

College of the Desert

Clinical Education Handbook

2024-2025

Table of Contents

Program Mission Statement	5
Program Goals	5
Clinical Education Curriculum	5
Clinical Instructors	7
Qualifications:	7
Responsibilities:	7
Assessment of the Clinic Instructor:	8
Center Coordinator of Clinical Education (CCCE)	8
Responsibilities:	8
Clinical Education Coordinator (CEC)	8
Responsibilities:	8
Student Responsibilities	9
Expectations Prior to Beginning Clinical Education	10
Accommodations Requests	10
Hardship Requests	10
Onboarding Process	11
Introduction	11
Policy	11
Program Requirements	13
Malpractice Insurance	13
Social Security Number/Individual Tax Identification Number (ITIN)	13
Background Check/Drug Screen	14

Introduction	14
Policy	14
Policy for Suspected Substance Abuse or Mental Disability	16
Protocol for Injury/Pathogen Exposure for Students or Faculty	18
Information	18
Protocol	18
Standard Precautions (Centers for Disease Control and Prevention)	19
Hand Hygiene	19
Personal Protective Equipment	19
Sharps Safety	20
Storage and Use of Hazardous Materials	20
HIPAA	20
Patients’ Right to Refuse	20
COVID-19 Vaccination Policy	21
Travel and Living Expenses	21
Site Changes/Cancellations	21
Reassignment of Clinical Site	21
In-Service Requirement	22
Attendance Policy	23
General Guidelines:	23
Dress Code and Appearance	24
Confidentiality of Student Records	25
Social Media Policy	26

Information	26
Policy	26
Cell Phone Use	27
Course Objectives of PTA 012: Clinical Fieldwork I	28
Outcomes of PTA 012: Clinical Fieldwork I	29
Course Objectives of PTA 013: Clinical Fieldwork II	29
Student Learning Outcomes of PTA 013: Clinical Fieldwork II	30
Incident Reporting	31
American Physical Therapy Association (APTA) Policy on Student Provision of Services	31
Skills Competencies by Class	32

Program Mission Statement

In alignment with the mission of College of the Desert, the Physical Therapist Assistant program is committed to providing excellent educational opportunities to enable students to develop the skills, passion and professionalism to excel as a physical therapist assistant. The program is committed to collaborating with local community partners to create student-centered learning opportunities to allow our diverse students to serve and contribute to patient centered care within the Desert Community College District, surrounding area and beyond.

Program Goals

1. Graduates will demonstrate entry-level competency of all required skills of a PTA for employment in a variety of Physical Therapy clinical settings.
2. Students and Graduates will maintain a high level of professionalism and will engage in effective communication strategies.
3. The physical therapist assistant program will facilitate student success through student engagement and evidence based teaching strategies and will maintain a contemporary and comprehensive curriculum in accordance with CAPTE and College of the Desert standards.
4. The program will instill an importance on community service and lifelong learning.
5. The faculty will maintain contemporary excellence in their teaching areas.
6. The Physical Therapist Assistant Program will facilitate student success.

Clinical Education Curriculum

Students will complete two clinical education affiliations. The first (PTA 012) is a 6 week affiliation that takes place in the fourth term of the program. The second (PTA 013) is a 10 week long affiliation that takes place in the fifth term of the program.

Process for Student Assignment of Clinical Education Site

Clinical sites will be selected and remain a part of the program based on their ability to reinforce the students' knowledge and skill gained in the program thus far, allow for guided practice in the skills of a physical therapist, and allow the student to successfully meet the clinical education objectives.

Students will be exposed to clinical affiliations in both the inpatient and outpatient settings. The CEC will track both the effectiveness of a given facility and the placement setting of each student. Within the

inpatient and outpatient setting, student preference will be considered, but will ultimately depend on site availability and meeting course objectives.

Clinical affiliations are available in the Coachella Valley as well as throughout California. Students will be given a list of clinical affiliation sites with which the program has a current contract. Students are not allowed to be assigned to clinical sites that they have previously worked at or have personal relationships with the CI or CCCE. Students are not allowed to make contact with a potential clinical site or assigned clinical site without the written permission of the CEC.

Application for hardship cases will be accepted from students to allow for successful completion of their clinical education in light of special circumstances that may make extended travel difficult. Beyond those cases, students will then be randomly placed in order from 1 to 25. Student 1 will select their preferred clinical site. If appropriate, that student will be assigned to the selected site. If not appropriate, the student will be asked to select another clinical site. Once student 1 is placed, student 2 will select from the remaining clinical sites. This process will be continued until all 25 students have selected and been placed at a clinical site. For the students second clinical internship, same process will be followed with student 25 going first. Students may submit a written request for placement at a clinical site not currently contracted with the program to the CEC. That request will be pursued and placement made if able and considering all of the above criteria.

Initial assignment of clinical affiliation sites to students will take place no later than 6 weeks prior to the start of the clinical experience. In the instance that a clinical affiliation site needs to be canceled, reassignment of the student to a different site will be made as early as possible. Students that refuse to accept a site assignment without viable reasoning will be at risk for removal from the program.

