

Physical Therapist Assistant Program

CLINICAL EDUCATION HANDBOOK

Policies • Procedures • Clinical Education Resources

2026 – 2027

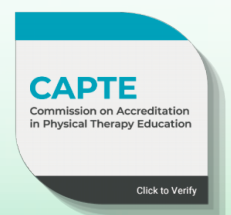
Wayne County Community College District

CURTIS L. IVERY DOWNTOWN CAMPUS

1001 W. Fort St.

Detroit, MI 48226

313-496-2758 Ext. 2034



CAPTE Accredited Program

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A Message of Appreciation to Our Clinical Instructors

The Wayne County Community College District Physical Therapist Assistant Program, located on the Curtis L. Ivery Downtown Campus, thanks you for your willingness to serve as a clinical instructor. We particularly appreciate your contribution as a clinical specialist. Your clinical expertise and one-on-one teaching are greatly appreciated in helping our students achieve their objective of becoming competent physical therapist assistants. Your participation serves our students and the entire physical therapy profession.

Being a clinical instructor has many benefits. The experience of helping a new physical therapist assistant acquire and hone the skills required for professional practice is undoubtedly the greatest reward. When a student has an "Aha!" moment and is able to apply theory in a clinical setting, it is extremely thrilling.

The overall goal of the clinical education experience is to allow students to work closely with an experienced physical therapist and/or physical therapist assistant in a clinical setting. Each student will develop personal learning objectives and work with the clinical instructor to achieve these objectives.

Thank you for your dedication to the Physical Therapist Assistant Program at Wayne County Community College District. Enjoy the rotation, and if you have any questions, don't hesitate to contact us.

Program Administration Contact:

PTA Program Dean - Dr. Sherry Saggars

Email: ssagger1@wcccd.edu

Phone: (313) 496-2818

PTA Program Associate Dean & Clinical Education Coordinator - Dr. Celestine Walker

Email: cwalker2@wcccd.edu

Phone: (313) 496- 2758 ext. 2034

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Clinical Instructor Quick Reference Guide

Clinical Education Contact

Dr. Celestine Walker - Associate Dean/Clinical Education Coordinator

Email: cwalker2@wcccd.edu

Phone: (313) 496-2758 ext. 2034

Contact the Clinical Education Coordinator promptly for:

- Safety concerns
- Professional behavior concerns
- Attendance issues (absence, no-show, tardiness patterns)
- Performance concerns
- Any situation affecting successful clinical completion

Clinical Education Overview

- PTA 220: First full-time clinical experience (introductory level)
- PTA 230/240: Terminal clinical experiences (advanced level)

Evaluation Timeline

- PTA 220: Final evaluation due last day of clinical
- PTA 230/240: Midterm CPI due at midpoint; final CPI due last day

Student Absence Reporting (Required)

Students must notify BOTH:

- Clinical Instructor
- Clinical Education Coordinator

before the scheduled start time

No call / no show may result in clinical failure.

Key Expectations

- Students must follow CI schedule
- No vacation time during clinical experiences
- Students may not leave site without CI permission
- Patient care responsibilities may extend beyond shift time
- Patient safety and care take priority at all times

A Letter to Physical Therapist Assistant Students

Dear PTA Student,

Welcome to the clinical education phase of your journey toward becoming a physical therapist assistant. This is an exciting and transformative time, where you will begin applying the knowledge and skills developed in the classroom to real-world patient care settings. We are proud of how far you've come and eager to support you as you take this next important step.

During your clinical rotations, you will be mentored by licensed physical therapists and physical therapist assistants who are committed to helping you succeed. These clinical instructors will guide you in developing clinical reasoning, refining hands-on skills, and demonstrating professionalism in patient interactions. Their role is invaluable, and your active engagement in this process is equally critical.

As you enter each clinical site, we encourage you to:

- Come prepared and ready to learn each day.
- Be open to feedback and view it as an opportunity for growth.
- Take initiative and ask questions to deepen your understanding.
- Reflect on your experiences to help solidify your learning.

Clinical education is where classroom theory meets patient care. You will have the opportunity to experience the rewards and challenges of working in a healthcare setting, while building the confidence and competence needed to thrive in your future career.

We are excited to support you throughout this phase of your education. Remember, this is your opportunity to grow, to be mentored, and to shape your future as a compassionate and skilled PTA.

Wishing you success and meaningful learning in every rotation.

Warm regards,

Dr. Celestine Walker
PTA Program Associate Dean & Clinical Education Coordinator

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ABOUT THE PTA PROGRAM

WCCCD PTA Program Mission, Philosophy, Values, and Goals

Program Mission

The mission of the Physical Therapist Assistant (PTA) Program is to empower students to become highly skilled, safe, and responsible PTAs by providing them with access to high-quality contemporary PTA education in a diverse and inclusive environment that is dedicated to meeting the current and emerging needs of the individuals and communities it serves.

Program Philosophy

We value the Physical Therapist Assistant (PTA) profession and believe that every student should have access to high quality PTA education. We are dedicated to providing excellent, innovative, and diverse educational opportunities that prepare graduates to develop the skills and professionalism required of the entry-level PTA for contemporary practice.

Program Values

Our educational focus is to prepare individuals to become licensed physical therapist assistants who competently work under the supervision of physical therapists by providing them with a broad background from which they may later choose to develop expertise as specialists. In addition, our graduates gain an appreciation for life-long professional development and serve as resources and advocates to meet the health needs of their communities.

The Goals of the WCCCD PTA Program are to:

1. Students/Graduates: To graduate highly-skilled clinicians who are prepared to enter the workforce as safe, legal, ethical, and effective entry-level physical therapist assistants.
2. Faculty, Staff, & Educators: To promote an environment of academic excellence rooted in innovative, forward-thinking, and learner-centered instruction while remaining aligned with CAPTE standards and APTA best practices.
3. Program: To connect education to practice by creating and supporting opportunities for professional development and community outreach/service for students, faculty, and clinical partners.

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PTA Program Student Learning Outcomes

The PTA Program has established one objective and eight outcomes that support program goal #1.

Objective 1.1 Students/graduates will demonstrate clinical skills commensurate with those of an entry-level physical therapist assistant working under the supervision of a licensed physical therapist.

Outcome 1.1.1 Students/graduates will demonstrate competence with managing physical therapy interventions in a safe, effective, and patient-centered manner under the supervision and within the plan of care of a physical therapist.

Outcome 1.1.2 Students/graduates will use critical thinking and problem-solving skills to appraise patient response to interventions to appropriately progress, modify, or regress interventions while competently implementing the plan of care as directed by the physical therapist.

Outcome 1.1.3 Students/graduates will demonstrate professional behaviors and attributes (e.g., professionalism, accountability, and resource management) in adherence with the practice standards established by the American Physical Therapy Association (APTA).

Outcome 1.1.4 Students/graduates will produce clinical documentation that accurately, promptly, and effectively communicates the need and rationale for physical therapy intervention using appropriate medical terminology.

Outcome 1.1.5 Students/graduates will demonstrate commitment to self-assessment and lifelong learning.

Outcome 1.1.6 Students/graduates will utilize effective interpersonal communication skills to suit all situations and commensurate with the needs of the learner.

Outcome 1.1.7 Students/graduates will demonstrate cultural competence when providing care to individuals from a variety of lifestyles, cultures, ages, socioeconomic backgrounds, and abilities.

Outcome 1.1.8 Graduates will exceed CAPTE standards including a graduation rate of more than 60%, a license pass rate surpassing 85%, and an employment rate exceeding 90%.

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Physical Therapist Assistant Program Requirements

Prerequisite Course Work:

General Education Prerequisite Courses

ENG 119	English I
PS 101	American Government
SPH 101	Fundamentals of Speech
PSY 101	General Psychology

Program Prerequisite Core Courses

BIO 240	Human Anatomy and Physiology I
BIO 250	Human Anatomy and Physiology II
PTT 101	Introduction to Physical Therapy

Professional Course Work/ Technical Track:

The following courses are offered in sequence as follows:

Fall (15 weeks):

PTA 102	Clinical Pathology
PTA 103	Functional Mobility
PTA 104	Clinical Kinesiology
PTA 105	Neurological Foundations of Motor Control (1st 7 weeks)
PTA 106	Functional Movement Development (2nd 7 weeks)
PTA 107	Clinical Documentation for the PTA (includes Medical Terminology)

Spring (15 weeks):

PTA 110	Patient Assessment
PTA 112	Therapeutic Exercise
PTA 114	Manual Therapy Techniques
PTA 115	Professional Preparation
PTA 220	Clinical Education I (80 hours)

Academic courses 1st 13 weeks; Clinical last 2 weeks

Summer (12 weeks):

PTA 204	Neuromuscular Rehabilitation
PTA 205	Pediatric Management
PTA 210	Therapeutic Modalities
PTA 212	PTA Seminar in Specialty

Fall (15 weeks):

PTA 230	Clinical Experience II 7 weeks (272 hours)
PTA 240	Clinical Experience III 7 weeks (272 hours)

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Equal Opportunity Statement

It is the policy of WCCCD that no person, on the basis of race, color, religion, national origin, age, sex, height, weight, marital status, disability, sexual orientation or political affiliation or belief, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in employment or in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education.

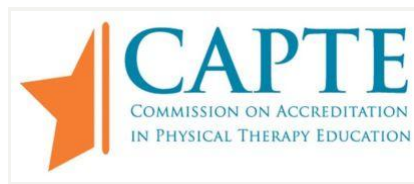
Non-Discrimination and Anti-Harassment Policy

WCCCD is committed to providing a workplace and academic environment free from discrimination and harassment, one in which the College endeavors to provide a level playing field for each of its employees, faculty members, students and contractors. The environment of the College should be characterized by mutual trust and the absence of intimidation, hostility, and demeaning conduct. The accomplishment of this goal is essential to the mission of the College. For that reason, WCCCD will not tolerate unlawful discrimination or harassment. Through its enforcement of this policy, and by education of its employees and students, WCCCD will actively prevent, correct, and discipline conduct that contravenes this policy. This policy is designed to provide a safe and nondiscriminatory educational and work environment, and to comply with all pertinent legal requirements. This policy is also applicable to and governs the conduct of officers, administrators, employees, and independent contractors.

For a complete copy of the Wayne County Community College District policy governing discrimination and harassment, visit [WCCCD Student Handbook](#). pp. 42-47.

Program Accreditation

The Physical Therapist Assistant Program at Wayne County Community College District 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>. If needing to contact the program/institution directly, please call (313) 496-2818 or email ssagger1@wcccd.edu.



