UE and LE major joints * (7D23h)   | Determine normal and abnormal alignment of trunk and extremities during static posture while: standing, sitting and/or lying and during activities* (7D24k)       |
| Basic UE & LE stretching exercises* (7D23h)  | Proper body mechanics during assessment techniques, including MMT, ROM, and muscle tone/length assessment* (7D27)   |
| Common UE & LE strengthening exercises* (7D23h)  | Interview patients/clients, caregivers, and family to obtain current information related to PLOF, current level of function and general health status (7D7, 7D15) |
| Documentation via S.O.A.P. note (7D25)   | Perform assessment, utilizing assessment techniques noted above, within the POC created by the PT in the initial evaluation* (7C, 7D24)                           |
|  | Determine evidence-based interventions from within the PT's POC covering assessments noted above (7D10)   |

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



## Skills Learned by 2<sup>nd</sup> Year MCC PTA Students

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

### PTA 250 or 251 PTA Clinical Experience

| <b>PTA 210 PTA Patient Assessment II</b>   | <b>PTA 220 PTA Patient Interventions II</b>  | <b>PTA 242 PTA Rehab Strategies</b>  |
|--|--|--|
| Pulmonary vital signs at rest, during and following position change &/or activity* (respiration rate, rhythm, & pattern; pulse oximetry, and nail bed/skin color assessment) (7D24a) | AROM, AAROM and PROM for the spine* (7D23e, 7D23h)   | Motor control assessment techniques and tools for patient with neurological disorder * (7D24h) |
| Assessment of posture as it relates to pulmonary function* (7D24a)   | Basic Stretching exercises for the spine* (7D23e, 7D23h)   | Intervention strategies to improve motor learning  |
| Assessment of thoraco-abdominal ventilatory movement patterns at rest, during and following position change &/or activity, including chest wall expansion and excursion* (7D24n)     | Common spinal strengthening exercises* (7D23e, 7D23h)  | Developmental Sequence activities to improve motor control* (7D23h)                            |
| Assessment of breathing/ventilatory patterns at rest; as well as during and following position change and activity* (7D24n)  | AROM, AAROM and PROM for TMJ   | Manual Facilitation Techniques* (7D23h)  |
| Assessment of voice sounds, breath sounds (including normal and adventitious), and coughing (7D24n)  | Balance and coordination exercises for patient with a non-complicated diagnosis* (7D23f)   | Manual Inhibition Techniques* (7D23h)  |
| Identification of cyanosis at rest, during and following position change &/or activity (7D24a)   | Exercises to improve static & dynamic posture for patient with non-complicated diagnosis. (7D23h)                                    | Proprioceptive Neuromuscular Facilitation (PNF) Techniques* (7D23h)                            |
| Compare normal and abnormal sputum characteristics (7D24n)   | Compression therapies including (7D23c): Pneumatic compression, Wrapping/taping & Donning/doffing custom /stock compression garments | Neuro-Developmental Treatment (NDT)* (7D23h)   |

|  |  |  |
|--|--|--|
| Assessment of RPE indexes &/or scales at rest; following position change &/or activity* (7D24a)  | Interferential current* (7D23c)        | Assessment tools/outcome measures and treatment interventions utilized for patients with Spinal Cord Injury (SCI) (7D23, 7D24e)  |
| Coughing techniques: augmented & assisted; manual* (7D23a)   | Russian* (7D23c)                       | Assessment tools/outcome measures and treatment interventions for patients with Traumatic Brain Injury (TBI) (7D23d, 7D23f, 7D23g, 7D24e)  |
| Breathing exercise instruction, including: diaphragmatic breathing, pursed lip breathing, paced breathing, use of an incentive spirometry, and relaxation breathing strategies * (7D23a) | High volt* (7D23c)                     | Assess absent or altered sensation for patient with complicated neurological disorder including assessment of light touch, position sense, sharp/dull, and two point discrimination* (7D24f) |
| Postural drainage/secretion mobilization techniques* (7D23a)   | Bi-phasic* (7D23c)                     | Adjust interventions or patient positioning due to altered sensation (7D19, 7D24f, 7D24j)  |
| Reposition patient to improve respiratory function* (7D24a)  | T.E.N.S.* (7D23c)                      | Identify components of UE & LE prosthetic devices, including their functions   |
| Administer prescribed oxygen during PT treatment session   | Neuromuscular electrical stim* (7D23c) | Perform selected PT interventions, from within PT's POC, for a patient with LE amputation (7C, 7D23b, 7D23f,)  |
| Cardiac vital signs at rest, during and following position change &/or activity: heart rate and rhythm, blood pressure & peripheral pulses* (7D24a, 7D24n)                               | Functional electrical stim* (7D23c)    | Perform residual limb wrapping for different amputation levels* (7D23i)  |
| Aerobic capacity utilizing standardized exercise test protocols: 12 Minute, 6 Minute and/or Modified Walk Test Stand Step Test, Sitting Step Test* (7D24a)                               | Iontophoresis* (7D23c)                 | Identify common assessment techniques, assessment tools, and treatment interventions utilized for patients with pediatric conditions (7D23, 7D24)  |