Tools Used to Assess Performance of Students

The American Physical Therapist Association's (APTA) Clinical Performance Indicator (CPI) will be used to formally assess each student for entry-level clinical performance during clinical education experiences prior to graduation. Clinical instructors (CI) are required to have completed the APTA's Credentialed Clinical Instructor Program (CCIP) in which they receive training on use of the CPI. The program CEC will meet with all clinical instructors before the affiliation to go over student learning objectives and expected outcomes. The CPI will then be completed by the CI at both the midterm and final of affiliation. Through the CPI students will be assessed on their progression to mastery level in 14 performance criteria. The CI will review the completed instrument formally with the student at both the midterm and final evaluation. In addition, the CEC will meet with both the student and his or her clinical instructor at both the midterm and final of the affiliation to review the student's progress towards expected outcomes including that of entry-level at the final meeting of the student's last affiliation. In order to successfully pass the associated course, and ultimately graduate the program and sit for the licensing exam, the student will be required to be evaluated at entry level in all 14 CPI criteria by their CI at their final clinical affiliation and not have any concerns noted on the CPI's "red flag" items.

During clinical rotations, students are expected on a weekly basis to create goals/journals with their CI which will be uploaded into the LMS. The CEC will be able to access and monitor their weekly goals and journal entries, this will provide the CEC with an understanding of student progress. If CEC does not receive weekly updates or does not see the expected progress. A meeting will be scheduled between CEC and student and if needed then meet with CI. CI and student will be completing the CPI at both midterm and final, the CEC will meet with both student and CI after mid-term CPI to review results and assist with goal setting and if needed help CI support student progression.

Clinical Instructors

Qualifications:

Qualifications for CIs for the Program included state licensure as a physical therapist or physical therapist assistant as well as a minimum of one year of full time clinical experience. CIs are expected to be clinicians of physical therapy and teachers of clinical content. Clinical education sites will be made aware of the programs expectations for CIs via the Program Clinical Handbook which will be provided to the site a minimum of 2 weeks before the beginning of the clinical rotation. Fulfillment of these expectations will be monitored by the Clinical Education Coordinator (CEC) through weekly journals from the students as well as ongoing face-to-face and virtual meetings with the students. At the culmination of their clinical rotation, students will complete both a “PTA Student Assessment of Clinical Experience” and a “PTA Student Assessment of the Clinical Instructor” in order to assess both their CI and the clinical site. The Program will be using the CPI (Clinical Performance Instrument) Web to assess student performance and CIs will be required to have completes the American Physical Therapist Association (APTA) CPI self-guided new user training in order to demonstrate proficiency using the CPI. All information on both the clinical site and the CI will be collected and assessed by the CEC and reviewed by the Program Director.

Responsibilities:

- Reviews student learning objectives provided by the school.
- Orients the student.
- Designs learning experiences appropriate for the student.
- Provides appropriate supervision of the student during patient care activities.
- Assists the patient in clinical problem solving.
- Acts as a professional role model.
- Provides ongoing feedback to the student.
- Completes midpoint and final evaluation of the student.

Assessment of the Clinic Instructor:

Clinical instructors are evaluated during each affiliation through an initial review of their qualifications to be a clinical instructor by the CEC. Students will be required to submit a weekly journal during their clinical affiliation. As part of this journal, students will be required to give feedback to CEC on the clinical facility and their CI. Students are also asked about their perceived safety and progression toward course objectives during their clinical education experiences. Students will complete the APTA's Physical Therapist Students Student Evaluation: Clinical Experience and Clinical Instruction at the culmination of their clinical rotation. Site visits will be conducted by the CEC at both the midterm and final in which the CEC will meet with both the student and their CI (In person or virtual). Results of all this information will be collected and evaluated by the CEC and reviewed by the Program Director.

Center Coordinator of Clinical Education (CCCE)

The CCCE represents the clinical facility and coordinates the student program of the facility.

Responsibilities:

- Collaborates with the CEC in development and implementation of the program.
- Establishes and ensures compliance with the affiliation agreement with the academic institution and program.
- Maintains ongoing communication and exchange of current information with the CEC.
- Collaborate with the CEC in the scheduling of students.
- Provides information about the facility to the student in advance of their affiliation.
- Orients the student.
- Coordinates CI training and assignment to students.
- Assists with problem solving for the CI and student.

Clinical Education Coordinator (CEC)

The CEC is a faculty member of the academic institution and coordinates the clinical education activities.

Responsibilities:

- Maintains regular contact, active affiliation agreements, and an information file for each clinical education facility.

- Establishes and ensures compliance of the affiliation agreement with the clinical education facility.
- Maintains ongoing communication and exchange of current information with the CCCE.
- Educates students on the purpose and objectives of clinical education
- Collaborate with the CCCE in the scheduling of students.
- Assigns students to a clinical education facility.
- Facilitates onboard of the student with their assigned clinical education facility
- Provides information about the facility to the student in advance of their affiliation.
- Provides the clinical education facility with a current Clinical Education Handbook.
- Provides student information, course objectives, and evaluation procedures to the clinical education facility.
- Reviews and acts upon the Physical Therapist Assistant Student Evaluation: Clinical Experience and Clinical Instruction.
- Reviews the Clinical Performance Instruments(CPI) completed by the CI.
- Maintains ongoing and regular contact with the CI and student.
- Assists with problem solving for the CI and student.

Student Responsibilities

- Meets all requirements and responsibilities in preparation for the clinical education affiliation.
- Contact the assigned clinical education facility a minimum of 4 weeks prior to beginning of the affiliation.
- Follows all policies and procedures and meets all standards of the clinical education facility.
- Demonstrates understanding of the course objectives and the Clinical Performance Instrument (CPI).
- Participates fully and actively in all activities of the clinical affiliation.
- Completes an in-service (PTA 013: Clinical Fieldwork II).
- Provides feedback to the CI.
- Maintains ongoing and regular contact with the CEC.
- Completes the self-evaluation portion of the Clinical Performance Instrument (CPI)

Expectations Prior to Beginning Clinical Education

Students are required to pass all preceding courses of the program with an average score of 70% or higher on each courses written exams prior to beginning or continuing their clinical education affiliations. Students must also pass all lab practicals with a score of 75% or higher. Lastly, students are required to complete all skills competencies for each class attended prior to the affiliation. Please refer to the skills competency by class chart.

