

# Medical Technology Building 103 149 SE College Place

**Lake City, FL 32025-8703**

**Physical Therapist Assistant Clinical Handbook**

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This Handbook is a supplement to the College and Student Handbooks and College Catalog. Each student in the professional program (second year) will read the Clinical Handbook and sign the final page (page 59) in acknowledgement of the content and acceptance of policies. FGC strives to keep students, faculty and other stakeholders aware of the program’s policies. Changes in policies will be given to students and attached to the handbook. Notification of changes to clinical faculty will be made as applicable.

#### Program Philosophy

The philosophy of the Physical Therapist Assistant Program parallels the philosophy of Florida Gateway College. The Physical Therapist Assistant is an integral part of the health care team that specializes in the rehabilitation of the patient experiencing pain, dysfunction and disability secondary to injury, illness or disease. Physical Therapy is a profession within the concept of comprehensive health care that has a definite contribution to the care of the patient. The Physical Therapist Assistant's primary concern is the welfare of the patient and assisting the Physical Therapist in returning each patient to a maximum level of function.

Our purpose is to produce well-educated and highly trained individuals who possess the attitudes and values to become effective clinical assistants to the Physical Therapist. We believe the student should assume considerable responsibility in his/her academic and clinical preparation. The student should not just read, think, and practice for the sake of a grade or degree, but aggressively prepare for the world of reality that awaits him/her in the profession of physical therapy. Highly motivated and dedicated students will prosper from this curriculum and will graduate with a solid foundation on which to build.

#### Mission Statement

The mission of the Florida Gateway College, Physical Therapist Assistant Program parallels the mission of the College. This mission is to provide an opportunity for area students to acquire superior, affordable, quality education and training necessary for graduation, licensure, and entry into the field of physical therapy as a Physical Therapist Assistant. The Program will prepare students to become competent and patient-centered rehabilitation practitioners who by virtue of their diverse clinical training will be receptive to the concept of rural physical therapy practice.

Accomplishment of this mission will be realized when program graduates, working under the supervision of a Physical Therapist, are actively contributing to the restoration of functional abilities for area residents; providing clinical education and training for future Physical Therapist Assistant students, and promoting the profession of Physical Therapy.

#### PTA Program Accreditation Status

The Physical Therapist Assistant Program at Florida Gateway College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE~~)~~ 3030 Potomac Ave., Suite 100, Alexandria, Virginia, 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: [http://www.capteonline.org.](http://www.capteonline.org/)

#### Overall Program Outcomes

*Program Goals****:*** *The Physical Therapist Assistant program will:*

1. Support the profession through the preparation of competent, entry level clinicians with the skills and abilities reflective of contemporary practice to safely and effectively manage patients/clients under the direction and supervision of the physical therapist.
2. Contribute to the community through the advancement and promotion of service, advocacy, and lifelong learning.
3. Maintain compliance with the Standards and Required Elements for Accreditation of Physical Therapist Assistant Education Programs.

*Faculty Goals: Program faculty will:*

1. Participate in professional development that enhances the educational process for program participants that is reflective of current, contemporary practice.
2. Be actively engaged in professional associations that benefit the college, the program, the students, and the community.
3. Support current and future students in achieving and maintaining competency in physical therapy practice.

*Student Goals/Terminal Competencies:*

Upon satisfactory completion of the PTA Program, the entry-level graduate will:

1. Demonstrate ethical and legal practice that is consistent with the American Physical Therapy Association’s Standards of Conduct for the Physical Therapist Assistant and the Values Based Behaviors for the Physical Therapist Assistant.
2. Demonstrate the knowledge and skills necessary to provide comprehensive patient/client management and implement a comprehensive plan of care established by the physical therapist.
3. Demonstrate competence in the implementation of selected components of interventions identified in the plan of care established by the physical therapist.
4. Demonstrate competence in the performance of components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures before, during, and after interventions.
5. Participate in the healthcare environment as a member of a patient/client-centered interprofessional collaborative team.

#### Privacy and Confidentiality

Privacy and Confidentiality are maintained with all *patient* verbal and written communication with student adherence to FERPA and HIPPA legal acts thereby protecting a patient’s health information.

FERPA The Family Educational Rights and Privacy Act which is interpreted to allow discussion of student performance and assessment in the clinical setting during the clinical portion of the program. Discussion is limited to the clinical instructor and/or the clinical coordinator of clinical education and may only include that which is relevant to the student’s current performance in a specific clinical affiliation.

HIPAA Health Insurance Portability and Accountability Act which is interpreted to allow students to work in a clinical setting and allow for all patient information relevant to Physical Therapy needs to be discussed. Strict confidentiality of information is to be kept not allowing for any portion of learned information to be shared with anyone not involved in direct patient care without informed consent to information.

Students involved in a violation of this policy will be subject to disciplinary action as outlined in the FGC Student Handbook (Official warning or reprimand). Actions will be administered by the Executive Director of Nursing and Health Sciences, Vice President for Occupational Programs or President of College. A record of incident shall be maintained in disciplinary file for student in the Vice President for Student Services office.

**Equity and Diversity**

Florida Gateway College does not discriminate in education or employment related decisions on the basis of race, color, ethnicity, religion, national origin, gender, age, disability, marital status, genetic information, or any other legally protected status in accordance with the law. The equity officer is Sharon Best, Executive Director of Human Resources, 149 SE College Place, Lake City, FL 32025, and may be reached at (386) 754-4313.

#### Attendance

Students in the clinic are to follow the attendance policies established in the PTA Student Handbook regarding missed days, tardiness and unexcused absences. Clinical rotation hours must be fulfilled.

##### Any excused or unexcused absence must be made up during clinical rotations. Total hours per week must equal 40.

Make up days are at the discretion of the facility or will be arranged by the ACCE at another site if indicated.

#### Safety/Standard Precautions

The safety and security of the student is a concern of the program when they are required to go off FGC campus. During the professional part of the program, students will attend two off-campus clinical rotations.

Prior to attending the first clinical rotation, all students have been introduced to aspects of patient confidentiality, including HIPAA, protected health information, and privacy practices as well as safety standards related to infection control and universal precautions when completing the Topics in Physical Therapy course. Infection control and universal precautions is further expanded upon during the Basic Patient Care course and integrated/applied in all technical courses.

Clinical sites have contractually agreed to provide safe and effective training for the PTA students. Safety/security concerns must be reported to the clinical staff and/or the ACCE in a timely manner. Concerns will be discussed by academic faculty and clinical faculty for clarification and/or resolution.

#### Background Checks

In response to the 2004 Human Resource Standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the majority of the major healthcare facilities and agencies that serve as clinical sites for FGC health programs will require all students to undergo a background check prior to participating in clinical rotations. The background check used by FGC includes the following:

* Name and Social Security number verification
* Seven-year multi-county felony and related misdemeanor criminal record
* Criminal and Sexual Offender Registry search
* Healthcare Fraud and Abuse
* Employment verification if applicable

Per the rules of the Florida Department of Law Enforcement (FDLE), the results of student background checks are not released to clinical affiliates. It is at the discretion of the program core faculty as to the appropriateness of clinical placement. Students receive a report from the screening agency indicating a “complete” status for all required components of the screen including criminal background check, drug and alcohol screen, and fingerprinting. Students include this report within the Clinical Notebook.

#### Clinical Faculty Rights and Privileges

The clinical instructor has the right to use the facilities of the FGC, including the library, the PTA laboratory, classroom, videotapes and books. The rights are the same as those for any adjunct faculty except for the financial remuneration. Upon request, the CI will receive a letter for their resume describing the clinical work with the students of the PTA program. The CI will be able to attend free of charge Continuing Education Seminars when offered by the PTA program at FGC. Clinical Faculty have an open invitation to freely audit any PTA course.

#### Purpose of the Clinical Experience

The clinical experiences throughout the program at FGC are to provide the student with the varied clinical experience of thinking, feeling, and acting as a Physical Therapist Assistant (PTA). The clinical experience enables the student to ***integrate*** and ***apply*** the knowledge and skills learned in the didactic portion of the program. The end-goal following all the clinical rotations is to graduate entry-level therapists able to work as "generalists" in the physical therapy setting. By necessity, this process is progressive as the student acquires more foundational knowledge. ***The student at their first rotation will not be able to perform at the same level expected during the second rotation****.* The clinical experiences are designed to reflect the student's individual needs and to allow time to practice, apply and investigate academic knowledge, psychomotor skills, and psychosocial behaviors in five basic areas:

* Professional demeanor
* Problem solving/decision making
* Clinical skills
* Communication
* Administration/management

More specific purposes for the clinical educational experiences are to provide:

* The opportunity to identify and understand the Physical Therapist/Physical Therapist Assistant relationship
* A variety of quality clinical settings for the practice and application of didactic knowledge and skills
* Participatory experiences in patient care including skills, assessment, teaching and supervision
* Observatory experience in areas and issues not yet acquired in the didactic program
* Opportunity for students to observe professional ethical behaviors of their peers
* A supportive positive learning environment
* An ongoing relationship between the clinical staff and academic faculty through timely feedback
* The opportunity for the development of clinical instructors that enhance the PTA program by reinforcing the teaching goals of the program

Clinical Experiences should allow the student to develop their sense of commitment to clients and patients and to apply their knowledge and skills in helping individuals and families toward attaining an optimum level of function.

During the clinical experience, the student will learn to be:

* Active
* Independent
* Self-directed with the ability to identify, formulate and solve problems

The purpose of the Clinical Handbook is to provide a resource for the Florida Gateway College physical therapist assistant students and clinicians regarding all aspects of clinical education.

