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TCC PHYSICAL THERAPIST ASSISTANT PROGRAM
FACULTY AND STAFF CONTACT INFORMATION

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TCC Website……………………………………………………www.tulsacc.edu
  • TCC Nate Waters Physical Therapy Clinic URL  http://ptc.tulsacc.edu
    Phone:  918-595-3420
  • PTA Program information…
    Programs and Courses> Health Sciences> Physical Therapist Assistant>
    PTA and CE (Clinical Education) Handbooks will link to pdf files.

Tulsa Community College Main Phone …………………………….918-595-7000
Dean of Health Sciences…………………………….Dr. Midge Elliott, RN, MA, MS, JD
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Allied Health Division Secretaries ………………………..Debbie Gwyn,
  Stephanie Longhorn,
  And Pat Welch
INTRODUCTION

This handbook was developed as a guide to policies and procedures for the students and the academic and clinical faculty involved in the Physical Therapist Assistant Program at Tulsa Community College.

For your convenience, each of the five divider sheets show a list of the topics contained within that section. The last section contains updated program information and reflects recent changes in our rotation schedule.

The PTA Program academic faculty welcomes recommendations for changes from the administration, clinical faculty, and students. The academic faculty however, reserves the right to update and make policy and procedure changes when necessary.

ACKNOWLEDGEMENTS

The TCC PTA academic faculty wishes to acknowledge the inestimable value of the clinical learning experiences afforded our students by our clinical faculty who so generously share their time and talents.

Vicki Jurries, MA, PTA
Academic Coordinator of Clinical Education
Tulsa Community College
Physical Therapist Assistant Program

It is against the policy of the community college to discriminate against, or exclude from participation in benefits or activities either on the staff or in the student body, any person on the grounds of race, color, religion, age, sex, disability, national origin, or status as a veteran.
ACCREDITATION

Tulsa Community College is accredited by the:
  o Higher Learning Commission
  o Oklahoma State Regents for Higher Education

The Physical Therapist Assistant Program at TCC is accredited by the:
The Commission on Accreditation in Physical Therapy Education
Department of Accreditation
American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314
Telephone: 703-706-3245
Website: www.apta.org/CAPTE

The program director is responsible for the timely submission of all documentation necessary for the accreditation process to include reports of graduation rates, employment rates, the CAPTE Annual Report, changes in faculty makeup or class size modifications. It is also the responsibility of the program director to bring all aspects of the program into compliance within 2 years of notification of noncompliance by CAPTE and to budget for and generate the necessary paperwork in a timely fashion for payment of all accreditation fees.

Tulsa Community College Physical Therapist Assistant Program has been granted the full 10 year-accreditation by CAPTE as of April 30, 2008. The next renewal process for accreditation will be in 2018.

TULSA COMMUNITY COLLEGE POLICIES

All Physical Therapist Assistant students are responsible to know the content and remain in compliance with the Tulsa Community College Policies and Regulations as set forth in the following documents:
  o TCC Catalog,
  o TCC Student Handbook,
  o TCC Student Code of Conduct,
  o TCC PTA Handbook, and the
  o TCC PTA Clinical Education Handbook.
THE TCC PHYSICAL THERAPIST ASSISTANT PROGRAM

STATEMENT OF PHILOSOPHY AND GOALS

The program is based upon the concept that quality education through a balanced variety of learning experiences will enhance an individual’s potential to achieve personal satisfaction and contribute to society. Toward this end, the purpose of this program is to provide the individual desirous of assisting in the practice of physical therapy, opportunities to acquire the skills desirable and necessary to function successfully as a physical therapist assistant.

The Physical Therapist Assistant Program curriculum is therefore designed to enable the student to:

- Graduate from the program as an entry-level practitioner.
- Pass the national licensure examination and become a licensed physical therapist assistant
- Be productive in employment
- Work safely and ethically as a physical therapist assistant
- Demonstrate life-long learning skills

CLINICAL EDUCATION MISSION STATEMENT

The clinical education component provides opportunities for the demonstration and practice of clinical competencies across a spectrum of experiences reflecting current practice under the direct supervision of qualified, effective practitioners who model professional core values.
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CLINICAL AGREEMENTS WITH TCC
All clinical negotiations are to be conducted exclusively between the ACCE, the Tulsa Community College, and the individual clinic. The existing procedure for this contractual arrangement does not include the student. Students who violate this policy by negotiating with a clinic in an attempt to secure a clinical site can expect to be placed on conduct probation as a consequence to their actions.

TCC RESPONSIBILITIES TO CLINICAL INSTRUCTOR'S
Clinical Instructors have the right to expect from TCC:
- information necessary to plan for an appropriate learning experience for the student.
- information relating to the clinical education course in which the facility is participating including copies of the:
  1. course syllabus stating expectations for student learning and performance
  2. current clinical education handbook
  3. pertinent health and insurance information for the student(s)
  4. appropriate performance instrument to be kept at the facility
  5. contact information regarding the student
- the opportunity to attend continuing education courses related to clinical instructor development at a discounted cost sponsored by the PTA program.
- the opportunity to provide input to the program regarding student competencies, course content, evaluation techniques, etc.

ACCE RESPONSIBILITIES TO THE CLINICAL INSTRUCTORS
It is our intent that the academic faculty be easily accessible to the clinical faculty. TCC welcomes any feedback that will improve our Clinical Education program.

The ACCE will be responsible for:
- Maintaining the school CSIF records for each facility.
- Regularly updating the TCC/PTA Clinical Education website.
- Regularly updating the Clinical Education Handbook.
- Educating all parties involved with Clinical Education.
- Developing the CI’s understanding of the Clinical Education program.
- Organizing and transmitting information to CIs in a timely fashion.
- Recruiting new clinical sites.
- Maintaining communication with existing clinical sites.
- Preparing and printing all paperwork involved in Clinical Education.
- Assuring that all students have current and updated Risk Management Packets.
- Placing and preparing students for each clinical rotation.
- Collaborating with other area schools to avoid overlap of rotations.
- Accessibility during all rotations, either by phone or in person.
- Remediating the generic abilities of students having difficulty in the clinic.
- Collecting data from pertinent areas of Clinical Education to assure quality.
QUALIFICATIONS OF THE CLINICAL INSTRUCTOR
To assure quality clinical experiences for our students, the academic faculty will seek clinical faculty that reflect our mission statement as stated on page 1.4 of this handbook. Although not mandatory, the following criteria are highly desirable for clinical faculty.

- a minimum of one year, but preferably two years, of full time physical therapy experience
- competency in physical therapy skills, particularly in the current setting
- good professional behaviors and be a good role model for students
- an interest in working with students
- legal and ethical behaviors commensurate with standards of physical therapy practice
- an understanding of the relationship between the PT and the PTA
- an ability to identify when a needed skill is beyond the scope of training
- an understanding of entry level expectations.
- An ability to self-assess and set goals for correction
- A demonstration of lifelong learning by continually working to enhance clinical education skills

The students will evaluate clinical instructors both during and after the rotation. A sample form used for evaluation can be found in the Appendix.

CLINICAL INSTRUCTOR RESPONSIBILITIES TO TCC
TCC has the right to expect the clinical instructor to be responsible for:

- acquainting themselves with the learning objectives for clinical courses, school expectations for student achievement, student’s own goals for their clinical experiences, and the performance evaluation instrument.
- planned learning opportunities to meet those goals and expectations within the practical limitations of the facility.
- communicating specific performance expectations to students at the beginning of the affiliation.
- communicating in a timely manner regarding student progress by:
  - meeting with visiting faculty or participating in telephone conferences to discuss student progress.
  - completing evaluation forms thoughtfully and thoroughly
  - providing objective examples of student performance, and
  - telephoning the ACCE to discuss student or curriculum related problems that may occur between calls and visits.

The Academic Coordinator of Clinical Education welcomes any opportunity to discuss CI expectations or clarify school expectations.
CLINICAL ASSIGNMENTS
In addition to assignments listed in each clinical course syllabus, the clinical instructor may assign projects or presentations that are pertinent and significant to the student's clinical education and within a reasonable scope for the student. During the summer Clinical III rotations, such assignments are encouraged and students are required to present an in-service on a topic of mutual interest to the staff. See Appendix section, “Clinical Assignments by Rotation”.

PLANNING FOR THE STUDENT
Students should feel free to give their CI’s feedback about teaching environments, specific learning styles, preferred feedback styles, and goals for the rotation. Students are expected to take an active role in seeking out learning experiences and asking for feedback about their performance. Planning the clinical education experience should be a mutually shared responsibility for the CI and the student. The student and CI that want to set weekly performance goals may wish to use the “Summary Planning Form” provided in the Appendix section of this handbook.

PATIENT INFORMED CONSENT
Patients have the right to refuse to participate in clinical education. Therefore, students must be identified to each patient by:

1. Wearing the official TCC/PTA student nametag.
2. Immediately introduce themselves to the patient as a “student physical therapist assistant”, or be introduced by the CI.
3. Once introduced, to seek permission from the patient to be treated by the student
4. To respect the right of the patient to refuse treatment by the student.

ACCESS TO LEARNING OPPORTUNITIES
The Clinical Instructor is requested to provide appropriately supervised opportunities for practice when patients are unavailable or when the situation warrants that patients not be included.

Materials such as equipment manuals, treatment protocols, and home programs should be available to and utilized by students.
ATTENDANCE
Students must complete the total required number of hours for each clinical affiliation. Students must advise the CI and the ACCE of absence PRIOR to time scheduled to be in the clinic. Attendance, make-up, and tardiness are all to be documented on the "Attendance Record" in the student clinical notebook.

COMMUNICATING YOUR EXPECTATIONS
The assisting CI should be oriented to the TCC PTA Program Curriculum, the individual student, the progress and level of function of the student, and the course and learning objectives for the affiliation.

The Clinical Instructor should maintain open communication with the student, providing feedback regarding the clinical performance and progress towards accomplishing learning objectives. It is recommended that the CI:

1. meet with the student on the first day for orientation to the surroundings, the facilities policies and procedures, documentation methods, emergency and safety procedures, supervision arrangement, etc.
2. meet with the student at the end of each daily clinical, and at least weekly during clinical. Consider setting weekly goals for the student to work on. See the Summary Planning Form in the Appendix.
3. complete and discuss with the student the summative evaluation forms at the mid-term (when applicable) and at the final. It often helps communication if the student is given these written evaluations a few minutes ahead of time to read before you meet and begin discussion.
4. plan learning activities to assist the student in reaching the learning goals for the affiliation. Ask the student to give input into the kinds of activities of particular interest to them.

Clinical Instructors are encouraged to call the ACCE for any assistance or support necessary in accomplishing clinical learning objectives. It is our intent that the academic faculty is easily accessible to the clinical faculty. TCC welcomes any feedback or suggestions you might have that will improve our clinical education program.
In accordance with Oklahoma law, PTA students are to be supervised by either a licensed physical therapist or a licensed physical therapist assistant. A licensed physical therapist or a licensed physical therapist assistant must be on site during clinical affiliations of physical therapist assistant students.

The current Oklahoma Physical Therapy Practice Act does not specifically address supervision of the PT or PTA student; however, the language for supervising a graduate PT or PTA requires direct, on-site supervision.

“Recent physical therapist and physical therapist assistant graduates who have completed eligibility requirements for examination and submitted all required forms and fees for examination may work in a Physical Therapy facility under the direct, on the premises, supervision and direction of a licensed Physical Therapist.”

Subchapter 5. Regulation of Practice, page 22,
Section 435:20-5-2. Working under supervision

In that SPTA’s have yet to achieve the status of graduate PTA (GPTA), it is assumed that direct supervision will be provided by clinical instructors, regardless of the clinical setting.

Clinical Instructors should be aware that interventions administered by students under their supervision might not be reimbursable in some instances.

The Clinical Instructor should provide adequate and easily accessible supervision to students. Tulsa Community College encourages 2:1 supervision patterns and other innovative instructional models that suit the clinical instructor, the student, and the particular practice environment. TCC welcomes the opportunity for TCC students to be paired with PT students or PTA students from other schools for collaborative learning.

The primary Clinical Instructor should orient the student to the supervision arrangement on the first day of the rotation. Any Clinical Instructor assisting the primary Clinical Instructor will also need to be oriented to the supervision needs of the student.

Additional information on supervision can be found in the Section 5 Appendix and on the TCC PTA/OTA Clinical Education website at http://www.bb.tulsacc.edu. Both the username and the password are the same, ‘ptaci’ (without the quotation marks).
CONFIDENTIALITY

STUDENTS:
Student information and records will be treated confidentially. Only those persons involved in the student's educational process will have access to information as it relates to the education process. Access by any person other than the above will require a release of information statement signed by the student.

PATIENTS:
Although students are oriented to HIPAA regulations and must pass a short quiz with 90% accuracy, some facilities require all students to be familiar with their specific HIPAA presentation and/or quiz. Students should be oriented to and be required to observe all procedures related to patient confidentiality and release of information during all clinical contact. Students are aware that they may be expected to attend the facility HIPAA presentation and to adhere to all procedures related to patient confidentiality and release of information during all clinical contact.

Clinical assignments submitted with any information that could identify the patient receive severe point deductions as per the course syllabus. Patient information turned into the school must be identified by an arbitrary number without any evidence of a patient name. Students are required to sign a series of statements pledging to protect all patient health information. (See Section 4 Policies and Procedures)

USING A STUDENT FOR DEMONSTRATION

“Acting as a patient” for demonstration and practice is part of the educational experience of students; therefore, written consent is given upon enrollment in the program. If students are expected to appear in photographs or other media presentations, a photo release statement should be signed by the student before participation.

Students will not be expected or required to act as subjects in any investigative projects conducted by clinical affiliation sites, except as volunteers selected according to the subject selection procedures of the study and outside of clinical education hours.
REPORTING PROBLEMS/DISMISSAL

TCC faculty make every effort to ascertain that students are ready to perform competently in clinical situations and meet expectations appropriate to their level of education. Academic faculty will not send students to the clinic judged to be at risk of being unsuccessful. However, occasionally, a problem may surface that could not have been anticipated by the student or by the academic faculty. In such cases, documentation of the critical incident stated as specifically as possible will greatly assist in planning resolutions. In addition to the initial phone contact, a copy of documentation should be forwarded to the ACCE. For your convenience, the appendix section contains the TCC critical incident and/or counseling form.

As clinical faculty, clinical instructors share the responsibility for identifying potential problems in student performance. Academic faculty places a great deal of faith in the judgment of clinical instructors and relies on them to perform this critical task. It is the school’s policy that any problem with student learning in either the cognitive, affective, or psychomotor domain, no matter how small, should be dealt with as soon as possible. In all but the most serious cases, the cooperative efforts of the CI, the ACCE, and the student will be employed to write special learning objectives, plan needed learning experiences or do whatever is necessary to remediate the situation. We have found that the probability of a successful outcome is directly related to early identification. CI’s and students are encouraged to contact the ACCE as soon as any problem is suspected—it is far better to find out that there really isn’t a problem after all than try to deal with a problem that has been escalating for days or weeks.

- Any problem concerning students appearance, clinical performance, application of knowledge, interpersonal relations with staff or patients, tardiness, lack of adequate supervision, etc., should be discussed confidentially with CI and the student.
- Discussion of these problems should occur immediately if a potentially harmful situation exists. Otherwise, an appropriate time and place should be chosen to discuss problems, solutions and goals as soon as possible.
- If the CI or student deems it necessary, a meeting with the ACCE may be scheduled.
- Any student found to be engaging in unprofessional or unethical conduct or exhibiting poor clinical performance may be placed on Conduct Probation by the ACCE.
- Timely acknowledgement by the CI and/or student of problems or areas for improvement is essential for satisfactory completion of the clinical affiliation.

Remediation of behavior problems will be addressed by the ACCE with advice from clinical instructors. The clinical instructor may either chose to provide the remediation or another site for remediation will be found. The decision to remove a student from a clinical will be made by the ACCE.
CLINICAL NOTEBOOK SKILL SHEETS

To help us track what types of skills our students have practiced and to give clinical faculty a clear idea of what students have been instructed to do, we are continuing to use the Clinical Skills Notebook in conjunction with the Clinical Performance Instrument. The skills have been grouped to reflect not only the sequence in which they occur in the program, but also the rotation in which the student is currently participating. The Master Skills Sheet, located behind the Skills tab in the clinical notebook, serves as a table of contents with numbers that corresponds to each of the individual skill sheets. The Master Skill Sheet, listing the title and corresponding number of each skill, is our way of tracking student competency in performing interventions and data collection.