Accommodations Requests

Students that require accommodations in order to fully access the clinical education experience and to meet the course objective will be required to submit a written request for accommodation to the CEC no later than 2 weeks prior to the beginning of their clinical education experience.

Hardship Requests

Application for hardship cases will be accepted from students to allow for successful completion of their clinical education in light of special circumstances that may make extended travel difficult. If granted, students that have an applicable and validated hardship will be given priority in assignment of a clinical education affiliation site that best eases the hardship.

Onboarding Process

Introduction

Onboarding is the process of completing requirements to gain entrance into clinical facilities and clearance to work with patients and staff in those facilities during your program. This process includes a physical exam clearance, clearance from communicable diseases, proof of identification, and other certifications required by the clinical agencies. The purpose of the health clearance is for a healthcare professional to determine if you are physically fit to withstand the physical and emotional demands of the program. The health clearance is based on job function and reflects the Core Performance Standards.

Clinical facilities documentation is sometimes required 90 days prior to the start of the term therefore onboarding often occurs during the primary term breaks. The affiliation agreements with the clinical agencies require that students be free of communicable diseases.

We will assist you with this complex process, but it is ultimately up to each student to satisfactorily complete all requirements by deadlines set by the department.

Policy

1. Students must view their “myCOD” email daily, including during breaks to ensure effective communication.
2. All communication regarding onboarding and onboarding software training will go through “myCOD” email accounts. Emails may come from the onboarding software on behalf of the department staff.
3. Students will be assigned access to the onboarding software, and be required to attend training on the onboarding software.
4. Students are required to upload and manage their own necessary documents on the onboarding software.
5. The uploading of documents to onboarding software implies authorization to share the documentation with necessary clinical agencies.
6. Deadlines set for any portion of onboarding including, but not limited to, software training, document submission, and attendance at a facility for badges, are set by the department in conjunction with the facilities. These deadlines are non-negotiable.
7. Students are responsible for paying for any fees associated with the process.
8. Students that do not meet onboarding requirements, including deadlines, or appointments at facilities, and/or attendance at the required training will not be enrolled or they will be dropped from their course. Students newly admitted to the program will be required to reapply to the program for admittance. Current students will be required to apply for reinstatement due to the disruption in the cohort model progression.

9. Students that are not free from communicable diseases or do not have authorized health clearance will not be able to attend clinical and unable to continue in the program.

10. Onboarding requirements include but are not limited to

- a. Physical examination clearance
- b. Vaccinations for Tetanus, Diphtheria, and Pertussis (Tdap), flu, COVID-19
- c. Proof of immunity from Hepatitis B, Measles, Mumps, Rubella, Varicella
- d. Tuberculosis screening
- e. American Heart Association Basic Life Support (BLS/CPR) card
- f. Facility documents for policies and procedures.
- g. Background check
- h. Drug screen
- i. Facility badge photos and pick-up
- j. Valid Government ID (may not expire during semester (see #11)).

11. Onboarding requirements must be valid through the entire semester. Any item expiring during the semester term will not be accepted.

Program Requirements

In addition to onboarding requirements, the programs require the following items for all students.

Malpractice Insurance

College policy requires each student enrolled in health occupations programs with clinical components to purchase insurance coverage against liability for malpractice. The fee for this insurance is paid at the time of registration. No student will be allowed to care for clients without evidence of having purchased malpractice insurance. Students are to purchase malpractice insurance for each year of the PTA program.

Due to state regulatory changes, the California College Promise Grant (formerly known as the Board of Governor (BOG) Fee Waiver) administered at COD will waive enrollment fees only. Payment of the Malpractice Insurance Fee and Student Health Fee (by the student) is mandatory.

Social Security Number/Individual Tax Identification Number (ITIN)

While Social Security Numbers (SSN) are not required to take program coursework, the facilities used for clinical instruction do require either a SSN or ITIN. SSN or ITIN is also required for examinations for licensure. If you do not have a SSN or ITIN card please contact the School of Health Sciences and Education office for further instruction

Background Check/Drug Screen

Introduction

Health care facilities are required to develop policies for staff, students, and volunteers who provide care, treatment, and services. Facilities are required to verify qualifications which include but are not limited to: certification, licensure, or registration; education, experience, and competency information on criminal background; and compliance with health screening requirements. College of the Desert is required to comply with licensing requirements and with the policies of our partner agencies. If you have a felony or misdemeanor in your background, please see the Program Director to discuss the impact on licensure and your PTA career.