#### Clinical Roles and Responsibilities of Center Coordinator of Clinical Education (CCCE)

* Licensed Physical Therapist or Physical Therapist Assistant in Florida with at least one year of experience in the practice
* The CCCE is assigned or volunteers for the position as applicable in the facility's guidelines
* The CCCE works in association with the Clinical Instructor (CI)
* Reviews the patient load and determine which patients to include in the student's educational experience taking into account the specific goals for each rotation, the level of didactic knowledge, and previous clinical experience
* Assigns the student to the appropriate CI based on experience and goals of student
* Organizes and oversees the learning experience of students

#### Primary responsibilities:

* Communicating with colleges/universities throughout the region to develop positive relationships with academic programs
* Facilitating new contracts with affiliating schools
* Updating current contracts and statements of liability insurance for each affiliating school
* Arrange student placement with affiliating schools and assigning students in collaboration with facility
* Providing student supervision, training, and resources as needed
* Monitoring the student/supervisor experience as needed through communication with the CIs
* Intervening in situations posing problems for the student or CI
* Communicating significant student problems/issues to the Academic Coordinator of Clinical Education (ACCE) of the college/university (Critical Incident Form, (page 27)
* Communicate complaints/issues between institutions to the ACCE (page 18)
* Serving as the liaison between affiliating colleges/universities and facility
* Encouragement for staff to attain certification as CI and providing time/finances for same
* Maintains a safe and non-discriminatory learning environment via facility policies and procedures

American Physical Therapy Association. (2012, August 1). Guidelines: Center Coordinators of Clinical Education. Retrieved from [www.apta.org.](http://www.apta.org/)

#### Clinical Roles and Responsibilities of Clinical Instructor (CI)

* Licensed Physical Therapist or Physical Therapist Assistant with at least one year of experience in the practice
* The CI is assigned or volunteers for the position as applicable in the facility's guidelines
* The CI works in association with the Center Coordinator of Clinical Education (CCCE)
* Reviews the patient load and determine which patients to include in the student's educational experience taking into account the specific goals for each rotation, the level of didactic knowledge, and previous clinical experience

#### Primary responsibilities:

* Facilitating the learning experiences in the clinical setting
* Evaluating the learning experiences in the clinical setting
* Assessing the student's competency in interventions presented in the clinic that have not been presented yet in the academic program
* Overall planning of the clinical experience
* Orientation to the facility, policies/procedures, emergency procedures and other data necessary for the student's integration into the department's setting
* Gaining permission of patient for student participation in care making it clear to the patient that they can refuse treatment by a student

#### The CI is the individual that:

* Directly supervises the student during the clinical rotation
* Assesses the student's performance using the Program’s designated assessment tool
* Provides constructive feedback
* The CI shares their expertise and guides the student to integrate the academic knowledge and skills as students apply them to "real-world" conditions

**Communication** is vital during clinical educational experiences.

* The CI will openly communicate with the CCCE, Academic Coordinator of Clinical Education (ACCE) and the student regarding the student's experience
* Open and frequent communication is necessary in order to assure the goals of the clinical experience are met
* In conjunction with the student, specific goals for the rotation should be written and frequently reviewed and revised as indicated
* Scheduled formal feedback opportunities benefit both the CI and student and can act to prevent misunderstandings as well as indicate the need for change in the clinical experience

American Physical Therapy Association. (2012, August 1). Guidelines: Clinical Instructors. Retrieved from [www.apta.org.](http://www.apta.org/)

#### Clinical Roles and Responsibilities of the Student

**Primary Responsibilities:**

* Practice the knowledge and skills acquired in the didactic program in a real-world setting during patient care and interactions with other professionals
* Act ethically and professionally and demonstrate respect to staff and patients alike
* Work directly with the CI in planning and performing the clinical activities of the rotation
* Provide open and frequent feedback to the CI regarding any needs or concerns
* Provide open and frequent feedback to the ACCE regarding any concerns or questions
* Confidentiality is mandatory. Care must be taken not to discuss inappropriate issues in front of the client; client names should only be used in accordance with HIPAA
* The student is responsible for having all health requirements (TB testing, CPR certification etc.) prior to the start of the rotation
* Follow clinical policies and procedures for quality, non-discrimination and safety
* Make clear to patient their student status by wearing nametag and introducing self as student
* Prepare and complete student portfolio requirements

#### Clinical Roles and Responsibilities of Academic Coordinator of Clinical Education (ACCE)

**Primary Responsibilities:**

* The ACCE is a licensed Physical Therapist or Physical Therapist Assistant and an employee of FGC
* Oversee the overall clinical aspects of the student's education
* Acquires the variety of clinical facilities necessary for graduation of entry-level PTAs and maintains current contracts with each
* Works directly with the CI on issues relating to the clinical education experience
* Works with the CCCE to determine when and how many students they are able to accommodate during the program's rotations
* Works with the student to select the appropriate clinical site that would be most beneficial for student needs
* Monitor the student's progress during the clinical experience at mid-term by means of on-site visit, phone or fax communication
* The ACCE reserves the right to reassign a student to another facility under appropriate circumstances
* Continually monitor qualifications and quality of sites via interview, observation and written formats

#### Student Requirements for Clinical Education

The clinical education component is an integral part of FGC’s PTA curriculum. FGC maintains a variety of facilities for clinical education in the region.

##### Basic Student Requirements for Participation

1. The PTA Program Coordinator will have on file ~~(required for program admission)~~ the following proof of:
	* Physical exams
	* Immunizations
	* TB
	* CPR
	* Criminal background check and drug screen
	* Health Insurance

Students are instructed to keep copies of these documents in their Clinical Notebook, taken to each rotation.

1. Students are responsible for notifying academic/clinical faculty of any change in their health status that could affect the student’s safety and ability to effectively participate and perform activities related to patient care.
2. Students must be able to show proof of medical insurance prior to attending the first rotation. Insurance must be maintained for all clinical experiences. Proof of medical insurance is included in the student’s Clinical Notebook.
3. During the clinical affiliation the student should remember that professional appearance reflects the image of the person, the PTA Program, and the College. The professional standards described in this handbook are required at all times and apply to all students both male and female. Each student is expected to be neat, clean, free of odor, and well-groomed. Students are to comply with the dress code of the clinical facility. The student is responsible for acquiring the specific policy before the rotation start date. The Program’s general guidelines for Professional Appearance While in the Clinical Facility include:
	* Nails should be clean, short, and smooth to ensure patient safety. Artificial nails and polish are discouraged.
	* Cosmetics should be neutral and used in moderation.
	* Tattooing must be entirely covered at all time during the clinical affiliation and not be visible to patients/clients.
	* Students will use sufficient soap, toothpaste, deodorant, etc. to prevent body odor. Colognes, perfumes, and aftershaves are discouraged.
	* Modest earrings, wedding, engagement or class rings are permitted. Multiple sets of earrings or decorative body piercings are not permitted. (This includes tongue rings, nose rings, or gauged plugs).
	* Hair is to be controlled, away from the face, and kept in good taste. This includes, but is not limited to colors and highlights in an inappropriate color.
	* Facial hair must be closely shaven, neatly trimmed, and clean.
	* Sandals, open toe shoes, clogs, boots, high heels, and old/dirty tennis shoes are not permitted. Most clinical sites allow clean tennis shoes as appropriate.
	* A watch with a second hand is required.
	* The student must follow the specific clinical facility dress code, which may include wearing lab coat, tie, or pulling the hair back.
4. Students are to obtain a picture nametag through Student Services and wear it at all times in the clinic. Students should always identify themselves as a PTA *Student* from FGC.
5. During all rotations the student must comply with:
	* APTA code of Ethical Conduct for the PTA
	* Florida PT Practice Act, Rules and Regulations
	* HIPAA

##### Failure to comply with the above can result in dismissal from the program.

1. All expenses incurred during rotations are the responsibility of the student unless otherwise indicated by the facility. Expenses include, but are not limited to, the following:
	* Travel
	* Housing
	* Meals
	* Parking
	* Emergency care

Facilities are to follow their established safety and emergency procedures.

1. FGC is a Drug Free Environment and students are subject to all state, national, local, and college laws/ordinances/policies. Only prescription drugs, in original packaging, with the student’s name, are to be taken as prescribed during clinicals. Over-the-counter medications (aspirin etc.) must be in original packaging when taken to a clinical site. No other drugs or alcohol are allowed during any rotation. Non- compliance can result in being sent home (unexcused absence) or dismissal from the program. Students have the right to file a grievance to dispute the charges. See Grievance Procedure in the PTA Student Handbook page 17.
2. Each student will be competent and prepared to attend a clinical rotation. Students demonstrate competence and preparedness for clinical experiences by successfully completing required didactic units, final, comprehensive exams; laboratory practicals/check-offs and; patient scenario discussions/assignments in both the fall and spring terms prior to placement. Program faculty do not provide information related to the academic standing of any student. Clinical affiliates are provided with a Skills List that identifies the skills each student is prepared to perform during each clinical experience.

#### Clinical Schedule

##### Two Full-time Clinical Experiences

PHTL 1801L Clinical Practice I in late Spring (6 weeks) Total of 240 hours. PHTL 2810L Clinical Practice II in Summer (8 weeks) Total of 320 hours.

#### Clinical Preparation

Students demonstrate preparedness for clinical experiences by successfully completing required didactic units, final, comprehensive exams; laboratory practicals/check-offs and; patient scenario discussions/assignments in both the fall and spring terms prior to placement.