After the student has demonstrated competency in a given skill, the “Academic Instructor’s Approval” box on the individual skill sheets will carry a signature indicating the student may be allowed to perform that skill under the direct supervision of the clinical faculty. Once the student has met the same performance criteria in the clinic, the CI may likewise sign the “Clinical Instructor’s Approval” box. Students must have direct supervision when practicing skills.

At the beginning of each clinical education experience, the CI and the student should use the Master Skill Sheet to consider skills that have received academic approval and are likely to be practiced at that facility. Each skill sheet has a detailed list of performance criteria that the student must successfully complete in order to secure both academic and clinical approval. Notice the addition of bold and italic print to signify “critical components” of the skill. The footnoted criterion defines actions the student must demonstrate in order to be deemed competent.

If the student meets the performance criteria, the CI will sign and date approval on both the individual skills sheet and the Master Skill Sheet. The student can insert the name of the facility where the skill was performed but the CI must initial the last column to the right.

Planning the practice of clinical skills is of primary importance during all clinical education courses. We do realize; however, that needed learning opportunities may not always arise due to changing patient populations and time constraints. Simulation is considered a valid way of determining if the student is ready to perform the skill on a patient, but should not take the place of practicing on a real patient when the opportunity avails itself.

It is the student’s responsibility to remind the clinical instructor about which skills are appropriate for the given rotation. If a clinical instructor approves the individual skill sheets, it is the student’s responsibility to obtain signatures and keep the Master Skills Sheet updated as warranted.
Tulsa Community College uses the APTA Clinical Performance Instrument (CPI) for student evaluation of clinical time.

Since the CPI was developed to be user friendly, most CI’s are able to use it readily by familiarizing themselves with the instructions. In Section 7 of the CPI instructions, there are completed examples of students receiving successful and unsuccessful evaluations for intermediate and final rotations. Access to the CPI instructions can be found in the following places:

- each facility should have at least one copy of the CPI instructions on file,
- the education section of the APTA Home Page at www.apta.org. Also included is a section with responses to FAQ’s.
- behind the CPI tab divider of every students’ clinical notebook, and
- the school’s Academic Coordinator of Clinical Education (ACCE).

The ACCE is always available to find answers to your questions and/or to provide an on-site seminar designed to meet the specific needs of each facility.

The most common difficulty in using the CPI lies with the concept of Entry Level performance. It is generally helpful to place your initialed vertical mark on the VAS line AFTER writing the narrative section that cites specific examples to support your assessment. To assist you in making VAS determinations, CPI Appendices B and C contain a list of interventions and data collection skills reflecting entry level. These appendices are based upon *The Normative Model of Physical Therapist Assistant Education*.

Clinical facilities are prohibited from copying excerpts from the CPI. Institutions that have purchased from the APTA the right to reproduce the instrument may do so, but the document must be copied in its entirety.
USING THE VISUAL ANALOG SCALE (VAS)

Another area CI’s find problematic is the VAS. Although the VAS has proven to be valid and reliable, it requires that raters use the instrument correctly. Usually, CI’s find it easier to use after discarding the idea that points on the scale represent letter grades or percentages. In other words, “Novice” does not mean “F”, nor does “Entry Level” mean “A”. The VAS serves only to assess the student’s progress toward basic Entry Level performance versus the course grade. It is possible the same student could be beyond Entry Level on one performance criteria and only a Novice on another, particularly if the environment or skill is new to him/her.

For assistance in determining student progress, CI’s will want to look at the Clinical Practice course syllabus in which the student is concurrently enrolled. The syllabus will give the learning objectives and the expected level of achievement for the course. The VAS line is divided into quartiles that correspond to each of the clinical education courses.

For example, the expectation for student successful completion of Clinical Practice I is to:
- Have no checks marked in the Significant Concerns boxes for CPI # 1-5
- Have a minimum mark within the first quartile (25%) of the VAS line for CPI # 5–20

Additionally, given the complexity of the situation, the CI’s should consider:
- how much assistance the student requires
- how efficient is the student in performing the task
- how consistent is the overall quality of the performance

Dimensions of the performance are printed in the box under the VAS line on each page of the CPI to remind you to take them into consideration during assessment. Most CI’s find that keeping a short written record of objective observations on the student performance – just as one would jot down information about patient performance – helps to recall concrete examples and provide the student with objective information. Some CI’s prefer to fill in the comments section first, and then follow by marking the VAS line.

USING THE CLINICAL SKILLS SHEETS WITH THE CPI

CI’s will note that only CPI #12 addresses assessment of student’s ability to perform physical therapy interventions. This is meant to be a general assessment of student ability to perform interventions that are found in the facility where the student is placed at that time – not the entire complement of physical therapy interventions.

STUDENT SELF-ASSESSMENT ON THE VAS

One of the most important skills that a student can acquire is the ability to accurately assess his/her own performance. Before beginning each rotation, TCC students are instructed to thoughtfully and honestly assess their own ability on each of the CPI criteria. They are to indicate their assessment by initialing a penciled vertical line across the VAS. This is meant to serve the CI as a starting point for planning learning experiences as well as creating an atmosphere for open discussion about the student and facility expectations. Ideally, the student and the CI assessment will coincide.
MID-TERM STUDENT EVALUATION
Although mid-clinical evaluations are optional for the two-week blocks of Rotations 1 and 2, they are valuable tools that provide the student with time to make corrections. During the five-week clinical, Rotations 3a and 3b, the mid-term evaluations should be reviewed with the student as a means of communicating adjustments to be made within the next two to three weeks.

FINAL STUDENT EVALUATION
Each student must receive a written evaluation of his/her performance and a verbal explanation by the last day of each clinical rotation. It is the student’s responsibility to provide the CI with the formal tool for evaluation when he/she arrives the first day. It is the STUDENT’S RESPONSIBILITY to return the evaluation instrument to the ACCE within the prescribed time limit.

The student’s performance and behavior should be evaluated in light of the goals of the clinical experience, the expectations of the facility, the school and the CI. Students should be very clear about what these expectations are. It is very helpful to the student if the CI can provide objective information and examples to reinforce their comments.

We understand that more than one individual may have supervised the student during six week rotations. The final evaluation should reflect the input from all involved clinical instructors.

Although the evaluation of the student’s clinical performance is the responsibility of the CI, the assignment of a grade for the course work is a responsibility reserved for the academic faculty. ALL information given to the school regarding the student’s clinical performance, including information gathered during phone and personal visits from faculty, is used to determine course grades. The student’s grade is derived from, but not limited to, information provided on the evaluations forms.

EVALUATION OF THE CLINICAL INSTRUCTOR/CLINICAL FACILITY
Each student will perform an evaluation of the CI and the facility by the end of the rotation. The six-week rotations will include an additional required mid-term evaluation. To enhance communication during shorter rotations, the optional mid-term evaluation can be added, if desired.

The evaluation will be reviewed and signed by the student and the CI. The evaluation will be returned to the ACCE within the prescribed time limit following the end of the affiliation. Samples of the evaluation criteria can be found in the Appendix section of this handbook.
CLINICAL VISITS
While on clinicals, students will be contacted at least once each rotation by the Academic Coordinator of Clinical Education or another full-time faculty member. When personal visits are not practical, telephone visits will be made.

CLINICAL FACULTY DEVELOPMENT
Each student of the PTA Program receives 584 clinical education hours. Therefore, it is the responsibility of TCC to provide ongoing developmental activities as needed, based on evaluation of clinical instructor performance and the overall success of the clinical education program. Opportunities for developing or enhancing clinical education skills are likely to be TCC sponsored at no charge to the clinical instructor. These courses should be available for CEUs from the Oklahoma State Board of Medical Licensure and Supervision. However, at times the clinical faculty development may occur as an informal one-on-one session based on input from students, the academic faculty or the CCCE. Clinical Instructors are encouraged, but not required to complete the APTA Clinical Instructor Education and Credentialing Program.

GENERAL SUGGESTIONS FOR CLINICAL INSTRUCTORS
- Let the staff know you have a PTA student coming. Once the student has arrived, introduce the student to the other staff members and the hierarchy of the department.
- It usually helps the student better manage time if an approximate schedule for that day is provided.
- A helpful communication tool for the student and the CI is to keep a calendar for scheduling special learning activities throughout the affiliation.
- At the conclusion of each day, a verbal review of the student’s overall performance for that day with discussion about areas needing work on the following clinical day, can help the student with self-assessment.
- Use of the Summary/Planning Form in the Appendices may assist in planning learning experiences and tracking progress toward the learning goals.
- Obtain input from the student on how to best meet their needs regarding the type and amount of supervision.
- Although we expect students to be able to take advantage of all types of instructional modes, it can be helpful to keep in mind their learning preferences as well as your own teaching style.
- Have the student practice self-assessment by having them critique their own performance and discuss their strengths and weaknesses.
When possible and appropriate, please allow the student to:

- Gain exposure to other PT’s and PTA’s with specialized expertise.
- Attend or participate in appropriate departmental and/or staff development meetings
- Work as a team with other PT and PTA students in the clinic. Learning from each other is often very effective.

**Suggestions for Orienting the Student:**
Information about clinical sites is often difficult to keep updated in the school computer. For this reason, the student should receive orientation in regard to:

1. department working and treatment hours.
2. parking
3. pertinent emergency procedures
4. employee lunch options
5. patient scheduling method
6. patient transport system
7. other students and staff
8. departmental/instructional rules and regulations
9. charting system and procedure
10. department equipment and supplies
11. special services, clinics, outreach programs or other learning opportunities
12. the availability of and the requirements for observing surgeries, and other departments, such as Respiratory Therapy, etc.
13. patient billing and reimbursement systems

**Student Questions and Participation in Learning Opportunities:**
Students have been instructed to ask questions as assertively as the situation, the setting, the patient, the therapist, and/or the clinical instructor will allow. The CI can maximize these opportunities by:

- orienting the staff to the PTA student’s educational level in the program and their interests
- instructing the student in preferred question and answer format for your facility (i.e. saving all questions until the end of the treatment)
- allowing and encouraging the freedom to ask questions
- allowing ample opportunities and time for questions.
SECTION 3 - Responsibilities: the Student

Risk Management Packet… 3.1
Liability Insurance… 3.1
Student Health Insurance… 3.1
Security Screening… 3.2
Drug Screening… 3.2
Confidentiality … 3.2
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Preparation for the Clinical Setting… 3.8
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Student Negotiations with Clinical Sites… 3.9
RISK MANAGEMENT PACKET

Clinics may require additional information about student health in order to comply with new guidelines, new contracts, or outside agencies. Students desiring to affiliate with a specific clinic may be required to comply with new or additional requirements. Since we cannot predict those additions, the following list reflects the common mandatory requirements by most facilities in our region.

Each student will carry a Risk Management packet in the back the Clinical Notebook in addition to an online service. Clinical Instructors may make copies any of the documentation in the packet according to the facility requirements. The Risk Management Packet includes:

1. “Table of Contents” listing of the packet documents.
2. “Student Health Information Sheet” provides emergency contact information, summary of health status dates and orientations.
3. Immunity verification documents for MMR, Varicella, TDaP, Hepatitis B Series or signed TCC waiver, and Seasonal Influenza or signed TCC waiver.
5. Current TCC/PTA faculty proof of professional licensure.
6. Certificate of TCC liability statement for students and faculty.
7. Verification of full federal lifespan Background check, (password protected and accessible online by student). (See Section 4).
8. Verification of 11-Panel Drug Screen Clearance (See Section 4).
9. Student compliance forms (See Section 4).

LIABILITY INSURANCE

All students will be expected to maintain current liability insurance coverage throughout participation in the program. This coverage is included in the fee payment and automatically provided during the program. Academic faculty is covered as long as they are instructing students in the clinic. A copy of the insurance document will be supplied to students and is to be kept in the Clinical Education Notebook. A sample copy can be found in the Appendix.

STUDENT HEALTH INSURANCE

At present, TCC does not require students to carry health insurance. Although the site is responsible to assure emergency care is available until the student can be transferred to the care of a personal physician, the clinical contract states that any cost is to be incurred by the student. If a student wishes to affiliate with a clinical site that requires students to have health insurance, the student will be expected to show proof of coverage. The TCC Student Health Nurse has information about affordable health insurance designed for students.
SECURITY SCREENING
Prior to participation in the first clinical rotation, all TCC students are required to clear a back-
ground check covering the past seven years from national through county residence. Once
cleared by TCC, the student can access the report online through their username and password.

DRUG SCREENING
A one-time, random 11-Panel drug screen will be performed prior to the first clinical experience.
The consequences of a positive test may result in dismissal from the program. The option to re-
apply is available if specific requirements are met. (See Section 4 Policies and Procedures)

CONFIDENTIALITY
The existing Tulsa Community College policies and procedures guarantee protection of the
rights of students, academic and clinical faculty, and patients. These rights include the
confidential and private treatment of all interactions regarding academic and clinical
performance including student counseling and advising sessions; student interactions with
patients; and the maintenance of records. Students must sign documentation pledging to protect
all patient related health information. (See Section 4 Policies and Procedures)

STUDENT PHYSICAL CONDITION

1. PREGNANCY
A student wishing to continue her PTA education while pregnant must present a written
statement by a licensed physician that she is capable of handling the physical exertion
required within the didactic and clinical course work. The letter will be submitted to
the Program Director by the end of the first trimester. Following childbirth, a licensed
physician's written verification of fitness to return to courses and clinical is required.
Any clinical absence due to pregnancy will be subject to the same rules and regulations
as stated in CLINICAL ATTENDANCE POLICIES.

2. ILLNESS OR INJURY
A student who has an extended illness, surgery and/or injury will be required to submit a
physicians’ written verification of fitness in order to return to courses or clinical. The verifica-
tion document will be directed to the attention of the PTA Program Director, and if warranted, a
conference with the Program Director will follow.
STUDENTS WITH DISABILITIES

Disclosure of disability is the responsibility of the student. Students are expected to follow policies and procedures regarding disclosure of disabilities and requests for accommodation as published in the Tulsa Community College Student Code of Conduct and in the TCC Physical Therapist Assistant Handbook. The ACCE cannot make the disclosure without the expressed permission of the student.

In the belief that it is always in the student’s best interest to enlist the assistance of clinical and academic faculty in achieving clinical performance expectations, students are encouraged to disclose special needs and requests for accommodation to the ACCE.

Before engaging in the student/site selection process, the following items apply to students with disabilities:

- Verification of disability must be made by the TCC disAbled Student Resource Center at Metro Campus and meet their guidelines for documentation.

- If disclosure is not made before the clinical affiliation, faculty is under no obligation to provide accommodation.

- Identification of the needed accommodation is the student’s responsibility. It is the clinical instructor and the facility’s right to determine if the requested accommodation is reasonable.

- Clinical faculty have the right to decline to take a student requiring an accommodation that would place an unreasonable burden on the facility or the clinical facility.

- Patient safety and quality of care must always be the first consideration.

If in the course of a clinical affiliation, a Clinical Instructor has reason to believe that a student may have an unidentified disability, the ACCE should be notified as soon as possible.
SAFETY

Safety is of prime importance during both lab and clinical activities. The student is expected to take responsibility for his/her safety as well as that of other’s.

The Student will:

♦ Maintain a calm, quiet atmosphere when attending to the patient and the task at hand.
♦ Never leave a patient or fellow student unattended without a call system.
♦ Follow the prescribed procedures exactly.
♦ Know his/her limitations and seek assistance when needed.
♦ Perform within the bounds of his/her training and role.
♦ Keep walkways clear of obstructions, cords, etc.
♦ Wipe up immediately any moisture on floors
♦ Unplug machines immediately after each use.
♦ Clean immediately all equipment, utensils, etc.
♦ Properly and promptly dispose of all waste items, linen, etc.
♦ Inform academic and/or clinical instructors of any safety infractions observed.
♦ Consistently practice standard/universal precautions.
♦ Promptly report any injury to the Student Health Service.
♦ Document in accordance with facility policies any injury that occurs to a patient, regardless of how minor it may seem.
♦ Notify immediately the academic and/or clinical instructor of any problems or unexpected effects.
♦ Obtain complete instruction/information regarding the assigned task and the patient or student’s condition before proceeding with any intervention.
♦ Not use any faulty equipment or supplies, and report immediately any such defects to his/her Academic or clinical instructor.
♦ Place such defective items where others will not use them.