Policy

1. Students for all programs are required to obtain a clear background check and drug screen during a specified timeframe, determined by the department. The department will provide instructions to the student on how the student will apply and pay for the background check.
2. Costs of background checks and drug screens are assumed by the student.
3. Clinical facilities may request new drug screens throughout the program.
4. A new background check/drug screen will be required if the educational program is interrupted.
5. Students who do not complete the background check and drug screen by the given deadline will (a) not be allowed to register, or (b) be dropped from their course.
6. Students that do not meet onboarding requirements, including deadlines, or appointments at facilities, and/or attendance at the required training will not be enrolled or they will be dropped from their course. Students newly admitted to the program will be required to reapply to the program for admittance. Current students will be required to apply for reinstatement due to the disruption in the cohort model progression.
7. Students that are not free from communicable diseases or do not have authorized health clearance will not be able to attend clinical and unable to continue in the program.
8. Students must provide consent to allow the school and clinical facilities, as necessary, access to the background check/drug screen results.
9. Background checks and drug screens will minimally include the following:
 - a. Seven-year history
 - b. Address verification

c. Sex Offender search

d. All names, all counties

e. Office of Inspection General (OIG) search

f. Social Security Number verification

g. Drug Screen (10-panel)

10. Students will be denied enrollment in the PTA program if the background check and drug screen do not come back clear.

11. Students denied enrollment due to criminal convictions may reapply to the program when it has been seven (7) years since an offense, or when they receive a dismissal or expungement.

12. Should any felony or misdemeanor charges be filed on a student at any time in the program, the student will be denied access to clinical agencies. Clinical rotations are a mandatory part of PTA education. If a student cannot participate in clinical, they cannot complete the PTA program and therefore, will be denied enrollment in the program.

13. The requirements of the clinical facilities are final and non-negotiable.

14. Any future applicable clinical agency or state board guidelines will be incorporated into this policy as they become available.

Policy for Suspected Substance Abuse or Mental Disability

If a student is exhibiting behavior that suggests impairment by alcohol drugs, and/or emotional/mental disability, the faculty member, always maintaining confidentiality, will:

1. Remove the student immediately
2. Notify the Program Director (760) 565-4839.
3. Require blood and/or urine testing in an approved lab immediately at student expense. Refusal to provide a specimen when requested will result in immediate dismissal from the program without the opportunity for readmission.
 - a. In a facility without a lab on-site, the student will be sent by taxi (at student expense) to an approved lab. The Director's office will then notify the student's emergency contact person to take the student home after blood and/or urine testing has been completed. If unable to contact the Director's office, call COD Public Safety (760) 341-2111, who will notify the student's emergency contact person. Public Safety will notify the Director of PTA Program appropriate COD personnel.
 - b. Submission of blood and/or urine testing will assume authorization to share results and information with necessary COD personnel and health care provider.
4. Document the incident via facility policy and COD Policy
5. Inform the student, prior to leaving the facility, that they may not return to classes, lab, or clinical until they have met with the Program Director as soon as possible to:
 - a. Review the incident, including the documentation of behaviors, signs, and symptoms of impairment exhibited by the student necessitating action.
 - b. Provide the student with the opportunity to offer further explanation and additional relevant information.
 - c. Review results of the student drug screen.
 - d. Review with the student the policy for Alcohol/Drug Abuse and Mental Disability and potential academic/clinical consequences.
6. The Director will consult with didactic and clinical faculty, mental health expert(s), and appropriate COD personnel regarding whether a policy violation has occurred and whether the procedure should move forward.
7. If it is determined that a violation has occurred, the Director will notify the student of the decision.

Substance Abuse Problem Identified:

1. If the drug screen is positive, the student will be required to have an evaluation and treatment plan developed by a medical professional licensed in California in the field of chemical dependency and/or addiction medicine.
2. Students may request reinstatement, if eligible, after a minimum of six months of treatment and clear drug tests documented by a licensed professional. Additionally, documentation from the licensed professional must include a full release to return to school before consideration will be given for reinstatement.
3. Reinstatement is not guaranteed.
4. Upon reinstatement, the student will be required to continue to be subject to random drug tests when requested by the program, at the student's expense.
5. Failure to comply with testing requirements will result in dismissal from the program without reinstatement privileges.

Mental Disability Problem Suspected: If the drug screen is negative, but the student's behavior is indicative of an emotional/mental health disability that may impact the student's performance in the program, the student will be required to have a comprehensive evaluation by a third-party mental health professional identified and paid for by the student.

After clearance from the mental health provider, the student may apply for readmission, provided the student has a documented history of treatment adherence and a letter from the treating mental health professional granting full release to return to school.

If the evaluation does not substantiate an emotional/mental health disability problem that might impact their performance, the student will return to class with no negative academic consequences. A behavioral contract will be developed by faculty and the Director.

Any further suspicious behavior may result in dismissal from the program if deemed a potential safety risk to the public

Protocol for Injury/Pathogen Exposure for Students or Faculty

Information

The following is the protocol for students or faculty who experience needle-stick, mucous membrane exposure, or other methods of blood-borne contamination. This protocol is provided by the College of the Desert Office of Human Resources.

Protocol

In the Off Campus Clinical Setting:

1. Notify supervisor/instructor
2. Call Injury hotline 877-518-6702
 - a. College of the Desert Search Code RSR17
3. Follow "Company nurse" advice for medical treatment
4. Notify employee health department of the hospital
5. Call COD Human Resources at (760) 773-2529 to report the exposure
6. Notify the Director of the COD PTA program 760-565-4839
7. Complete Incident report for COD
8. Complete Incident report for the hospital (check with unit manager/director for instructions)
9. Visit HR the same day or next business day to fill out paperwork

Serious Injury requiring 911

1. Provide first aid and manage crowds
2. Call 911
3. Call security x 2111
4. Call the school nurse x7211
5. Notify the front office for the Director of PTA Program -x 7303
6. Complete the incident Report

Standard Precautions (Centers for Disease Control and Prevention)

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. These practices are designed to both protect healthcare worker and prevent the healthcare worker from spreading infections among patients. Standard Precautions include —

1. Hand hygiene.
2. Use of personal protective equipment (e.g., gloves, masks, eyewear).
3. Respiratory hygiene / cough etiquette.
4. Sharps safety (engineering and work practice controls).