Prior to the first full-time rotation in the Spring semester, students are introduced to the program requirements for both clinical rotations. Information includes, but not limited to:

* A review of the Clinical Packet and all associated forms along with instructions for completion
* Student responsibilities during clinical experiences
* Problem resolution process
* Strategies to enhance clinical experience
* A review of the policies and procedures within the Clinical Handbook

#### New Clinical Site Selection Process

Clinical contracts between FGC and participating health facilities are in place prior to and during all student placements. Site selection is the responsibility of the ACCE. Multiple resources are used to locate potential sites: Internet, students, ACCE and the clinic themselves.

1. Initial contact information is completed on the form by the ACCE. The ACCE decides if the site is appropriate or not. Taken into consideration are:
	* Location: useful for multiple placements over time
	* Size/Condition of facility
	* Patient demographics: how large case load, variety or specialty
	* Staffing: total number, appropriate supervision, experience, consistency, history of having students, willingness to take students at all levels of education
2. Contract process is as follows:
	* An electronic copy of FGC’s contract is prepared and to the appropriate parties via email at the site for review and signatures.
	* A signed copy is returned via email.
	* Signed returned copies are sent to the Purchasing department for administrative signatures. Copies are made for Purchasing and PTA program. The original is kept in Purchasing.
	* One Original copy, now signed by both parties, is returned to the site.
	* PTA Administrative Assistant then records the date of the contract to track for renewal and current status. Information can be located online on database and in file folder in secretary office.
3. After contracts are signed, the other requirements met (student manual etc.) an onsite visit is made by the ACCE
4. When all FGC’s requirements is met, the site is then placed in the database of active sites available for student selection
5. Some sites require that FGC use their facility/corporate contract. The process remains the same except it is initiated by the sending of their contract to be signed and approved by our legal department

#### Student Site Selection

The goal of the PTA Program at FGC is to maintain a sufficient balance in facilities to offer students varied patient experiences during the clinical portion of the program. The goal is to graduate well-rounded PTAs, especially needed in rural communities. Students interested in attending a “specialty” site (pediatrics, rehab, sports etc.) will be sent (when available) based on their demonstrated strengths in basic skills. Site choices may be modified due to staffing or availability. The ACCE reserves the right to make site selection based on meeting expected program outcomes to ensure fulfillment of all program requirements. Priority for placement is given to the type of experience needed to acquire a well-rounded clinical educational experience.

*Placement Process is based on:*

* Students complete the Student Data form and Student Placement Questionnaire form
* Students use these forms to indicate where they live and if they have any special circumstances that might affect their clinical placement
* ACCE has final say in where student attends each rotation
* ACCE begins contact with desired facilities at least three months prior to placement via phone or electronically
* Student mails introductory letter to site approximately 6 weeks prior to start of clinical rotation and calls site to obtain information about dress code, hours, etc. approximately 3 weeks prior to start of clinical rotation

#### Conflict of Interest during Clinical Education

A student may not be placed at a clinical site where a conflict of interest could affect the grading parity. Conflict of interest situations includes but not limited to:

* Family member is an employee of the clinic/PT department. If family member is employed in another department exceptions can be made
* Student currently employed at the facility/department, previously employed or has signed an agreement for employment at said facility
* Student has previous personal relationships with a clinical instructor or an employee that has supervisory responsibility over the CI
* Family member or friend owns or contributes financially to the facility

The student must notify the ACCE in writing of any of the above conditions before clinical assignments are made or as soon as it develops. The ACCE determines if a conflict of interest exists and adjusts clinical assignments if necessary. Non-compliance with notification by the student can result in immediate removal of the student from the facility, failure of the clinical and/or dismissal from the program.

#### Student Clinical Conduct

* Students are expected to observe all pertinent rules, regulations and procedures of the clinical facility as explained by the supervisor or those that pertain to the APTA Code of Ethics
* It is the responsibility of the student to make sure they are aware of the clinical policies that would impact their conduct

##### At no time should the student be left in the clinic unsupervised

* FGC policies regarding plagiarism apply for written assignments
* Concerns about observed procedures the student may feel are "wrong" or "dangerous" should be discussed with the CI *away from the patient*. They also have the option to instead discuss the situation with the ACCE before bringing it to the attention of the CI. Students are to remember they are there to learn (both positive and negative experiences) and may not be aware of all circumstances surrounding the treatment in question
* The student is ***not*** to tell the facility how to run their clinical business
* Students are not to make or receive personal phone calls while on duty at the facility. Emergency calls are exceptions
* Students are not to use the equipment at the facility, computers or medical, unless requested use is granted by the facility
* Breakage of any facility equipment must be reported to the CI
* Any theft of equipment will result in immediate dismissal from the program
* Any unauthorized use of equipment may also result in immediate dismissal from the program
* Any conduct deemed unlawful, unethical or dangerous to the patient or facility will result in immediate dismissal from the program
* It is the discretion of the CI to determine if the conduct reaches a level that warrants dismissal

##### A student dismissed by a facility will be required to confer with the Program Coordinator and Academic Coordinator of Clinical Education to decide whether the student will remain in the program or be dismissed. Being allowed to repeat a failed clinical is not automatic but at the discretion of the Program Coordinator and ACCE.

**Student Responsibility**

It is the student’s responsibility, ***not choice***, to report any incidents or ongoing situations that could jeopardize the outcome of the clinical and/or the relationship between the FGC PTA Program and the clinical site. Failure to report this information could result in a grade reduction or program dismissal.

#### Clinical Guidelines for Students/Faculty during Campus Closures

Inclement Weather:

If the college closes any campus due to inclement weather FGC students will still be allowed to attend their rotation if they are able to get to the facility safely and the ACCE is immediately available. In addition, the clinical facility staff responsible for overseeing the student’s training must agree to have the student at the facility. If student cannot safely get to a clinical assignment, they will not be held responsible for missing a clinical day.

Holidays/weekends/evenings/alternate schedule:

Normally students follow the college holiday schedule for days off. There may be times when the student needs to attend a clinical in order to meet the needs of the facility or to make up days. Some clinics/hospitals work a flexible schedule that includes coming in before 8:00, working evenings/weekends. If the student cannot comply with this schedule, the ACCE’s home phone number is available to every student in case of a problem. If the student cannot accommodate a different schedule (child care etc.) then another CI will cover the student’s supervision during times the primary CI is unavailable when possible.

Liability Insurance Coverage:

FGC students are covered by liability insurance as long as they are enrolled in the proper clinical course and engaged in clinical training appropriate to their student status, without regard to whether or not the college is open.

#### Communication during Clinical Education

With Student

* The ACCE is available by office and cell phone and by email during all rotation times. Students are to contact the ACCE with any concerns/problems as soon as possible. Office hours are posted outside offices.
* Through participation in the online PTA Seminar and Trends in Physical Therapy courses. Students submit Weekly Communication Forms each week during these courses.

With Clinical Faculty

* The ACCE encourages clinical faculty to bring any question/concern to our attention. Contact information can be found in front of the Clinical Handbook and on clinical assessment tool (Tanya.Doidge@fgc.edu).
* ACCE and clinical faculty meet at midterm to review completed assessment tool/progress reports and discuss student participation

#### Clinical Performance Evaluation Components

FGC utilizes a program designed evaluation tool in conjunction with specific requirement detailed in each Clinical Syllabus. The student must meet minimal clinical competency requirements for each rotation. Evaluation is based on:

* CI documentation/scoring on Student Clinical Performance Summary and entry-level skills acquired
* Goals
* In-service

The following section describes the method of evaluation using the Clinical Performance Summary for both clinical experiences:

#### CLINICAL EXPERIENCE 1:

The student must receive a ***FINAL MINIMUM*** score of **5** in each of the following items:

* Professional and Personal Behaviors: Behavior bolded items 1, 2, and 3. Receiving a FINAL score less than 5 will result in failure of the clinical rotation.
* Safety: Safety of Patients, Safety of Student, and General Safety Awareness all items. Receiving a final score less than 5 will result in failure of the clinical rotation.

The student must receive a ***FINAL MINIMUM*** score of **3** in all other scored areas of the assessment form. Receiving a FINAL score less than 3 on any item in any category other than Professional Behaviors and Safety will result in failure of the clinical rotation.

#### If at any time a student is performing at a subpar level, the Clinical Instructor should notify the ACCE immediately so that appropriate action can be taken at that time.

**CLINICAL EXPERIENCE 2**:

The student must receive a ***FINAL MINIMUM*** score of **5** in each of the following items:

* Professional and Personal Behaviors:
	+ Behavior bolded items 1, 2, and 3.
	+ Receiving a ***FINAL*** score less than 5 will result in failure of the clinical rotation.
* Safety:
	+ Safety of Patients, Safety of Student, and General Safety Awareness all items.
	+ Receiving a ***FINAL*** score less than 5 will result in failure of the clinical rotation.

The student must receive a ***FINAL MINIMUM*** score of **4** in all other scored areas of the assessment form. Receiving a FINAL score less than 4 on any item in any category other than Professional Behaviors and Safety will result in failure of the clinical rotation.

***Achieving a FINAL minimum score of 5 in Professional and Personal Behaviors and Safety and a FINAL minimum score of 4 in all other scored areas is consistent with the characteristics of the entry-level graduate.***

#### If at any time a student is performing at a subpar level, the Clinical Instructor should notify the ACCE immediately so that appropriate action can be taken at that time.

A copy of the Student Clinical Performance Summary is included beginning on page 29 of this Clinical Handbook.

##### The ACCE will have final responsibility for grade determination.

**Identifying/Addressing Student Problems**

FGC’s Retention Policy emphasizes the importance of identifying a student having difficulty early in order to provide assistance. Clinical faculty are encouraged to contact the ACCE with any question/concern about the student. The Clinical Handbook also provides assistance for the clinical staff with the Tips for Effective Mentoring located in the Clinical Handbook from FGC.