VARIANCE OR INCIDENT REPORTS

If students are involved in a situation requiring student input or signature on an Incident or Variance report, it is necessary to have a copy of that report for TCC records. If that is not practical, students will be asked to write a brief narrative describing the incident and their role. This is to be given to the ACCE to be kept in permanent files should a question about the incident arise at a later date when the student is no longer at TCC. Upon request, a copy of the narrative will be supplied to the facility.

3.4
STUDENT CONDUCT AND GENERIC ABILITIES

The Physical Therapist Assistant program faculty has determined that professional abilities are just as important to the student’s overall success as the mastery of knowledge and skills. Professional abilities are attributes and behaviors that are not necessarily inherent to the profession’s core knowledge but are required for success in the classroom, clinic and work place. The professional abilities determined to be generic to the field of physical therapy are:

1. **Commitment to Learning**: Applying new information and re-evaluating performance, reading articles critically and understanding limits of application to professional practice, researching and studying areas where knowledge base is lacking, accepting that there may be more than one answer to a problem.

2. **Interpersonal Skills**: Approaching others to discuss differences in opinion, responding effectively to unexpected situations, talking about difficult issues with sensitivity and objectivity, and delegating to others as needed.

3. **Communication Skills**: Modifying written and verbal communication to meet needs of various audiences, presenting verbal or written messages with logical organization and sequencing, maintaining open and constructive communication and communication professional needs and concerns.

4. **Effective Use of time and Resources**: Using limited resources creatively, considering professional program and course goals in the context of the assignment, demonstrating the ability to say “no” if a request does not add to priorities, or if the activity is in conflict with the set of goals, actively seeking resources to solve problems or answer questions.

5. **Use of Constructive Feedback**: Seeking feedback from others, modifying feedback given to others according to their learning style, reconciling differences with sensitivity and considering multiple approaches when responding to feedback.

6. **Problem Solving**: Weighing advantages and disadvantages of solutions, participating in outcome studies, contributing to formal quality assessment of program and seeking solutions to community health related problems.

7. **Professionalism**: Participating in research and evidence based practice, participating actively in professional organizations, attending post-professional workshops, actively promoting the profession through community service, acting in a leadership role when needed and supporting research.

8. **Responsibility**: Promoting education, accepting leadership roles, and facilitating responsibility for program development and modification.

9. **Critical Thinking**: Exhibiting an openness to contradictory ideas, assessing issues raised by contradictory ideas, justifying solutions selected and determining effectiveness of applied solutions.

10. **Stress Management**: Recognizing when problems are unsolvable, assisting others in recognizing stressors, demonstrating a preventative approach to stress management, offering solutions to the reduction of stress and establishing a support network.¹


3.5
Entry Level Generic Abilities are developed both in academic and clinical environments. In the clinical environment, they are assessed generally in the Performance Criteria of the Clinical Performance Instrument. The academic faculty assumes that students integrate generic abilities until behaviors to the contrary are otherwise exhibited. If remediation is indicated, then students will submit a written plan describing sample behaviors that will indicate development of the generic abilities at appropriate levels. Monitoring of student progress through their plan will be conducted by the student’s academic advisor and the ACCE. It is the student’s responsibility to make sure that the ACCE has a current copy of this Development Plan.

It is expected that students will give evidence of entry level attainment in generic abilities. Evidence that a student has not met these expectations will be cause for remediation and can delay or prevent graduation at the discretion of the Academic Coordinator of Clinical Education.

**CLINICAL EXPECTATIONS**

Students are expected to:
- Display consistent attendance.
- Arrive on time and be ready to work at the designated time for each clinical affiliation.
- Choose clinical attire that reflect a professional appearance as well as adherence to the PTA Program requirements unless otherwise specified by the clinical instructor.
- Take responsibility for completing all clinical learning objectives.
- Arrive each day prepared with the needed materials.
- Be prepared to perform a variety of activities as directed by the CI.
- Cooperate fully with the clinical staff and accept direction from appropriate staff as well as the clinical instructor.
- Independently utilize and take initiative to seek learning opportunities in the clinic.
- Adhere to each facility’s regulations regarding HIPAA standards, release of information, photo releases, consent forms, confidentiality, documentation procedures, safety procedures, etc. Students will refer any matter concerning these standards to their CI.
- Conduct themselves in the appropriate professional manner at all times, putting patient’s needs first and maintaining a high quality of performance.
- At all times demonstrate safe, ethical, and legal practice standards in protecting the welfare of self and others.
- Adhere to Tulsa Community College Student Code of Conduct.
ATTENDANCE
Students must complete the total required number of hours for each clinical affiliation. Students must advise the CI and the ACCE of absence PRIOR to time scheduled to be at the clinic. Attendance, make-up, and tardiness are all to be documented on the "Attendance Record."

TARDINESS
Students are to arrive at the clinic promptly and observe regular clinic hours. Students arriving 10 minutes after scheduled time will be considered tardy. Excessive tardiness may warrant additional clinical time.

TULSA COMMUNITY COLLEGE INCLEMENT WEATHER POLICY
On occasion, ice and/or snow make roads impassable. If the college remains open although roads may remain hazardous, the decision to drive to clinical must remain with the student. Students should not jeopardize their safety at any time. Weather conditions may indicate the need for students to arrive and/or leave earlier than the normal but without a penalty incurred for absence. Days missed due to inclement weather will be made up at the discretion of the clinic and the ACCE.

If the college closes, make up hours will be at the convenience of the clinical instructor.

SCHOOL HOLIDAYS
During official school holidays (Labor Day, Thanksgiving, Martin Luther King Day, Memorial Day and Independence Day), students are not required to attend classes or clinical. If however, it is a work day for the CI, then the student may opt to work the holiday and take off another day. To ensure proper supervision and a contiguous learning experience, students should follow the work schedule of the Clinical Instructor when it is practical to do so.

MAKE-UP SCHEDULE
All missed time must be made-up. Make-up scheduling is to be approved by the CI and the ACCE. An extended absence will require special make-up scheduling, to be arranged by the ACCE. Make-up time should be scheduled at the time of the phone call notifying CI and ACCE of absence, if at all possible. Absences occurring in the dense concentration of hours during Clinical III may affect graduation. If the student intends to graduate on time, make up of clinical time cannot extend beyond the end of the summer semester.
**DRESS CODE AND CLINICAL ATTIRE**
Clinical attire must be clean, neat, free from wrinkles and fit properly. The clinical “uniform” consists of:
- **SHOES:** Clean and polished leather street shoes with low heel, non-skid soles, and no open toes. Clean sport shoes are permitted if approved by the clinical instructor.
- **CLOTHING:** Slacks, Polo-style collared shirts/blouses or hospital “scrubs” where allowed. No exposed midriff allowed. White short sleeved lab jacket with Tulsa Community College arm patch is to be sewn on the left sleeve three inches below the shoulder seam.
- **SUPPLIES:** TCC Physical Therapist Assistant STUDENT nametag, small pocket sized notebook, pen, and goniometer.

**CLINICAL APPEARANCE**
Since our personal appearance makes a strong impression on the patient's attitude about the school and the clinical facility, it is beneficial to all parties involved that certain regulations are followed. For both male and female students:
- Only modest exposure of skin is acceptable.
- Hair clean, neatly trimmed and combed. Long hair should be restrained in a professional manner off the shoulder and away from the face.
- Nails short and clean.
- Wedding bands and wristwatches only. No other large, bulky items of jewelry that could get caught in clothing or hair.
- Ear studs for pierced ears are permissible. In deference to elderly patients, no pierced lips, tongues, eyebrows or nose rings.
- Male students should keep facial hair clean and closely trimmed.
- **TCC supports the clinical facility that must send a student home secondary to inappropriate and unprofessional attire. This will be considered as an absence.**

**ACCESS TO LEARNING OPPORTUNITIES**
Students are encouraged to practice skills even though a patient may not be available or the situation warrants that patients not be included. Students are required to attend all departmental in-services if scheduling permits.

**PREPARATION FOR THE CLINICAL SETTING**
Students are responsible to know the material covered in class before entering the clinic. Students should not expect the CI to teach them material they missed in class. The purpose of clinical time is to allow students to gain experience with real patients while under the direct supervision of licensed therapists. Students must take responsibility for completing all class pre-clinical assignments and learning objectives.

Prior to each rotation, students are to assess their own ability on each of the CPI criteria. A vertical red ink mark, labeled with the students’ initials, will serve to indicate self-assessment. All assignments are to be submitted on time and completed with no blank spaces or omissions.

3.8
THE SKILLS NOTEBOOK
Students are not to assume that a clinical instructor will check off any skill that has not first been taught and checked off by academic faculty. The student is responsible to ensure adequate lab practice time for acquiring the skills appropriate to the specific clinical prior arrival.

In order to graduate, students are responsible for making sure a minimum of 80% of the skills listed in the “Skills Notebook” have been checked off by a clinical instructor. Students have until the last day of the program to fulfill this requirement. Any skill unchecked after the 80% minimum has been achieved will require a written re-view of the skill based on the format given in the course handout.

CELL PHONE ETIQUETTE
Because cell phones can interfere with sensitive equipment and monitoring devices, many sites do not allow their use on the premises. It is considered professional courtesy to turn off all cell phones and suspend all texting when treating patients. Usually the facility secretary can relay any emergency messages to the student.

SOCIAL NETWORKING
Even with strong privacy settings, it is important that students avoid posts or photos at social network sites that refer to any information about what is happening at the clinical rotation. This includes supervisor names, positive or negative comments about the site, positive or negative comments about any patient. The consequences for HIPAA violation are severe.

STUDENT NEGOTIATIONS WITH CLINICAL SITES
Students wishing to affiliate with a clinical site not currently contracted with TCC can submit a request to the ACCE as a potential location. However, all clinical negotiations are to be conducted exclusively between the ACCE, the Tulsa Community College, and the individual clinic. The existing procedure for this contractual arrangement does not include the student. Students who violate this policy by negotiating with a clinic in an attempt to secure a clinical site can expect to be placed on conduct probation and forfeit the opportunity to affiliate with the clinic as a consequence to their actions.

TOBACCO FREE CAMPUS
Tulsa Community College became a tobacco-free campus in accordance with an executive order by the Governor of Oklahoma, which prohibits the use of tobacco products “on any and all properties owned, leased, or contracted for use by the State of Oklahoma, including but not limited to all buildings, land, and vehicles owned, leased or contracted for use by agencies or instrumentalities of the State of Oklahoma.” This action includes all TCC campuses and satellite locations. Students are expected to observe the tobacco-free policies of clinical sites where they will be affiliating for rotations. Students unable to work more than four hours without a cigarette (or energy drink) may have difficulty completing the rotations and therefore, the CE course.

3.9
SECTION 4 - Additional Policies & Procedures

Hazard Exposure Information…  4.1
Procedure for Bloodborne Pathogen Exposure…  4.1-4
Sexual Harassment…  4.5-6
Sexual Assault…  4.6
Risk Policy Overview…  4.7
Uniform Allied Health Clinical Standards …  4.8-11
HAZARD EXPOSURE INFORMATION

HEPATITS B VACCINE:
All TCC Allied Health Students have been educated about the risk of exposure to environmental and physical hazards when participating in laboratory and clinical settings. These hazards include, but are not limited to; needle sticks, inhalation of microorganisms, and contact with infected body fluids. Students are instructed in the use of universal precautions and other infection control measures. It is the responsibility of every Allied Health student to further protect themselves by maintaining safe practices and providing their own health care insurance. Students must be prepared to manage their own health care during clinical rotations. Tulsa Community College recommends that students be vaccinated against Hepatitis B prior to enrolling in an Allied Health Program. In the event that students do not choose to receive the Hepatitis B Vaccine, a signed waiver is required before participating in clinical education.

We are aware that some of the clinical settings require affiliating students to have a Hepatitis B Vaccination before they are allowed to participate in clinical education. Students who affiliate at these institutions will be required to provide written proof of vaccination.

Tulsa Community College assumes no responsibility for any expense students may incur associated with personal insurance premiums, Hepatitis B Vaccinations, personal protective equipment, or other medical expense related to testing associated with student’s exposure to environmental or physical hazards during participation in clinical education.

POLICY AND PROCEDURE FOR STUDENTS TO REPORT BLOODBORNE PATHOGEN EXPOSURE WHEN IN LAB OR CLINICALS

POLICY: Any student who has an acute exposure to blood through a needle stick, cut, or mucous membrane containing blood will report immediately to the Clinical Instructor.

Students working in high-risk occupations will be advised to take the Hepatitis B Vaccine prior to attending clinical. This is a voluntary program for the student. The student may report to Student Health Services for more information. The student is responsible for all medical costs incurred when any blood borne pathogen exposure occurs.

PROCEDURE:
After washing thoroughly with antimicrobial soap…
1. STUDENT ACTION:
   1.1 Notify:
      1.1.1 Program Director
      1.1.2 Clinical Coordinator
      1.1.3 Clinical Site – Department Head
1.2 Complete:
   1.2.1 College Student Incident Report
   1.2.2 Clinical Site Incident Form

1.3 Fully describe the incident including:
   1.3.1 The patient name (if known)
   1.3.2 Location, time, and action taken to prevent injury

1.4 Obtain signature of the Clinical Instructor and/or Program Director.

1.5 Report to:
   1.5.1 Student Health Services if incident occurred on campus.
   1.5.2 Employee Health Services of the Emergency Room for a confidential medical evaluation and follow-up at the hospital.

2. IMMEDIATE MEDICAL CARE

2.1 Get Immune Globulin “IM”

2.2 Get Tetanus injection (if indicated)

2.3 Document the route(s) of exposure and the circumstances under which the exposure incident occurred.

2.4 Identify and document the source individual, unless, identification is unfeasible or prohibited by state law.
   2.4.1 The source individual’s blood shall be tested as soon as feasible and after consent is obtained in order to determine any blood borne pathogen infectivity.
   2.4.2 If the source person will not pay for the test, the student is responsible for the medical cost related to this test.
   2.4.3 If consent has not been previously obtained, the hospital or College shall attempt to obtain consent.
   2.4.4 When the source individual’s consent is not required by law, the source individual’s blood, if available, shall be tested and the results documented.
   2.4.5 When the source individual is known to be infected with HBV or HIV or any other blood borne pathogen, testing for the source individual’s known blood borne status need not be repeated.
   2.4.6 Results of the source individual’s testing shall be made available to the exposed student, and the student shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
2.5 Collect exposed student’s blood as soon as feasible and test after consent is obtained.
   2.5.1 If the student consents do baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days after the exposure.
   2.5.2 If, within 90 days of the exposure incident, the student elects to have the baseline sample tested, such testing shall be done as soon as feasible.

3. REPORT TO STUDENT HEALTH SERVICES ON METRO CAMPUS

3.1 Recommend the student get post-exposure prophylaxis when medically indicated.

3.2 Encourage the student to get counseling.

3.3 Recommend the student report illness to personal physician.

3.4 Complete necessary report forms.

3.5 Investigate circumstances surrounding the exposure incident.

3.6 Follow-up with student to be sure they understand what medical test and medical care they should have received.

3.7 Provide the healthcare professional the student has chosen for follow-up care with:
   3.7.1 A copy of Blood borne Pathogens Standard.
   3.7.2 A description of the exposure incident.

3.8 After consultation, the healthcare professional provides the College or hospital with a written opinion evaluating the exposed student’s situation. A copy of this opinion will be furnished to the student.
   3.8.1 Confidentiality will be kept and a written opinion will only contain the following:
       3.8.1.1 Whether Hepatitis B Vaccination HIV or other bloodborne pathogen is indicated for the student.
       3.8.1.2 Whether the student has received Hepatitis B Vaccination.
       3.8.1.3 Confirmation that the student has been informed of the results of the evaluation.
       3.8.1.4 Confirmation that the student has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.
3.8.1.5 All other findings or diagnoses will remain confidential and will not be included in the written report.

3.9 Copies of the Incident Form
3.9.1 A copy of the incident form will be kept in the student’s file in the Program Director’s office.
3.9.2 A copy of the incident form will be kept in Student Health Services office on campus.
3.9.3 A copy of the incident form will be kept on file at the hospital where the incident occurred.

Students are encouraged to ask healthcare personnel to contact the 24 hour national Clinician’s Post-exposure hotline (1-888-448-4911) for instructions on the appropriate treatment.
SEXUAL HARASSMENT

It is the policy of Tulsa Community College, revised August 14, 1996, that sexual harassment of staff, faculty, students and visitors at any of the College’s locations or during college activities shall not be tolerated. This policy is in keeping with the spirit and intent of various local, state and federal guidelines, which address the issue of fair employment practices, ethical standards and enforcement procedures. It is also the policy of the College that false accusations of sexual harassment shall not be tolerated. False accusations of sexual harassment are grievous and can have serious and far-reaching effects upon the careers and lives of individuals.