Hand Hygiene

Hand hygiene is the most important measure to prevent the spread of infections among patients and healthcare workers. Use water and plain soap (hand washing) or antimicrobial soap (hand antisepsis) specific for health care settings or use an alcohol-based hand rub. Although alcohol-based hand rubs are effective for hand hygiene in health care settings, soap and water should be used when hands are visibly soiled (e.g., dirt, blood, body fluids).

Personal Protective Equipment

Personal protective equipment (PPE) refers to wearable equipment that is designed to protect the healthcare worker from exposure to or contact with infectious agents. PPE that is appropriate for various types of patient interactions and effectively covers personal clothing and skin likely to be soiled with blood, saliva, or other potentially infectious materials should be available. These include gloves, face masks, protective eye wear, face shields, and protective clothing (e.g., reusable or disposable gown, jacket, laboratory coat).

Examples of appropriate use of PPE for adherence to Standard Precautions include—

- Use of gloves in situations involving possible contact with blood or body fluids, mucous membranes, non-intact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) or OPIM.
- Use of protective clothing to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
- Use of mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.

Healthcare workers should be trained to select and don and doff appropriate PPE so that the chance for skin or clothing contamination is reduced. Hand hygiene is always the final step after removing and disposing of PPE. Training should also stress preventing further spread of contamination while wearing PPE by:

- Keeping hands away from face.

- Limiting surfaces touched.
- Removing PPE when leaving work areas.
- Performing hand hygiene.

Sharps Safety

If you encounter a sharps object first confirm with the appropriate medical staff that it needs to be disposed of. If appropriate and you are able to follow through on the disposal of the object in a sharps container please following the following guidelines:

- Avoid recapping needles. Use a needle holder or recapper, if necessary.
- Dispose of uncapped needles immediately.
- Point the needle away from yourself.
- Keep visual contact with the needle at all times while uncapped.

Storage and Use of Hazardous Materials

The program will educate the student on the labeling of and procedures related to hazardous materials commonly encountered in the medical setting. Students are required to complete all learning opportunities presented by the facility in regards to specific hazardous material at the facility.

HIPAA

In PTA 001: Introduction to Physical Therapy, students receive training in their duty to maintain the confidentiality of patient and hospital proprietary information at all times, in compliance with all federal and California laws relating to the privacy of individually identifiable health information. Students are required to submit a HIPPA training course completion certificate to the CEC no later than 6 weeks prior to the second semester of the program. Information about appropriate online HIPPA training courses will be provided in PTA 001.

Patients' Right to Refuse

Students are made aware that patients have the right to refuse to participate in the student's clinical education, without repercussion. It is the responsibility of the student to inform the CI of the patient's request.

COVID-19 Vaccination Policy

All students will have up to date COVID-19 vaccinations and boosters on file with the CEC. All costs associated with vaccination are the student's responsibility.

Travel and Living Expenses

Students are responsible for all travel and living expenses related to their clinical education affiliation. All efforts are made to place students at clinical education facilities within 100 miles of College of the Desert. However, clinical site availability and the clinical education requirements of the program may necessitate placement of a student outside this 100 mile radius. Although it is the student's responsibility to cover all associated costs, hardship requests are taken and considered.

Site Changes/Cancellations

In the event of a clinical facility canceling an affiliation placement due to staffing, patient census, or another circumstance unrelated to the student, the student will be placed at another clinical education site that meets the curricular and clinical education needs of the student as soon as possible.

Removal from/Reassignment of Clinical Site

A student may be removed from a clinical affiliation if their performance is deemed to be unsafe, negligent, or unprofessional or if they have difficulty progressing toward clinical course objectives. Prior to removal of the student, the CEC will meet with the student, CI, and CCCE to develop a written improvement plan. Behavior is considered unprofessional when it violates the COD Standard of Student Conduct, the professional guidelines established by the participating clinical facility, the Standards of Ethical Conduct for the PTA, and/or the provisions laid forth in this handbook; including attendance, dress code, etc. In order to be reassigned to a clinical site the student will need to satisfactorily demonstrate an ability to act in a professional manner consistent with the standard noted and to resume their role as a PTA student while maintaining the safety of the patients, facility staff, and themselves. Students who pose a substantial safety issue that could jeopardize the health, welfare, or safety of patients, those that present violations of ethical or legal practice, or are unable to satisfactorily fulfill their prescribed improvement plan are subject to withdrawal from the PTA program.

In-Service Requirement

In-service presentations are encouraged by the program. Students are to comply with clinical site policy in regards to completion of an in-service.

Attendance Policy

Students are required to follow the same work hours as their CI. Students will be allowed one sick day of clinical absence during Clinical Fieldwork I and three sick days during Clinical Education II. If a student is unable to attend, the clinical facility and CEC must be notified each day of an absence prior to the start of their "shift". Absences must be due to illness or emergency. Absences due to illness may require a physician's note. Changes in the clinical schedule, including make-up days must be approved by and are at the discretion of the CEC, CI, and/or CCCE.