Any significant skill and/or behavior problem identified by clinical staff should be brought to the ACCE’s attention. Student issues do not always appear in the academic part of the program. FGC depends on our clinical faculty to identify and notify us of events of concern that may appear during a clinical rotation. The ACCE is always available to make a visit in person to be of assistance to our clinical faculty. Clinical faculty as the authority to send a student home at any time there is risk to the clinic’s staff or patients or to the student. Notify the ACCE as soon as possible anytime this occurs. Possible issues for dismissal may include:

* Lying
* Negligence
* Falsifying records
* Patient treatment without proper supervision
* Gross safety errors
* Behavioral issues
* Attendance/tardiness

As always, the student can dispute claims by using the grievance process found online and in their Student Handbook.

#### Pass/Fail Clinical Rotation Policy

Students are required to meet specific criteria in order to successfully complete each of the two clinical rotations as defined below.

If the student does not meet the criteria for the first clinical rotation (PHT 1801L), the student will be dismissed from the program and must request readmission as outlined in the Readmission Process section of the PTA Student Handbook (p. 18)**.** The student will be required to repeat all courses in the Fall semester, regardless of previously earned grades.

If a student does not meet the criteria for the second, terminal clinical rotation (PHT 2810L), the Academic Coordinator and the Clinical Instructor will meet to determine a plan of action based on the student’s performance. The student may be offered additional clinical time in an effort to obtain entry level status as appropriate. Should a student continue to be unable to meet the minimum standards for successful completion of the clinical experience, the student will be dismissed from the program. The student must request readmission as outlined in the Readmission Process section of the PTA Student Handbook (p. 18).

Pass First Clinical (1801L)

Yes: Continue in PTA Program on schedule

No: Dismissal from PTA Program; request readmission

Pass Second Clinical (2810L)

Yes: Continue in PTA Program on schedule

No: Remediation or repeat of clinical experience.

##### Graduation may be delayed until the end of the fall semester

**Clinical Site Information Forms (CSIFs)**

Current CSIF’s of active sites will be maintained and updated by the ACCE as needed. The students may view the CSIF information upon request.

#### Clinical Contracts

1. A copy of each affiliation agreement is maintained in the Program Coordinator’s office. Copies are also kept in the Nursing and Health Sciences Administrative Assistant’s office in a binder, on database and with the Purchasing Department at FGC
2. The Administrative Assistant in collaboration with the Purchasing Department maintain primary responsibility for acquiring and tracking agreement status.. Both of these staff members maintain a database and have a trigger system in place to monitor renewal dates. Status of an agreement is confirmed prior to all placements by the Program Coordinator.
3. Contract Renewal:
	* Renewal will initiate at least 30 days prior to expiration
	* FGC contracts are for three years. They are then renewable for two additional three-year terms with written consent of both parties.
	* Renewal of contracts from outside FGC usually is initiated by the facility. If FGC notes the contract is expiring, the administrative assistant will contact them regarding renewal. Outside contracts must be reviewed by FGC legal department for approval.
	* As changes in name, address etc. becomes known, the Program Coordinator will notify the Purchasing department. Depending on the change made, a new contract may need to be sent
	* Periodically FGC modifies clinical contracts. Notification of changes from the Purchasing department is made to the Vice President of Academic Programs. The Vice President then notifies the Executive Director of Nursing and Health Sciences and the PTA Program of changes and any need for further action.

#### Clinical Faculty Requirements

* Clinical Faculty will be Physical Therapists and/or Physical Therapist Assistants with current Florida licensure with a minimum of one-year experience.
* The FGC PTA program will provide (upon request) written proof of clinical instructing hours for clinical instructors needed for continuing education/licensure renewal or promotion upon the completion of the rotation.
* Students will provide feedback on CI effectiveness with the completion of the SECEE form.
* The ACCE will track any trends of undesirable outcomes/feedback/observations regarding a clinical facility or clinical faculty member. Primary sources will be the ACCE’s and the student; in some cases other clinical faculty. Follow-up with the clinical facility may be warranted. Adjustments to student assignments will be made accordingly.

#### Clinical Staff/Site Development

FGC can offer, as needed, various tools and support to the new and/or established CI.

* The Clinical Handbook
* CEU course offerings for clinical staff
* Clinical staff has an open invitation to observe any course in the PTA curriculum and/or present a guest lecture
* Clinical staff has an open invitation to attend or become part of the Advisory Committee
* Periodic Newsletter with updates and professional information
* Invitation to freely audit any PTA course

#### Communication with Clinical Faculty

Formal communications with each of the clinical sites occurs in several ways throughout each school year. These communications are the responsibility of the ACCE.

Clinical Faculty Questionnaires are a part of the student Portfolio requirements. Questionnaires include:

* Evaluation of the ACCE
* Student preparedness
* Suggestions for improvement
* Offers to guest lecture

Students are responsible for having the appropriate individual complete the forms and return them to the ACCE at the end of each rotation.

* Site placement contact is accomplished via phone, electronically or in person during midterm visits. Requests for placement are confirmed at least 30 days prior to clinical start date. Students then contact the facility for requirements at least one week prior to start date.
* Midterm visits – see “On site Visits” section
* The ACCE is always available by office phone or email during working schedule. Contact information can be found in the Clinical Handbook, business card or on FGC’s PTA website. Clinical faculty is encouraged to contact the ACCE with any concerns/questions.

#### On Site Visits

Every attempt will be made to make an onsite visit during each clinical rotation (2) at approximately the midterm point. The ACCE is also available for on-site visits whenever requested by clinical staff.

#### Midterm Visits

* FGC staff meets individually when possible with the student and the CI. Student Affiliation Tracking Form is completed and strengths/weaknesses of the student are discussed. Suggestions for actions needed are provided.
* FGC staff reviews the Student Clinical Performance Summary. If necessary, a check of specific skills is reviewed to monitor progress. FGC staff will assure that the student is on track for requirements for this rotation and plans for remaining time are in place for student to achieve goals.

#### Clinical Site/Staff Remediation

FGC feels it is important to keep links in and out of our service area with the local community. Clinical education provides us with opportunities to identify community needs. Maintaining our clinical sites is seen as a valuable opportunity to respond to community needs. Therefore, identifying site issues and working to resolve them is an important component of clinical education.

Indications of a problem at a site are gleaned from multiple sources including, but not limited to:

* Student Clinical Performance Summary
* Student communication
* Site communication
* FGC staff via midterm visit or other contact (Student Tracking Form)

Once an issue has been identified:

* Discussion with involved parties are performed to clarify issue(s)
* A Critical Incident form (page 27) is completed with remediation plan

Every effort is made to retain quality clinical sites for our students. Termination of a site for use only occurs after repeated reports and efforts to resolve any issues. Immediate termination is allowed when the student is in legal, physical or sexual jeopardy. Personality conflicts due to no fault of student or CI are resolved by placing the student elsewhere when possible. Official termination of a site is made via writing to dissolve the contract.

#### Issue Reporting From Clinical Site

The CCCE has the primary responsibility to initiate any issue arising before, during, or after a clinical placement. FGC does not preclude initiation from any clinical faculty. It is vital that the lines of communication remain open in order to best serve all stakeholders. FGC has established a hierarchal process for submission of any significant issue for reporting and resolution:

* Complete the Critical Incident Form found on page 27 of the Clinical Handbook. Form can be mailed or the information provided via phone or electronically. Responding academic staff will complete the form based on information given.
* For issues regarding the ACCE the form is to be relayed first to the Program Coordinator. Contact information is on the first page of the Clinical Handbook.
* With all other issues, the form is first sent to the ACCE for review and resolution. Actions to be taken are documented on the same form. An addendum report will be attached describing final resolution or inability to resolve.
* Issues requiring further input for resolution are then relayed to the PTA Program Director
* If further input is required the issue is relayed through administration to the Executive Director of Nursing and Health Sciences, Vice President of Occupational Programs, and then College President.
* The academic staff is responsible for assuring prompt attention and resolution. Clinical faculty will be kept advised of the status as warranted.
* Copies of all forms and correspondence involved in the resolution process are shared with the clinical facility and attached to the original incident form.

#### Patient Right to Refuse Treatment

Patients are given the right to refuse to be treated by a student. A patient should never feel obligated or compelled into participating in the educational experience of the PTA student. It should be made clear, at all times, that there will be no risk regarding the care to the patient if such a refusal is given. It is the responsibility of the instructor to assure that each patient is provided an explanation of the student’s proposed involvement in their care.

#### How FGC Informs Patients/Clients of Refusal of Treatment:

The Clinical Instructor Responsibility:

During the initial evaluation process it is the PT’s responsibility, acting in the capacity of a clinical instructor (CI), to initially inform the patient that treatment will be administered by a PTA student. During the evaluation, the PT will offer the patient the ability to defer or consent at that time; their final decision is held in confidence. They will also be informed that they may change their consent at any time by notifying the PT.

The PTA student responsibility, First Treatment Exposure:

Before the PTA student initially treats a patient, they are instructed to ask the patient if they are aware of their PTA student status and ask if they agree to treatment or disagree. This should be done in a private setting with assurance to the patient that their choice will remain confidential.

In addition, all students wear a badge with “FGC Student” clearly identifying them as a PTA student which provides the patient with a visual as well as oral identification of their status. If the patient indicates in the affirmative that they have been informed of the student status and have agreed to treatment, the PTA student my then proceed with therapy.

If such notification and/or agreement has not been given, the student ***will not*** perform therapy services until the PT gains an informed consent.

#### Course Content Summaries

For complete course content refer to syllabi for each individual course. The following provides a brief overview of the content included in each of the technical courses.