The College is committed to providing an environment of study and work free from sexual harassment and to ensuring the accessibility of appropriate grievance procedures for addressing all complaints regarding sexual harassment. However, it is not the intent of this policy to limit the legitimate exercise of an individual's freedom of speech or infringe upon the academic freedom of the College community.

Sexual harassment shall be defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of sexual nature in any of the following contexts:

- When submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic standing;

- When submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions affecting such individual;

- When such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive working or academic environment.

In the process of developing this policy, the College recognized the difficulty of an individual to determine what does and does not constitute sexual harassment. It is the responsibility of the staff to behave in such a manner that their words or actions cannot reasonably be perceived as sexually coercive, abusive or exploitative. In order to implement this policy in the spirit in which it is written, any staff person who feels he/she has been the victim of sexual harassment shall report the incident to his/her supervisor, then he/she should report it to the Assistant Vice-President of Human Resources. All student incidents should be reported directly to the Dean of Student Services. It is the responsibility of each supervisor within his/her areas of control, the Assistant Vice-president of Human Resources and the Deans of Student Services to forward report of sexual harassment to the Director of Civil Rights (Executive Vice President for Business and CFO) promptly upon having knowledge of the same.
The Supervisors, Assistant Vice President for Human Resources or the Dean of Student Services who receives a report of sexual harassment should carefully investigate the matter, questioning individuals who may have knowledge of either the incident in question or similar problems. The investigation, findings and any corrective action should be documented as thoroughly as possible and such documentation provided to the Director of Civil Rights (Executive Vice President for business and CFO). If the staff member or student feels that further action is necessary, the complaint should be reduced to writing and filed with the Director of Civil Rights.

No individual shall be subjected to any form of retaliation or discipline for reporting sexual harassment. Any attempt to penalize or retaliate against a person for filing a complaint of sexual harassment or participating in the investigation thereof will be treated as a separate and distinct violation of this policy. Appropriate disciplinary action for violations of this policy may include a range of actions up to and including termination or dismissal.

The administration shall distribute and publish this policy and adopt such procedures as may be necessary for its implementation and enforcement.

SEXUAL ASSAULT
Tulsa Community College prohibits sexual assault on its campuses and in connection with College-sponsored activities. To that end, the Tulsa Community College Board of Regents hereby authorizes and directs the college administration to implement an educational sexual assault program and disciplinary procedures aimed at the prevention of sex offenses on campus and in connection with College-sponsored activities. The program shall include education programs to promote the awareness of rape, acquaintance rape, and other sexual assault offenses and shall address the possible sanctions to be imposed following the final determination of an on-campus disciplinary procedure regarding such offenses. The administration is further authorized and directed to develop and distribute procedures to be followed once a sex offense has occurred, such procedures to include all substantive, informational, and notification requirements established by law.

ADOPTED: June 26, 1985
REVISED: June 9, 1993
REVISED: August 14, 1996
REVISED: April 13, 1999
REVISED: December, 2001
REVISED: August 22, 2005
INFORMED CONSENT
Prior to the first clinical affiliation, all TCC Allied Health students are required to sign a series of informed consent documents related to confidentiality, compliance with school polices, drug screening procedures, and background check information. Samples of these documents can be found in the subsequent pages.

CONFIDENTIALITY STATEMENT
Each TCC/PTA student is required to sign a collection of statements pledging to protect all patient health information. See pages 4.12-4.17.

DRUG SCREENING
All students must submit to a one-time, random 10 Panel plus synthetic opiates drug screen conducted solely by a company contracted by TCC. The consequences of a positive test may result in dismissal from an allied health care program with the option to re-apply if specific requirements have been met.

Per HIPAA and FERPA guidelines, an individual’s specific drug screen results are not accessible unless permission is granted by the student.

BACKGROUND CHECK
All students must register for a full federal lifespan background check that includes every county of residence. The background check must be conducted solely by the TCC-contracted company. The background check can be accessed online by the student for verification during clinical affiliations. See pages 4.10-11.

The entire online version of the “Uniform Allied Health Services Clinical Education Requirements” document can be viewed at the following TCC website.

Clinical Rotation Conduct Requirements

CLINICAL ROTATION CONDUCT RELATED REQUIREMENTS

Professionalism

Students enrolled in a program of study in Allied Health Services are responsible for conducting themselves in a professional manner at all times. Some specifics of professional behavior include:

(a) Health Insurance Portability and Accountability Act (HIPAA)

The first federal privacy standards to protect patients’ medical records and other health related information provided to insurance plans, doctors, hospitals and other health care providers took effect in April 2003. The Standards for Privacy of Individually Identifiable Health Information, developed by the Department of Health and Human Services as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), set national standards for the protection of certain health information and provided patients with access to and more control over their personal health information (PHI).

Since the faculty and students of the Tulsa Community College Health Sciences Programs will be required to review selected patient/client health information in the course of their educational assignments, the College must, and the College shall require the Clinical Instructors, Instructors and Students to, appropriately safeguard the protected health information of patients, in accordance with applicable provisions of the Health Insurance Portability and Accountability Act of 1996, as it may be amended from time to time (“HIPAA”) and applicable law.

(b) Confidentiality

In accordance with HIPAA standards and their guidelines for educational purposes, all verbal, electronic and written information relating to patients/clients and contracted agencies is considered confidential and is not to be copied or discussed with anyone or removed from a health care facility unless written permission has been given by the clinical agency to remove such information. Instructors and Students may use and disclose protected health information solely for education and treatment purposes. With respect to information obtained or received from the Facility, the Clinical Instructors, Instructors and Students shall: (i) not use or further disclose the information other than as permitted or as required by law; (ii) use appropriate safeguards to prevent use or disclosure of the information; (iii) report to the Facility any use or disclosure of the information of which the College becomes aware; and (iv) require that any agents, including a subcontractor, to whom the College provides protected health information received from, or created or received by the College on behalf of, the Facility agrees to the same restrictions and conditions that apply to the Facility with respect to such information.
Materials regarding the HIPAA responsibilities and requirements are distributed to Health Science students at orientation to their Health Science program in a mandatory HIPAA Level I training session. All students sign a confidentiality statement to demonstrate their understanding of the HIPAA Standards and guidelines and to agree to maintain confidentiality in the use and distribution of a patient’s/client’s health information. A breach of confidentiality will result in disciplinary action, up to and including dismissal from the program and/or course (Refer to the Student Confidentiality Agreement).

(c) Use and Distribution of Protected Health Information (PHI)

The HIPAA Standards also apply to information transferred via any media including Internet and/or handheld computers (such as PDA’s). There cannot be any syncing of data on any devices (examples but not limited to: PDA, cell phones, flash drives, laptop computers, etc) when in the clinical setting. All materials needed for care plans must be hand written. In addition, computers in the clinical setting can only be used for entering patient data. All copies of patient data used to plan care must be placed in the shredder before leaving for the day. This is in compliance with HIPAA regulations and must be adhered to at all of the clinical facilities (violation of this policy will be grounds for dismissal from the program).

(d) Social Networking

As members of Tulsa Community College (TCC) and the Health Sciences Division (HSD), health students represent the college and are subject to public scrutiny. While social networking on websites such as Facebook, YouTube and MySpace are great ways to communicate, express yourself and connect with others, health students must understand that any information (identifiable or not), still photographs, video and audio as well as comments they post, or others post about them may:

(a) adversely impact a health student’s personal safety,
(b) impugn personal or institutional character,
(c) violate federal, state and local laws (e.g. HIPAA, FERPA, OSRHE),
(d) affect accreditation status of health science programs (regional and/or programmatic),
(e) violate professional code of ethics for health science programs,
(f) violate college policy and health science program policy,
(g) undermine any current or future employment,
(h) jeopardize participation in jurisprudence and/or credentialing examinations,
(i) jeopardize attainment of a practitioner’s license,
(j) incur legal liability for anything written or presented online.

Inappropriate conduct on social networking websites includes, but is not limited to:

(a) threatening language
(b) depictions or presentations of hazing, substance abuse, violence
(c) sexual harassment
(d) defamatory comments disrespecting a patient, client, student, clinical affiliate or college personnel
(e) partial or total nudity; sexual conduct; possession of a weapon or obscene gestures.

**Exercise extreme caution before posting anything on a social networking website. Understand that anything post online is available to anyone in the work and college official may monitor the website.**

(e) Personal electronic devices:

Pagers, cellular telephones and other personal electronic devices (PED) must be turned off and out of sight during lectures, labs and clinical experiences. At no time may students use a PED to take photographs of any patient or any part of a medical record or medical facility. Any personal electronic device in sight may be confiscated by the instructor and kept until the end of the day’s activities. Any use of a personal electronic device during quizzes, tests, exams and other academic activities will be construed as cheating and treated accordingly. Any response to a PED must only be completed during break using the PED or a public telephone.

(f) Smoking

It is important to recognize that students are not an employee of the clinical affiliation and that they are guests of the facility and are not “entitled” to smoke while at their clinical assignment.

While providing patient care, students are in close proximity with patients and patient care does not wait while students are taking a “smoke break”. Third Hand smoke poses an immediate danger to many persons with respiratory disease and/or impairment. Students who smell of smoke are not especially pleasant to be around, especially if one is ill and the smell of smoke may cause an allergic reaction for the patients or their families.

If the student requires a cigarette during the clinical assignment, it must occur during an approved break, preferably the lunch hour and will be off the clinical facility campus. Students who resume patient care after a smoke break must rid themselves of all evidence of smell or

4.10
debris from the tobacco before returning to the clinical assignment. This may require the student to change clothes upon arrival or wear a removable outer garment while smoking that will be left outside the building.

If a student violates this policy, the Clinical instructors are instructed to send the student home. Students who violate the policy a second time will be removed from the clinical facility and will not be returned to a clinical assignment until they can be in compliance with this policy. This may delay the students’ scheduled graduation.

Exhibiting healthy behaviors for our patients is a good thing for health care providers to do, plus as a future health care provider you are aware of the detrimental effects of smoking. If you need help with tobacco free strategies, contact the student health services.
SECTION 5 - Appendices, Resources, Forms, Charts

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- Clinical Education Course Summary… 5.2
- Clinical Education Overview Chart… 5.3
- Clinical Assignments by Rotation: An overview … 5.4
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PTA CURRICULUM PATTERN

1st Fall Semester  

8 PTA credit hours / 18 hours total

- BIO 1314 Anatomy & Physiology  
  3 hr lec/ 3 hr lab
- PHTA 1203 Anatomy & Physiology for PTA's  
  2 hr lec / 3 hr lab
- PHTA 1303 Introduction to Physical Therapy  
  2 hr lec / 3 hr lab
- PHTA 1242 Human Growth & Development  
  2 hr lec
- AH 1323 Medical Terminology  
  3 hr lec
- ENG 1113 English Composition I  
  3 hr lec

1st Spring Semester  

9 PTA credit hours / 15 hours total

- PHTA 1392 Clinical Procedures I  
  1 hr lec / 3 hr lab
- PHTA 1363 Kinesiology for PTAs  
  3 hr lec
- PHTA 1383 Pathophysiology for PTAs  
  3 hr lec
- PHTA 1232 Clinical Practice I (Rotation 1)  
  1 hr lec/ 80 hours in 2 wks
- ENG 1213 English Composition II  
  3 hr lec
- PSY 1113 Intro to Psychology  
  3 hr lec

2nd Fall Semester  

13 PTA credit hours / 16 hours

- PHTA 2442 Psychosocial Aspects of Physical Therapy  
  2 hr lec / 40 hr lab
- PHTA 2343 Clinical Procedures II  
  2 hr lec / 3 hr lab
- PHTA 2373 Therapeutic Exercise I  
  2 hr lec / 3 hr lab
- PHTA 2543 Neuroscience  
  3 hr lec
- PHTA 2432 Clinical Practice II (Rotation 2)  
  1 hr lec/ 80 hours in 2 wks
- POS 1113 American Government  
  3 hr lec

2nd Spring Semester  

9 PTA credit hours / 12 hours total

- PHTA 2383 Therapeutic Exercise II  
  2 hr lec / 3 hr lab
- PHTA 2113 Rehabilitation  
  2 hr lec/ 3 hr lab
- PHTA 2551 Pharmacology for PTAs  
  1 hr lec
- PHTA 2522 Special Studies in Clinical Practice  
  1 hr lec / 2 hr lab
- HIS 1483 American History (or HIS 1493)  
  3 hr lec

2nd Summer Semester  

6 PTA credit hours

- PHTA 2486 Clinical Practice III  
  424 hours in 11 weeks

General Education Requirements:  22 credit hours
Specialized Course Requirements:  47 credit hours
Total Credit Hours:       69

5.1
Clinical Practice I (Rotation 1) occurs in the middle of the second semester (spring) for the first year students. For some, this is their first exposure to a PT clinic; therefore, the purpose is to introduce the clinical environment and to provide an opportunity for supervised hands-on experience. This two-week full-time block is perfect for beginning CI’s and for those facilities where committing a larger block of time is impractical. When students go in pairs, assignments can be worked on cooperatively. Other charts in the Appendix may help determine what skills students have been exposed to by this point in the program.

Clinical Practice II (Rotation 2) is a two-week full-time block that occurs at the end of the third semester (fall) in the second year. Students continue to need direct super-vision (although less than in Rotation 1) for skills such as; basic transfers, gait training, basic therapeutic exercise, modalities, functional manual muscle testing, and goniometry. Other fall semester courses are therapeutic exercise with an emphasis on orthopedics, therapeutic modalities, and neuroscience. They will need some assistance in planning their learning experiences.

Clinical Practice III (Rotations 3a and 3b) is composed of two full-time blocks of five to six weeks each during the fifth and final semester. This is the terminal clinical experience before graduation. At this point, students have finished the didactic work and should start to self-direct their own learning. During the spring semester, they gain some skill using developmental approaches, more advanced therapeutic exercise related to neurological patients, and overall rehabilitation techniques. They should be able to produce thorough documentation with very little guidance as well as have some insight into treatment progressions. The amount of super-vision depends upon the setting, the patient load, and the student. It is our expectation that by the second rotation block, students should be operating almost independently with guidance from CI’s in complex and new situations.
### Clinical Education Overview

<table>
<thead>
<tr>
<th>COURSE</th>
<th>PHTA 1232 Clinical Practice I</th>
<th>PHTA 2432 Clinical Practice II</th>
<th>PHTA 2486 Clinical Practice III</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMESTER</td>
<td>2nd Mid-Spring</td>
<td>3rd End of Fall</td>
<td>5th Summer</td>
</tr>
<tr>
<td>ROTATION</td>
<td>1</td>
<td>2</td>
<td>3a &amp; 3b</td>
</tr>
<tr>
<td>DURATION</td>
<td>Two-weeks March</td>
<td>Two-weeks Nov-Dec</td>
<td>(2) 5-6 week blocks May-July</td>
</tr>
<tr>
<td>GOAL OF ROTATION</td>
<td>Supervised hands-on experience Integration of POC with treatment rationale Learning Goals: self-directed Work with CI to direct learning Using the POC to direct patient treatment progression d/c summaries Gain skills competency Full time clinicals (11) 40 hour weeks total Near Entry level or above varied direct supervision intensity based on setting, patient load, student competence, and comfort level.</td>
<td></td>
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</tr>
<tr>
<td>CONCURRENT PTA COURSES</td>
<td>Clinical Procedures I Kinesiology Pathophysiology Completed Fall courses: A &amp; P for PTA’s Intro to PT Human Growth &amp; Development Medical Terminology Clinical Procedures II Therapeutic Ex I (ortho) Neuroscience Psychosocial Aspects of PT All didactic work is complete. Spring courses completed: Therapeutic Ex II (neo) Rehabilitation Pharmacology Special Topics</td>
<td></td>
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</tr>
<tr>
<td>SKILL LEVEL</td>
<td>Skills 1-10 Aseptic Techniques Positioning Bed Mobility Transfers – basic Tilt Table Hot Pack &amp; Cryotherapy Paraffin Gait – basic Documentation-basic Chest PT Goniometry, some MMT Massage Skills 1-28 Modalities: Amputee rehab Traction and Compression, Light Therapies Electrotherapy and US Transfers Hydrotherapy Ther Ex: (stretch, strengthen, MMT) All skills listed in Skills Notebook have been checked by academic faculty At or near entry level with guidance for complex and new situations. Neuro techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPERVISION</td>
<td>Direct</td>
<td>Direct</td>
<td>Direct- but varied intensity</td>
</tr>
<tr>
<td>CLINICAL INSTRUCTOR SUGGESTIONS</td>
<td>Good for beginning CI’s May work well with (2) students that can work in pairs on clinical assignments</td>
<td>Willingness to assist student with learning objectives. Increase competence with newly acquired skills</td>
<td>Student may need some assistance with directing their own learning and moving entry level performance. Gain competency with all skills</td>
</tr>
</tbody>
</table>
# OVERVIEW OF CLINICAL COURSE ASSIGNMENTS