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SECTION I: CLINICAL EDUCATION PROGRAM OVERVIEW

Purpose of the Clinical Education Handbook

The purpose of this manual is to prepare and guide Clinical Faculty and Wayne County Community College District Physical Therapist Assistant (PTA) Students through the completion of clinical education experiences.

This manual was created to:

- Detail the roles & responsibilities of each person involved in the clinical education process to assist in making each experience valuable and successful.
- Simplify the clinical education experience by educating all parties about the PTA program clinical education process at Wayne County Community College District.
- Enhance communication between Wayne County Community College District PTA students, WCCCD's PTA Program Staff, Faculty, and Clinical Faculty who offer clinical education experiences for our students.

Disclaimer for the Clinical Education Handbook

The Clinical Education Handbook is a living document, subject to change. Students can request the most recent version from the Clinical Education Coordinator/Associate Dean and are responsible for familiarizing themselves with the current iteration.

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Purpose of Clinical Education

The purpose of the Wayne County Community College District PTA program is to produce highly competent entry-level physical therapist assistants who will provide safe, effective, and ethical patient care under the supervision of a licensed physical therapist. The clinical education component is designed to complement academic preparation by integrating classroom and laboratory learning with supervised clinical practice in real-world settings.

The clinical education sequence includes three full-time clinical experiences: one two-week experience at the end of the Spring semester (semester 2 of the technical track) and two seven-week experiences during the Fall semester of year 2 (final semester).

Students must successfully complete all required didactic and laboratory competencies, including practical examinations, prior to assignment to clinical education experiences at the appropriate level of the curriculum.

Glossary of Terms

AD - Associate Dean. Also serves as the Clinical Education Coordinator (CEC)

CEC- Clinical Education Coordinator. Also serves as the Associate Dean.

CI - Clinical Instructor

CPI- Clinical Performance Instrument (Full time clinical evaluation tool)

Program Director- Program Dean

SCCE- Site Coordinator of Clinical Education

SPTA- Student Physical Therapist Assistant

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Clinical Education – Roles and Responsibilities

Associate Dean/ Clinical Education Coordinator

The PTA Program Associate Dean serves as the Clinical Education Coordinator and as such-

1. Selects clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice.
2. Makes appropriate student assignments to clinical sites.
3. Orients both the student and the Clinical Instructor (CI) to the clinical education experience.
4. Provides the Clinical Instructor an orientation to the philosophy, curriculum, course, and clinical objectives of the PTA education program. Discusses student expectations, skill performance, student guidelines for performance of procedures, and methods of evaluation.
5. Assumes overall responsibility for teaching and evaluation of the student.
6. Assures student compliance with standards on immunization, screening, OSHA and CPR.
7. Works cooperatively with the CI and the clinical site.
8. Prepares for each clinical experience as needed to determine student learning needs and appropriate assignments.
9. Communicates assignments and other essential information to clinical sites.
10. Meets (*in person or via telecommunication*) with the CI and the student to monitor and evaluate the learning experience.
11. Monitors student progress. Examples include student weekly logs, time sheets and review of student clinical assignments.
12. Is readily available, e.g., telephone or email for consultation when students are in the clinical area.
13. Receives and reviews feedback from the CI regarding student performance.

Clinical Instructor Responsibilities

1. Function as a role model in the clinical setting.
2. Facilitate learning activities for no more than two students. Note: *Notify AD should this become an issue.*
3. Orient the student(s) to the clinical facility.
4. Guide, facilitate, supervise, and monitor the student in achieving the clinical objectives.
5. Supervise the student's performance of skills and other physical therapy activities to assure safe practice.
6. Collaborate with AD to review the progress of the student toward meeting clinical learning objectives.
7. Provide feedback to the student regarding clinical performance.
8. Contact the AD if assistance is needed or if any problem with student performance occurs.

9. Discuss with AD and student the arrangement for appropriate coverage for supervision of the student should the clinical instructor be absent.
10. Give feedback to the PTA program regarding clinical experience for students and suggestions for program development.

Student Responsibilities

1. Maintain open communications with the CI and AD.
2. Maintain accountability for own learning experience.
3. Be accountable for own actions while in the clinical setting.
4. Welcome feedback and constructive criticism when performing procedures.
5. Contact AD by telephone or email if faculty assistance is necessary.
6. Respect the confidential nature of all information obtained during clinical experience.
7. Turn in all required documents and assignments on time..
8. Conduct self in an ethical and professional manner at all times.
9. Provide own transportation to clinical sites.
10. Maintain a current address and phone number on file at the College at all times.
11. Maintain proof of and have readily available for clinical education sites: immunization records, CPR training, Bloodborne pathogen and HIPAA Training, criminal background check and health care insurance coverage.

Clinical Site & Clinical Instructor Standards

(adapted from the APTA's "Guidelines for Clinical Education")

Clinical Education Site Criteria

- a. The clinical site's philosophy and objectives for patient care and clinical education are compatible with those of Wayne County Community College District.
- b. The clinical site will have a variety of learning experiences available to students. Students must be able to participate in physical therapy related procedures and practice for the duration of the clinical experience.
- c. The clinical site provides an active, stimulating environment appropriate for the learning needs of the student.
- d. The clinical site is committed to the principle of equal opportunity and affirmative action as required by federal regulation.
- e. The clinical center demonstrates administrative interest in and support of physical therapy education. Adequate space will be provided to the student for study, conferences, and patient care.

- f. The roles of the various types of physical therapy personnel at the clinical site are clearly defined and distinguished from one another. Staff members at the site may not use the title "PTA" unless they are graduates of an accredited PTA school.
- g. The physical therapy staff practices ethically and legally. The APTA Guide for Professional Conduct and Standards of Practice for Physical Therapy are the guidelines utilized by the management and staff at the clinical site.
- h. The physical therapy staff is adequate in number to provide a good educational program for students. The site must have at least one licensed physical therapist on site at all times while the SPTA is at the facility.

Criteria for Clinical Instructors

SCCEs select physical therapists and physical therapist assistants to serve as clinical instructors for physical therapist assistant students. The following are recommendations of criteria for selecting clinical instructors:

- i. The CI is a licensed PT or PTA within the state of current practice
- j. The CI has at least one year of clinical experience
- k. The CI is interested in and willing to work with students.
- l. The CI demonstrates clinical competence, professional skills, and ethical behavior.
- m. The CI demonstrates effective communication skills.
- n. The CI demonstrates effective instructional skills.
- o. The CI demonstrates performance evaluation and supervisory skills.

Expectations for Clinical Teaching Effectiveness

- p. Provides constructive & timely feedback on student performance
- q. Demonstrates skill in active learning
- r. Communicates in a clear, concise, open & non-threatening manner
- s. Provides clear performance expectations
- t. Teaches in an interactive manner that encourages problem solving
- u. Provides patient care related responsibilities within the students scope of knowledge & skills
- v. Identifies resources, including Evidence-Based Practice, to promote student development

Expectations for CIs and Sites

- w. The clinical instructor has a current PT or PTA license (verified prior to clinical experience)
- x. The clinical instructor has a minimum of one year post-licensure clinical experience
- y. The clinical instructor has clinical experience in practice area
- z. The student physical therapist assistant should receive an orientation to the department and facility within the first three days of the clinical experience..
- aa. Communications within the clinical center are effective and positive. There are opportunities for the student to communicate with other health care providers.

- bb. One physical therapist will be responsible for coordinating the activities of the students at the clinical center.
- cc. Clinical instructors (CIs) apply the basic principles of education – teaching and learning – to clinical education. Staff development programs are available and encouraged at the clinical site.
- dd. The physical therapy staff is interested and active in professional association related to physical therapy.
- ee. The physical therapy service must be involved in quality assurance and this information should be accessible to the student.
- ff. The clinical instructor will demonstrate completion of the PTA CPI training course, noted on the CPI website.
- gg. The clinical instructor will facilitate learning activities for no more than two students.

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Clinical Education Course Structure

PTA 220 Clinical Education I: Provides a two-week, unpaid clinical experience in an affiliated setting under the supervision of a licensed physical therapist or physical therapist assistant serving as a Clinical Instructor (CI). Students are provided opportunities to develop foundational clinical skills in professionalism, communication, documentation, patient assessment, and implementation of the plan of care. Emphasis is placed on safe practice, understanding the PT/PTA relationship, and beginning caseload management. Students must successfully complete both the clinical experience and associated Blackboard assignments to pass this course. A minimum of 80 clinical contact hours and 10 hours of directed instruction/student work are required. Minimum passing grade: 77%.

PTA 230 Clinical Education II and PTA 240 Clinical Education III: Provide a seven-week, unpaid clinical experience in an affiliated clinical setting under the supervision of a licensed physical therapist or physical therapist assistant serving as a Clinical Instructor (CI). Students are expected to integrate and apply academic knowledge and clinical skills across the curriculum with increasing independence. Emphasis is placed on safety, clinical reasoning, and refinement of assessment and intervention techniques. Completion of all prior didactic and clinical coursework is required for participation. In-services are required components. Clinical performance is evaluated using the Clinical Performance Instrument (CPI). A minimum of 272 clinical contact hours and 15 hours of directed instruction/student work are required per course. Minimum passing grade: 77% and successful completion of all clinical requirements.

See PTA Program Handbook for a complete list of all PTA program course descriptions.

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SECTION II: CLINICAL EDUCATION POLICIES AND PROCEDURES

ATTENDANCE AND SCHEDULING

The policies and procedures included in this handbook apply to all Wayne County Community College District (WCCCD) Physical Therapist Assistant (PTA) students and clinical instructors (CI) affiliated with WCCCD's PTA Program. These policies and procedures are reviewed and updated annually. Any changes will be communicated to all stakeholders in a timely manner. Please refer to this handbook for the most current and accurate information on WCCCD clinical education policies and procedures. The clinical education handbook can be found on the WCCCD website.

Clinical Education Experience Policy

The PTA program mandates that students complete a comprehensive clinical education component, which is an integral part of the curriculum. This policy outlines the requirements for completing three clinical experiences: one integrated 80-hour experience and two terminal experiences, each lasting 272 hours. Student performance in these clinical experiences will be evaluated using pre-established rubrics for the integrated experience and the Clinical Performance Instrument (CPI) for the terminal experiences. The program employs a tiered grading process to assess students' performance during these clinical experiences, progressing students from intermediate skills and knowledge to advanced intermediate skills and knowledge and finally to entry-level skills and knowledge as defined by the CPI.