#### Clinical Practice I - PHT 1801L – Mid-April through May

Students have completed the following courses at the time of this ***first clinical experience****:*

##### Topics in Physical Therapy

Introductory class which presents the historical development and future directions of the physical therapy profession. Concepts of multidisciplinary team, professional organization, legal and ethical implications, and patient diversity are reviewed and expounded.

##### Functional Anatomy and Kinesiology

An in-depth study of the structure and function of the musculoskeletal system emphasizing functional aspects of human motion and biomechanics. Emphasis is placed on the ability to palpate major muscles and identify attachments as part of this course. During coordinated lectures and laboratory sessions the student will study the principles of osteokinematics, arthrokinematics, and kinetics. The physiology of muscle contraction, physical laws of motion, biomechanical forces of motion, and the application of mechanical principles to the musculoskeletal system will be integrated into therapeutic exercises in physical therapy. Students are also introduced to goniometry and manual muscle testing and begin developing assessment skills commonly performed with all patients.

##### Introduction to Basic Patient Care

Introduction to the clinical skills required to function as a physical therapist assistant. Topics include body mechanics, vital sign assessment, bed mobility, transfer training, gait training with assistive device, wheelchair mobility, superficial and deep thermal modalities, and electrical stimulation. Lab activities allow for practice of activities and procedures basic to the care and comfort of patients.

##### Therapeutic Techniques and Disabilities

Students are introduced to the principles of therapeutic exercise. Basic active, passive, assistive and resisted exercises, stretching, proprioceptive neuromuscular facilitation, aerobic, and aqua therapy are presented. Lab activities allow for practice of activities and procedures. Students are encouraged to develop and instruct a variety of exercise programs.

##### Pathological Conditions in Physical Therapy

A study of basic pathological processes for many of the major disorders encountered in the practice of physical therapy. The course includes a broad overview of conditions and the associated signs, symptoms, and treatments for each.

##### Orthopedic Disabilities and Treatment

This course provides a basic knowledge of general orthopedics and selected disabilities and conditions encountered in physical therapy practice. Etiology, clinical signs, and treatment procedures are presented. Course activities encourage application of all previously learned concepts including, but not limited to basic assessments skills, application of modalities, and exercise prescription in given patient scenarios.

##### Physical Therapy Principles and Procedures

This course provides for sequential expansion of concepts and topics covered in Basic Patient Care. More advanced treatment procedures are introduced including but not limited to abnormal gait, posture, massage, wound care, burns, cardiovascular and pulmonary conditions. Lab activities allow for practice of activities and procedures and further integration of foundational concepts.

##### Neurological Disabilities and Treatment

This course presents the human nervous system and selected neurological disabilities encountered in physical therapy practice. Designed to give the student a foundational knowledge of the methods, types and uses of a variety of therapeutic techniques utilized with patients that have neurological conditions. The clinical manifestations of common conditions are studied and effective treatment programs for these conditions are presented. Lab activities allow for practice of activities and procedures and further integration of concepts.

At the conclusion of PHT 1801L students complete an additional course in the classroom setting in preparation for Clinical Practice II- PHT 2810L. This course occurs at the beginning of the Summer Semester prior to the second clinical explosure

##### Advanced Rehab Concepts in Physical Therapy

This course is designed to provide the student with foundational knowledge about the methods, types and uses of a variety of therapeutic techniques utilized in the clinical setting to address pediatric conditions. Additionally, the course includes a comprehensive review of the management of lower extremity amputation. The student will develop an awareness of patient needs thought the disease process and learn to effectively select appropriate interventions.

#### Clinical Practice II - PHT 2810L – June through July

Students have completed all didactic and laboratory education including 6 weeks of full-time clinical exposure prior to this course. At completion of PHT 2810L the student should be able to function as an entry-level PTA.

#### APTA Standards of Ethical Conduct for the Physical Therapist Assistant

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

#### PREAMBLE

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standard 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 assistant shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patient/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.

##### STANDARD 1

Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

##### STANDARD 2

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

##### STANDARD 3

Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by law and regulations.

##### STANDARD 4

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

##### STANDARD 5

Physical therapist assistants shall fulfill their legal and ethical obligations.

##### STANDARD 6

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

##### STANDARD 7

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

##### STANDARD 8

Physical therapist assistants shall participate in efforts to meet the health needs of people, locally, nationally, and globally.

For more detailed information on the [Standards of Ethical Conduct for the Physical Therapist Assistant](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/StandardsEthicalConductPTA.pdf) and [The](http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforConductofthePTA.pdf) [Guide for Conduct of the Physical Therapist Assistant,](http://www.apta.org/uploadedFiles/APTAorg/Practice_and_Patient_Care/Ethics/GuideforConductofthePTA.pdf) visit the APTA site at [www.apta.org](http://www.apta.org/)

#### Physical Therapist Assistant Program Critical Incident Form

I, have talked to

Concerning

(Respondent) (Date)

(Clinical Instructor) (Date)

(Clinical Coordinator) (Date)

(Other) (Date)

Respondent’s Comments:

Comments and Actions to be taken:

**Instructions**

This packet includes all of the required forms that will be used during the clinical experience. The student should review the forms with the clinical instructor during the first week of the clinical rotation. Some forms will be completed by the student, some will be completed by the clinical instructor, and some will be completed by both.

|  |  |  |
| --- | --- | --- |
| **FORM** | **COMPLETED BY** | **SIGNED BY** |
| Student Clinical Performance Summary | Clinical Instructor and Student | Clinical Instructor and Student |
| Weekly Communication Form | Clinical Instructor and Student | NA |
| Attendance Log | Student | Clinical Instructor |
| Goals for Student Clinical Experience | Student | Clinical Instructor and Student |
| Student Self-Assessment | Student | Student |
| Program Preparedness for Students | Student | NA |
| Student Evaluation of the Clinical Site | Student | Student |
| Program Preparedness for the Clinical Instructor | Clinical Instructor | NA |
| Evaluation of the ACCE | Clinical Instructor | Clinical Instructor |

All forms are to remain within the clinical packet. The clinical packet is to be submitted to the Academic Coordinator of Clinical Education at the conclusion of the clinical experience. Failure to provide this packet will result in an incomplete grade in the course.

# STUDENT CLINICAL PERFORMANCE SUMMARY

|  |
| --- |
| Student Name: |
| ROTATION | 1 | 2 | Assignment Dates: to: |
| Facility: | Clinical Instructor: |
| Days Absent: | Were These Days Made Up? | Reason for Absence: |

Thank you for accepting our students for clinical education! The clinical experience is designed to bridge the gap from classroom to clinical practice. In order to effectively and objectively evaluate the student’s ability to make this transition, please review the evaluation criteria outlined on the following pages. Familiarizing yourself with the evaluation tool will facilitate the final evaluation process and will assist you in planning the student’s learning experiences. Please complete this form for midterm and final evaluation of the student’s clinical experience.

**INSTRUCTIONS**

The following instructions should serve as a guide to assist you in the completion of this evaluation form:

1. **Both MIDTERM and FINAL score and comments** are required for each section.
2. Student should complete Self column before CI completes CI column.
3. Please complete all of the categories that you are asked to rate. For those categories that involve treatment procedures not available or observed at your facility, please **use N/A**. Please **DO NOT** leave any blanks.
4. The Student Clinical Performance Summary [CI] and the Student Evaluation of Clinical Education Experience [Student] should be completed, reviewed, and signed by both the Clinical Instructor and the student by the end of the clinical rotation.
5. All completed evaluation forms and assignments are due to the Florida Gateway College Academic Coordinator of Clinical Education at the completion of the clinical experience. Failure to provide the information will result in an incomplete grade in the course. Final grading for each clinical affiliation is based upon the Clinical Evaluation tool, as stated above. If there is an occasion when student failure of a clinical education component presents itself, the ACCE will confer with the CI and the CCCE to determine the appropriate action and grade. Final grade for the clinical education segment of the program is determined by the ACCE. Grading is on a Pass/Fail basis.
6. Students are required to present an in-service during both clinical experiences. The topic for the in-service can be assigned by the clinical instructor or chosen by the student if approved by the clinical instructor.

**METHOD OF EVALUATION USING THE CLINICAL PERFORMANCE SUMMARY**

***CLINICAL EXPERIENCE 1:***

The student must receive a **FINAL MINIMUM** score of **5** in each of the following items:

* Professional and Personal Behaviors:
	+ Behavior bolded items 1, 2, and 3. Receiving a FINAL score less than 5 will result in failure of the clinical rotation.
* Safety:
	+ Safety of Patients, Safety of Student, and General Safety Awareness all items.
	+ Receiving a final score less than 5 will result in failure of the clinical rotation.

The student must receive a **FINAL MINIMUM** score of **3** in all other scored areas of the assessment form. Receiving a FINAL score less than 3 on any item in any category other than Professional Behaviors and Safety will result in failure of the clinical rotation.

**If at any time a student is performing at a subpar level, the Clinical Instructor should notify the ACCE immediately so that appropriate action can be taken at that time**.

***CLINICAL EXPERIENCE 2****:*

The student must receive a **FINAL MINIMUM** score of **5** in each of the following items:

* Professional and Personal Behaviors:
	+ Behavior bolded items 1, 2, and 3.
	+ Receiving a FINAL score less than 5 will result in failure of the clinical rotation.
* Safety:
	+ Safety of Patients, Safety of Student, and General Safety Awareness all items.
	+ Receiving a FINAL score less than 5 will result in failure of the clinical rotation.