General Guidelines:

1. Non-attendance on the first day of a clinical affiliation may result in being dropped from the affiliation.
2. Full and prompt attendance at clinical affiliations is expected and mandatory. Patterns of absences and tardiness will be monitored in each course and through the program.
3. It is the student's responsibility to contact their CI regarding any absences or tardiness prior to the start of the work day.
4. If absences mean that a student is unable to meet clinical objectives, failure of the course will result.
5. The COD PTA program abide by the attendance policy outlined in the college catalog.
6. Students are required to make up all hours missed.

Dress Code and Appearance

Students are required to meet the dress code of the clinical education site. In addition, they are to meet the following guidelines:

- Unless otherwise noted, business casual will be appropriate attire for clinical affiliations
- Students are to comply with dress code and appearance policies of the clinical site.
- Clothes will be clean, modest, and wrinkle free.
- No jeans are allowed.
- Dresses must be no shorter than knee length.
- Scrubs are allowed in the inpatient setting if allowed by the clinical site.
- Shoes will be close toed and heeled. Heels are to be 1" or lower. Shoes are to have rubber soles. Students must wear socks or stockings.

Grooming

· Students will be clean, free of odor and strong fragrances (e.g., bad breath, cigarette smoke, perfume) and well groomed.

Hair

- Hair will be neat, clean, controlled, and secured so as not to interfere with client care.
- Mustaches, beards, and sideburns must be neatly trimmed.
- Hair color must be within the realm of genetic possibility.
- Hair must be pulled back away from the face and up off the collar.
- No multi-color hair clips or decorative holders are allowed in the clinical setting

Nails

- Nails must be short and clean.
- No nail polish may be worn.
- The wearing of artificial acrylic/gel nails, dip, or anything requiring UV light is prohibited while providing patient care.

Make-up

- Make-up will be subdued.
- False eyelashes are prohibited.

Jewelry

- One ring in the form of a plain wedding-type band will be permitted.
- Only one pair of stud earrings will be permitted.
- No earrings or body jewelry is allowed in any area of the ear except the lower earlobe.
- Other visible piercings are not allowed.

Tattoos

- Tattoo coverage must be maintained with clothing items under dress code standards. Bandages, “sleeves”, etc. are an infection control risk and are not permitted.

Confidentiality of Student Records

It is the intent of the program and institution to maintain the privacy of student data. Procedures to provide confidentiality of student data are listed:

- Conferences with students are held in private offices or conference rooms
- Privacy screens are utilized during practical examinations
- Feedback on both written and practical exams is presented individually
- Student data/information, academic, medical, drug screen, background check, etc is kept in a secure location in the Barker Nursing Complex or a locked cabinet in the Program Director’s office or electronically on the Program Directors computer
- Grade are only posted on LMS system
- Student contact data is not provided to outside sources without permission of the student
- Letters of reference and recommendation are provided only at the written request of students.

Social Media Policy

Information

This policy is intended to guide students in professional communication that is expected in the programs as well as in the professional community. Communication includes verbal, non-verbal, written, and electronic means (emails, text, social media post, etc.). Social media are defined as forms of electronic communication through which users create online communities to share information. Types of social media include, but are not limited to collaborative projects (Wiki), websites, blogs, microblogs (Twitter, Instagram), content communities (e.g. YouTube), social networking sites (e.g. Facebook, virtual game worlds), and virtual social worlds.

Students should be aware, communication reflects you, the program, COD, and the profession. Before you communicate in any fashion, take a moment to consider if your words might lessen the community's trust in our ability to serve them (ex: "I'm sick at clinical today", "my patients annoy me", "the patient liked me better than my CI", "my program isn't teaching me anything", etc.).

Policy

1. Faculty, staff, and Administration will be addressed professionally by title, and in a professional and courteous manner.
2. Appointments should be made directly with faculty.
3. Appointments for the Dean, Kinesiology office.
4. All students, staff, and faculty will communicate via COD email addresses. This is the official means of communication within the programs.
5. Students and faculty are required to view their COD email account daily.
6. Canvas is the college-wide learning management system (LMS). Orientation to Canvas is available on the college website. It is the student's responsibility to check Canvas for updates to course materials or communication on a daily basis.
7. It is the students responsibility to be familiar with and know how to utilize Canvas, eValue, and the website for the PTA program.
8. Photos/video recording in any clinical setting for any reason is not permitted and is in violation of HIPAA
9. Recording by any method, at any time, is by permission of the instructor only.
10. Recording of lectures may be limited to students with documented learning accommodations.

11. Recording of any kind may not be shared, transmitted, or sold and must be destroyed at the end of the semester.
12. Recording devices provided through the Disabled Student Services and Programs (DSPS) office are to be utilized during lecture only. These devices are prohibited in the clinical settings. Students are prohibited from recording any portions of test review or meetings with instructors. Students may refer to the DSPS contract for more details.
13. Students are prohibited from speaking to the media, representing COD (in title, uniform, or any other manner) without written consent from the COD Public Relations Office and the Director of the program.
14. Students who choose to communicate via social networking sites are held solely responsible for its content. Inappropriate or unprofessional postings may jeopardize a student's status in the program.
15. Students may not utilize any college or program branding (i.e., logos, banners, name) for any reason including social media, or email accounts and/or pages without consent from the COD Public Relations Office and the Director of the program.
16. Complaints or criticism about COD, fellow students, instructors, clinical sites, patients, patient populations, and/or clinical experiences, may result in failure without the possibility of being reinstated, on grounds of unprofessional behavior.
17. No photos or videos taken in the skills lab are to be used for social media without written consent from the Public Relations Office and the Director of the program.
18. Violations of communication and social media policies may result in performance improvement plan and up to failure of the course without eligibility for reinstatement on the grounds of unprofessional conduct.

