



**PHYSICAL THERAPIST ASSISTANT
PROGRAM
CLINICAL EDUCATION HANDBOOK
2023-2024**

Last updated: 9/26/2023

Notice to Students

Graduation from a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100 Alexandria, VA 22305-3085; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Southern Nazarene University is seeking accreditation of a new physical therapist assistant education program from CAPTE. The program is planning to submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage, on June 1, 2022. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the technical phase of the program; therefore, no students may be enrolled in PTA technical courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

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

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

- The PTA student
- The Clinical Instructor
- Clinical Education Coordinator
- The faculty members of the PTA Program at Southern Nazarene University

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

Thank you,

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I. Program Information

I-A Institutional History and Accreditation

Southern Nazarene University (SNU) in Bethany began serving students in 1899 under the name Bethany Nazarene College. BNC continued to grow and expand, going through several name changes throughout its history. As a university, Southern Nazarene University strives to teach students how to integrate faith and ethics in a professional setting, analyze concepts in global and culturally relevant context, and communicate clearly with all people. Southern Nazarene University is a private, Christian, liberal arts university – a service of the Church of the Nazarene. SNU grew out of several small colleges committed to training people for lives of service to God, leadership, and reconciliation toward their neighbors and within the global community. SNU is accredited by the Higher Learning Commission.

In 2019, SNU was awarded a Title III grant under the Strengthening Institutions Program, administered by the US Dept. of Education, designed to assist higher education institutions expand their capacity to serve economically disadvantaged students by providing funds to improve and strengthen an institution's academic quality, institutional management and fiscal stability. This initiative included developing a Physical Therapist Assistant pilot program.

Southern Nazarene University is seeking accreditation of a new physical therapist assistant education program from CAPTE. The program is planning to submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage, on June 1, 2022. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the technical phase of the program; therefore, no students may be enrolled in PTA technical courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

I-B Statement of Inclusivity and Respect

Southern Nazarene University values each person created in the image of God, therefore, we also desire to be a community that reflects representation of diversity. We care about inclusion and equity through the refining of our character, the way we create culture and the way we serve Christ. Our University values reconciliation through God's love. In light of this commitment, we endeavor to foster a supportive environment of dignity and inclusivity in which all stakeholders, regardless of their perspectives and individual differences, are treated with respect and engage in charitable discourse.

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I-C Statement of Nondiscrimination

Southern Nazarene University policy prohibits discrimination on the basis of race, sex, age, color, creed, national or ethnic origin, marital status, disability, genetic information, veterans status or any other legally protected class in the recruitment and admission of students, in all personnel actions or decisions including, but not necessarily limited to, recruitment, hiring, training, upgrading, promotion, demotion, termination and salary, and in the operation of all university programs, activities, and services. Any concerns regarding discrimination on the basis of categories listed above should be addressed to the appropriate person:

Students contact:

Dean of Students

Katy Bradley

Southern Nazarene University

Webster Commons, Lower Level Suite 110A

6612 NW 42nd St.

Bethany, OK 73008

405-491-6336/Email: kbradley@mail.snu.edu

Director of Intercultural Learning and Engagement

Ashley Steward

Southern Nazarene University

Bresee Hall, Room 101

6729 NW 39th Expressway

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405-491-8113/Email: asteward@mail.snu.edu

Employees contact:

Director of Human Resources (or immediate supervisor)

Gail Collier

Southern Nazarene University

Bresee Hall, Room 306

6729 NW 39th Expressway,

Bethany, OK 73008

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Anyone with questions or concerns regarding sex discrimination or the university's compliance with Title IX can contact the university's Title IX Coordinator:

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Chief Academic Officer

Dr. Mark Winslow

Southern Nazarene University

Bresee Hall, Room 200

6729 NW 39th Expressway,

Bethany, OK 73008

405-491-6607/Email: Mwinslow@mail.snu.edu

Title IX Disclosure

Under Title IX of the Education Amendments of 1972, Southern Nazarene University prohibits all unlawful discrimination on the basis of sex or gender in its educational programs and activities, except where the University has been granted exemptions from certain Title IX regulations on religious grounds, including the specific religious tenet of the University.

No individual will be subject to any form of retaliation, discipline, or other adverse action for reporting conduct in violation of the university's nondiscrimination/Equal Employment Opportunity Statement, assisting/cooperating in making a complaint, or assisting with the investigation of a complaint. Any individual who believes they have experienced or witnessed retaliation should immediately notify the appropriate member(s) of the administration as identified above. Those found to be engaging in any type of discrimination in violation of law or university policy will be subject to disciplinary action, up to and including dismissal or termination of employment.

I-D SNU Mission

Our mission is

"To make Christlike disciples through higher education"

As stated in the mission statement, the basic commitment of Southern Nazarene University is to "make Christlike disciples through higher education..." SNU is a community of both developing scholars and growing Christians. Thus, each student is encouraged to recognize the privileges available to participate in a community committed to Christian scholarship. Behavioral expectations emerge because of the unique nature of this community. Students, by choosing to enroll at SNU, indicate their desire and willingness to live in harmony with these responsibilities of membership in the University community.