## STANDARD (common to classroom & clinical)
- Risk Requirements: complete/valid/current
- Development of all Generic Abilities
- Required on-campus clinic hours
- Resume: TCC format only
- Rotation Choices
- Clinical Site Information Sheet (CSIF)
- Business style cover letter based on CSIF/company website
- Business style thank you letter & stamped, addressed envelope

## Non-Standard (specific to the course or rotation)
- Chart Review
- SOAP notes
- Communication Exercise
- Patient diary
- Teaching Lab
- OTA Collaborative Study & Patient diary
- No classroom

## Rotation

<table>
<thead>
<tr>
<th>Rotation</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Supervised practice of Skills 1-10</td>
<td>Supervised practice of Skills 1-28</td>
<td>Supervised practice of all Skills</td>
</tr>
<tr>
<td>CPI 1-5</td>
<td>75%</td>
<td>CPI 1-5</td>
<td>CPI 1-5</td>
</tr>
<tr>
<td>CPI 6-20</td>
<td>25%</td>
<td>CPI 6-20</td>
<td>CPI 6-20</td>
</tr>
<tr>
<td>Rot 3a</td>
<td>75%</td>
<td>Rot 3a</td>
<td>Rot 3b 100%</td>
</tr>
<tr>
<td>Rot 3b</td>
<td>100%</td>
<td>Rot 3b</td>
<td>In-service</td>
</tr>
</tbody>
</table>

## Classroom

In order to participate in rotation, these must be correctly completed & submitted On/before the deadline

## Clinical

In order to pass the course...
These must be correctly completed & submitted On/before the deadline
<table>
<thead>
<tr>
<th>CLINICAL I</th>
<th>Spring 1st Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Aseptic Technique: Hand Washing</td>
<td></td>
</tr>
<tr>
<td>#2 Aseptic Technique: Gown &amp; Mask for Isolation</td>
<td></td>
</tr>
<tr>
<td>#3 Aseptic Technique: Sterile Gloves &amp; Bandaging</td>
<td></td>
</tr>
<tr>
<td>#4 Positioning &amp; Bed Mobility</td>
<td></td>
</tr>
<tr>
<td>#5 Wheelchairs &amp; Wheelchair Function</td>
<td></td>
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<tr>
<td>#6 Transfers &amp; Transfer Training</td>
<td></td>
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<tr>
<td>#7 Range of Motion Exercise</td>
<td></td>
</tr>
<tr>
<td>#8 Rx of Postural Hypotension: Bedside, Tilt Table, or Standing Frame</td>
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</tr>
<tr>
<td>#9 Hydrocollator Pack &amp; or Paraffin</td>
<td></td>
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<tr>
<td>#10 Cryotherapy: Ice Pack, Ice Massage, Contrast Bath</td>
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<table>
<thead>
<tr>
<th>CLINICAL II</th>
<th>Fall 2nd Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>#11 Therapeutic Massage</td>
<td></td>
</tr>
<tr>
<td>#12 Basic Gait Training with Assistive Devices</td>
<td></td>
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<tr>
<td>#13 Chest Physical Therapy</td>
<td></td>
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<tr>
<td>#14 Hydrotherapy</td>
<td></td>
</tr>
<tr>
<td>#15 Ultrasound &amp; Short Wave Diathermy</td>
<td></td>
</tr>
<tr>
<td>#16 Light Therapies (Optional)</td>
<td></td>
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<tr>
<td>#17 Goniometry</td>
<td></td>
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<tr>
<td>#18 Stretching</td>
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(continued on page 2)
<table>
<thead>
<tr>
<th>#</th>
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<tr>
<td>19</td>
<td>Electrotherapeutic Agents</td>
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<td>T.E.N.S.</td>
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<td>21</td>
<td>Compression Therapies</td>
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<tr>
<td>22</td>
<td>Traction</td>
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<tr>
<td>23</td>
<td>Functional Strength Testing</td>
</tr>
<tr>
<td>24</td>
<td>Strengthening Exercise: Musculoskeletal</td>
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<tr>
<td>25</td>
<td>Strengthening Exercise: Cardiopulmonary Rehabilitation</td>
</tr>
<tr>
<td>26</td>
<td>Postural Structural Corrective Exercise</td>
</tr>
<tr>
<td>27</td>
<td>Neuromuscular Facilitation / Inhibition Techniques</td>
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<tr>
<td>28</td>
<td>Amputee Rehab &amp; Lower Extremity Prosthetics</td>
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<tr>
<td></td>
<td><strong>CLINICAL III</strong> Spring 2nd Year</td>
</tr>
<tr>
<td>30</td>
<td>Lower Extremity Orthotics Training</td>
</tr>
<tr>
<td>31</td>
<td>Activities of Daily Living</td>
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<tr>
<td>32</td>
<td>Advanced Gait Training</td>
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<tr>
<td>33</td>
<td>Home Program: Teaching Skills</td>
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<td><strong>CLINICAL IV</strong> Summer 2nd Year</td>
</tr>
<tr>
<td>Skill Ref</td>
<td>Skill Learned prior to ROTATION</td>
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<td><strong>INFECTION CONTROL PROCEDURES</strong></td>
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<tr>
<td>1</td>
<td>Aseptic Technique: Handwashing</td>
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<td><strong>FUNCTIONAL TRAINING</strong></td>
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<td>4</td>
<td>Positioning &amp; Bed Mobility</td>
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<td>32</td>
<td>Advanced Gait Training</td>
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<tr>
<td><strong>THERAPEUTIC EXERCISE</strong></td>
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<tr>
<td>7</td>
<td>Range of Motion Exercise</td>
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<tr>
<td>18</td>
<td>Stretching</td>
</tr>
<tr>
<td>24</td>
<td>Strengthening Exercise: Musculoskeletal</td>
</tr>
<tr>
<td>25</td>
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<td>Postural Structural Corrective Exercise</td>
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<tr>
<td>27</td>
<td>Neuromuscular Facilitation/Inhibition Techniques</td>
</tr>
<tr>
<td>28</td>
<td>Biofeedback</td>
</tr>
<tr>
<td><strong>PHYSICAL &amp; MECHANICAL AGENTS</strong></td>
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<tr>
<td>9</td>
<td>Hydrocollator Pack &amp;/or Paraffin</td>
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<tr>
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<tr>
<td>15</td>
<td>Ultrasound &amp; Shortwave Diathermy</td>
</tr>
<tr>
<td>16</td>
<td>Light therapies</td>
</tr>
<tr>
<td>19</td>
<td>Electrotherapeutic Agents</td>
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<td>20</td>
<td>T.E.N.S.</td>
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<tr>
<td>21</td>
<td>Compression therapies</td>
</tr>
<tr>
<td>22</td>
<td>Traction</td>
</tr>
<tr>
<td><strong>MANUAL THERAPY TECHNIQUE</strong></td>
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<tr>
<td>11</td>
<td>Therapeutic Massage</td>
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<tr>
<td>13</td>
<td>Chest Physical Therapy</td>
</tr>
<tr>
<td><strong>DATA COLLECTION SKILLS</strong></td>
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<tr>
<td>17</td>
<td>Goniometry</td>
</tr>
<tr>
<td>23</td>
<td>Functional Strength Testing</td>
</tr>
<tr>
<td>33</td>
<td><strong>EDUCATION</strong>: Home Program: Teaching Skills</td>
</tr>
</tbody>
</table>
GENERAL GOALS FOR INTERMEDIATE ROTATIONS IN ANY SETTING:

- Begin to take responsibility for own clinical learning experiences.
- Gain competence in skills while under direct supervision of a licensed PT or PTA.
- Familiarize self with facility policies and procedures.
- Review emergency procedures.
- Keep a patient diary and discuss intervention rationale and progressions.
- Initiate asking permission to be involved with treatment interventions.
- Communicate directly with the patient versus vicariously through the CI
- Develop skill in writing the ‘A’ and ‘P’ sections of the SOAP formatted note.
- Correctly determine assistance level demonstrated by the patient as min, mod, or max
- Gain experience in communicating with the PT, i.e. the PT/PTA relationship
- Recognize when treatment is outside their knowledge base at this point in the program.

<table>
<thead>
<tr>
<th>ACUTE</th>
<th>SUBACUTE INPATIENT REHAB</th>
<th>OUTPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize pt cues for determining physiological status</td>
<td>Observe roles of the rehab team</td>
<td>Recognize various protocols for individual physicians</td>
</tr>
<tr>
<td>Recognize protocols for: DVT, total joint, and CPM</td>
<td>Co-treat with other disciplines</td>
<td>Learn strategies for treating the non-compliant patient</td>
</tr>
<tr>
<td>Knowledge and use of joint replacement precautions</td>
<td>Discuss with the PT any need for specific equipment for the pt</td>
<td>Discuss communication with physicians for treatment extensions, early discharge, and/or non-compliance.</td>
</tr>
<tr>
<td>Teaching patient and family stair climbing with A.D.</td>
<td>Initiate dialog with the social worker concerning pt discharge</td>
<td>Discuss insurance issues with supervising therapist, “insurance managers”, etc.</td>
</tr>
<tr>
<td>Communicating with disoriented patients</td>
<td>Observe a home evaluation</td>
<td>Discuss scheduling patients for maximum benefit within the insurance allowance. Taking responsibility to track patient visits.</td>
</tr>
<tr>
<td>Knowledge and use of weight bearing terms ( NWB etc.)</td>
<td>Differentiate between acute, sub-acute, and outpatient phases or rehabilitation</td>
<td>Practice communicating with patient to glean pertinent information not in the O/P chart.</td>
</tr>
<tr>
<td>Therapeutic exercise for bedfast patients</td>
<td>FIM score exposure and use of narrative documentation style</td>
<td>Practice proper use of support personnel.</td>
</tr>
<tr>
<td>Adjusting own schedule to accommodate patient rx</td>
<td>Preparing the patient and family for discharge from facility</td>
<td>Gain exposure to new treatment techniques</td>
</tr>
<tr>
<td>Develop a respect for other disciplines</td>
<td>Plan for success of patient who is progressing slowly</td>
<td>Become familiar with various equipment used in this setting.</td>
</tr>
<tr>
<td>Observe surgery, wound care</td>
<td>Focus on functional gains</td>
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</tr>
<tr>
<td>Observe a respiratory treatment</td>
<td>Familiarize self with home equipment companies and community resources.</td>
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</tr>
<tr>
<td>Consider lab values before treating a patient.</td>
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</tbody>
</table>
Student Signature of Compliance

All Tulsa Community College Physical Therapist Assistant students are responsible for knowing the content and must comply with the policies, regulations, and procedures as set forth in the following documents:

- TCC Catalog,
- TCC Student Handbook,
- TCC Student Code of Conduct Policy Handbook,
- TCC Physical Therapist Assistant Handbook, and
- TCC Physical Therapist Assistant Clinical Education Handbook

Student must:
1. Read the statement below indicating that they have read and agree to comply with the school’s policies and procedures in documents listed above.

2. Print, sign, and date this page.

3. Submit signed page to the ACCE. The ACCE will record the signature and return page to the student.

4. Student must retain the signed page in the Risk Management section of the Clinical Education notebook.

As an active student at Tulsa Community College in the Physical Therapist Assistant program, I state that I have read and hereby agree to comply with Tulsa Community College policies, regulations, and procedures set forth in the above listed documents.