Cell Phone Use

Cell phones are to be used by students only during official breaks in their work day or in the case of an emergency.

Course Objectives of PTA 012: Clinical Fieldwork I

Objective 1	Demonstrate knowledge of laws and financial management and awareness of when to report abuse and insurance fraud.
Objective 2	Demonstrates interaction with patients and health care teams that is consistent with APTA's ethical and value based behaviors.
Objective 3	Demonstrate ability to interpret plan of care and implement evidence based clinical decisions with varying interventions and stopping treatment due to clinical indications.
Objective 4	Demonstrate ability to collect patient information through subjective interview to assist with understanding of placement on ICF model.
Objective 5	Demonstrate ability to review health records and measures while monitoring plan of care to make adjustments based on status and clinical indications and communicate changes to physical therapist.
Objective 6	Demonstrate communication skills with patients when discussing short term goals, long term goals and outcomes and educate patients throughout the process.
Objective 7	Contribute to patient centered interprofessional collaborative care, quality assurance and efforts to increase patient and health care safety.
Objective 8	Complete patient documentation following practice, state and regulatory guidelines in an accurate and timely manner.
Objective 9	Demonstrate ability to implement all interventions applicable in the setting.
Objective 10	Explain intervention to patients and safely and effectively
Objective 11	Demonstrate and utilize all necessary tests and measures in a safe and effective manner applicable in the setting of internship.

Outcomes of PTA 012: Clinical Fieldwork I

Outcome 1	Students will be able to implement a treatment plan in the direction of the supervising Physical Therapist.
Outcome 2	Demonstrate intermediate-level performance in a physical therapy clinical setting as assessed on CPI on all 14 performance measures
Outcome 3	Demonstrate intermediate-level clinically appropriate, timely, and effective communication to patient, supervising Physical Therapist, and supporting clinical team members.
Outcome 4	Demonstrate professional clinical behavior that minimizes risk to patient, self and others in a responsible and respectful manner while adhering to ethical, supervisory, and legal standards at an intermediate level.

Course Objectives of PTA 013: Clinical Fieldwork II

Objective 1	Compare and defend laws and financial management and articulate and role play when to report abuse and insurance fraud.
Objective 2	Evaluate and respond to interactions with patients and health care teams with the APTA's ethical and value based behaviors.
Objective 3	Defend evidence-based clinical decisions with varying interventions and stopping treatment due to clinical indications as they relate to the plan of care of the patient and the role of the physical therapist assistant.
Objective 4	Collect and appraise patient information through subjective interviews to relate with placement on ICF model.
Objective 5	Appraise health records and measures while monitoring plan of care to adjust based on status and clinical indications and communicate changes to the physical therapist at entry level.
Objective 6	Demonstrate proficient communication skills with patients to reframe short term goals, long term goals and outcomes and to educate patients while varying teaching methods to best meet the learning style.

Objective 7	Prioritize patient centered interprofessional collaborative care, quality assurance, and efforts to increase patient and health care safety.
Objective 8	Complete and defend patient documentation following practice, state and regulatory guidelines in an accurate and timely manner.
Objective 9	Articulate and prioritize intervention to patients and safely and proficiently implement all interventions applicable in the setting.
Objective 10	Demonstrate and utilize all necessary tests and measures applicable in the setting of internship in a safe and effective manner and be able to defend your findings.
Objective 11	Participate in the provision of the PTA in patient-centered interprofessional collaborative care as it relates to the discontinuation of care planning and follow-up processes as directed by the supervising physical therapist

Student Learning Outcomes of PTA 013: Clinical Fieldwork II

Outcome 1	Demonstrate entry-level performance skills on all 14 CPI measures in a physical therapy clinical setting.
Outcome 2	Accurately judge patient status within the clinical environment based on the plan of care established by the physical therapist at an entry-level.
Outcome 3	Perform entry-level physical therapy assessments in a variety of patient care settings under the plan of care and supervision of a physical therapist (PT).
Outcome 4	Demonstrate technical competency at the entry-level in the practice and performance of physical therapy interventions and activities.

Incident Reporting

Students are to immediately report any incident or injury to their CI and the CEC. They are required to complete an incident report consistent with the clinical site's policies.

American Physical Therapy Association (APTA) Policy on Student Provision of Services

Student PT and PTA Provision of Services

On-site supervision is required for all clinical education experiences and varies by state. Students should consult the PT practice act where their clinical education experience is taking place for the student supervision requirements. Specific requirements include:

- PTA students must be always supervised via on-site supervision during patient care. This includes being supervised by the PT alone or the PT and PTA working as a team, the PT or the PTA is physically present and immediately available at all times.
- The PT or the PTA will have direct contact with the patient/client during each visit as visit is defined in the *Guide to Physical Therapist Practice*.
- All patient treatment notes should be read, approved, and countersigned by the CI. All treatment notes should be signed by the student with the words "Student Physical Therapist Assistant" or, if within state regulations, the abbreviated credentials "SPTA".