|  |  |  |
|--|--|--|
| Aerobic capacity during functional activities (eg, ADL scales, indexes, IADL scales, observations) (7D24a) | Biofeedback* (7D23c)   | Recognize age-related changes, and associated PT implications, for the following systems: musculoskeletal, nervous system, endocrine system, cardiopulmonary system & integumentary system.  |
| Calculate age adjusted heart rate maximum Target Heart Rate (THR) (7D24a)                                  | Direct current (7D23c)   | Identify common assessment techniques, assessment tools/outcome measures and treatment strategies for geriatric patients (7D23, 7D24)  |
| Perform aerobic conditioning and reconditioning * (7D23f, 7D23h)   | Micro-current (7D23c)  | Develop a treatment session and appropriate treatment progression, including adjustments in the POC developed by the PT, in response to patient status and clinical indicators for a geriatric patient. (7D19, 7D23)   |
| Assess level of functional status, home management; and community or work reintegration (7D24m, 7D27)      | Therapeutic ultrasound on various body locations including: submerged and non-uniform tissue areas* (7D23c)    | Compose a clear SOAP note documenting assessment techniques and treatment interventions for a patient with a neurological disorder (7D25)  |
| Administer standardized clinically relevant standardized questionnaires (7D24m)                            | Mechanical cervical traction* (7D23c)  | Recognize when an intervention should not be provided due to changes in the patient's status, clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the PTA, and report status changes to the supervising PT for a patient with a neurological condition (7D19, 7D20, 7D21) |
| Perform grade I & II peripheral joint mobilizations of selected joints and motions* (7D23e)                | Mechanical lumbar traction* (7D23c)  | Take appropriate action in a clinical emergency (7D26 & 7D27)  |
| Differentiate between normal and abnormal peripheral joint end feels (7D24g).                              | Therapeutic massage of the following stroke: Effleurage, Pétrissage, Friction, Vibration & Tapotement* (7D23e) | Patient/client/caregiver education* (7D12, 7D23g)  |

|   |  |  |
|---|--|--|
| Interview a patient regarding prior and current level of function; and general health status* (7D7, 7D15)   | PNF interventions: UE & LE D1 & D2 motions as well as Contract/Relax stretching* (7D23h)   |  |
| Select and perform an appropriate patient assessment technique from within the plan of care created by the physical therapist* (7C)   | Don/doff Personal Protection Equipment* (7D23i, 7D27)  |  |
| Proper body mechanics during assessment and treatment techniques during above skills, including peripheral joint mobilization*  | Sterile dressing change* (7D23i, 7D27)   |  |
| Integrate appropriate evidence based resources to support clinical decision-making for treatment progression, from within the PT's POC, for a patient with a cardiopulmonary dx. (CAPTE 7C, 7D11) | Safely monitor and adjust interventions within POC, of above skills, in response to patient/client status and clinical indications. (7D19, 7D27) |  |
| Physical therapy considerations for patients with bariatric dx  | Documentation of above skills via SOAP format (7D25)   |  |
| Woman's health  | Patient/client/caregiver education* (7D12, 7D23g)  |  |
| Patient/client/caregiver education* (7D12, 7D23g)   |  |  |