Student Printed Name: ____________________________________________________

Student Signature:________________________________________ Date:____________

5.9
<table>
<thead>
<tr>
<th></th>
<th>DEFINITION</th>
<th>BEGANING LEVEL</th>
<th>DEVELOPING LEVEL</th>
<th>ENTRY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Commitment to Learning</td>
<td>Requires direction often, has difficulty identifying needs &amp; sources of learning &amp; rarely seeks out new knowledge &amp; understanding.</td>
<td>Self-directed, frequently identifies needs &amp; sources of learning, &amp; invites new knowledge &amp; understanding</td>
<td>Highly self-directed, consistently identifies needs &amp; sources of learning, &amp; deliberately seeks out new knowledge &amp; understanding.</td>
</tr>
<tr>
<td></td>
<td>self-assess, self-correct, &amp; self-direct; to identify needs &amp; sources of learning; &amp; to continually seek new knowledge &amp; understanding</td>
<td>Identifying problems</td>
<td>Awareness of additional material outside of class</td>
<td>Applying new info &amp; re-evaluate performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Forming appropriate questions</td>
<td>Enthusiasm about new ideas</td>
<td>Reading articles critically &amp; understanding limits of application to professional practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Showing evidence of preparation prior to class</td>
<td>Reconciling differences in opinions or information</td>
<td>Researching &amp; studying areas where knowledge base is lacking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participating in small groups</td>
<td>Showing confidence in present material</td>
<td>Accepting that there may be more than 1 answer to a problem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attending class consistently</td>
<td>Setting personal &amp; professional goals</td>
<td>Researching areas where knowledge is lacking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Showing attentiveness</td>
<td>Seeking new learning opportunities</td>
<td>Consistently engaged in highly effective &amp; non-judgmental interactions with all persons in the academic setting, &amp; responds exceptionally well to unexpected/new situations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Possessing a positive attitude toward learning</td>
<td>Seeking out professional literature</td>
<td>Approaching others to discuss differences in opinion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Engages in non-effective or judgmental interactions with persons in the academic setting, &amp; loses focus in unexpected/new situations.</td>
<td>Usually engages in effective &amp; non-judgmental interactions with most persons in the academic setting, &amp; maintains focus in unexpected/new situations</td>
<td>Responding effectively to unexpected situations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintaining professional demeanor in interactions</td>
<td>Recognizing impact of non-verbal communication &amp; modifying accordingly</td>
<td>Talking about difficult issues with sensitivity &amp; objectivity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respecting differences in others</td>
<td>Discussing problems with the appropriate faculty member</td>
<td>Delegating to others as needed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognizing impact of non-verbal communication (eye contact, active listening)</td>
<td>Using appropriate skills when one faculty member is referring the student to another faculty member.</td>
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<tr>
<td></td>
<td></td>
<td>Appropriately discussing a grade on an exam, practical, or assignment</td>
<td>Assuming responsibility for own actions</td>
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<tr>
<td></td>
<td></td>
<td>Attentive behavior in classes, labs, &amp; small groups</td>
<td>Establishing trust &amp; motivating others</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Communication Skills</td>
<td>BEGINNING LEVEL</td>
<td>DEVELOPING LEVEL</td>
<td>ENTRY LEVEL</td>
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<td></td>
<td>Communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes</td>
<td>Exhibits poor written, verbal, &amp; non-verbal communication skills &amp; lacks ability to modify information to meet the needs of various audiences/purposes.</td>
<td>Exhibits acceptable written, verbal &amp; non-verbal communication skills &amp; is usually capable of modifying information to meet the needs of various audiences/purposes</td>
<td>Exhibits superior written, verbal &amp; non-verbal communication skills &amp; readily modifies information to meet the needs of various audiences/purposes</td>
</tr>
<tr>
<td></td>
<td>Demonstrates understanding of basic English (verbal &amp; written): uses correct grammar, accurate spelling &amp; expression</td>
<td>Restating, reflecting &amp; clarifying messages</td>
<td>Modifying communication</td>
<td>Modifying written &amp; verbal communication to meet needs of various audiences</td>
</tr>
<tr>
<td></td>
<td>Understanding of basic English (verbal, written, grammar, spelling, expression)</td>
<td>Using technology in presentations</td>
<td>Quality written work, class presentations, Handouts, assignments</td>
<td>Presenting verbal or written message with logical organization &amp; sequencing</td>
</tr>
<tr>
<td></td>
<td>Communicating appropriately in laboratory session &amp; small groups</td>
<td>Exhibiting appropriate communication during practical exams</td>
<td>Utilizes non-verbal communication to augment verbal message</td>
<td>Maintaining open &amp; constructive communication</td>
</tr>
<tr>
<td></td>
<td>Providing appropriate feedback to fellow classmates</td>
<td>Restates, reflects &amp; clarifies message</td>
<td>Restates, reflects &amp; clarifies message</td>
<td>Communicating professional needs &amp; concerns</td>
</tr>
<tr>
<td></td>
<td>Using internet resources</td>
<td>Collects necessary information from the patient interview</td>
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<td></td>
<td>Recognizing differences in communication style</td>
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<td></td>
<td>Writes legibly</td>
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<td></td>
<td>Recognizes impact of non-verbal communication: maintains eye contact, listens actively</td>
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<table>
<thead>
<tr>
<th>4</th>
<th>Effective Use of Time &amp; Resources</th>
<th>BEGINNING LEVEL</th>
<th>DEVELOPING LEVEL</th>
<th>ENTRY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Obtain the maximum benefit from a minimum investment of time &amp; resources</td>
<td>Exhibits poor use of time and resources, shows lack of flexibility/adaptability, and seems incapable of setting goals</td>
<td>Obtains good results through use of time and resources, shows adequate flexibility/adaptability and is capable of setting goals</td>
<td>Consistently obtains maximum results through superior use of time and resources, shows unusual flexibility/adaptability and sets realistic goals</td>
</tr>
<tr>
<td></td>
<td>Making use of textbooks &amp; reading assignments</td>
<td>Identifying alternative resources</td>
<td>Using limited resources creatively</td>
<td>Using limited resources creatively</td>
</tr>
<tr>
<td></td>
<td>Coordinating &amp; working with others for group projects assignments</td>
<td>Moving forward when mistakes are made</td>
<td>Considering professional program &amp; course goals in the context of the assignment</td>
<td>Considering professional program &amp; course goals in the context of the assignment</td>
</tr>
<tr>
<td></td>
<td>Preparing for scheduled appointment times with others</td>
<td>Accepting responsibility for others in group activities</td>
<td>Demonstrating the ability to say no if request made does not add to priorities, or if the activity is in conflict with the set goals.</td>
<td>Demonstrating the ability to say no if request made does not add to priorities, or if the activity is in conflict with the set goals.</td>
</tr>
<tr>
<td></td>
<td>Completing assignments on time</td>
<td>Effectively setting a schedule</td>
<td>Actively seeking resources to solve problems or answer questions</td>
<td>Actively seeking resources to solve problems or answer questions</td>
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<td></td>
<td>BEGINNING LEVEL</td>
<td>DEVELOPING LEVEL</td>
<td>ENTRY LEVEL</td>
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<tr>
<td>5</td>
<td><strong>Use of Constructive Feedback</strong></td>
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<tr>
<td></td>
<td>Identify sources of &amp; seek out feedback &amp; to effectively use &amp; provide feedback for improving personal interaction</td>
<td>Usually accepts, identifies, and integrates feedback from others, and frequently provides appropriate feedback to others.</td>
<td>Seeks out, identifies, and eagerly integrates feedback from others, and provides constructive, timely, and positive feedback to others.</td>
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<tr>
<td></td>
<td>Accepts feedback defensively, does not identify or integrate feedback, provides non-constructive, negative or untimely feedback to others</td>
<td>Assessing own performance accurately</td>
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<tr>
<td></td>
<td>Using active listening skills</td>
<td>Utilizing &amp; providing constructive &amp; timely feedback when establishing pre-professional goals</td>
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<td></td>
<td>Actively seeking constructive feedback &amp; help</td>
<td>Developing a plan of action in response to feedback</td>
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<td></td>
<td>Showing a positive attitude</td>
<td>Accepting &amp; integrating feedback from other</td>
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<td></td>
<td>Critiquing own performance</td>
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<td></td>
<td>Maintaining 2-way communication</td>
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<td>6</td>
<td><strong>Problem-Solving</strong></td>
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<tr>
<td></td>
<td>Recognize &amp; define problems, analyze data, develop &amp; implement solutions, &amp; evaluate outcomes.</td>
<td>Frequently recognizes and defines most problems, analyzes data, develops and implements solutions, and evaluates outcomes.</td>
<td>Consistently and insightfully recognizes and defines problems, analyzes data, develops and implements solutions and evaluates outcomes</td>
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<tr>
<td></td>
<td>Does not regularly recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
<td>Applying the problem solving process to class/lab case studies</td>
<td>Weighing advantages &amp; disadvantages of solutions</td>
<td></td>
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<tr>
<td></td>
<td>Recognizing problems in the academic setting</td>
<td>Generating alternative plans when difficulties or obstacles present themselves during the program</td>
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<td></td>
<td>Recognizing problems of a personal nature</td>
<td>Updating solutions based on review of current research</td>
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<td></td>
<td>Knowing the basic steps of the problem solving process</td>
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<td>7</td>
<td><strong>Professionalism</strong></td>
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<td></td>
<td>Exhibit appropriate professional conduct &amp; to represent the profession effectively</td>
<td>Usually exhibits professional conduct concerning ethics, regulations, policies &amp; procedures, and represents the profession in a competent and positive manner</td>
<td>Exhibits superior professional conduct concerning ethics, regulations, policies &amp; procedures, &amp; actively promotes/ represents the profession in a highly competent/ commendable manner</td>
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<tr>
<td></td>
<td>Exhibits questionable or poor conduct concerning ethics, regulations, policies and procedures, and represents the profession in an incompetent and negative manner</td>
<td>Participating in the OPTA &amp; APTA activities &amp; meetings</td>
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<td></td>
<td>Following University &amp; school policies</td>
<td>Promoting the P.T. Profession</td>
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<td></td>
<td>Seeking opportunities for leadership</td>
<td>Participating in other professional activities</td>
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<td></td>
<td>Demonstrating honesty, compassion, courage &amp; regard to others</td>
<td>Acting on moral commitment</td>
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<td></td>
<td>An awareness of the professional role of a P.T.</td>
<td>Awareness of ethical issues &amp; legal issues impact on the profession</td>
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</tr>
<tr>
<td>Responsibility</td>
<td>BEGINNING LEVEL</td>
<td>DEVELOPING LEVEL</td>
<td>ENTRY LEVEL</td>
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<tr>
<td>Fulfill commitments &amp; to be accountable for actions &amp; outcomes</td>
<td>Demonstrates a poor level of commitment, is not dependable, not punctual, not aware of personal and professional limitations, and does not accept responsibility for actions and outcomes.</td>
<td>Demonstrates an appropriate level of commitment, is usually dependable, punctual, aware of personal and professional limitations, and accepts responsibility for actions and outcomes.</td>
<td>Demonstrates a high level of commitment over and above normal responsibilities, very dependable, always punctual, and acutely aware of personal and professional limitations and accepts full responsibility for actions and outcomes.</td>
<td></td>
</tr>
<tr>
<td>Completing assignments &amp; other requests in a timely manner</td>
<td>Directing complaints to the proper person in authority</td>
<td>Promoting education</td>
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<tr>
<td>Meeting deadlines for assignments.</td>
<td>Providing constructive feedback to appropriate person</td>
<td>Accepting leadership roles</td>
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<tr>
<td>Coming to class on time</td>
<td>Contributing to provision of a safe &amp; secure environment for patients, classmates, &amp; others</td>
<td>Facilitating responsibility for program development &amp; modification</td>
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<tr>
<td>Following through on commitments made</td>
<td>Encouraging colleague accountability</td>
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<tr>
<td>Accepting responsibility for own actions &amp; outcomes</td>
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<tr>
<td>Critical Thinking</td>
<td>Does not identify, articulate or analyze problems, does not distinguish relevant from irrelevant, does not recognize/ differentiate among facts, illusions, &amp; assumptions, &amp; doesn’t present ideas.</td>
<td>Frequently identifies, articulates and analyzes problems, distinguishes relevant from irrelevant, recognizes/ differentiates among facts, illusions, and assumptions, and presents ideas.</td>
<td>Readily identifies, articulates and analyzes problems, consistently and accurately distinguishes relevant from irrelevant, recognizes, differentiates among facts, and generates original ideas</td>
<td></td>
</tr>
<tr>
<td>Question logically; to identify, generate, &amp; evaluate elements of logical argument; to recognize &amp; differentiate facts, illusions, assumptions, &amp; hidden assumptions; &amp; to distinguish the relevant from the irrelevant</td>
<td>Raising relevant questions</td>
<td>Examining new ideas</td>
<td>Exhibiting an openness to contradictory ideas</td>
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</tr>
<tr>
<td></td>
<td>Recognizing gaps in knowledge base</td>
<td>Understanding the scientific method &amp; Formulating alternative hypotheses</td>
<td>Assessing issues raised by contradictory ideas</td>
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<tr>
<td></td>
<td>Articulating ideas/problems</td>
<td>Critiquing hypotheses &amp; ideas. Recognizing facts vs. opinion</td>
<td>Justifying solutions selected</td>
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<td></td>
<td>Determining effectiveness of applied solutions</td>
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<tr>
<td>Stress Management</td>
<td>Fails to identify sources of stress/ problems in self &amp; does not seek assistance or utilize coping skills &amp; is unsuccessful at balancing professional/ personal life.</td>
<td>Is usually aware of sources of stress/ problems in self &amp; others, frequently seeks assistance as needed, utilizes coping strategies, &amp; maintains balance of professional/ personal life.</td>
<td>Accurately identifies sources of stress/problems in self &amp; others, actively seeks assistance when appropriate, demonstrates effective use of coping mechanisms &amp; successfully maintains balance of professional/personal life.</td>
<td></td>
</tr>
<tr>
<td>Identify sources of stress &amp; to develop effective coping behaviors</td>
<td>Demonstrating effective responses during most situations e.g. tests, practical exams, personal communication</td>
<td>Maintaining balance between professional &amp; personal life</td>
<td>Recognizing when problems are unsolvable</td>
<td></td>
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<tr>
<td></td>
<td>Recognizing own stressors or problems in self &amp; others</td>
<td>Accepting constructive criticism appropriately</td>
<td>Assisting others in recognizing stressors</td>
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<tr>
<td></td>
<td>Seeking assistance as needed</td>
<td>Establishing outlets to cope with stressors</td>
<td>Demonstrating a preventative approach to stress management &amp; offering solutions.</td>
<td></td>
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<tr>
<td></td>
<td>Maintaining professional demeanor in most situations</td>
<td>Responding appropriately to urgent &amp; unexpected situations</td>
<td>Establishing a support network</td>
<td></td>
</tr>
</tbody>
</table>
### General Responsibilities in PREPARATION for Clinical Rotations:

<table>
<thead>
<tr>
<th>ACCE</th>
<th>Student</th>
<th>CCCE</th>
<th>CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Tools, eval techniques: Educate all parties involved in clinical education: Students, Clinical Instructors, Self</td>
<td>Develops understanding of clinical site</td>
<td>Support CI in understanding evaluation tools for student</td>
<td>Develops understanding of student evaluation tools</td>
</tr>
<tr>
<td>Communicate: Mission of Clinical Education; Program changes, policies &amp; procedures; Goals &amp; objectives of CE; Goals &amp; objective of specific rotation; Goals &amp; Objectives of each setting; Goals &amp; objectives of site &amp; CI</td>
<td>Seminar classroom topics, assignments Develop own learning objectives based on GenAb, CPI criteria, understanding of facility, technical weaknesses</td>
<td>Notifies staff of CI workshops available Provides opportunities for training of CI’s</td>
<td>Develops understanding of student requirements for the rotation.</td>
</tr>
<tr>
<td>Organization and transmission of CE information to the sites and CI’s</td>
<td>Keeps Clinical history of assignments &amp; experiences</td>
<td>Apprises ACCE of any changes at clinical site related to clinical education (buy outs, mergers, restructuring):</td>
<td>Plans for a learning environment</td>
</tr>
<tr>
<td>Tracks clinical contracts</td>
<td>Practice Skills, prep for checkouts, competent in skills to pt in program</td>
<td>Advance planning &amp; scheduling of students Update CSIF every 2 yrs</td>
<td>Knowledge of specialties</td>
</tr>
<tr>
<td>Continuing Education for CI’s</td>
<td>Generic abilities</td>
<td>Awareness of unique facility experiences,</td>
<td>Knowledge of site policies &amp; procedures manual</td>
</tr>
<tr>
<td>Updated &amp; current files on sites, CSIF’s, policies &amp; procedures if available.</td>
<td>Plans clinical rotation path</td>
<td>Maintains CSIF/CCIF</td>
<td>Minimum of 1 year experience, preferably 2 yrs</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Knowledge of contents of Clinical education handbook</td>
<td>Develops understanding of Clinical Handbook</td>
<td>Mentor other staff to become CI’s</td>
</tr>
<tr>
<td>Maintain Immunization records</td>
<td>Risk mgmt updated &amp; maintained</td>
<td>Scheduling to provide adequate supervision for CI &amp; student</td>
<td>General goals for the student</td>
</tr>
<tr>
<td>Collaborates with other programs to avoid overlap of rotations, resources.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare &amp; print all paperwork</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Notify facility of student assignment in timely manner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare students for clinical rotation, Assignments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement of students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding for CEU for CI Provision of resources for CI’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruit new clinical affiliations</td>
<td></td>
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</tr>
</tbody>
</table>

5.14
### Responsibilities DURING Clinical Rotations:

<table>
<thead>
<tr>
<th>ACCE</th>
<th>STUDENT</th>
<th>CCCE</th>
<th>CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitates regular communication. Resource</td>
<td>Communication with CI and ACCE</td>
<td>Communication Resource</td>
<td>Release time for student Orient the student.</td>
</tr>
<tr>
<td>Communicate any problems to the clinic Availability to CI when problems arise. -Use learning opportunities -Practice Skills -Complete Rotation objectives -Complete Rotation assignments -Generic abilities progress</td>
<td>Introduce self Welcome the student Introduce to staff &amp; CI.</td>
<td>-Communicate their expectations for the rotation. -Flexibility in scheduling. -Preparedness to learn. -Communication with all staff.</td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>-know didactic content of program to date -share personal goals for rotation with CI</td>
<td>Any staffing or schedule changes.</td>
<td>Timely communication of any problems Communicate any needs for help, materials, etc</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-Communicate need for extra time to help the student. -Resource for making sure legalities and adequate supervision are maintained.</td>
<td>Discuss the role of the PTA in physical therapy at their specific facility. -What schedule to follow. -Identifies the chain of command at the facility. To whom the student is responsible. -What the facility expects from the student! -Adequate and valid evaluation of the rotation experience</td>
</tr>
</tbody>
</table>
Summary/Planning Form
Weekly Planning Form

Dates: ____________________  Week # __________

Summary of Previous Week:
(Progress, Feedback)

Student:

Clinical Instructor:

Goals for the Upcoming Week:

______________________________  __________________________
Student’s Signature  Clinical Instructor’s Signature

5.16
The Critical Incident Report (format from Shea et al)

**Student’s Name:**

**Evaluator/Observer:**

<table>
<thead>
<tr>
<th>Date (time)</th>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Student’s Signature: ________________________________

Evaluator’s Signature: ______________________________

5.17
TULSA COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
PROGRESS/COUNSELING RECORD

Date:
Student’s Name

Description of incident or circumstance:

Recommendations/Actions:

Student Comments:

Signatures:

____________________________  ____________________
Clinical Instructor                               Date

____________________________  ____________________
Student                                        Date
## Tulsa Community College – Physical Therapist Assistant Program
### Evaluation of Clinical Instructor by the Student