The student must receive a **FINAL MINIMUM** score of **4** in all other scored areas of the assessment form. Receiving a FINAL score less than 4 on any item in any category other than Professional Behaviors and Safety will result in failure of the clinical rotation.

***Achieving a FINAL minimum score of 5 in Professional and Personal Behaviors and Safety and a FINAL minimum score of 4 in all other scored areas is consistent with the characteristics of the entry-level graduate.***

**If at any time a student is performing at a subpar level, the Clinical Instructor should notify the ACCE immediately so that appropriate action can be taken at that time**.

**GRADING CRITERIA AND PASS/FAIL GUIDELINES**

***KEY TO RATING SCALE:***

5 Successfully completes this objective, as stated, independently.

4 Performs this objective, as stated, with guidance.

3 Requires minimal assistance to perform the stated objective.

2 Requires moderate assistance to perform the stated objective.

1 Requires maximum assistance to perform the stated objective.

0 Unable to perform objective as stated. N/A Not applicable:

* Objective not performed enough times to evaluate;
* Objective not pertinent to clinical facility;
* Objective not observed.

***DEFINITIONS*:**

INDEPENDENT: Student is able to accomplish a stated objective without prompting by

the clinical instructor. **(ABOVE ENTRY-LEVEL)**

GUIDANCE: Verbal consultation only [to solicit suggestions, sequence techniques/procedures] with clinical instructor prior to initiation of complex or unique treatment. **(ENTRY-LEVEL)**

MINIMAL ASSISTANCE: Student solicits input [verbal/demonstration] from CI to initiate,

progress, or terminate a treatment, or to complete <25% of any stated performance objective. **(BELOW ENTRY-LEVEL)**

MODERATE ASSISTANCE: Requires intervention by the CI [verbal instruction or

demonstration/assistance] for >50% of a treatment, or performance objective, in order for the student to effectively, and/or for the safety of the patient, or to successfully accomplish any stated performance objective. **(BELOW ENTRY-LEVEL)**

MAXIMUM ASSISTANCE: Requires verbal instruction, demonstration, or supervision by the CI

throughout the **entire** treatment session in order to insure the safety of the patient, or to successfully accomplish any stated performance objective. **(BELOW ENTRY-LEVEL)**

#### OBJECTIVES/COMPETENCIES

##### PROFESSIONAL AND PERSONAL BEHAVIORS:

**Behavior**

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| **Follows clinical and administrative policies and procedures of the facility \*\*\* [e.g. conforms to dress code, arrives on time, adheres to schedule, etc.]** |  |  |  |  |
| **Maintains ethical standards [confidentiality of patient records, information, and status: respects rights; privacy of all patients] \*\*\*** |  |  |  |  |
| **Demonstrates professional conduct, responds effectively to feedback, complies with decisions of clinical instructor; expresses opinions tactfully and constructively \*\*\*** |  |  |  |  |

**\*\*\* The student must receive a final score of 5 in each of the bolded items in each affiliation. Receiving a score of less than 5 in any of these areas will result in failure of the clinical rotation.**

**Professional Preparation/Professional Growth and Development**

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Incorporates basic science preparation into evaluation/treatment rationale [Anatomy, physiology, pathology, pharmacology, neuroanatomy, etc.] |  |  |  |  |
| Explains clinical scientific theory behind evaluation and treatment techniques procedures selected |  |  |  |  |
| Applies own knowledge before asking others |  |  |  |  |
| Uses time constructively to seek learning opportunities unique to the clinical setting/instr |  |  |  |  |
| Assists in evaluation of own performance [identifies strengths; areas for improvement, defines goals/objectives] |  |  |  |  |
| Applies newly acquired knowledge in patient evaluation/techniques |  |  |  |  |
| Participates in performance improvement activities |  |  |  |  |
| Demonstrates confidence in his/her own knowledge and skills |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments:** |

**Written Communication**

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Writing is organized, concise and legible and grammatically correct |  |  |  |  |
| Uses appropriate medical terminology and abbreviations |  |  |  |  |
| Notes contain all pertinent information [subjective data, objective findings,assessment, goals, and plans] |  |  |  |  |
| Completes all written communication within time frames, frequency establishedby facility |  |  |  |  |

**Verbal and Non-Verbal Communication**

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Uses appropriate level of verbal and non-verbal communication to establish rapport with patients, caretakers; professional staff, and support personnel |  |  |  |  |
| Uses terminology which is appropriate for intended audience [patients, caretakers support personnel, professional staff] |  |  |  |  |
| Gives clear directions and explanations regarding treatment procedures, purposes and possible results |  |  |  |  |
| Answers questions/requests clearly and tactfully |  |  |  |  |

## Clinical Teaching Skills

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Selects appropriate media [written instructions, demonstrations, etc.] |  |  |  |  |
| Selects appropriate techniques to be taught and provides accurate information |  |  |  |  |
| Adjusts instructions to level of patient/caretaker understanding |  |  |  |  |
| Demonstrates awareness of and responds appropriately to signs of confusion/misunderstanding |  |  |  |  |
| Recognizes individual and cultural differences and responds appropriately |  |  |  |  |

## Education/ In-Service for Clinical Site

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Clearly defines material to be taught |  |  |  |  |
| Develops and communicates learning objectives |  |  |  |  |
| Uses appropriate teaching methods [language, use of media, materials] |  |  |  |  |
| Presents appropriate information effectively and accurately |  |  |  |  |
| Responds to/interacts with learners [answers questions, gives feedback] |  |  |  |  |
| Evaluates learning experience and modifies teaching as indicated |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments:** |

### PATIENT TREATMENT:

**Develops Treatment Plan Based on Plan of Care**

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Selects appropriate treatment techniques and equipment to achieve establishedgoals |  |  |  |  |
| Seeks information regarding expected patient progress [literature, protocol,discussion] |  |  |  |  |
| Identifies parameters of treatment [type, intensity, frequency] |  |  |  |  |
| Assesses effectiveness of current treatment program |  |  |  |  |
| Participates in discharge planning as directed |  |  |  |  |

## Implements Treatment Program

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Prepares patient [explains treatment, drapes patient, etc.] |  |  |  |  |
| Prepares area [obtains necessary equipment, supplies, etc.] |  |  |  |  |
| Uses appropriate hand placement [for stimulation, support, stabilization] andguides patient to achieve desired movement |  |  |  |  |
| Performs treatment within a reasonable time frame and in a logical sequence |  |  |  |  |
| Utilizes a variety of treatment techniques |  |  |  |  |
| Modifies/discontinues treatment program as indicated [identifiescontraindications, monitors patient response] |  |  |  |  |

## Recognizes and Responds to Psychological Aspects of Patient Treatment

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Identifies previous social, psychological or economic problems through patienthistory/interview |  |  |  |  |
| Notes inappropriate verbal/non-verbal patient responses |  |  |  |  |
| Reinforces desired behavior in a timely manner |  |  |  |  |
| Demonstrates appropriate skills in patient/family teaching |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments:** |

Demonstrates an appropriate level of competency in implementing selected components of interventions as identified in the plan of care [as appropriate for the student’s level of knowledge at the time of this affiliation]

***PHYSICAL AGENTS/MODALITIES***

Objectives applicable to physical agents/modalities:

The student:

1. Familiarizes self with equipment prior to patient treatment/application
2. Inspects the area to be treated before and after treatment
3. Confirms the absence or presence of contraindications and/or precautions
4. Positions the patient appropriately
5. Applies the physical agent in accordance with established guidelines
6. Monitors the patient’s response to the treatment [during and after treatment]
7. Modifies the treatment appropriately based on the patient’s response [intensity, time, duration, frequency]

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Therapeutic heat |  |  |  |  |
| Therapeutic cold |  |  |  |  |
| Ultrasound |  |  |  |  |
| Mechanical Traction: lumbar |  |  |  |  |
| Mechanical Traction: cervical |  |  |  |  |
| Compression Therapies |  |  |  |  |
| Hydrotherapy |  |  |  |  |
| Electrical Stimulation: Russian |  |  |  |  |
| Electrical Stimulation: Hi Volt |  |  |  |  |
| Electrical Stimulation: TENS |  |  |  |  |
| Electrical Stimulation: IFC |  |  |  |  |
| Electrical Stimulation: Iontophoresis |  |  |  |  |
| Other (ex: diathermy, ultraviolet, laser, etc.) |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments:** |

***FUNCTIONAL TRAINING***

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Activities of daily living |  |  |  |  |
| Developmental activities |  |  |  |  |
| Transfer techniques |  |  |  |  |
| Wheelchair management skills |  |  |  |  |
| Prosthetic/Orthotic devices |  |  |  |  |
| Adaptive Device training |  |  |  |  |
| Body mechanics |  |  |  |  |
| Ambulation with assistive devices: level surfaces |  |  |  |  |
| Ambulation with assistive devices: stairs |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments:** |

### INTERVENTIONS:

***THERAPEUTIC EXERCISE***

Objectives applicable to therapeutic exercise:

The student:

1. Determines the appropriateness for exercise [patient ability, age, pharmacological effects, diagnosis]
2. Determines exercise parameters [intensity, frequency, duration, speed, assistance, resistance]
3. Uses appropriate manual techniques, verbal commands, body mechanics, and equipment safely and effectively
4. Positions the patient correctly
5. Progresses patient appropriately based on patient response to exercise and the plan of care
6. Monitors and corrects posture, alignment, and technique as needed to achieve outcomes
7. Monitors patient response and modifies interventions as needed to achieve outcomes