**MCC PTA Program**  
**Professional Behaviors Assessment Tool**

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

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

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

**End of Semester Professional Behavior Level Expectations:**

1<sup>st</sup> Year Fall: at least, all at Beginning

1<sup>st</sup> Year Spring: at least, 50% criteria at Intermediate Level

2<sup>nd</sup> Year Fall: at least all at Intermediate Level

2<sup>nd</sup> Year Spring: ALL at Entry Level

|  |  |   |
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| <p><b>Critical Thinking:</b> The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</p> |  |   |
| <p><b>Beginning Level:</b><br/>         Raises relevant questions;<br/>         Considers all available information; Articulates ideas;<br/>         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);<br/>         Recognizes holes in knowledge base; Demonstrates acceptance of limited knowledge and experience</p>                     | <p><b>Intermediate Level:</b><br/>         Feels challenged to examine ideas;<br/>         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;<br/>         Critiques hypotheses and ideas at a level consistent with knowledge base; Acknowledges presence of contradictions</p> | <p><b>Entry Level:</b><br/>         Distinguishes relevant from irrelevant patient data; Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations;<br/>         Exhibits openness to contradictory ideas;<br/>         Identifies appropriate measures and determines effectiveness of applied solutions efficiently; Justifies solutions selected</p> |
| <p><b>Specific Example:</b></p>  |  | <p><b>Place an “x” on the visual analog scale</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>B                                  I                                  E</b></p>  |

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| <p><b>2. Communication:</b> The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</p>   |  |   |
| <p><b>Beginning Level:</b><br/>         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;<br/>         Recognizes the verbal and non-verbal characteristics that portray confidence; Utilizes electronic communication appropriately</p> | <p><b>Intermediate Level:</b><br/>         Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences; Restates, reflects and clarifies message(s);<br/>         Communicates collaboratively with both individuals and groups; Collects necessary information from all pertinent individuals in the patient/client management process; Provides effective education (verbal, non-verbal, written and electronic)</p> | <p><b>Entry Level:</b><br/>         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;<br/>         Maintains open and constructive communication; Utilizes communication technology effectively and efficiently</p> |
| <p><b>Specific Example:</b></p>  |  | <p><b>Place an “x” on the visual analog scale</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>B                                  I                                  E</b></p>  |


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| <b>3. Problem Solving:</b> The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.  |   |   |
| <b>Beginning Level:</b><br>Recognizes problems; States problems clearly;<br>Describes known solutions to problems; Identifies resources needed to develop solutions;<br>Uses technology to search for and locate resources; Identifies possible solutions and probable outcomes | <b>Intermediate Level:</b><br>Prioritizes problems; Identifies contributors to problems;<br>Consults with others to clarify problems; Appropriately seeks input or guidance;<br>Prioritizes resources (analysis and critique of resources);<br>Considers consequences of possible solutions | <b>Entry Level:</b><br>Independently locates, prioritizes and uses resources to solve problems;<br>Accepts responsibility for implementing solutions;<br>Implements solutions; Reassesses solutions;<br>Evaluates outcomes; Modifies solutions based on the outcome and current evidence;<br>Evaluates generalizability of current evidence to a particular problem |
| <b>Specific Example:</b>  |   | <b>Place an “x” on the visual analog scale</b><br><br><div style="text-align: center;"> <span style="margin-right: 100px;">B</span> <span style="margin-right: 100px;">I</span> <span>E</span> </div>   |


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| <b>4. Interpersonal Skills:</b> The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.   |  |   |
| <b>Beginning Level:</b><br>Maintains professional demeanor in all interactions; Demonstrates interest in patients as individuals;<br>Communicates with others in a respectful and confident manner;<br>Respects differences in personality, lifestyle and learning styles during interactions with all persons;<br>Maintains confidentiality in all interactions; Recognizes the emotions and bias that one brings to all professional interactions | <b>Intermediate Level:</b><br>Recognizes the non-verbal communication and emotions that others bring to professional interactions;<br>Establishes trust; Seeks to gain input from others ; Respects role of others; Accommodates differences in learning styles as appropriate | <b>Entry Level:</b><br>Demonstrates active listening skills and reflects back to original concern to determine course of action;<br>Responds effectively to unexpected situations;<br>Demonstrates ability to build partnerships;<br>Applies conflict management strategies when dealing with challenging interactions;<br>Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them |
| <b>Specific Example:</b>  |  | <b>Place an “x” on the visual analog scale</b><br><br><div style="text-align: center;"> <span style="margin-right: 100px;">B</span> <span style="margin-right: 100px;">I</span> <span>E</span> </div>   |