<table>
<thead>
<tr>
<th><strong>COMMUNICATION SKILLS:</strong></th>
<th>My CI…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Interacts with me in a respectful manner</strong></td>
<td></td>
</tr>
<tr>
<td>✓ Ability to offer feedback in a constructive manner</td>
<td></td>
</tr>
<tr>
<td>✓ Ability to maintain my confidentiality and dignity</td>
<td></td>
</tr>
<tr>
<td>✓ Values my suggestions regardless of academic standing</td>
<td></td>
</tr>
<tr>
<td>✓ Unconditional positive regard for me regardless of differences</td>
<td></td>
</tr>
<tr>
<td>✓ Ability to modify interaction with me based on situational need.</td>
<td></td>
</tr>
<tr>
<td>✓ Makes an effort to get to know me as an individual</td>
<td></td>
</tr>
<tr>
<td><strong>2. Clearly communicates to me the expectations of the affiliation with in the first three days.</strong></td>
<td></td>
</tr>
<tr>
<td>✓ Plans specific learning experiences with my goals in mind</td>
<td></td>
</tr>
<tr>
<td>✓ Enables me to achieve course objectives.</td>
<td></td>
</tr>
<tr>
<td>✓ Provides orientation materials to me prior to my arrival at clinic</td>
<td></td>
</tr>
<tr>
<td>✓ Encourages me to self-direct given parts of my learning</td>
<td></td>
</tr>
<tr>
<td>✓ Provides me with information necessary for treatment.</td>
<td></td>
</tr>
<tr>
<td><strong>3. Communicates in ways that create a non-threatening atmosphere for me to ask questions</strong></td>
<td></td>
</tr>
<tr>
<td>✓ Actively listens to my questions</td>
<td></td>
</tr>
<tr>
<td>✓ Attempts to understand my learning process</td>
<td></td>
</tr>
<tr>
<td>✓ Fairly and reasonably assesses my performance</td>
<td></td>
</tr>
<tr>
<td><strong>4. Has planned and organized for me to have an effective clinical experience.</strong></td>
<td></td>
</tr>
<tr>
<td>✓ Makes modifications to accommodate my learning style</td>
<td></td>
</tr>
<tr>
<td>✓ Demonstrated a genuine interest in my success.</td>
<td></td>
</tr>
<tr>
<td>✓ Planned experiences that assisted me in overcoming weaknesses.</td>
<td></td>
</tr>
<tr>
<td>✓ Plans for daily feedback.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CLINICAL SKILLS:</strong></th>
<th>My CI…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Provides an environment that provides minimal risk and maximum safe practice for the patient and me.</strong></td>
<td></td>
</tr>
<tr>
<td>✓ Ability to maintain safety during all treatment sessions</td>
<td></td>
</tr>
<tr>
<td>✓ Provides adequate supervision at all times</td>
<td></td>
</tr>
<tr>
<td>✓ Assures me that I am adequately prepared before treating a patient</td>
<td></td>
</tr>
<tr>
<td><strong>6. Has the ability to progress me toward entry level regardless of the initial quality of my skills.</strong></td>
<td></td>
</tr>
<tr>
<td>✓ Provides reasonable opportunities for me to practice skills listed in my course syllabus.</td>
<td></td>
</tr>
<tr>
<td>✓ Provides opportunities for experiences that are unique to this setting.</td>
<td></td>
</tr>
<tr>
<td>✓ Has the ability to relate physical therapy theory to the practice.</td>
<td></td>
</tr>
<tr>
<td>✓ Provides a secure environment for me to practice problem solving</td>
<td></td>
</tr>
<tr>
<td>✓ Assists me in solving clinical problems independently.</td>
<td></td>
</tr>
<tr>
<td><strong>7. Adheres to all ethical and legal standards of the practice.</strong></td>
<td></td>
</tr>
<tr>
<td>✓ Provides opportunities for me to utilize support personnel as per the practice guidelines.</td>
<td></td>
</tr>
</tbody>
</table>
Tulsa Community College-Physical Therapist Assistant Program
Student Feedback for the Clinical Instructor

MIDTERM COMMUNICATION

1. Discuss how respectful the CI was when communicating feedback about your performance. Did the CI remain mindful of my confidentiality and dignity?

2. Discuss how well the CI communicated to you the expectations of the affiliation within the first three days. Were orientation and treatment information provided?

3. Discuss how the CI created a non-threatening atmosphere for you to ask questions. Did they actively listen, allow problem solving practice, provide various learning styles?

4. How could the CI be more helpful to you?

5. Discuss how the CI provided you with reasonable opportunities to supervise the practice of skills listed in the course syllabus.

MIDTERM SIGNATURES:  (optional for rotation less than six weeks in length)

Student:____________________________________________________Date:______________

C.I.:_______________________________________________________Date:______________

5.20
1. What did you like best about this clinical experience?

2. Discuss any new procedures or equipment you encountered. Did the CI have the ability to consistently maintain an environment of minimal risk and maximum safe practice for both you and the patient?

3. Discuss any problems that you encountered.

4. Discuss any suggestions that might be made to improve this clinical experience.

Additional Comments:

**SIGNATURES:**

**FINAL:** (required for *ALL* rotations)

Student: _____________________________________________ Date: ____________

C.I.: ______________________________________________ Date: ____________
### Tulsa Community College – Physical Therapist Assistant Program

Rotation Online Evaluation Form

**Page 1 of 2**

**Name** ____________________________________

2014-15 Rotation (circle one) 1 2 3a 3b

<table>
<thead>
<tr>
<th>EVALUATION SCALE</th>
<th>Far Below</th>
<th>Below</th>
<th>Met</th>
<th>Exceeds</th>
<th>Far Exceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### EXPECTATIONS

**A. ESTABLISH AND MAINTAIN LEARNING ENVIRONMENT**

1. Provides clear rationale for treatment to support my learning
2. Provides orientation materials to me so I’m adequately prepared
3. Clearly communicated expectations of me within three days
4. Supports my efforts to achieve course objectives
5. Plans and organizes for me to have an effective clinical experience
6. Encourages me to take responsibility for my learning
7. Creates an atmosphere for me to ask questions and solve problems
8. Provides opportunities to practice therapeutic skills
9. Assigns me a patient load consistent with my abilities
10. Provides experiences unique to this setting

**B. BALANCING PATIENT AND STUDENT NEEDS**

11. Balances need for quality service delivery while providing educational experiences
12. Uses educational interventions to enhance patient care
13. Allows patients to actively enhance my learning experience
14. Provides opportunities to use support staff per practice guidelines.
15. Provides feedback in discrete manner when patient is present
16. Provides minimal risk/maximal safe environment for patient and me
17. Provides adequate supervision at all times.
18. Adheres to all ethical and legal standards of practice
19. Assures that I am adequately prepared before treating a patient
20. Provides a positive role model of professional behavior in practice

**C. ENHANCES LEARNING THROUGH ASSESSMENT**

21. Offers feedback in a constructive manner
22. Values my clinical suggestions
23. Fairly and reasonably assesses my performance
24. Plans for daily feedback, questions, and discussion
25. Allows me a reasonable chance to correct my mistakes
26. Supports my progress toward entry level
27. Plans experiences that assist me in overcoming weaknesses

**D. COMMUNICATION**

28. Offers unconditional positive regard despite our differences
29. Demonstrates genuine interest in my success

**EXPECTATIONS**

30. Made me feel welcome and part of the department
31. Has an approachable style of interacting with me
32. Does not assume I know the facility
33. Encouraged me to verbalize my “self-assessment”
34. Is your CI an “APTA Clinical Instructor Credentialed”? (circle one)  YES  NO

35. How could your CI have been more helpful to you?

36. What suggestions would you have for improving this site?

37. What did you learn about yourself during this rotation?

38. What are you doing to prepare yourself for the next rotation?

39. Was there any equipment that was unfamiliar to you?

40. What could the PTA program faculty have done to better prepare you for this rotation?
STUDENT/FACILITY/ACCE EVALUATION FORM

A. STUDENT NAME:
1. Meeting expectations of the facility/CI
2. Work habits conducive to employment
3. Clinical skills are appropriate/progressing
4. Maintaining safety of patients/self/others
5. Prepared for rotation (skill notebook, in-service, CSIF)
6. Good communication with patients/families/staff
7. Self-assessing accurately
8. Seeking learning opportunities
9. Number of patients seeing with assistance

B. CI NAME:
1. Provides positive learning environment:
   - Adequate planning for students
   - Timely orientation to facility & safety policies
   - Allows student involvement in planning
   - Provides constructive feedback for student
2. Good role model for professional behavior
   - Exposure to a good PT:PTA working relationship
3. Needs in-service to improve an area of CE
   - Requests information on APTA CI Credentialing

C. FACILITY:
1. Providing ethical, legal practice
2. Providing adequate release time for having student
   - Providing adequate training for the CI & staff
   - Needs in-service to improve an area of CE

D. TCC/ACCE NAME:
1. Provides adequate support
   - Provides adequate training
2. Timely in addressing concerns
   - Timely in providing materials
   - Easily accessible for assistance with students
## Certificate of Insurance

**Date:** 08/30/13

**Producer:** Affinity Insurance Services, Inc.  
200 E. Randolph Street, 5th Floor  
Chicago, IL 60601

**Insured:** Students of Allied Health Programs of  
Tulsa Community College  
6111 E Skelly Drive Suite 610  
Tulsa, OK 74135-6198

**Company A:** American Casualty Company of Reading, PA  
**Company B:**  
**Company C:**  
**Company D:**

### Coverages

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Policy Number</th>
<th>Policy Effective Date</th>
<th>Policy Expiration Date</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Liability</strong></td>
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<tr>
<td>Commercial General Liability</td>
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<tr>
<td>Claims made</td>
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<td>Occur</td>
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<tr>
<td>Owner's Cont Prop</td>
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</tr>
<tr>
<td><strong>Automobile Liability</strong></td>
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</tr>
<tr>
<td>Any Auto</td>
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</tr>
<tr>
<td>All Owned Autos</td>
<td></td>
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</tr>
<tr>
<td>Scheduled Autos</td>
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<tr>
<td>Hired Autos</td>
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<tr>
<td>Non-Owned Autos</td>
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<tr>
<td><strong>Garage Liability</strong></td>
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<tr>
<td>Any Auto</td>
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<tr>
<td>Auto Only - Ex Accident</td>
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<tr>
<td>Other Than Auto Only</td>
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<tr>
<td>Each Accident</td>
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<tr>
<td>Aggregate</td>
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<tr>
<td><strong>Excess Liability</strong></td>
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<tr>
<td>Umbrella Form</td>
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<td></td>
<td>$</td>
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<tr>
<td>Other Than Umbrella Form</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Workers Compensation and Employers Liability</strong></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>The Proprietor/Partners/Executives are Excl</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>127280752</td>
<td>09/01/13</td>
<td>09/01/14</td>
<td>$1,000,000 each claim, $5,000,000 aggregate</td>
</tr>
</tbody>
</table>

**Description of Operations/Locations/Vehicles/Special Items**

### Certificate Holder

**Evidence of Insurance**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**Authorized Representative:** Ed Mendosa

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5.25
CLINICAL ROTATION AGREEMENT

Between

INSERT NEW CLINICAL SITE NAME HERE

And

TULSA COMMUNITY COLLEGE

THIS AGREEMENT is made and entered into as of January 1, 2011 between TULSA COMMUNITY COLLEGE (the “College”), and _______________________(the “Facility”).

1. Clinical Rotations. The College shall arrange clinical rotation experience (“Clinical Rotations”) for Allied Health Services students (“Students”) at the Facility. The College and the Facility shall mutually determine the scope of the Clinical Rotation programs, the schedule of student assignments and the number of Students who may participate in the Clinical Rotations.

2. Term. The term of this Clinical Affiliate Agreement shall be for the period of three (3) years, commencing January 1, 2011, and ending December 31, 2013, unless terminated earlier as provided in this Agreement. After the initial term, this Agreement shall continue in effect for additional periods of one year each unless one party notifies the other at least 90 days prior to the end of the initial term or any extended term of its intent to terminate this Agreement at the end of such term, in which event this Agreement shall terminate at the end of the then-current term. However, notification by a party of its intent not to renew shall not affect students currently enrolled and participating in Clinical Rotations.

3. Responsibilities of the College.

a. If Clinical Instructors or Instructors do not accompany Students to the Facility for Clinical Rotations, or do not participate in the clinical rotations, then any part of this agreement referring to “Clinical Instructors” or “Instructors” shall apply to Students only.

b. The College shall designate a College employee or another individual retained by the College (the “Clinical Instructor”) to serve as the coordinator for the Clinical Rotations to work directly with Facility personnel and coordinate all the activities of Students.

c. The College shall designate one or more of its instructors or faculty members (“Instructors”) to instruct and supervise Students during the Clinical Rotations.

d. The College shall provide a roster of the names of the Clinical Instructor, Instructors and Students (the “Roster”), along with a rotation schedule, to the Facility before the Clinical Rotations begin.

5.26
e. For each Student and on-site Clinical Instructor who will participate in the Clinical Rotations, the College shall provide to the Facility verification of the following immunizations and tests:

(i) verification that immunity requirements are met and supported by documentation for Mumps, Rubella, Rubeola, (MMR) and Varicella in accordance with CDC recommendations; (ii) Hepatitis B vaccination series (series of three or waiver); (iii) TB test within the past 12 months, and when results are positive, verification of supporting documentation for a chest x-ray and then annual medical evaluations to screen for TB symptoms, reflecting no evidence of TB disease.; and (iv) annual flu shot or signed declination.

f. Effective January 1, 2011, the College will have a 10 panel drug screen and comprehensive national criminal background check run on each health sciences student prior to their first clinical rotation and a 10 panel drug screen on each on-site Clinical Instructor. The new comprehensive criminal background check will include the following: (i) 7 year criminal history for each county of residence; (ii) National sexual offender registry check; (iii) Social security verification; (iv) Residency history; (v) Nationwide Criminal Records Database Search; (vi) National Wants and Warrants Search; (vii) National Healthcare Fraud and Abuse Scan (FACIS III: OIG/GSA); and (viii) OFAC/FBI Terrorist List Check. All new faculty hired after 1/11 will submit to the new criminal background check requirements. Existing faculty who have previously been screened through an OSBI check will also undergo the new national criminal background checks by July 1, 2011. (Certified Nursing Assistant Students will continue to submit to a State OSBI and a state sexual predator check.). The College agrees not to refer any student/instructor with a job-related adverse finding on his/her criminal background check, and will contact the facility to discuss questionable background checks, in order to ensure the student’s eligibility to participate in the rotation.

g. The College shall require that each Student and on-site Clinical Instructor before beginning the Clinical Rotations have current American Heart Association Healthcare Provider CPR certification that meets standards acceptable to the Facility.

h. The College shall provide the Clinical Instructor, Instructors and Students with training on the Facility’s policies and procedures with respect to protected health information that is necessary and appropriate for them to carry out the activities contemplated by this Agreement as required by applicable provisions of the Health Information Portability and Accountability Act of 1996 and regulations.

i. The College shall ensure that the Students have been trained in applicable CDC and OSHA regulations concerning “Occupational Exposure to Blood borne Pathogens”, including training information about Blood Borne Diseases/Universal Precautions, Exposure Control Plan and Hazardous Communication Program, prior to the assignment to the Facility.

j. The College shall instruct Students that they are not permitted to perform any of the following: (i) accept orders from physicians or other health care professionals in person or by telephone or to directly call a physician or physician’s office to obtain an order; (ii) double-check on medications or blood products; or (iii) begin or discontinue blood products, chemotherapy, or experimental drugs and therapies.
k. The College shall require Students to have transportation to and from the Facility, to arrive and depart promptly, and to park in areas designated by the Facility.

l. The College shall be responsible for all actions, activities and affairs of Students, the Clinical Instructor and all Instructors during the Clinical Rotations to the extent required by law.

m. The College shall be responsible for planning and implementing the educational program, including administration, programming, curriculum content, books and materials, faculty appointments, eligibility and admission criteria, Student selection, matriculation, promotion, graduation, Student performance evaluation, Instructor performance evaluation, references and all academic aspects of the Clinical Rotation programs.

4. Responsibilities of the Facility.

a. The Facility shall designate a Facility employee to serve as its coordinator (the “Facility Coordinator”) for the Clinical Rotations and to work directly with the Clinical Instructor and Instructors to plan and coordinate the Clinical Rotations. The Facility may also designate one or more employees to serve as Clinical Instructors.

b. The Facility shall provide the Clinical Instructor with copies of the Facility’s policies, rules, regulations and procedures that are applicable to Students’ and Instructors’ participation in the Clinical Rotations.

c. The Facility shall provide an orientation to the Clinical Instructor that includes a tour of the Facility, addresses any facilities or procedures of a particular Facility department pertinent to the Clinical Rotations, and may include the receipt, completion and return of the Facility’s Orientation packet.

d. The Facility shall permit Students and Instructors to assist in the provision of allied health care services to Facility patients, (for which the students have been prepared academically), but the Facility may restrict their activities, including any patient care activities, at the Facility.

e. The Facility shall provide parking in designated areas for Students and Instructors.

f. The Facility shall permit the College and its accreditation agencies to visit, tour and inspect the Facility’s facilities and records relating to the Clinical Rotations on reasonable notice during the Facility administration’s regular business hours, subject to requirements of patient confidentiality, legal compliance requirements of the Facility, and minimizing disruption or interference with Facility operations, including patient care activities.

g. The Facility shall make its classrooms, conference rooms and library facilities available to the College for the Clinical Rotations, without charge, subject to availability and Facility policies regarding use of its facilities.

h. The Facility shall make available emergency care and treatment to Students and Instructors, as necessary, which may include an Emergency Room setting in a hospital
environment or a 911 notification for other facilities. The Students and Instructors will be responsible for any charges incurred for the emergency care and treatment.

i. The Facility shall not consider College faculty and Students employees of the Facility during scheduled clinical rotations. Students will not be monetarily or otherwise compensated in any way for their time spent in the clinical education practicum.

j. Facilities that are designated as “Nursing Home” Facilities and/or other Long Term Care facilities regulated by the Oklahoma State Department of Health shall agree to submit a copy of their annual report to the appropriate TCC contact, evidencing satisfactory licensure by the OSDH, as a requirement for CNA student participation in clinical rotations.