Over the course of the three clinical rotations, **each student must complete a minimum of at least one complex medical/acute experience and one outpatient experience.** The program broadly defines complex medical/acute settings as inpatient hospitals, inpatient rehabilitation facilities, neurological rehabilitation facilities, acute care, subacute care, skilled nursing facilities, and home health care settings.

In addition to the aforementioned practice settings, students should experience a broad range of patient ages and diagnostic groups. Overall, the clinical experience must include the following diagnostic groups: acute/complex medical, orthopedic/musculoskeletal, and neurologic dysfunction. Exposure across the lifespan is encouraged and at a minimum, students must gain experience working with both geriatric and young adult populations.

(See policy # 026 in PTA Program Policy & Procedure Manual)

Clinical Placement Policy

The PTA program maintains a current list of approved clinical placement sites. Students have access to this list and can indicate their top three choices. The Clinical Education Coordinator (i.e. Associate Dean) reviews these choices and makes the final placement decision based on

the student's performance, developmental needs, availability of placements, and proximity to home. It should be noted that proximity to home is the last consideration. Student placement is not based on immunization status. Under no circumstances should students contact clinical sites to arrange placements.

To ensure students gain a comprehensive understanding of healthcare delivery across various settings, the program requires each student to complete at least one clinical rotation in an outpatient facility (such as a clinic or private practice) and at least one in a medically complex facility (such as a hospital or rehabilitation center) (*See Clinical Education Experience Policy for further description of medically complex/acute settings*). This ensures that every student gains valuable insights and skills in both settings, contributing to a well-rounded and comprehensive educational experience.

Students are notified of their placement in writing at least four weeks before the start of the clinical experience.

(*See policy # 025 in PTA Program Policy & Procedure Manual*)

Clinical Education Absence Policy

Students are expected to attend all scheduled clinical experiences. Students must notify their clinical instructor (CI) and Associate Dean (AD) before the start of the scheduled shift if an absence is unavoidable. Excused absences will be made up at the discretion of the CI and according to program policy. Unexcused absences may result in a failing grade for the clinical experience. The student must make up any missed time during PTA 220 and any missed time greater than two days during PTA 230 and PTA 240. If a student misses more than two clinical days in PTA 230 or PTA 240, their clinical experience may be discontinued. The student will then need to meet with the CI and the AD to develop a plan to remediate the missed days and resume their clinical experience. Students should schedule all appointments, medical and other, during times when they are not participating in the clinical experience. Students may not request time off for personal days, vacations, work, or job interviews.

Clinical Experience Attendance Guidelines

- **Schedule:**
 - 80 hours for PTA 220 and 272 hours each for PTA 230 and PTA 240 are the clinical practicum hours assigned. Students must complete a minimum number of contact hours for each clinical experience (not including lunch, breaks, travel, or study time). As such, it is strongly encouraged that absences be avoided.
 - Students must follow the CI's schedule, which may follow a non-traditional format. (Note: Students receive meal periods and breaks as per clinical site regulations). The student is not to request an alternative work schedule with the facility. Exceptions to the assigned work schedule must be negotiated by the AD. Please remember that when in the clinic, patient care is not always confined to a specific time allotment, and there will be occasions where patient care could run

beyond a clinic session. *There may be an occasion when treatment runs beyond the students expected departure time. Students must remain and complete treatment, as patient care is paramount.* Students may not leave the clinical rotation for any reason without permission from the instructor. Students will remain in the clinic until check-out time, at which time they will be dismissed by the instructor.

- **Vacation Time:**

Absolutely no vacation time is allowed during the clinical experience.

- **Professional Day:**

In an effort to emphasize the importance of professional duty, encouraging students to take pride in the physical therapy profession, promote the profession, and be involved in professional activities beyond the practice setting as set forth in the APTA's Core Values, students may be allowed one professional day during the final clinical experience to attend the APTA Michigan Fall Conference (or equivalent). Requests to attend must be made in writing to the Associate Dean. If approved, the CI must be notified two weeks in advance of the conference.

- **Tardiness:**

Students must arrive no later than their assigned starting time. There is no grace period. Students arriving later than their assigned starting time will be considered tardy. Tardiness is unacceptable and, if habitual (greater than two days during PTA 220 or five days during PTA 230 or PTA 240), can result in dismissal from the program. It is recommended that a student arrive 15 minutes prior to their start time.

- **Absences:**

Students should schedule all appointments, medical and other, during times when they are not participating in the clinical experience. Students may not request time off for personal days, vacations, work, or job interviews.

- Unexcused Absences: Unexcused absences will not be tolerated and will result in program dismissal.
- Unforeseen circumstances: Unforeseen circumstances or personal tragedies such as a death in the family or hospitalization resulting in absence will be dealt with individually and are limited to immediate family members only.
- If time during a clinical experience must be missed for any reason, the student must call BOTH the clinical instructor AND the Associate Dean before the student is scheduled to arrive at the clinical site for that day. A no show/no call is grounds for failure of the clinical rotation unless the student can demonstrate mitigating circumstances (e.g. in a car accident or hospitalization).
- Excessive Absences: If the number of days missed interferes with the student's ability to learn and meet the objectives of the clinical experience and/or interferes with the clinical instructor's ability to assess the student's performance, the CI

and AD may decide to discontinue the clinical experience. The student must resolve the cause of the frequent absenteeism and provide the AD with a valid and verifiable explanation of the cause AND resolution before resuming any further clinical experiences. The clinical experience that was discontinued will be considered failed and must be repeated. This does not relieve the student from any financial obligations to the College.

- Requests for non-emergent excused absences must be submitted in writing first to the AD and, if approved, to the CI or SCCE no later than one week prior.
- Reasons for excused absences include:
 - Medical/illness: In the case of an absence due to illness or emergency, the student must inform the CI or SCCE and AD prior to missing any clinical hours or as soon as possible. If absent more than two consecutive days due to illness: a doctor's note on the healthcare provider's letterhead or prescription paper is required. The AD reserves the right to request a physician certification at any time.
 - If the student was absent due to an infectious disease, the student must submit proof of recovery if requested. Students contracting an infectious disease during the time they are participating in a full-time clinical experience must report that fact to both the college and the clinical facility. Students should follow the clinical facility's policies and procedures when exposed to an infectious disease at the facility during the clinical experience.
 - Family emergency: a brief explanation must be provided. Examples include but are not limited to funerals and medical emergencies of family members. Proof of emergency may be required.
 - PTA Licensure Exam: Documentation showing proof of scheduled exam must be provided.
- **Missed Time:**

The student must make up any missed time during PTA 220 and any missed time greater than two days during PTA 230 and PTA 240. The CI and/or AD may use their discretion in handling any excused missed time totaling two days or less during PTA 230 and PTA 240. The CI, in consultation with the AD, will determine a plan of action for absences beyond two days to ensure all clinical goals and requirements have been satisfied.

 - Any missed time being made up should be made up within the scheduled clinical dates if possible. If not possible, the time may be made up after the scheduled end date of the clinical experience.
 - Completion of hours after the clinical end date may delay the start of the next clinical experience.

- A grade of Incomplete will be issued until the student completes the contact hour requirement.
- Suggestions to make up missed time include (but are not limited to) the following:
 - Work an alternate day or additional hours with CI or assigned PT/PTA
 - Accepted activities, in addition to patient treatment, may include:
 - Facilitation of group exercise after hours if supervised by CI or assigned PT/PTA
 - Observation of surgery
 - Observation of other disciplines: OT, SLP, RT, Nursing, MD, etc.
 - Completion of appropriate assignment assigned by CI
 - Role-play between CI and student (MMT, goniometry, manual therapy, etc.)

- **Children in the Work Place:**

Students may not bring children to the clinical rotation.

- **WCCCD Closures:**

Consistent with Health Science Department practices, students are still expected to report to their clinical experience unless travel conditions are unsafe, even if Wayne County Community College District is closed (e.g., due to power outage or weather event). If conditions are unsafe for travel, students must immediately inform the AD and CI or SCCE of the circumstances that prevented them from attending their clinical experience.

- **Holidays/Scheduled Breaks:**

Students will be off on designated days (District closure days) as per the academic calendar. These off days align with the institution's holidays and scheduled breaks, and students should not report to clinical sites during these times. The days that coincide with the three clinical experiences include:

- Labor Day
- Thanksgiving Break- Thursday (Thanksgiving Day) and the following Friday

If a clinical education facility closes for regular business due to inclement weather, the student is to call or email the AD. It will not be considered an absence if the clinical education site is closed due to inclement weather; however, the missed hours must be made up.

- **Administrative Discretion:** The Associate Dean reserves the right to make exceptions to or modify attendance requirements on a case-by-case basis when warranted by extenuating circumstances, clinical site requirements, or program needs.

CLINICAL CONDUCT AND SAFETY

Professional Behavior Policy

Students must maintain professional behavior in the clinical setting at all times. This entails arriving on time, turning off cellular phones, and treating supervisors and coworkers with respect. Additionally, students are expected to prepare for patient sessions on their own time so they are ready for patient care and learning opportunities during clinical hours. Preparation includes reviewing evidence-based research and planning treatment sessions. For information on absences from clinical, please refer to the "Attendance Policy" section in the table of contents. Any unprofessional behavior may result in immediate dismissal without the opportunity for reapplication.

Students who are dismissed from the program have the right to appeal the decision to the Program Dean.

(See policy #029 in PTA Program Policy & Procedure Manual)

Patient Privacy & HIPAA Policy

Students must maintain patient privacy and confidentiality at all times in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Prior to the first clinical affiliation, students will have completed HIPAA training and successfully passed a HIPAA assessment. Students will possess documentation of their HIPAA training and make it readily available to their clinical instructors.

Use of the Physical Therapist Assistant Title

Students are strictly prohibited from presenting themselves as fully licensed physical therapist assistants until they have successfully completed their education and obtained the necessary licensure. They are not allowed to utilize the knowledge or skills obtained during PTA-related education and training to practice physical therapy outside the supervised lab or clinical experiences. Students who fail to comply with this policy will assume full risk and responsibility for their actions. Students must not attempt to give or receive medical advice within or outside the program.

Students cannot promote themselves or their services as a PTA. This constraint also applies while students are enrolled in PTA education or employed as a physical therapy technician or aide. The skills and techniques taught in this program exceed those of an aide and should not be applied inappropriately in the clinic.

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Any breach of this policy regarding utilization of training and education prior to graduating will result in immediate dismissal from the PTA program, without opportunity for reapplication.