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

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| <p><b>6. Professionalism:</b> The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.</p>   |  |   |
| <p><b>Beginning Level:</b><br/>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</p> | <p><b>Intermediate Level:</b><br/>Identifies positive professional role models within the academic and clinical settings; Acts on moral commitment during all academic and clinical activities; Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making; Discusses societal expectations of the profession</p> | <p><b>Entry Level:</b><br/>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 &amp; family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity; Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development; Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices; Discusses role of physical therapy within the healthcare system and in population health; Demonstrates leadership in collaboration with both individuals and groups</p> |
| <p><b>Specific Example:</b></p>  |  | <p><b>Place an “x” on the visual analog scale</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>B                      I                      E</b></p>  |



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| <p><b>7. <u>Use of Constructive Feedback:</u></b> The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.</p>  |  |   |
| <p><b><i>Beginning Level:</i></b><br/>         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</p> | <p><b><i>Intermediate Level:</i></b><br/>         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</p> | <p><b><i>Entry Level:</i></b><br/>         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</p> |
| <p><b>Specific Example:</b></p>  |  | <p><b>Place an “x” on the visual analog scale</b></p> <p style="text-align: center;">  </p>  |

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| <p><b>8. <u>Effective Use of Time and Resources:</u></b> The ability to manage time and resources effectively to obtain the maximum possible benefit.</p>   |   |  |
| <p><b><i>Beginning Level:</i></b><br/>         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><i>Intermediate Level:</i></b><br/>         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><i>Entry Level:</i></b><br/>         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> |
| <p><b>Specific Example:</b></p>   |   | <p><b>Place an “x” on the visual analog scale</b></p> <p style="text-align: center;">  </p>   |

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| <p><b>9. <u>Stress Management:</u></b> 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> |   |   |
| <p><b><i>Beginning Level:</i></b><br/>Recognizes own stressors;<br/>Recognizes distress or problems in others; Seeks assistance as needed; Maintains professional demeanor in all situations</p>   | <p><b><i>Intermediate Level:</i></b><br/>Actively employs stress management techniques;<br/>Reconciles inconsistencies in the educational process;<br/>Maintains balance between professional and personal life;<br/>Accepts constructive feedback and clarifies expectations;<br/>Establishes outlets to cope with stressors</p> | <p><b><i>Entry Level:</i></b><br/>Demonstrates appropriate affective responses in all situations; Responds calmly to urgent situations with reflection and debriefing as needed;<br/>Prioritizes multiple commitments;<br/>Reconciles inconsistencies within professional, personal and work/life environments;<br/>Demonstrates ability to defuse potential stressors with self and others</p> |
| <p><b>Specific Example:</b></p>  |   | <p><b>Place an “x” on the visual analog scale</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>B                      I                      E</b></p>  |

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| <p><b>10. <u>Commitment to Learning:</u></b> 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.</p>  |  |   |
| <p><b><i>Beginning Level:</i></b><br/>Prioritizes information needs;<br/>Analyzes and subdivides large questions into components;<br/>Identifies own learning needs based on previous experiences;<br/>Welcomes and/or seeks new learning opportunities; Seeks out professional literature; Plans and presents an in-service, research or cases studies</p> | <p><b><i>Intermediate Level:</i></b><br/>Researches and studies areas where own knowledge base is lacking in order to augment learning and practice; Applies new information and re-evaluates performance;<br/>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</p> | <p><b><i>Entry Level:</i></b><br/>Respectfully questions conventional wisdom;<br/>Formulates and re-evaluates position based on available evidence;<br/>Demonstrates confidence in sharing new knowledge with all staff levels;<br/>Modifies programs and treatments based on newly-learned skills and considerations;<br/>Consults with other health professionals and physical therapists for treatment ideas</p> |
| <p><b>Specific Example:</b></p>   |  | <p><b>Place an “x” on the visual analog scale</b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>B                      I                      E</b></p>  |