Skills Competencies by Class

Term:	Class:	Skills
3rd	PTA 005	<ul style="list-style-type: none"> • Musculoskeletal Assessment <ul style="list-style-type: none"> ○ Palpation ○ ROM/Goniometry/Inclinometer and Muscle Length ○ MMT/Functional Strength Testing + Muscle Mass/Tone
	PTA 003	<ul style="list-style-type: none"> • Standard Precautions/Infection Control/Sterile Technique/PPE <ul style="list-style-type: none"> ○ Hand Hygiene ○ Isolation Precautions/Aseptic Technique/Exposure Control/Bag Technique ○ Donning/Doffing PPE • Posture and Locomotor Training <ul style="list-style-type: none"> ○ Posture/gait assessment (includes pre-gait activities) ○ Gait training with/without adaptive equipment on level/stairs ○ Wheelchair training • Device Management <ul style="list-style-type: none"> ○ Adaptive and Assistive Devices ○ Gait Belt • Functional Mobility <ul style="list-style-type: none"> ○ Positioning/Draping ○ Bed Mobility ○ Transfers (Assisted and Mechanical) ○ Body Mechanics/Lifting Techniques • Vital Signs/Physiologic Assessment <ul style="list-style-type: none"> ○ Vital Signs(HR, BP, Respiratory Rate, SaO2)
4th	PTA 004	<ul style="list-style-type: none"> • Musculoskeletal Assessment <ul style="list-style-type: none"> ○ Palpation ○ ROM/Goniometry/Inclinometer and Muscle Length ○ MMT/Functional Strength Testing + Muscle Mass/Tone ○ Special Tests (including Pain – VAS/NRS) ○ Volumetric/Anthropometric (height, weight, length, girth) • ROM (PROM/CPM, AAROM, AROM) • Exercises <ul style="list-style-type: none"> ○ Agility ○ Strength/Power ○ Plyometrics ○ Stability ○ Open/Closed Chain, Concentric/Eccentric/Isometric ○ Flexibility/Stretching (including nerves – nerve glides) ○ Posture/Core Stabilization ○ Flexion and Extension Biased Spinal Exercises • General Management – UE/LE/Spine • Traction – Spinal/Peripheral • Soft Tissue and Joint Mobilization

		<ul style="list-style-type: none"> ○ STM/MFR/Therapeutic Massage ○ Tool Assisted (e.g., Foam Rolling, IASTM) ○ Joint Mobilization ○ Therapeutic Taping ○ Self Mobilization
	PTA 007	<ul style="list-style-type: none"> ● Neuromuscular Assessment <ul style="list-style-type: none"> ○ Nerve Assessment (cranial nerves, peripheral nerve integrity – dermatomes/myotomes) ○ Reflex Testing ○ Mental Function/Arousal/Attention/Cognitive/Perceptual Deficit Assessment ○ Sensory Testing ○ Balance ○ Tone ● Exercises <ul style="list-style-type: none"> ○ Balance and Vestibular ○ Coordination ○ Manual Facilitation/Inhibition Techniques ● Neuromuscular Reeducation (Developmental Activities and Movement Pattern Training) <ul style="list-style-type: none"> ○ Motor Control/Learning ○ Proprioceptive Neuromuscular Facilitation (PNF) ● Vestibular Rehabilitation <ul style="list-style-type: none"> ○ Mechanical/Canalith Repositioning ○ Habituation/Adaptation
5th	PTA 006	<ul style="list-style-type: none"> ● Vital Signs/Physiologic Assessment and Auscultation <ul style="list-style-type: none"> ○ Vital Signs ○ Auscultation (Heart/Lung Sounds) ○ Sputum ○ Posture ○ Breathing Patterns ● Aerobic Capacity/Endurance Conditioning/Reconditioning (includes RPE/Borg, Exercise Tolerance, Cardiac Rehabilitation) ● Energy Conservation and Relaxation Techniques ● Strength/Power/Endurance Exercises ● Chest Physical Therapy – Manual/Mechanical Airway Clearance Techniques <ul style="list-style-type: none"> ○ Assistive Cough ○ Incentive Spirometer ○ Postural Drainage/Secretion Mobilization Techniques ○ Percussion/Vibration ● Breathing Techniques <ul style="list-style-type: none"> ○ Active Cycle of Breathing ○ Paced Breathing ○ Diaphragmatic Breathing ○ Pursed-lip Breathing ○ Forced-Expiratory Technique
	PTA 011	<ul style="list-style-type: none"> ● Wound Care <ul style="list-style-type: none"> ○ Debridement ○ Topical Agents and Dressings

		<ul style="list-style-type: none"> • Desensitization Techniques • Wrapping/Compression <ul style="list-style-type: none"> ○ Venous ○ Burns • Lymphedema Management <ul style="list-style-type: none"> ○ Bandaging – Short-Stretch Bandages ○ Compression ○ Wrapping/Taping ○ Manual Lymphatic Drainage • Therapeutic Modalities <ul style="list-style-type: none"> ○ Cryotherapy ○ Thermotherapy (MHP, Paraffin, Contrast Bath) ○ Vapocoolant Spray ○ E-Stim (HVPC, TENS, NMES, IONTO, IFC) ○ Electromagnetic (Diathermy, UV, Light, Infrared, LASER, Anodyne) ○ Biofeedback/Taping ○ Ultrasound/Phonophoresis ○ Mechanical/Manual Traction ○ Compression ○ Aquatic and Hydrotherapy (Whirlpools, Pool) • Pelvic Floor and Bladder Strategies • Pregnancy/Post-Partum (pelvic floor strength, diastasis recti, monitoring, precautions) • Amputee Rehab + Orthotic/Prosthetic Training • Device Management <ul style="list-style-type: none"> ○ Adaptive and Assistive Devices ○ Orthotics, Braces, and Prosthetics
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