This policy is in accordance with Act 368 of 1978, subsection 333.187820, of the Michigan Public Health Code, which pertains to the practice of physical therapist assistants.

Informed Consent Policy

Students will obtain informed consent from their patients/clients or legally authorized representatives and notify them of the right to refuse treatment prior to beginning patient care. Informed consent must be written or explained in language that is understood easily by the patient/client or representative (7th/8th-grade level). Subjects must be informed of any foreseeable risks or discomforts.

Clinical Education Safety Requirements

The PTA program mandates that students follow a specific set of steps to actively participate in the clinical education program. The program will provide students with clear guidelines and deadlines for meeting each requirement. Students are responsible for obtaining and providing documentation of immunizations, health insurance, complete health information forms, CPR certification, background checks, and any additional training. The program will verify and maintain records of student compliance with these requirements. Failure of the student to comply with any of these requirements may result in dismissal from the clinical setting and/or PTA Program.

(See policy #030 in PTA Program Policy & Procedure Manual)

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Clinical Experience Dress Code

Physical Therapist Assistant students are expected to look professional at all times in the classroom, lab, and clinical settings. Students will follow the dress code of the clinical site in which they are completing their clinical experience. Students may be required to purchase a white lab coat, jacket, scrubs, or name badges, to be used during the experience. In terms of footwear, safety is a priority. Students are expected to wear flat, closed-toe shoes with rubber soles, (gym shoes are permitted), to provide adequate protection and support for various activities.

While adhering to the dress code, students are encouraged to adopt conservative and professional attire that reflects the values and standards of the program. By maintaining this dress code, students contribute to a conducive learning environment and uphold the program's commitment to professionalism and safety.

If the clinical facility does not have a specific uniform, students are expected to wear the PTA program uniform. In addition:

- Shirts must be conservative (not too tight) and must not contain logos (accept the Wayne County logo), sayings, or pictures.
- Pants are to be loose-fitting, bearing no insignia or logo, and the pant hemline should not touch the floor.
- Must wear a belt.
- No visible cleavage, stomach, or buttocks at any time.
- Outer sweaters/lightweight jackets, if worn, are to be clean, plain, navy blue, black, white, or gray and have no hood.
- Proper footwear consists of conservative, flat-heeled, rubber-soled shoes that are in good repair. Gym shoes are permitted as long as they comply with the aforementioned standards. Open-toed shoes, sandals, and heels are never permitted.
- Religious-based head covering is permitted. No other type of head covering is allowed.
- Minimize use of perfumed spray/lotion, aftershave, or scented hygiene products.
- Students are to be well-groomed and free of offensive body odors-including cigarette and CBD odors.
- Nails are to be clean, trimmed, and no longer than 1/8" beyond the tip of the finger. Nails are to be in their natural state only. Artificial/acrylic nails of any type (including wraps or shellac) are strictly prohibited. No chipped nail polish.
- Makeup is to be conservative and neutral.
- Inappropriate or offensive tattoos must be covered.
- A watch with a second hand is required.
- A wedding band and/or engagement ring are the only acceptable rings to be worn.
- Small stud-type earrings may be worn on the earlobe. No other visible piercings, facial jewelry (including tongue), or ear gauges are allowed.
- Hair is to be clean, well-groomed, neat, and conservative. Long hair must be pulled back off the face and restrained.
- Beards, mustaches, and sideburns must be clean and neatly groomed.

- WCCCD student ID must be visibly displayed in a plain plastic holder and be worn at all times.
- If a clinical education site has a dress code more restrictive than that of the PTA Program, students will adhere to the more restrictive code.

HEALTH AND COMPLIANCE REQUIREMENTS

Health Requirements

Prior to participating in a clinical experience, all students must have a health appraisal form completed by his/her physician (This form will be made available to the student in advance of the clinical portion of the program) and provide proof of completion/compliance.

Immunizations

The following immunizations are required:

- MMR (measles, mumps, rubella)
- Varicella Zoster
- Hepatitis B
- TDAP (tetanus, diphtheria, and pertussis) (Tetanus vaccine received within last 10 years)
- Influenza (current)

Please note that failure to obtain the required immunizations will result in the inability to complete the program.

COVID Vaccination

Although COVID vaccination is not required for program admission, students should be aware that some inpatient clinical sites require proof of COVID-19 vaccination. Thus, failure to obtain the COVID-19 vaccine may result in the inability to complete the PTA Program.

Note: Assignment to a clinical rotation is not made based on immunization status but is based on the student's experiential need. Also of note is that every student is required to complete at least one medically complex/acute clinical rotation.

Tuberculosis Test

Required within the current year.

Chest x-ray required if skin test is positive.

Urine Drug Screen

A urine drug screen may be required by a particular clinical site. Students will be notified if this is required.

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BLS for the Health Provider

Prior to beginning the clinical courses, the student must obtain BLS for the Health Provider through the American Heart Association. Training courses may be offered on campus or they are available through local adult education programs.

Criminal Background Check

Students are required to undergo a criminal background check prior to acceptance into the program. A criminal record may prevent or limit clinical placement, licensing and/or future employment opportunities.

ACEMAPP Trainings

Students are required to complete bloodborne pathogens, HIPAA, and OSHA trainings in the ACEMAPP platform prior to beginning the clinical courses. Information regarding trainings will be provided by the AD.

Compliance with Site-specific Requirements Policy

Some clinical sites may have additional requirements, such as fingerprinting, drug screening, immunizations, uniforms, and no smoking policies, that go beyond the PTA Program's policies. Therefore, it is the policy of the program that students must comply with these site-specific requirements and bear all associated costs. Failure to comply may result in the student being unable to complete clinical experiences and hinder progression in the program.

(See policy #028 in PTA Program Policy & Procedure Manual)

Special Needs and Physical Challenges

Students who have special needs due to physical or learning disabilities will not be discriminated against in either the academic or clinical setting. Every adaptation possible will be made to accommodate any student with special experiential learning needs with appropriate documentation. Students must give advance notice of any special needs or accommodations. Special need requirements will be communicated with the clinical site as appropriate per student discretion.

CLINICAL EVALUATION AND GRADING

PTA Clinical Courses Grading Policy

To successfully complete each clinical education course—PTA 220, PTA 230, and PTA 240—students in the Physical Therapist Assistant program must achieve a minimum overall grade of **77%**. This requirement reflects performance across two essential components: the clinical experience and all associated Blackboard assignments. Both components must be completed satisfactorily to earn a passing grade for the course.

Grading Breakdown:

- Clinical Performance (evaluated using the *Evaluation of Student Performance* [ESP] in PTA 220, and the *Clinical Performance Instrument* [CPI] in PTA 230 and PTA 240): **60%** of the final grade
- Blackboard Assignments (including all required documentation, reflections, and course-specific tasks): **40%** of the final grade

Failure to successfully complete either the clinical experience or the academic assignments will result in a course failure, regardless of the overall percentage. This policy ensures that students demonstrate both clinical competence and academic proficiency.

Grading for PTA 220

Successful completion of PTA 220 requires students to meet minimum performance standards in **both** the clinical performance component and the required academic assignments. Students must meet minimum requirements **in both components** of the course and achieve an overall grade of **77% or higher**.

1. Evaluation of Student Performance (ESP) (60% of final grade)

The ESP assesses performance across 10 criteria, each scored on a 1–5 scale, including professionalism, communication, accountability, interpersonal skills, recognition and respect of cultural diversity, critical thinking and problem solving, use of constructive feedback, patient handling, data collection and treatment intervention, and documentation. The total raw score, calculated out of 50 possible points, is multiplied by 10 to produce the final ESP score out of 500. To pass, students must achieve a minimum score of 3 out of 5 on each of the 10 criteria, earn at least 77% (385 points), and demonstrate safe, ethical, and professional behavior throughout the rotation. Failure to meet any of these requirements will result in failure of PTA 220 regardless of total course points earned.

2. Blackboard Assignments (40% of final grade)

Blackboard assignments are designed to promote reflection, professionalism, and the integration of academic knowledge with clinical experience. Students are required to complete all assigned clinical reflections, submit weekly logs and timesheets, and complete any additional assignments as outlined in the course Blackboard shell. To pass, students must earn a minimum of 77% and submit all assignments by the published deadlines. Failure to complete required assignments may result in failure of the course.

Final Grade Determination: The Associate Dean/Clinical Education Coordinator (CEC) will determine the student's final grade after reviewing the ESP and communication with the Clinical Instructor (CI) and the student. Grading decisions also take into account the Clinical Instructor's narrative comments, the complexity of the clinical setting, any critical safety issues, and any other significant concerns related to student performance.

Grading for Terminal Clinical Experiences (PTA 230/240)

Students must successfully complete **both** the clinical experience portion (*which constitutes 272 contact hours each clinical rotation*) and the Blackboard assignments (*which constitutes 15 hours of direct instruction/student work*) in order to pass PTA 230 and PTA 240.

Clinical competence will be assessed utilizing the online Clinical Performance Instrument (CPI). The CPI is worth 600 points in these courses. If the student meets the minimum performance requirements on the CPI described below, the student will earn full credit (600/600 points) for the CPI. If not, the student will earn no credit (0/600 points) for the CPI.

The Clinical Instructor (CI) is responsible for completing the formal CPI evaluations at both midterm and final. In addition, the student is required to complete a midterm and final self-assessment using the CPI for each full-time clinical experience. The purpose of the self-assessment process is to promote reflective practice, self-awareness, and professional growth, and to facilitate meaningful discussion regarding clinical performance.

Students are responsible for scheduling dedicated meetings with their CI at both midterm and final to review and compare CPI ratings, discuss strengths and areas for improvement, establish measurable goals, and evaluate progress toward expected performance levels. Active participation in these performance discussions is a professional responsibility and an essential component of successful clinical progression.

Grading expectations were developed to allow for clinical growth. To successfully pass, the student must achieve the following:

- PTA 230 Clinical Education II:
 - Advanced Intermediate for all CPI performance criteria
 - Completion of contact hour requirement
 - Final course grade of 77% or higher
- PTA 240 Clinical Education III:
 - Entry-Level on CPI performance criteria
 - Completion of contact hour requirement
 - Final course grade of 77% or higher

Final Grade Determination: The Associate Dean (AD/CEC) will determine the student's final CPI grade after reviewing the CPI and communication with the CI and student. Grading decisions are also based on the Clinical Instructor's narrative comments, complexity of the setting, and any critical safety issues.