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Range of motion exercises: Active |  |  |  |  |
| Range of motion exercises: Passive |  |  |  |  |
| Strengthening exercises |  |  |  |  |
| Stretching exercises |  |  |  |  |
| Aerobic exercise/conditioning |  |  |  |  |
| Balance and coordination |  |  |  |  |
| Breathing exercises |  |  |  |  |
| Postural exercises |  |  |  |  |
| Cardiac rehab |  |  |  |  |
| Pulmonary rehab |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments**: |

### INTERVENTIONS:

***OTHER PROCEDURES***

Objectives applicable to therapeutic massage and manual therapy:

The student:

1. Selects and provides the appropriate technique based on the plan of care
2. Positions and drapes the patient properly
3. Applies the technique correctly [hand placement, direction, stabilization, force, pressure, strokes]

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Isolation techniques |  |  |  |  |
| Sterile Technique |  |  |  |  |
| Application and removal of dressings/agents |  |  |  |  |
| Therapeutic Massage |  |  |  |  |
| Manual Therapy |  |  |  |  |
| Other |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments:** |

### DATA COLLECTION:

Demonstrates competency in performing components of data collection skills essential for carrying out the plan of care [as appropriate for the student’s level of knowledge at the time of this affiliation]

***See Objectives for Data Collection on the next page***

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Length [1] |  |  |  |  |
| Girth [1] |  |  |  |  |
| Strength: Manual Muscle Testing [2] |  |  |  |  |
| Range of Motion: Goniometry [3, 4] |  |  |  |  |
| Range of Motion: Functional [5] |  |  |  |  |
| Pain Assessment [6] |  |  |  |  |
| Vital Signs [7] |  |  |  |  |
| Arousal, mentation, cognition [8] |  |  |  |  |
| Sensation [9] |  |  |  |  |
| Skin integrity [10, 11] |  |  |  |  |
| Muscle performance [12, 13, 14] |  |  |  |  |
| Posture [15] |  |  |  |  |
| Assistive and Adaptive Equipment [16, 17] |  |  |  |  |
| Neuromotor development [18, 19] |  |  |  |  |
| Gait, locomotion, and balance [20, 21] |  |  |  |  |
| Other |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments**: |

## Objectives applicable to the Criterion on the previous page are included below:

The student will:

1. Correctly measure height, weight, length, and /or girth
2. Correctly measure strength by manual muscle testing [position, stabilization, resistance grading]
3. Correctly measure range of motion using a goniometer [position, stabilization]
4. Recognizes normal and abnormal joint movement
5. Correctly measure functional range of motion
6. Assess and monitor pain and recognize when activities, postures, or positioning alters pain levels
7. Measure standard vital signs, recognizing and monitoring the patient’s response to changes in position or activity
8. Recognize changes in direction or magnitude of the patient’s state of arousal, cognition, or mentation
9. Recognize absent or altered sensation
10. Recognize normal vs. abnormal skin changes
11. Recognize viable vs. non-viable tissue
12. Recognize the presence or absence of muscle mass
13. Recognize normal vs. abnormal muscle length
14. Recognize changes in muscle tone
15. Recognize normal vs. abnormal postures at rest and with activity
16. Identify the patient or caregiver’s ability to care for device
17. Recognize skin changes while using a device
18. Recognizes gross and fine motor milestones
19. Recognizes righting and equilibrium responses
20. Administers appropriate gait and balance tools as indicated by the physical therapist
21. Identifies gait deviations

***SAFETY:***

***Safety of Patients\*\*\****

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| **Places safety belt around patient before gait training** |  |  |  |  |
| **Locks wheelchair when appropriate** |  |  |  |  |
| **Places and leaves patient in safe position** |  |  |  |  |
| **Uses equipment safely** |  |  |  |  |
| **Supervises patient activities adequately when indicated** |  |  |  |  |
| **Adapts/responds appropriately to patient’s physical and cognitive limitations.** |  |  |  |  |

#### \*\*\* The student must receive a final score of 5 in each of the bolded items in each affiliation. Receiving a score of less than 5 in any of these areas will result in failure of the clinical rotation

##### Safety of Student \*\*\*

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| **Uses good body mechanics** |  |  |  |  |
| **Recognizes own limitations and compensates appropriately** |  |  |  |  |
| **Uses supportive personnel or assistance appropriately** |  |  |  |  |

**\*\*\*The student must receive a final score of 5 in each of the bolded items in each affiliation. Receiving a score of less than 5 in any of these areas will result in failure of the clinical rotation**

***General Safety Awareness*\*\*\***

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| **Complies with infection control procedures** |  |  |  |  |
| **Puts equipment away after use** |  |  |  |  |
| **Keeps treatment area clean [mops up spills, picks up linen, etc.]** |  |  |  |  |
| **Does not block traffic areas unnecessarily** |  |  |  |  |
| **Reports any malfunction of equipment to CI** |  |  |  |  |
| **Familiarizes self with emergency procedures** |  |  |  |  |
| **Takes appropriate action in the event of an emergency** |  |  |  |  |

\*\*\* **The student must receive a final score of 5 in each of the bolded items in each affiliation. Receiving a score of less than 5 in any of these areas will result in failure of the clinical rotation**

|  |
| --- |
| **Midterm Comments:** |
| **Final Comments:** |

***TIME MANAGEMENT***:

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Identifies patient and non-patient tasks to be completed |  |  |  |  |
| Prioritizes day’s activities |  |  |  |  |
| Works effectively with two patients at same time |  |  |  |  |
| Utilizes alternate delivery methods [delegation of tasks, patient self-directedactivities, group activities] |  |  |  |  |
| Uses free time productively |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments:** |

***EVIDENCE BASED PROBLEM SOLVING:***

**MIDTERM FINAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***CRITERION*** | **SELF** | **CI** | **SELF** | **CI** |
| Recognizes the need to explore clinical problems |  |  |  |  |
| Recognizes the need for selection of resource material |  |  |  |  |
| Initiates an appropriate literature search |  |  |  |  |
| Analyzes the literature |  |  |  |  |
| Suggests implication of findings for clinical practice |  |  |  |  |
| **Midterm Comments:** |
| **Final Comments:** |

***PLEASE COMMENT ON THE FOLLOWING:***

***MIDTERM SUMMARY***

## Please use this page for general comments in the following areas:

|  |
| --- |
| ***Student’s Demonstrated Strengths:*** |
| ***Student’s Progress During This Rotation:*** |
| ***Areas Requiring Improvement:*** |

### SIGNATURES

|  |  |
| --- | --- |
| **Clinical Instructor:** | **Date**: |
| **Student Signature**: | **Date**: |

***FINAL SUMMARY***

**Please use this page for general comments in the following areas:**

|  |
| --- |
| ***Student’s Demonstrated Strengths:*** |
| ***Student’s Progress During This Rotation:*** |
| ***Areas Requiring Improvement:*** |

***FINAL CLINICAL ROTATION ONLY: Based on the student’s performance by the completion of this experience, where on the continuum of clinical performance would you rate this student?***

Max Assist---------------Mod Assist---------------Min Assist---------------Guidance Independent

***(Below Entry-Level) (Entry-Level) (Above Entry-Level)***

***SIGNATURES***

|  |  |
| --- | --- |
| **Clinical Instructor:** | **Date:** |
| **Student Signature**: | **Date**: |

**Week 2**

**Clinical Instructor:**

|  |
| --- |
| List 2 strengths or areas of improvement seen in the student this week.1. 2. List 2 specific improvements or CPS items you would like to see accomplished over the next week.1. 2. Comments: |

**Student:**

|  |
| --- |
| List 2 areas where you feel you showed improvement over the last week.1. 2. List 2 areas where you feel you could have done better over the last week.1. 2. Comments: |

|  |
| --- |
| List 2 strengths or areas of improvement seen in the student this week.1. 2. List 2 specific improvements or CPS items you would like to see accomplished over the next week.1. 2. Did the student accomplish the tasks designated in last week’s meeting?Task 1: Yes No Task 2: Yes No Comments: |

**Student:**

|  |
| --- |
| List 2 areas where you feel you showed improvement over the last week.1. 2. List 2 areas where you feel you could have done better over the last week.1. 2. Comments: |

|  |
| --- |
| List 2 strengths or areas of improvement seen in the student this week.1. 2. List 2 specific improvements or CPS items you would like to see accomplished over the next week.1. 2. Did the student accomplish the tasks designated in last week’s meeting?Task 1: Yes No Task 2: Yes No Comments: |

**Student:**

|  |
| --- |
| List 2 areas where you feel you showed improvement over the last week.1. 2. List 2 areas where you feel you could have done better over the last week.1. 2. Comments: |

|  |
| --- |
| List 2 strengths or areas of improvement seen in the student this week.1. 2. List 2 specific improvements or CPS items you would like to see accomplished over the next week.1. 2. Did the student accomplish the tasks designated in last week’s meeting?Task 1: Yes No Task 2: Yes No Comments: |

**Student:**

|  |
| --- |
| List 2 areas where you feel you showed improvement over the last week.1. 2. List 2 areas where you feel you could have done better over the last week.1. 2. Comments: |

|  |
| --- |
| List 2 strengths or areas of improvement seen in the student this week.1. 2. List 2 specific improvements or CPS items you would like to see accomplished over the next week.1. 2. Did the student accomplish the tasks designated in last week’s meeting?Task 1: Yes No Task 2: Yes No Comments: |

**Student:**

|  |
| --- |
| List 2 areas where you feel you showed improvement over the last week.1. 2. List 2 areas where you feel you could have done better over the last week.1. 2. Comments: |

|  |
| --- |
| List 2 strengths or areas of improvement seen in the student this week.1. 2. List 2 specific improvements or CPS items you would like to see accomplished over the next week.1. 2. Did the student accomplish the tasks designated in last week’s meeting?Task 1: Yes No Task 2: Yes No Comments: |

**Student:**

|  |
| --- |
| List 2 areas where you feel you showed improvement over the last week.1. 2. List 2 areas where you feel you could have done better over the last week.1. 2. Comments: |

**Name of Student:**

**ATTENDANCE LOG**

***Clinical Rotation***:

 **Clinical Practice I**

 **Clinical Practice II**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week** | **Dates of Attendance** | **Total # of Hrs.** | **Comments/Notes** | **CI Initials** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |

This attendance log **must be verified and signed** by the Clinical Instructor and submitted to FGC by the end of the semester***. Failure to do so will result in a grade of "I" [incomplete]***.