5. Conflicts and Removal of Students or Instructors. If a conflict arises between an employee of the Facility, on the one hand, and an Instructor or Student, on the other, the Clinical Instructor and Facility Coordinator shall intervene in an attempt to resolve the matter. The Facility may require that the College immediately remove a Student or Instructor from a Clinical Rotation when the Facility believes that the individual exhibits inappropriate behavior, is disruptive, does not comply with Facility rules or policies, or poses a threat to the health, safety or welfare of a patient, employee or any other person. In addition, upon receipt of the Roster or at any time after a Clinical Rotation begins, the Facility may refuse to allow any Student or Instructor to participate in the Clinical Rotation if the individual has an unfavorable record with the Facility from previous employment, another clinical rotation, or any other reason.

6. Representations and Warranties of the College. The College represents and warrants to, and covenants with, the Facility as follows:

   a. Each Student is currently enrolled at the College. Students who are under 18 years of age have obtained written permission of a parent or guardian to participate in the Clinical Rotation; if the Student is an emancipated minor, then the Student has furnished written authorization to participate in the Clinical Rotation.

   b. Students are required to wear uniforms with name badges issued by the College, be well-groomed and make a neat appearance while at the Facility.

   c. A Student may perform duties and procedures for which he or she has been prepared academically, but not any others. The College shall continuously monitor and evaluate the competence and performance of each Student and shall remove from a Clinical Rotation any Student who is not competent or qualified to participate in the Clinical Rotation.

   d. The Instructors are duly licensed to practice in Oklahoma; the license of each Instructor is unrestricted; and each Instructor must keep his or her license current, in good standing and unrestricted during the entire term of this Agreement.

   e. The Instructors are experienced, qualified and currently competent to provide the services that are required of them for the Clinical Rotations and any services required of them under this Agreement.
f. The College, Instructors and Students have received training on the facility’s policies and procedures with respect to protected health information that is necessary and appropriate for them to carry out the activities contemplated by this Agreement as required by applicable provisions of the Health Information Portability and Accountability Act of 1996.

g. The College has not been excluded, debarred, or otherwise made ineligible to participate in any federal healthcare program as defined in 42 USC § 1320a-7b(f).

h. All information that has been furnished to the Facility concerning the College, Students and Instructors is true and correct in all respects.

i. All representations and warranties in this Agreement shall remain true and correct during the term of this Agreement. If any of the representations and warranties becomes inaccurate in any way, the College shall immediately notify the Facility.

7. **Employees of the College.** Other than any Facility employee designated as an Instructor as permitted in this Agreement, the College, and not the Facility, is the employer of the Instructors and Clinical Instructors. The College shall be responsible for (a) the compensation and benefits payable and made available to the Instructors and Clinical Instructors, and (b) withholding any applicable federal and state taxes and other payroll deductions as required by law.

8. **Insurance Coverage for State-Operated Institutions.**

   a. This provision is applicable to Colleges that are owned and operated by the State of Oklahoma. The College represents that it and its faculty are self-insured according to the Oklahoma Governmental Tort Claims Act. The College agrees to furnish verification of professional liability insurance covering the participating Students and Instructors. The Facility shall maintain insurance in amounts sufficient to cover its responsibilities under this Agreement. During the term of this Agreement, the College shall require Students and Instructors to maintain, and each Student and Instructor shall continuously maintain professional liability insurance in the minimum amount of $1,000,000 per occurrence and $3,000,000 in the aggregate, and with such coverages as may be acceptable to the Facility. The College shall arrange for the Students to provide a certificate of insurance to the Facility evidencing such coverage and shall notify the Facility immediately if any adverse change in coverage occurs for any reason. The policies shall provide that they may not be cancelled or terminated without giving the Facility at least 30 days advance notice of cancellation or termination.

   b. The College affirms that its employees and agents who will be on the Facility’s property and acting in accordance with this agreement are covered by the College’s Workers Compensation Insurance as required by law and shall in no event be entitled to any such coverage from the Facility.

9. **Termination.**

   a. **Termination for Cause.** The Facility may immediately terminate this Agreement for cause upon notice to the College upon the occurrence of any of the following events: (i) the failure of the College to maintain insurance coverage as required by this Agreement;
or (ii) the College fails to bar a Student from participating in a Clinical Rotation after the Facility has informed the College to remove a Student for reasons permitted under this Agreement; or (iii) College fails to provide the information requested in this Agreement on Instructors and/or Students prior to the beginning of a Student’s Rotation(s).

b. Termination for Material Breach. If either party defaults by the failure to comply in all material respects with the terms of this Agreement, the other party may terminate this Agreement by giving at least 30 days prior written notice to the defaulting party, specifying in reasonable detail the nature of the default, unless the defaulting party remedies the default within the 30 day period. This provision shall not constitute an election of remedies by either party, and each party shall have and retain all rights and remedies that may be available at law or in equity in the event of breach or default by the other party.

10. Responsibility for Actions. Each party shall be responsible for its own acts and omissions and the acts and omissions of its employees, officers, directors and affiliates. A party shall not be liable for any claims, demands, actions, costs, expenses and liabilities, including reasonable attorneys’ fees, which may arise in connection with the failure of the other party or its employees, officers, directors, or agents to perform any of their obligations under this Agreement. If the College is an agency or institution of the State of Oklahoma, the College’s liability shall be governed by the Oklahoma Governmental Tort Claims Act.

11. Disclaimer of Intent to Become Partners. The Facility and the College shall not by virtue of this Agreement be deemed to be partners or joint venturers. Neither party shall incur any financial obligation on behalf of the other.

12. Notices. Any and all notices, consents or other communications by one party intended for the other shall be deemed to have been properly given if in writing and personally delivered, transmitted by electronic means, or deposited in the United States first class mails, postpaid, to the addresses or numbers set forth below the signatures of the parties.

13. Confidentiality. The College shall, and the College must require Clinical Instructors, Instructors and Students to keep confidential and not divulge to anyone else any of the proprietary, confidential information of the Facility, including patient information, unless such information (a) is or becomes generally available to the public other than as a result of disclosure by the College or any of the Students, or (b) is required to be disclosed by law or by a judicial, administrative or regulatory authority. The College, Clinical Instructors, Instructors and Students shall not use such information except as required to provide patient care services in the Clinical Rotations.

14. HIPAA Compliance.

a. The College must, and the College shall require the Clinical Instructors, Instructors and Students to, appropriately safeguard the protected health information of patients, in accordance with applicable provisions of the Health Insurance Portability and Accountability Act of 1996, as it may be amended from time to time (“HIPAA”) and applicable law. Instructors and Students may use and disclose protected health information solely for the education and treatment purposes contemplated by this Agreement.
b. With respect to information obtained or received from the Facility, the College shall:  (i) not use or further disclose the information other than as permitted or required by this Agreement or as required by law; (ii) use appropriate safeguards to prevent use or disclosure of the information other than as provided for by this Agreement; (iii) report to the Facility any use or disclosure of the information not provided for by this Agreement of which the College becomes aware; and (iv) require that any agents, including a subcontractor, to whom the College provides protected health information received from, or created or received by the College on behalf of, the Facility agrees to the same restrictions and conditions that apply to the Facility with respect to such information.

15. Compliance. The Clinical Instructors, Instructors and Students have been screened against the United States Department of Health and Human Services/Office of Inspector General List of Excluded Individuals/Entities (available through the Internet at http://www.oig.hhs.gov), and the General Services Administration 's List of Parties Excluded from Federal Programs (available through the Internet at http://www.epls.gov) (collectively, the “Exclusion Lists”) and neither the School nor any Clinical Instructor, Instructor or Student has been excluded, debarred, suspended or otherwise ineligible to participate in any Federal healthcare program, as defined in 42 U.S.C. § 1320a-7(b), or has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible (each, an “Ineligible Person”). The School represents and warrants that if at any time during the term of this Agreement the School or any Clinical Instructors, Instructors or Students becomes an Ineligible Person or is threatened with becoming an Ineligible Person, School shall immediately notify System of same.

16. Change in Control. Should any change of control of Facility or College take place, either party shall have the right to terminate this Agreement upon written notice by Facility or College to the other that such change of control has taken place, or upon receipt of either party or other definitive information reflective of any such change in control. For purposes of this Agreement, a “change in control” of facility of College shall be deemed to have occurred to the extent there is a change in ownership and/or control over ten percent (10%) or more of the aggregate membership interests in Facility or College.

17. Rights in Property. All supplies, fiscal records, patient charts, patient records, medical records, X-rays, computer-generated reports, pharmaceutical supplies, drugs, drug samples, memoranda, correspondence, instruments, equipment, furnishings, accounts and contracts of the Facility, along with all like property, shall remain the sole property of the Facility.

18. Non-Discrimination. Except to the extent permitted by law, the Facility, the College, Instructors and Students shall not discriminate on the basis of race, color, creed, sex, age, religion, national origin, disability or veteran’s status in the performance of this Agreement. As applicable to the College, the provisions of Executive Order 11246, as amended by EO 11375 and EO 11141 and as supplemented in Department of Labor regulations (41 CFR Part 60 et. Seq.) are incorporated into this Agreement and must be included in any subcontracts awarded involving this Agreement. The College represents that, except as permitted by law, all services are provided without discrimination on the basis of, race, color, creed, sex, age, religion, national origin, disability or veteran’s status; that it does not maintain nor provide for its employees any segregated facilities, nor will the College permit its employees to perform their services at any location where segregated facilities are
maintained. In addition, the College agrees to comply with Section 504 of the Rehabilitation Act and the Vietnam Era Veteran’s Assistance Act of 1974, 38 U.S.C. Section 4212.

19. **Facility Policies and Procedures.** The College shall, and the College must require Instructors and Students to, comply with the policies, rules, and regulations of the Facility as provided to the College by the Facility.

20. **Severability.** The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision.

21. **No Assignment.** Neither party may assign its rights or delegate its duties under this Agreement without the prior written consent of the other.

22. **Binding Effect.** This Agreement shall be binding upon, and shall inure to the benefit of, the parties and their respective legal representatives, successors and permitted assigns.

23. **Governing Law.** This Agreement shall be governed by, and construed in accordance with, the laws of the State of Oklahoma. Any action arising out of or relating to this agreement or to its breach shall be brought only in the federal or state courts sitting in Tulsa County, Oklahoma, and both parties submit to the exclusive jurisdiction of such courts. Nothing contained herein shall constitute a waiver by Tulsa Community College of sovereign immunity or of immunity or benefits afforded by the Eleventh Amendment to the constitution of the United States of America.

24. **Rights Cumulative; No Waiver.** No right or remedy conferred in this Agreement upon or reserved to the Facility is intended to be exclusive of any other right or remedy. Each and every right and remedy shall be cumulative and in addition to any other right or remedy provided in this Agreement. The failure by either the Facility or the College to insist upon the strict observance or performance of any of the provisions of this Agreement or to exercise any right or remedy shall not impair any such right or remedy or be construed as a waiver or relinquishment with respect to subsequent defaults.

25. **No Third-Party Beneficiaries.** This Agreement is not intended to confer any right or benefit upon, or permit enforcement of any provision by, anyone other than the parties to this Agreement.

26. **Entire Agreement.** This Agreement constitutes the entire understanding and agreement of the parties with respect to its subject matter and cannot be changed or modified except by another agreement in writing signed by the parties.
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IN WITNESS WHEREOF, the parties have executed this Agreement on the day and year first above written.

COLLEGE

TULSA COMMUNITY COLLEGE

By ___________________________________ __________________________
Dean of Health Sciences, Metro Campus Date

Address: Tulsa Community College-Metro Campus
909 South Boston Avenue, MC 605
Tulsa, Oklahoma 74119

Email: melliott1@tulsacc.edu

FACILITY

INSERT FACILITY NAME HERE

By ___________________________________ __________________________
(FACILITY OFFICIAL) (Date)

Address: ________________________________
______________________________
______________________________

Email: ________________________________
The CSIF is now entirely web-based; however, TCC does not have access to the database without submitting a yearly subscription fee. The links here are included for your use since it is a free service to clinics.

- **Home**
- **For Educators**
- **Clinical Educators**
- **Site Development**
- **Clinical Site Information Form (CSIF)**

**Clinical Site Information Form (CSIF)**

The primary purposes of the voluntary APTA Clinical Site Information Form (CSIF) is for physical therapist and physical therapist assistant academic programs to collect information from clinical education sites to facilitate clinical site selection and development, assist in student placements, assess learning experiences and clinical practice opportunities available to students, and provide assistance with completion of information in support of accreditation.

- **Background: Clinical Site Information Form Web (CSIF Web)**

  APTA CSIF Web transforms the CSIF (Clinical Site Information Form) from a static document to a dynamic online survey, complete with tools to help academic programs analyze and validate data annually. CSIF Web saves clinical sites time by updating their information online and in one place; provides academic programs with the ability to view, query, and export site data, manage contract renewal dates, and report on clinical site information; and enables students to view and search clinical site information to make informed decisions.

- **Accessing: Clinical Sites Information Web (CSIF)**

  Information about how to access and complete the Web-based version of the CSIF Web as a clinical site and to register to use the CSIF Web as an academic program can be found here.

- **Training: Clinical Site Information Form Web (.pdf)**

  Training on the features and use of the newly designed CSIF Web, that integrates with PT and PTA CPI Web will be provided by Academic Software Plus. Open the link to register for one of the sessions today!
ADDITIONAL RESOURCES
CENTRAL ACCE CLINICAL EDUCATION HANDBOOK
The clinical education consortium to which our school belongs, the Central ACCE Con-sortium is composed of member schools of physical therapy education in four states neighboring Oklahoma: Arkansas, Missouri and Kansas. The CAC has published reference for clinical educators. This is an excellent reference source for clinical educators touching on many subjects of interest: writing objectives, collaborative learning, fostering student independence, dealing with exceptional students and many other topics of interest. With the help of the Northeastern Oklahoma office of the Area Health Education Council, TCC is pleased to make a copy of this text available at no cost to each facility we affiliate with.

BASIC CLINICAL TEACHING SKILLS
A videotape of six vignettes each depicting, sometimes in a rather humorous light, situations depicted that commonly occur in physical therapy clinical education. The tape encourages discussion and problem solving and is a good vehicle for in-services. We are happy to loan you the tape for these purposes. Please contact the ACCE at the school.

INSERVICE BY THE ACCE
The Academic Coordinator of Education is happy to provide in-service to clinical education faculty on any topic having to do with the teaching of students in the clinic. Most in-services meet the requirements to qualify for CEU credit. In-service on the CPI is automatically approved CEU since it is APTA sponsored material. Please contact the ACCE to arrange this.

APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING
TCC recommends, but does not require, CIs to be APTA Credentialed Clinical Instructors. The two-day credentialing course is offered once each year, usually in the spring. For CI’s who work in facilities indicating a willingness to provide clinical education to TCC students that year, the cost is minimal. Credentialed Clinical Instructors who complete the course and pass the accompanying Assessment Center find themselves prepared with many useful tools for managing students in the clinic. Credentialed Clinical Instructors’ names are entered into a national database of Credentialed CI’s maintained by the American Physical Therapy Association.

APTA SECTION FOR EDUCATION AND CLINICAL EDUCATION SPECIAL INTEREST GROUP (SIG)
Members of the Section for Education of the American Physical Therapy Association receive the bi-annual publication, APTA Journal of Education, as well as notification of National Clinical Education Conferences sponsored every two years by one of the several clinical education consortia in the country. At the annual Combined Sections Meeting of the APTA, topics of interest to both academic and clinical educators are presented as well as meetings of the Clinical Education Special Interest Group. This group has as its mission to support clinical education, identify new trends, exchange information, explore new ideas, and formulate strategies to deal with the challenges in clinical education and conduct research. Visit the Education Department at the APTA web site, www.apta.org for information.
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