Unsatisfactory performance may be defined as:

- Critical safety issues observed in the clinic
- Unprofessional behaviors

- Failure to achieve a minimum of Advanced Intermediate Level on the CPI during PTA 230 and Entry-Level status during PTA 240
- Other significant concerns as noted by the CI/SCCE/AD/CEC
- Failure to complete contact hour requirement
- Failure to achieve final course grade of 77% for PTA 230 or PTA 240

Unsatisfactory performance may result in:

- Extension of the current clinical affiliation for a period of time agreed upon by the AD, SCCE, CI, and Student. The time would be devoted to improving areas of deficit with implementation of a Learning Contract.
- Academic Probation with implementation of a Learning Contract. A remedial affiliation would be scheduled. There is no guarantee a site for remediation will be secured due to site/staffing constraints. The timing of the remedial affiliation will be dependent upon site/staffing availability. Students with a previous Learning Contract may not be eligible for this option. Decisions will be made on an individualized basis.
- Program Dismissal

Late Assignment Policy

The PTA Program enforces a policy that prohibits the submission of late assignments in any of its classes. Students must complete all given assignments and submit them on time. In order to be considered on time, assignments must be submitted in the manner specified by the course instructor.

Late assignments will only be accepted within a span of five days following the initial due date. For each day of delay within this five-day period, a penalty equivalent to 10% of the assignments total score will be imposed, culminating in a maximum deduction of 50%. No late assignments will be accepted beyond five days past the original due date. The late assignment penalty is applied in addition to any deductions that may be made during the assignment grading process.

ADMINISTRATIVE POLICIES

Affiliation Agreement

An affiliation agreement must be in place prior to the commencement of the student's clinical affiliation.

Liability Insurance

WCCCD assumes the responsibility for providing students with the necessary liability insurance during laboratory and clinical experiences. Students who attempt to practice in an unauthorized manner assume responsibility for their own actions and are not covered by the College's liability policy.

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Policy for Sharing Student Information with Clinical Sites

The program will only share the following information with clinical sites about students who are participating in clinical rotations:

- Student contact information, including name, address, phone number, and email address
- Immunization records
- Proof of trainings, including bloodborne pathogen, CPR, HIPAA training, and OSHA training
- Information about the topics and skills that the student has been exposed to and demonstrated competence in

(See policy #031 in PTA Program Policy & Procedure Manual)

Student Transportation Policy

Students are solely responsible for securing and maintaining reliable transportation to and from clinical education sites. Neither the college nor the affiliating clinical sites are responsible for any personal injury or damage to property that may occur while traveling to or from clinical education sites. Students are expected to adhere to all rules regarding parking at the clinical facilities and will incur any costs relating to violations, towing, or ticketing.

Social Media Policy

Although WCCCD cannot ban the use of social networking, students must be aware of the importance of minimizing information that is made available to others. It is important to separate personal lives from professional lives. Students are not to have contact or communicate with any patient, clinical staff, faculty, or staff via social media. All electronic communication with faculty must be through WCCCD email. All students are bound by HIPAA laws. No information related to patients, or the clinical site may be shared on any social media sites. This includes information that has been de-identified. This is a violation of HIPAA and may result in discharge from the physical therapist assistant program and legal action on behalf of the clinical site or patient. Students cannot share information related to the physical therapist assistant program or any course content on any social media sites. Students cannot share any information related to other students or faculty. This includes information obtained in any setting such as classroom, lab, clinical, or private conversations. This may be a violation of FERPA and will result in disciplinary action. It is also important to remember that future employers may review social media when hiring new staff. You should always be aware of what can be seen by a potential employer.

Complaint Process

Incidences/complaints regarding students: Incidences/complaints regarding students on clinical rotation should be reported to the Associate Dean (AD) or Program Dean (if AD is unavailable) as soon as possible after occurrence.

- a. Once notified, the AD will obtain information from all parties involved.

- b. Once information is gathered in conjunction with the clinical site, the Program Dean and AD will decide on a course of action that follows the Program policies, WCCCD policy, and the clinical site policy.
- c. The student and the facility will be notified of the resolution and course of action as soon as possible.
- d. Follow-up on the complaint will occur in a timely manner, not to exceed the end of the student's clinical experience.

Conflict Resolution Process

If, for any reason, a student feels that a clinical experience is not meeting their educational needs, it is the student's responsibility to take action.

- a. Assistance in identifying and resolving the issue should first be sought from the CI. This applies even in situations in which the issue is perceived to be a "personality conflict" between the CI and student. If discussing the issue with the CI directly does not lead to a resolution, the student is encouraged to consult with the SCCE or AD.
- b. Students, CIs, and SCCEs are encouraged to contact the AD at any time during this process. The AD can serve as an impartial third party who can serve as a mediator. If necessary, a site visit will be arranged with the individuals involved. In most cases, issues can be resolved either through mediation or via implementation of an Action Plan that is mutually agreed upon by the clinical site (CI and/or SCCE) and the AD. The AD will support the CI/SCCE and student in outlining clear behavioral objectives. Appropriate records will be maintained for all student or CI concerns.
- c. If a student does not successfully complete the Action Plan, the CI and/or SCCE can request termination of the experience. The AD will then meet with the student to discuss remediation and reassignment.

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SECTION III: CLINICAL EDUCATION COURSES

Clinical Experience Student Learning Outcomes

PTA 220 Clinical Education I

Student Learning Outcomes

At the completion of this course, the student will be able to perform the following outcomes with a minimum average score of 3.0 on the Clinical Experience Evaluation Form:

1. Demonstrate the specific behaviors that exhibit professionalism in the workplace.
 - a. Demonstrate compliance with the ethical standards as outlined by the APTA Standards of Ethical Conduct for the Physical Therapist Assistant.
 - b. Demonstrate compliance with policies and procedures within the clinical facility and program and all applicable rules and regulations.
 - c. Demonstrate initiative (arrive on time and well prepared, offer assistance, and seek learning opportunities).
 - d. Demonstrate adherence to appropriate dress code.
 - e. Demonstrate an understanding of patient privacy, confidentiality, and modesty by maintaining the above.
2. Demonstrate appropriate professional communication and interpersonal skills when interacting with other healthcare professionals, patients, and patients' families.
 - a. Demonstrate behaviors that contribute to a positive work environment.
 - b. Practice placing patient's needs above self-interests.
 - c. Use effective, respectful, and timely verbal, nonverbal, and written communication skills.
 - d. Employ active listening to understand what is being communicated by others.
 - e. Interpret and respond appropriately to the nonverbal communication of others.
3. Demonstrate respect for cultural diversity with other healthcare professionals, patients, and patients' families.
 - a. Demonstrate an understanding of the implications of individual and cultural differences and adapt behavior accordingly in all aspects of physical therapy services.
 - b. Provide unbiased patient care.
4. Demonstrate appropriate clinical problem solving based on level of academic preparation.
 - a. Prepare for treatment intervention by collecting, reviewing, and comparing data from multiple sources (chart review, patient, caregivers, team members, observation, plan of care, etc.).

- b. Prepare for treatment intervention by attaining clarification of the physical therapist's plan of care and selected interventions from the clinical instructor or supervising physical therapist.
 - c. Demonstrate appropriate treatment intervention and application as per academic preparation, supervision, and clinical site opportunities.
 - d. Choose appropriate action in an emergency situation.
- 5. Demonstrate appropriate use of constructive feedback in the clinical setting.
 - a. Acquire feedback from multiple sources and respond to feedback in a respectful manner.
 - b. Utilize constructive feedback received from team members to improve strengths and limitations in clinical performance, including knowledge, skills, and behaviors.
 - c. Practice self-reflection in planning short and long-term goals for improving clinical skills and behaviors.
- 6. Practice appropriate safety precautions and patient handling techniques to ensure the safety of the patient, self, and others throughout the clinical interaction.
 - a. Employ safety precautions (universal precautions, responding and reporting emergency situations, etc.
 - b. Use acceptable techniques for safe handling of patients (body mechanics, guarding, and level of assistance.)
 - c. Employ appropriate patient positioning to maintain a safe working environment while maximizing patient comfort and treatment efficacy.
- 7. Practice writing quality documentation to support the delivery of physical therapy services.
 - a. Write SOAP notes detailing the patient care experience, utilizing the appropriate format and medical terminology.

Required Elements: Clinical Evaluation of Student Performance Form
Clinical Education Weekly Log & Time Sheet

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PTA 230 Clinical Education II

Student Learning Outcomes

Upon completion of this course, students will be able to perform the following outcomes as demonstrated by a minimum average rating of “advanced intermediate performance” on the Physical Therapist Assistant Clinical Performance Instrument (PTA CPI).

1. Demonstrate expected clinical behaviors in a professional manner.
 - a. Practice according to the APTA Standards of Ethical Conduct for the Physical Therapist Assistant.
 - b. Demonstrate the characteristics of a team member on a highly effective interprofessional team.
2. Demonstrate adherence to established legal standards, standards of the profession, and ethical guidelines.
 - a. Practice according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care, fiscal management, and reporting requirements.
3. Produce quality documentation that is timely and supportive of the physical therapy services being provided.
 - a. Produce documentation that includes changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers.
 - b. Organize and maintain organization of patient/client documentation.
 - c. Utilize the International Classification of Functioning, Disability and Health appropriately to describe a patient's/client's impairments, activity and participation limitations.
4. Utilize effective communication in a culturally competent manner with patients, family members/caregivers, healthcare professionals, and payers.
 - a. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/inter-professional colleagues).
 - b. Modify communication to address diverse verbal and nonverbal communication styles during patient/client interactions.
 - c. Utilize communication resources (e.g., translators) as appropriate.
 - d. Apply appropriate strategies to engage in challenging encounters with patients/clients and others.
 - e. Practice ongoing communication with physical therapist regarding patient/client care.
5. Practice delivering patient care in a manner reflecting respect for and sensitivity to patients' differences, values, preferences, and needs.