Based on my Professional Behaviors Assessment, I am setting the following Goals:

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

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

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**McHenry County College**  
**Physical Therapy Assistant Program Clinical Handbook Agreement**

I have received a copy of the Physical Therapy Assistant Program's Clinical Handbook. I have read and understand the guidelines and procedures contained in the Manual. I agree to follow the guidelines as outlined in the Manual while enrolled in the Physical Therapy Assistant program.

I understand the program guidelines may change while I am participating in the didactic courses or clinical experiences. I understand it is my responsibility to review and follow any changes to the guidelines. I understand that I will need to follow the standards and guidelines of the most recent Student Handbook if I withdraw or am dismissed from the PTA program and then readmitted.

I understand that failing to follow the guidelines in the Clinical Handbook may result in a non-passing/non-credit grade. If I object to following any of the guidelines in the Clinical Manual, I understand I must submit my objection/request for accommodation in writing to the program's Physical Therapy Assistant Program Chair for consideration.

Name (print): \_\_\_\_\_

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

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

Return the signed Informed Consent to the Physical Therapy Assistant Program Chair

McHenry County College  
Physical Therapist Assistant Program  
Clinical Orientation Checklist

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

- \_\_\_\_\_ Ensure that the student has the appropriate ID badge(s) and parking permit for the clinical site
- \_\_\_\_\_ Review Clinical Schedule (including weekend or evening coverage)
- \_\_\_\_\_ Review meal schedule
- \_\_\_\_\_ 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.

\_\_\_\_\_  
Clinical Instructor Signature/Date

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

When completed, please fax this form to  
Clinical Education Coordinator at (815)455-3671

McHenry County College  
Physical Therapist Assistant Program  
Clinical Instructor Curriculum Review Form

Check the Clinical Education Experience:

\_\_\_\_ PTA Clinical Experience I (first 8-week experience, Spring)

\_\_\_\_ PTA Clinical Experience II (second 8- week experience, Spring)

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

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

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

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

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

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

APTA Credentialed Clinical Instructor: Yes or No

APTA Membership: Yes or No

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

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

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

When Completed, please fax this form to  
Clinical Education Coordinator at (815)455-3671

McHenry County College  
Physical Therapist Assistant Program  
Clinical Instructor/Student Meeting Form

Check the Clinical Education Experience:

\_\_\_\_ PTA Clinical Experience I (first 8-week experience, Spring)

\_\_\_\_ PTA Clinical Experience II (second 8- week experience, Spring)

Week #: \_\_\_\_\_

Dates: \_\_\_\_\_

CLINICAL INSTRUCTOR COMMENTS:

Student's Strengths:

Areas/Skills Showing Improvement:

Areas/Skills to Work on:

STUDENT COMMENTS:

GOALS FOR NEXT WEEK :

\_\_\_\_\_  
Clinical Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

Students are to fax completed forms to the Clinical Education Coordinator at (815)455-3671

McHenry County College  
Physical Therapist Assistant Program  
Confidentiality Agreement

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



McHenry County College  
Physical Therapist Assistant Program  
Student In-service Feedback Form

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

Check the Clinical Education Experience:

\_\_\_\_ PTA Clinical Experience I (first 8-week experience, Spring)

\_\_\_\_ PTA Clinical Experience II (second 8- week experience, Spring)

Topic of In-service: \_\_\_\_\_

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

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

Strengths of presentation:

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

Other comments:

Students are to fax completed forms to the Clinical Education Coordinator at (815)455-3671

MCC PTA Program  
PTA Student Evaluation  
Clinical Experience and Clinical Instruction

The PTA Student Evaluation - Clinical Experience and Clinical Instruction form is posted at the Clinical Experience Course Canvas shell. The entire evaluation form is completed and signed by the student, CI and CCCE per page 23 of the Clinical Education Handbook.