I hereby agree with and acknowledge that the above recorded dates and times of attendance are truthful and accurate.

***Clinical Instructor Date***

***Goals for Student Clinical Experience***

***Clinical Rotation****:* [Circle one] Clinical Practice I Clinical Practice II

**Facility: Date**:

## CI:

I, [Student's Name] have reviewed the Skill Sheets in the Clinical Performance Summary and assessed my didactic knowledge in order to develop my goals for this clinical rotation.

The primary goals are provided below in Section I for discussion with my CI. I will discuss the goals with my CI and determine a plan for my clinical experiences detailed in Section II. These goals may change during the rotation and require revision.

**Section I: Primary student goals for this clinical experience**

**Section II: Primary goals determined by discussion with student and CI**

**Student Signature:**

**CI Signature**:

**Date**: **Revision[s]:**

# CLINICAL SELF ASSESSMENT

**Clinical Practice** [circle one]: Clinical Practice I Clinical Practice II

Facility: CI:

**Clinical Strengths**: [What procedures and/or patient conditions do you have reasonable comfort with?]

 \_

 \_

 \_

**Clinical Weaknesses**: [What procedures and/or patient conditions do you feel apprehensive, insecure or uncomfortable with?]

 \_

 \_

 \_

What incident/event stands out as your proudest moment or sense of accomplishment in this past clinical and why?

 \_

 \_

 \_

What incident/event stands out as your greatest frustration or disappointment in this past clinical and how will you overcome it?

 \_

 \_

 \_

**How would you grade yourself** in this clinical experience? **A B C D F**

What are ***your goals*** for the next clinical experience?

1.

2.

3.

4.

Student Signature\_ Date: \_

#### FGC Program Preparedness Survey for Students

Clinical Site: Rotation type:

Student completing survey: Rotation [please circle] 1 2

*Please complete the following, the final clinical rotation, on the PTA program at Florida Gateway College.*

#### Poorly

1. **Below Average**
2. **Average**
3. **Above average**
4. **Superior**
5. **Technical/Lab Training**

*Circle the corresponding number that is applicable.*

* 1. On your clinical rotation, did the PTA program at Florida Gateway College prepare you to effectively perform the following skills?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a) Bed Mobility Tasks | 1 | 2 | 3 | 4 | 5 |
| b) Transfer Training Tasks | 1 | 2 | 3 | 4 | 5 |
| c) Modality Application | 1 | 2 | 3 | 4 | 5 |

IF below average [3] please specify modality requiring improved training

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| d) | Basic Goniometry | 1 | 2 | 3 | 4 | 5 |
| e) | Gait/Balance Assessment | 1 | 2 | 3 | 4 | 5 |
| f) | Assistive Device Instruction | 1 | 2 | 3 | 4 | 5 |
| g) | Vital Sign Collection | 1 | 2 | 3 | 4 | 5 |
| h) | Therapeutic Exercise Instruction | 1 | 2 | 3 | 4 | 5 |
| i) | Aquatic Instruction | 1 | 2 | 3 | 4 | 5 |
| j) | Patient Education | 1 | 2 | 3 | 4 | 5 |
| k) | Other  | 1 | 2 | 3 | 4 | 5 |
| 1. **Didactic/Curriculum Training**

*Circle the corresponding yes or no answer** 1. Did you feel competent to provide ethical, legal and safe patient care?
	2. Did you feel confident when communicating ideas/theories learned with the physical therapist?
 | Yes | No Yes | No |
| 1. Could you effectively implement the treatment plan?
2. Could you effectively assess patient progress while administering treatment plan?
 | Yes | NoYes | No |
| 1. Could you make appropriate treatment adjustments?
2. Could you recognize when discharge planning should occur?
3. Did you consult the physical therapist when modifications to the plan of care were needed?
4. Could you easily perform daily documentation [SOAP NOTE]?
5. Could you *identify* cultural and socioeconomic issues that might impact physical therapy outcomes in patients?
 | YesYesYes Yes | NoNoYes NoNo | No |

#### FGC Program Preparedness Survey for Clinical Instructors

Student Name:

Facility Name/Type: Clinical Instructor completing survey:

*During the final week of rotation, please complete the following survey regarding the PTA student from Florida Gateway College who is presently at your clinical site.*

#### Poorly

1. **Below Average**
2. **Average**
3. **Above average**
4. **Superior**
5. **Technical/Lab Training**

*Circle the corresponding number that is applicable to your setting….leave non-applicable items blank.*

* 1. Was the student prepared to effectively perform the following skills?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a) Bed Mobility Tasks |  | 1 | 2 | 3 | 4 | 5 |
| b) Transfer Training Tasks | 1 | 2 | 3 | 4 | 5 |  |
| c) Modality Application |  | 1 | 2 | 3 | 4 | 5 |

IF below average [3] please specify modality requiring

improved training

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| d) | Basic Goniometry | 1 | 2 | 3 | 4 | 5 |
| e) | Gait/Balance Assessment | 1 | 2 | 3 | 4 | 5 |
| f) | Assistive Device Instruction | 1 | 2 | 3 | 4 | 5 |
| g) | Vital Sign Collection | 1 | 2 | 3 | 4 | 5 |
| h) | Therapeutic Exercise Instruction 1 | 2 | 3 | 4 | 5 |  |
| i) | Aquatic Instruction | 1 | 2 | 3 | 4 | 5 |
| j) | Patient Education | 1 | 2 | 3 | 4 | 5 |
| k) | Other  | 1 | 2 | 3 | 4 | 5 |
| 1. **Didactic/Curriculum Training**

*Circle the corresponding yes or no answer** 1. Did the student work in an ethical, legal and safe manner?
	2. Did the student recognize situations when a physical therapist needed to be consulted?
 |  | Yes Yes | No No |
| 1. Could the student effectively implement the treatment plan?
2. Could the student effectively assess patient progress while administering treatment plan?
 | YesYes | NoNo |  |
| 1. Could the student make appropriate treatment adjustments?
2. Could the student recognize when discharge planning should occur?
3. Did the student understand to change or modify the plan of care requires PT acknowledgment/Approval?
 | YesYes | NoYes No | No |
| 1. Could the student perform daily documentation [SOAP NOTE]?
2. Could the student *identify* cultural and socioeconomic issues that might impact physical therapy outcomes in patients?
 | YesYes | NoNo |  |

***EVALUATION OF THE ACCE***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. The ACCE explained the grading criteria for clinical work | Yes | No | NA |
| 2. The ACCE satisfactorily answered questions | Yes | No | NA |
| 3. The ACCE provided information about the clinical affiliation | Yes | No | NA |
| 4. The ACCE was easy to approach | Yes | No | NA |
| 5. The ACCE was available during office hours | Yes | No | NA |
| 6. I was notified in advance about the date and time of the visit | Yes | No | NA |
| 7. I knew the name of the ACCE who was making the visit | Yes | No | NA |
| 8. The ACCE was available for discussion regarding student placement | Yes | No | NA |
| 9. Enough time was allotted for the visit | Yes | No | NA |
| 10. The ACCE helped me to resolve conflicts to my satisfaction | Yes | No | NA |
| 11. The ACCE followed up when there was a problem | Yes | No | NA |
| 12. I felt that my visit was a positive experience | Yes | No | NA |

1. What suggestions do you have for changes in the clinical education preparation?
2. What suggestions do you have for changes in the clinical education program?
3. Additional Comments:

***Clinical Instructor:***

***Facility Name:***

**Student Evaluation of the Clinical Site and Clinical Instructor**

Your feedback related to the clinical site and the clinical instructor is important. Your feedback helps to guide the program faculty in determining future clinical placements as well as to determine the need for education of our clinical site affiliates.

Be honest and constructive in your comments.

To access the student evaluation of the clinical site and clinical instructor, please complete the following steps:

1. Locate the survey within the online course module in Canvas or go to the Internet and type the following address into your browser: <http://www.apta.org/Educators/Assessments/>
2. This should take you to APTA site’s page with Assessments for Educators. Once there, scroll down the page to PTA Programs and select PTA Student Site Evaluation Form [.doc]
3. This will open a Microsoft Word document that allows you to type into the form itself
4. Type your responses to the questions where indicated
5. Save the document on your computer or flash drive
6. Submit your evaluation in Canvas in the designated module by the posted deadline
7. While it is recommended, you are not required to share your responses with your clinical instructor
8. Your responses to the questions do not bear any weight on the grade you earn in the clinical experience

#### Physical Therapist Assistant Program CLINICAL HANDBOOK VERIFICATION FORM

I, , have received and read the PTA Clinical Handbook and I fully understand its content regarding program policies and standards.

I agree to abide by the policies and procedures specified in the handbook and conduct myself in a mature and professional manner while enrolled in the PTA Program at Florida Gateway College. I also understand that the PTA Clinical Handbook is subject to modification as the program warrants.

By signing the last page of this handbook, I agree to respect the rights and dignity of classmates, clinical instructors, and the patients I treat.

Printed Name:

Student’s Signature:

Date:

03/04/2021