- a. Demonstrate consideration for patient/client diversity and inclusivity for all, regardless of age, disability, ethnicity, gender identity, race, sexual orientation, or other characteristics of identity, in the delivery of physical therapy services.
 - b. Practice equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).
- 6. Apply safety precautions and safe patient handling techniques that minimize risk to and ensure the safety of patient, self, and others.
 - a. Practice safe handling techniques (e.g., body mechanics, guarding, level of assistance).
 - b. Adapt treatment (within the plan of care) or consult with the clinical instructor/supervising physical therapist as needed upon recognizing any physiological and/or psychological changes in patients.
 - c. Practice safety precautions throughout the clinical interaction (e.g., universal precautions, responding to and reporting emergency situations, etc.)
- 7. Demonstrate clinical problem solving skills.
 - a. Interpret information strategically gathered from multiple sources to make effective clinical judgments.
 - b. Identify changes in the patient's mental status.
 - c. Identify safety factors while using devices/equipment including skin changes and patient's/caregiver's ability to manage assistive device/equipment with competence.
 - d. Determine status, safety, progression of patients while engaged in locomotion (gait, wheelchair mobility), balance, and wheelchair management.
 - e. Identify absent or altered sensation, normal and abnormal integumentary changes; activities, positions, and postures that affect pain or sensation or produce skin trauma.
 - f. Identify normal and abnormal joint movement.
 - g. Perform strength testing, and identify muscle mass, normal/abnormal muscle length, and changes in muscle tone.
 - h. Ascertain righting and equilibrium reactions.
 - i. Determine activities, positions, and postures that affect pain and deliver/provide pain questionnaires and testing.
 - j. Determine normal and abnormal alignment of trunk and extremities.
 - k. Perform range of motion testing with appropriate device.
 - l. Determine level of functional status; determine safety and barriers in home, community and work environments.
 - m. Identify and monitor signs and symptoms of respiratory distress, and responses to activities that aggravate or relieve dyspnea, pain, edema, or other symptoms (e.g. orthostatic hypotension, response to exercise).
 - n. Apply current knowledge and clinical judgment to modify interventions and contribute to discharge planning as clinically indicated under the direction of the physical therapist.
 - o. Provide a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/inter-professional colleagues).

8. Deliver effective and efficient physical therapy services.
 - a. Practice managing resources (time, space, equipment, and additional resources) to achieve goals (plan of care).
 - b. Demonstrate appropriate understanding of time management and appropriate use of clinical supplies and equipment when supporting physical therapy services.
9. Demonstrate competence in applying selected interventions identified in the plan of care.
 - a. Demonstrate competence in application and adjustment of devices and equipment as appropriate for clinical site.
 - b. Demonstrate competence in application of selected mechanical and electrotherapeutic modalities as appropriate for clinical site.
 - c. Perform functional training in self-care and home management, including therapeutic activities in a competent manner.
 - d. Perform selected manual therapy techniques in a competent manner.
 - e. Perform motor function training (balance, gait, etc.) in a competent manner.
 - f. Demonstrate competence in educating and training patients/clients/caregivers as appropriate per the plan of care.
 - g. Deliver therapeutic exercise according to the plan of care with competence.
 - h. Demonstrate competence in performing anthropometrical measurements, i.e., height, weight, length, girth as appropriate for clinical site.
 - i. Demonstrate competence in performing airway clearance techniques: breathing exercises, coughing techniques, or secretion mobilization as appropriate for clinical site.
 - j. Perform aerobic capacity and endurance testing.
10. Practice regular self-assessment, to discover strengths and weaknesses, and choose strategies to improve knowledge, skills, and behaviors.
 - a. Practice regular (minimum weekly) self-assessment and planning to improve clinical performance.
 - b. Acquire and respond to feedback in a positive manner.
11. Demonstrate an awareness of the importance of lifelong learning, professional engagement, and career development.
 - a. Use educational opportunities to contribute to the advancement of the clinical setting.
 - b. Explore opportunities to improve knowledge and skills.
12. Use relevant & effective teaching methods to educate others (patients, caregivers, staff, other healthcare providers, and the community).
 - a. Develop and deliver an educational inservice to clinical staff.
 - b. Apply effective techniques in providing education and training to patients, caregivers, etc.

Required Elements: Physical Therapist Assistant Clinical Performance Instrument
Professional Development Activity- Inservice
Clinical Education Weekly Log & Time Sheet

PTA 240 Clinical Education III

Student Learning Outcomes

Upon completion of this course, students will demonstrate competence in the requisite knowledge, skills, and behaviors of an entry-level physical therapist assistant by achieving an average rating of “entry-level” on the Physical Therapist Assistant Clinical Performance Instrument (PTA CPI):

1. Model expected clinical behaviors in a professional manner in all situations.
 - a. Practice according to the APTA Standards of Ethical Conduct for the Physical Therapist Assistant.
 - b. Model the characteristics of a team member on a highly effective interprofessional team.
2. Model compliance with established legal standards, standards of the profession, and ethical guidelines.
 - a. Practice according to legal and professional standards, including all federal, state, and institutional regulations related to patient/client care, fiscal management, and reporting requirements.
 - b. Analyze and apply established legal standards, standards of the profession, and ethical guidelines involving the recognition and reporting of abuse of vulnerable populations when treating patients.
3. Select pertinent information to produce quality documentation that is concise, timely, and supportive of the physical therapy services being provided.
 - a. Summarize treatment sessions including changes in the patient's/client's status, a description and progressions of specific interventions used, and communication among providers, with accurate and concise documentation.
 - b. Confirm patient diagnosis, utilizing the International Classification of Functioning, Disability and Health, appropriately to describe a patient's/client's impairments, activity and participation limitations.
4. Model effective communication with patients, family members/caregivers, healthcare professionals, and payers in a culturally competent manner, in all situations.
 - a. Demonstrate professional verbal and nonverbal communication with all stakeholders (e.g., patients/clients, caregivers, intra/inter-professional colleagues).
 - b. Modify communication to address diverse verbal and nonverbal communication styles during patient/client interactions.
 - c. Utilize communication resources (e.g., translators) as appropriate.
 - d. Apply appropriate strategies to engage in challenging encounters with patients/clients and others.
 - e. Practice ongoing communication with physical therapist regarding patient/client care.

5. Model respect for and sensitivity to patients' differences, values, preferences, and needs into the delivery of patient care.
 - a. Deliver physical therapy services with consideration for patient/client diversity and inclusivity for all regardless of age, disability, ethnicity, gender identity, race, sexual orientation, other characteristics of identity.
 - b. Provide equitable patient/client care that does not vary in quality based on the patient's/client's personal characteristics (e.g., ethnicity, socioeconomic status).
6. Select appropriate safety precautions and safe patient handling techniques that minimize risk to patient, self, and others.
 - a. Ensure patient/client safety during the episode of care.
 - b. Prioritize safe handling of patients (e.g., body mechanics, guarding, level of assistance) and practicing safety precautions (e.g., universal precautions, responding to and reporting emergency situations, etc.) throughout the clinical interaction.
 - c. Monitor the patient for any unfavorable physiological or psychological changes and adapt treatment (within the plan of care) or consult with the clinical instructor/supervising physical therapist as necessary.
7. Demonstrate effective clinical problem solving skills when providing physical therapy interventions to patients of varying complexities.
 - a. Interpret information strategically gathered from multiple sources to make effective clinical judgments.
 - b. Identify changes in the patient's mental status.
 - c. Identify safety factors while using devices/equipment including skin changes and patient's/caregiver's ability to manage assistive device/equipment with competence.
 - d. Determine status, safety, progression of patients while engaged in locomotion (gait, wheelchair mobility), balance, and wheelchair management.
 - e. Identify absent or altered sensation, normal and abnormal integumentary changes; activities, positions, and postures that affect pain or sensation or produce skin trauma.
 - f. Identify normal and abnormal joint movement.
 - g. Perform strength testing, and identify muscle mass, normal/abnormal muscle length, and changes in muscle tone.
 - h. Ascertain righting and equilibrium reactions.
 - i. Determine activities, positions postures that affect pain and deliver/provide pain questionnaires and testing.
 - j. Determine normal and abnormal alignment of trunk and extremities.
 - k. Perform range of motion testing with appropriate device.
 - l. Determine level of functional status; determine safety and barriers in home, community and work environments.
 - m. Analyze and respond to respiratory distress indicators and symptoms, as well as reactions to activities that worsen or improve pain, edema, dyspnea, or other symptoms (such as orthostatic hypotension or an exercise response).

- n. Apply current knowledge and clinical judgment to modify interventions and contribute to discharge planning as clinically indicated under the direction of the physical therapist.
 - o. Provide a logical rationale for clinical decisions with all stakeholders (e.g., patients/clients, caregivers, intra/inter-professional colleagues).
- 8. Illustrate the delivery of effective and efficient physical therapy services to a variety of patient populations.
 - a. Manage resources (time, space, equipment, and additional resources) to achieve goals (plan of care).
 - b. Accept responsibility for time management and appropriate use of clinical supplies and equipment when supporting physical therapy services.
- 9. Select and administer appropriate interventions identified in the plan of care, with competence, including, but not limited to: therapeutic exercise; therapeutic techniques; manual therapy; biophysical agents; functional assessment; locomotor training; and patient/client education.
 - a. Demonstrate competence in application and adjustment of devices and equipment as appropriate for clinical site.
 - b. Demonstrate competence in application of selected mechanical and electrotherapeutic modalities as appropriate for clinical site.
 - c. Perform functional training in self-care and home management, including therapeutic activities in a competent manner.
 - d. Perform selected manual therapy techniques.
 - e. Perform motor function training (balance, gait, etc.) in a competent manner.
 - f. Demonstrate competence in educating and training patients/clients/caregivers as appropriate per the plan of care.
 - g. Deliver therapeutic exercise according to the plan of care with competence.
 - h. Demonstrate competence in performing anthropometrical measurements, i.e., height, weight, length, girth.
 - i. Demonstrate competence in performing airway clearance techniques: breathing exercises, coughing techniques, or secretion mobilization as appropriate for clinical site.
 - j. Perform aerobic capacity and endurance testing.
- 10. Analyze strengths and weaknesses, through self-assessment, and develop plans to improve knowledge, skills, and behaviors.
 - a. Analyze clinical performance and behaviors on a regular basis (minimum weekly).
 - b. Accept and be receptive to feedback.
 - c. Explore strategies to improve clinical performance.
- 11. Illustrate the importance of lifelong learning, professional engagement, and career development including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.
 - a. Use educational opportunities to contribute to the advancement of the clinical setting.

- b. Explore opportunities to improve knowledge and skills.
- 12. Use relevant & effective teaching methods to educate others (patients, caregivers, staff, other healthcare providers, and the community).
 - a. Develop and deliver an educational inservice to clinical staff.
 - b. Apply effective techniques in providing education and training to patients, caregivers, etc.
- 13. Model the ability to work as a clinically competent entry-level physical therapist assistant under the direction and supervision of a physical therapist.

Required Elements: Physical Therapist Assistant Clinical Performance Instrument
Professional Development Activity- Inservice
Clinical Education Weekly Log & Time Sheet

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SECTION IV: RESOURCES AND APPENDICES

Professionalism in Physical Therapy:

Core Values for the Physical Therapist and Physical Therapist Assistant

1. **Accountability:** The active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist and physical therapist assistant including self-regulation and other behaviors that positively influence patient and client outcomes, the profession, and the health needs of society.
2. **Altruism:** The primary regard for or devotion to the interest of patients and clients, thus assuming the responsibility of placing the needs of patients and clients ahead of the physical therapist's or physical therapist assistant's self-interest.
3. **Collaboration:** The working together with patients and clients, families, communities, and professionals in health and other fields to achieve shared goals. Collaboration within the physical therapist-physical therapist assistant team is working together, within each partner's respective role, to achieve optimal physical therapist services and outcomes for patients and clients.
4. **Compassion and Caring Compassion:** The desire to identify with or sense something of another's experience, a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.
5. **Duty:** The commitment to meeting one's obligations to provide effective physical therapist services to patients and clients, to serve the profession, and to positively influence the health of society.
6. **Excellence:** This occurs in the provision of physical therapist services when the physical therapist and physical therapist assistant consistently use current knowledge and skills while understanding personal limits, integrate the patient or client perspective, embrace advancement, and challenge mediocrity.
7. **Inclusion:** This occurs when the physical therapist and physical therapist assistant create a welcoming and equitable environment for all. Physical therapists and physical therapist assistants are inclusive when they commit to providing a safe space, elevating diverse and minority voices, acknowledging personal biases that may impact patient care, and taking a position of anti-discrimination.
8. **Integrity:** The steadfast adherence to high ethical principles or standards, being truthful, ensuring fairness, following through on commitments, and verbalizing to others the rationale for actions.
9. **Social responsibility:** The promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.

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Clinical Instructor Checklist

Clinical faculty are asked to complete the Clinical Instructor Checklist prior to the start of the clinical experience to ensure that each instructor meets the minimum qualifications required to supervise a PTA student. This includes verifying licensure, clinical experience, and a commitment to professional and ethical practice. The checklist also affirms that the CI demonstrates effective communication, critical thinking, time management, and a willingness to support student learning. Completion of this form supports compliance with CAPTE Standard 5H, which requires that clinical instructors are qualified to provide student supervision and instruction. It also helps promote a safe, professional, and educationally rich clinical environment aligned with program goals and accreditation expectations. Please click on the link below to access the checklist.

<https://docs.google.com/document/d/1dWsHjy5-rUXu7fuNe6BGENWTqvSuWQDK/edit?usp=sharing&oid=115078999970521602428&rtpof=true&sd=true>

Program Assessment Forms/Surveys:

Student Evaluation of Clinical Experience

https://docs.google.com/forms/d/1-WYkRFmqNt_Siot9aoiv79PS58GSsFld0rIXSMmFbcE/edit

CEC Assessment of Clinical Instructor/Site Visit Form

<https://docs.google.com/forms/d/17wPLPLNSt3ZmDcMLW7AtrF0LniO98Pryxk6dKCqaAAk/edit>

Clinical Education Program Assessment Form

<https://docs.google.com/forms/d/1av4yPydnoNcSzNvqbmi2RxZsS5NGAmDZesmnR-UTK2c/edit>

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**Wayne County Community College District
Physical Therapist Assistant Program
Clinical Education Weekly Planning Form**

Date: _____ Week _____

Summary of Previous Week (Progress, Feedback, Areas needing improvement):

Clinical Instructor:

Student:

Goals for Upcoming Week:

- 1.
- 2.
- 3.

Clinical Instructor's Signature _____ **Student's**
Signature _____

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Suggested Clinical Instructor/Student Interaction

1. **First meeting-**
 - a. Orientation and tour of the facility (include critical phone numbers/key personnel/policy & procedure manuals)
 - b. Discuss student's past experiences, perceived strengths/weaknesses
 - c. Review student objectives
 - d. Review what student can/cannot do
 - e. State your expectations (professional, prepared, and positive)
 - f. Examine schedule to determine days/times to work together
 - g. Exchange phone numbers
 - h. Allow student to shadow CI
 - i. Explain what you're doing and why
2. **Next...**
 - a. Assign patients to student depending on experience and student objectives
 - b. Observe student's interactions/treatments; provide immediate feedback
 - c. Student continues to observe your usual activities/explain how you are prioritizing your day
 - d. Demonstrate/question/explain/help student critically think through problems
 - e. Remember you are guiding their practice to develop mastery
3. **As time goes on ...**
 - a. Student gradually takes more and more responsibility
 - b. Ask the student questions – to stimulate thinking
 - c. Continue to increase patient load; include all aspects of care
 - d. Review student progress frequently
4. **Critical thinking-**
 - a. Do not necessarily respond to questions with direct answers:
 - i. Ask student, "What do you think?"
 - ii. Ask the student "why" about everything! Why is the patient receiving this treatment? Why is this measurement important to know? Why is this patient's knee so swollen? Why is the patient angry? Etc.
 - iii. Offer alternatives – let the student know there are multiple ways to approach a problem
 - iv. Ask the student to identify critical assessments and priorities for intervention
 - b. Set time aside for student to engage in reflective thinking
5. **Miscellaneous:**
 - a. Ask the student about goals for the day
 - b. You do not need to have all the answers. Students need to know how to get the answers
 - c. Ask the student, "What are your resources?" and "Where do you look it up?"
 - d. They are being evaluated as a Physical Therapist Assistant student, not an experienced PTA

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Student Evaluation Tips

Purpose of Evaluation

- Identify strengths
- Identify behaviors that need improvement
- Facilitate a positive change in behavior when needed

Types of Evaluation

- Formative
 - Informal feedback
 - Occurs throughout the learning process
 - Assists in improving performance
- Summative
 - Formal feedback
 - Occurs at predetermined times during the learning process
 - Summarizes performance

Principles of Evaluation

- Specificity – focus feedback on specific behaviors rather than general
- Objectivity – base feedback on clearly defined learning outcomes
- Mutual Involvement – include student input

Factors Affecting Student Reactions to Evaluation

- Previous experiences
- Personal characteristics
- Personality
- Stress level

Student/CI Reactions

- If the student becomes *defensive*, remain calm and objective
- If the student *denies any problems*, review the behavior and consequences
- If the student *accepts the need for change*, support and encourage him/her
- If the student becomes *overwhelmed or threatened*, group behaviors into areas of concern

Techniques of Evaluation

- Provide rationale for feedback to diminish emotional reactions and provide impartial basis for change
- Help student identify need for and value of change to increase motivation to change
- Balance positive and corrective comments to decrease hopelessness and resistance
- Examine alternative behaviors to assist in problem solving

Components of Effective Feedback

- Describe expected behavior change
- Establish target date for behavior change
- Specify consequences if target date not met • Validate student understanding of expectations
- Document feedback conference in writing

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PTA 230/240 Inservice Presentation Rubric Instructions

PTA 230/240 In-Service Presentation Rubric

Instructions: An evidence-based professional in-service must be completed for each full-time clinical experience. The student is to choose 2-3 topics relevant to the current clinical setting and then work with their CI to finalize a topic. The following in-service rubric should be used for CI evaluation of the presentation and written materials. The in-service must include:

- A. A 20-30 minute oral presentation (or as directed by SCCE/CI based on time restraints) to the PT staff at the facility (other staff may attend as appropriate)
- B. Visual aids (powerpoint, tri fold display, handouts, etc.)
- C. Interaction with the audience, i.e., learner-centered instruction
- D. A reference list of peer-reviewed journals, textbooks, or other sources used to gather information about the selected topic.

Both the written materials (Power Point, handouts, brochure, etc.) and the completed grading rubric must be uploaded to the appropriate link in Blackboard by the specified due date. The grading rubric must be signed by the Clinical Instructor or SCCE prior to submission.

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PTA 230/240 INSERVICE PRESENTATION RUBRIC

Student Name: _____

Date: _____

CONTENT Points	EXCELLENT (54-60)	AVERAGE (48-53)	NEEDS IMPROVEMENT (47 or less)	COMMENTS
Content	• Demonstrates good understanding of material; answers questions with elaboration • Topic is <i>relevant</i> to site • Identifies clear objectives • Topic covered thoroughly with depth/clarity • Includes examples • Consistently refers to evidence to support content	• Demonstrates adequate knowledge of material; relies on notes for elaboration • Questionable relevance of topic to site • Few content areas lacking depth/clarity • Objectives identified but may be unclear • Few examples • Infrequently refers to evidence to support content	• Demonstrates poor understanding of material; unable to answer questions • Topic is not relevant to site • Topic not covered thoroughly; many areas lacking depth/clarity • No objectives identified • Omits examples • Does not refer to evidence to support content	Points = _____
DELIVERY Points	(23-25)	(20-22)	(19 or less)	Comments

Delivery	• Holds attention of audience with use of direct eye contact, seldom looking at notes • Speaks with fluctuation in volume and inflection to maintain audience interest and emphasize main points • Demonstrates professional body language and facial expressions 100% of the time	• Consistent use of direct eye contact with audience but still returns to notes • Speaks with satisfactory volume and inflection • Demonstrates professional body language and facial expressions 75-100% of the time	• Displays minimal eye contact; reads mostly from notes • Speaks in uneven or low volume with monotonous tone • Demonstrates professional body language and facial expressions less than 75% of the time	Points = _____
ENGAGEMENT Points	(23-25)	(20-22)	(19 or less)	Comments
Engagement	• Actively engages audience (discussion, questions, demo, etc.) • Demonstrates strong enthusiasm about topic throughout presentation • Discusses relevance of topic to audience • Provides 2-3+ resources for further information	• Limited active engagement of audience • Shows some enthusiasm about topic • Briefly mentions relevance of topic to audience without elaboration • Provides 1 resource for further information	• No active engagement with audience • Shows little interest in topic presented • Omits discussion of relevance of topic to audience • Omits resources for further information	Points = _____
ORGANIZATION & LENGTH Points	(22-25)	(20-21)	(19 or less)	Comments

Organization & Length	Information presented in organized manner; easy to follow Pertinent information is delivered in concise manner within 20-30 minute guideline	Presents information in <i>mostly</i> clear, organized manner Presentation is delivered within 3-5 minutes of 20-30 minute guideline	Presents information in disorganized manner Presentation length 5+ minutes more or less than 20-30 minute guideline	Points = _____
VISUAL AIDS Points	(14-15)	(12-13)	(11 or less)	Comments
Visual Aids	• Visual aids are creative, organized and easy to read • Visual aids enhance presentation • Provides 3+ quality sources for reference • Written materials are free from grammar/spelling errors	• Visual aids are somewhat organized; few slides are difficult to read • Visual aids generally enhance presentation • Provides 2 quality sources for reference • Written materials have 1-2 grammar/spelling errors	• Visual aids are disorganized; many slides are difficult to read • Visual aids are distracting • Provides only 1 quality sources for reference or additional <i>questionable</i> sources • Written materials 3 or more grammar/spelling errors	Points = _____
				/150

Clinical Instructor (print name & credentials): _____

Clinical Instructor Signature: _____ Date: _____

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Frequently Asked Questions

1. What is the student able to do?
 - a. Students are to receive hands-on supervised learning experiences for each of the three required Clinical Education experiences. Emphasis is on making the transition from principles and theories learned in lecture and lab courses to the ability to act independently, complete assigned projects, practice professionalism, and demonstrate an understanding of physical therapy concepts.
 - b. Student's Expected Level of Knowledge Prior to Clinical Education I-III
 - i. **PTA 220 Clinical Education I**: Students have completed 2 semesters of didactic coursework and demonstrated basic competency in the classroom in the skills below. Students have not yet learned the use and application of physical agents and electrotherapeutic modalities. The Clinical Instructor may expose the student to new skills or interventions within the scope of the PTA's practice with proper supervision.
 1. Basic professionalism – HIPAA, role and responsibilities of PTA
 2. Writing SOAP notes
 3. Body Mechanics
 4. Functional mobility including patient positioning, bed mobility and transfers, and wheelchair management
 5. Gait assessment and training, including use of assistive devices
 6. Assessment methods
 - a. Vital signs
 - b. Goniometry
 - c. Manual Muscle Testing
 - d. Muscle Length Testing
 7. Common Functional Outcomes Measures
 8. Treatment interventions with focus on orthopedic impairments
 - a. ROM/Flexibility exercises
 - b. Strength, power and endurance exercises
 - c. Core stabilization training
 9. HEP instruction
 10. Manual therapy techniques with focus on the orthopedic patient
 - a. Soft tissue mobilization
 - b. Joint mobilizations
 - ii. **PTA 230 Clinical Education II and PTA 240 Clinical Education III**: All didactic coursework is completed prior to PTA 230/240; students should be able to demonstrate all skills required by an entry-level PTA. Those

skills include the above skills expected for PTA 220 as well as the following:

1. Acute and long-term care management
 2. Cardiopulmonary rehabilitation
 3. Orthotics and prosthetics
 4. Physical agents and modalities
 5. Clinical interventions for the neurologically impaired and pediatric patient
 - a. Tone management
 - b. Proper patient handling
 - c. Neuromuscular re-education
 - d. Balance and gait training
 - e. Patient education
2. How can I help the student feel a part of the unit where I work?
 - a. Introduce the student to the entire staff.
 - b. Give the student a tour of the facility.
 - c. Include the student in all aspects of your job and decision making.
 - d. Touch base with the student throughout the work day.
 - e. Refer staff members to the student, as appropriate.
 - f. Treat the student like a staff member.
 - g. Keep the student's goals in mind.
 - h. Give the student responsibility.
 - i. Give the student feedback on a regular basis.
 - j. Provide contact person for questions when the Clinical Instructor is not available in the clinic
3. What kinds of issues can I or should I discuss with the Associate Dean?
 - a. The main functions of the Associate Dean (AD) are to solve problems and answer questions. Feel free to contact the AD for questions about the clinical education experience, concerns about student performance or problems that arise. The AD must be **notified immediately** if the student engages in **unsafe** or **unprofessional conduct**.
4. How can I be sure I have the knowledge and skill to teach students?
 - a. You have practical, day-to-day knowledge and expertise to function effectively as a Physical Therapist or Physical Therapist Assistant. Students learn from watching and working with experienced PT's and PTA's no matter how routine or complex the task.
5. What if the student disagrees with the way I do things?
 - a. The student will be busy accomplishing personal objectives and completing delegated tasks. The student will not be following your every move or have time to critique your physical therapy practice. In most situations, there is more than one way to accomplish the same goal while the underlying principles remain the same. Showing the student alternative approaches can be effective in increasing overall learning. If you make a mistake, you can serve as an effective role model to the student by acknowledging the error and taking corrective action.
6. What if I just can't work with the student?

- a. Occasionally personality differences occur. If you are having a problem, talk with the Associate Dean who will address the issue. The clinical experience is relatively short but if the situation is intolerable, it is possible to reassign the student.
- 7. How closely do I have to watch the student?
 - a. Students are new to the role of a "Physical Therapist Assistant" and are functioning in the student role during the clinical education experience. They may require less supervision in task-related activities and more supervision in decision making activities. Discuss these issues with the student assigned to work with you. You will want to observe the student more closely at first. As you get to know the student's capabilities, less supervision is needed. The student should progressively accept more responsibility.
- 8. What if the student isn't successful in this rotation?
 - a. Remember, the Associate Dean (AD) determines the student's grade for the clinical experience. The fact that a student fails does not mean that you have failed as a Clinical Instructor. If you are concerned with a student's performance, contact the AD as soon as possible.
- 9. Is the student working under my license?
 - a. The student is **NOT** working on your license. No one works under another's license. Under the law, each person is responsible for his or her own actions. The student has the right by law to practice incidental to the educational process. The standard of care must be the same as that rendered by any Physical Therapist Assistant. You have the responsibility to delegate according to the student's abilities and to supply adequate supervision.
- 10. Can there be more than one CI?
 - a. Yes, during a clinical education experience, a student may work with more than one Clinical Instructor (CI). While multiple CIs can contribute to the student's supervision and education, **there should always be a designated primary CI** who is responsible for overseeing the student's progress and completing formal evaluations.
 - b. Having multiple CIs can be especially beneficial in collaborative clinical settings, where students gain exposure to different styles, specialties, and perspectives. Regardless of the number of instructors involved, the supervision must comply with the clinical site's policies, state practice acts, and reimbursement requirements.
- 11. Is it acceptable to supervise more than one student at a time?
 - a. Yes, it is acceptable for a Clinical Instructor (CI) to supervise more than one student at a time. This is often done through collaborative models such as the **2:1 model**, where one CI supervises two students. In these arrangements, students may be from the same or different educational programs or levels, and they often benefit from peer learning and shared reflection.

- b. Our program recommends that no more than two students be assigned to a single Clinical Instructor at one time. This helps ensure each student receives sufficient supervision, feedback, and evaluation. The quality of the educational experience must remain the top priority.
 - c. Clinical sites and instructors must also adhere to all applicable supervision requirements set by the state practice act, clinical site policies, and payer regulations. The Associate Dean of Clinical Education works closely with clinical sites to ensure that student pairings and supervision ratios support a successful and compliant learning environment.
12. Does the CI have to be a Physical Therapist?
- a. The Clinical Instructor (CI) may be either a PT or a PTA. However, ultimately it is the supervising therapist who is responsible for the student, including the co-signing of patient notes.
13. Can the student take time off during the clinical experience?
- a. See Clinical Attendance policy.
14. As a CI, what is expected of me?
- a. Clinical instructors are expected to take on a variety of responsibilities in order to meet the clinical goals and provide the student with supportive care in a variety of settings. Clinical instructors may occasionally act in any of the following capacities:
 - i. **One-on-one Supervisor:** Effective clinical teachers act as supervisors by assigning duties for patient care, giving students the chance to practice procedures, and reviewing patients with them. Effective managers offer guidance and helpful criticism. Higher overall ratings of teachers by students are significantly correlated with greater delegation of responsibility for patient care.
 - ii. **Role Model:** One of the best teaching methods available to a clinical instructor is role modeling. CIs are by nature role models. As they make decisions about how to interact with patients, how to treat coworkers, how to handle moral dilemmas, and every other aspect of being a professional Physical Therapist Assistant, students will model their behavior after that of Clinical Instructors. Excellent clinical teachers are characterized as being knowledgeable and clinically competent, having good rapport with patients, and being seen by students as good role models. They serve as positive role models for physical therapy.
 - iii. **Facilitator:** The topic of encouraging students to become active learners is one that is frequently covered in the literature today. CIs can enable students to ask questions, look for solutions, and develop into independent learners by acting as facilitators. Through thoughtful questioning and motivating feedback, CIs can "guide" students rather than "telling" them what they need to know. According to research,

learning facilitators believe that rather than having students listen to an expert passively, learning requires active engagement between the learner and the content.

- iv. **Friend and Counselor:** Some students require a friend because they are having personal issues or are having trouble adjusting to new circumstances. The ideal person to play this role may be a clinical instructor. Although they are not required to do so, they can act as a listener and a student advocate when necessary. Excellent clinical instructors show support for their students, are enjoyable to work with, friendly, accommodating, and caring. These educators exhibit a positive outlook, enthusiasm for their subjects, and a commitment to fostering a supportive learning environment.
- v. **Evaluator:** There are two equally significant roles assigned to clinical instructors. First and foremost, CIs should exert all reasonable efforts to assist students in achieving the learning objectives specified by the program directors, accrediting bodies, and professional associations. Second, CIs need to ensure that only students who have proven their competence are able to pass clinical fieldwork experiences.

Most licensing exams are unable to identify who will be a good healthcare provider, and patients typically have no way of determining a practitioner's competence. Therefore, it is essential for clinical education faculty to work with students over time to ensure that they develop into competent and effective physical therapist assistants.

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We want to express our gratitude once more for your dedication to the Wayne County Community College District Physical Therapist Assistant Program's students, staff, and faculty, and we value the educational opportunities you give them. Please let us know if you are aware of any other clinical sites that might be interested in working with us, or feel free to give them our contact information. We are committed to expanding our partnerships in education and community involvement. We look forward to continuing our relationship with you.

Student Memorandum of Agreement

For all students: Please print, sign, and submit this agreement to the Associate Dean prior to the first clinical experience.

By signing this form, I indicate that I have read and understand the policies contained in the Clinical Education Handbook and I agree to abide by those policies as outlined while enrolled in the Physical Therapist Assistant program. I understand that policies may change and that it is my responsibility to review and follow any changes as they are provided to me.

Student Name (Print)

Date

Student Signature

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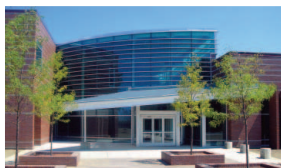
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