I-E Program Mission Statement

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The Southern Nazarene University Physical Therapist Assistant Program prepares competent, ethical, and self-directed health care practitioners who model professional core values. The program is committed to excellence in education and delivers a contemporary curriculum within a Christ-centered community. Graduates will be able to meet the diverse needs of the community by providing high quality patient care as a physical therapist assistant working under the direction and supervision of a physical therapist.

I-F Program Goals

Program Goal 1. Graduates will be prepared to work as entry-level physical therapist assistants who model professional core values and integrity while serving their community under the direction and supervision of a licensed physical therapist.

Program Goal 2. Students and graduates will demonstrate effective interprofessional and intraprofessional collaborative practices as a part of the healthcare team.

Program Goal 3. The program will provide students with excellent, contemporary, and diverse educational opportunities delivered in a Christ-centered community.

Program Goal 4. Program faculty will engage in activities to support diversity, equity, and inclusion.

I-G Program Curriculum

Prerequisites	Semester credits	Lecture credits/lab credits/OJT
ENGL 1113 Composition I	3	3/0/0
ENGL 1213 Composition II	3	3/0/0
BIOL 1333 Survey of Anatomy and Physiology	3	3/0/0
PSY 1113 General Psychology	3	3/0/0
	12 credits	

Year One, Spring I	Semester credits	Lecture credits/lab credits/OJT
PTA 1113 The Profession of PT	3	1/2/0
PTA 1124 Clinical Anatomy and Kinesiology	4	3/1/0
PTA 1134 Musculoskeletal for the PTA	4	2/2/0
PTA 1141 Clinical Procedure I	1	0/1/0
GS 1113 Software Applications	3	3/0/0
	15 credits	

Year One, Fall I	Semester credits	Lecture credits/lab credits/OJT
PTA 1214 Pathophysiology	4	4/0/0
PTA 1223 Physical Agents	3	1/2/0
PTA 1233 Therapeutic Exercise I	3	1/2/0

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PTA 1241 Clinical Procedure II	1	0/1/0
	11 credits	
Year Two, Spring II		
PTA 2113 Ethics in Physical Therapy*	3	3/0/0
PTA 2122 Clinical Education I	2	0/0/2
PTA 2133 Conditions & Treatments Across the Lifespan**	3	2/1/0
PTA 2143 Cardiopulmonary	3	2/1/0
PTA 2153 Neuroscience I	3	3/0/0
THEO 1513 Christian, Faith, and Life	3	3/0/0
BLT xxx3 Old Testament/New Testament	3	3/0/0
	20 credits	
Year Two, Fall II		
PTA 2213 Neuroscience II	3	2/1/0
PTA 2233 Advanced Physical Therapy Interventions	3	2/1/0
PTA2222 Clinical Education II	2	0/0/2
PTA 2243 Clinical Education III	3	0/0/3
XXX xxxx Artistic Expression Elective	3	3/0/0
	14 credits	
	72 credits total	

*Social Responsibility Outcome

**Global Perspective Outcome

I-H Course Descriptions

PTA 1113 The Profession of Physical Therapy

This course introduces the history of the PTA Profession and common practice settings. Students will learn and perform fundamental physical therapy assessments, interventions, documentation, and procedures of patient care including transfer training, gait training, and fitting assistive devices. The scope of practice of the PTA and PT, HIPPA, and documentation will be emphasized. Delineation of professional roles and responsibility in physical therapy, development of a team approach to healthcare delivery, and the psychosocial and interpersonal skills needed to function as a healthcare team are presented. Students will have laboratory time to apply, practice, and demonstrate the technical skills taught.

PTA 1124 Clinical Anatomy & Kinesiology

This course will cover human anatomy specific to the biomechanics of the musculoskeletal system with an emphasis on kinesiology principles and an understanding how structure determines function. Identification of anatomical structures and their relationship to normal biomechanical function will be explored. Laboratory time will be utilized to introduce surface anatomy, palpation, and dermatomes, myotomes, peripheral reflexes.

PTA 1134 Musculoskeletal for the PTA

This course will explore human motion specific to the musculoskeletal system through the identification of anatomical structures and their relationship to function, normal and abnormal biomechanical principles of joint patterns, and gait. Emphasis will be on the study of musculoskeletal pathologies, determination of appropriate physical therapy assessment, and a review of related

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anatomical structures. Laboratory time will be utilized to master skills and techniques including goniometry, manual muscle testing, joint play assessment, and joint mobilization.

PTA 1141 Clinical Procedures I

This course provides exposure to simulated patients and scenarios for the student to develop clinical problem solving, and practice skills related to semester 1 course content with instructor guidance. This course is designed to demonstrate clinical readiness and will focus on simulated patient assessment and treatment scenarios to prepare students for clinical education, in which they will perform specific assessment techniques and treatment interventions in simulated patient scenarios. In addition, this course includes a weekly online assignment consisting of a class discussion or reflection on related topics. By the end of the course, the student will appropriately epitomize the role and responsibilities of the physical therapist assistant in a variety of physical therapy settings.

PTA 1214 Pathophysiology

This course is a study of how the human body functions and the physiological effects of disease. Building a clear, foundational understanding of normal physiology aids in illuminating how abnormal physiological function leads to human disease. Physiological response to exercise, etiology, signs and symptoms, red flags, diagnosis and prognosis, pharmacological intervention, and implications for physical therapy will be discussed. Case studies will be provided for critical thinking and application of theory to practice for the physical therapist assistant.

PTA 1223 Physical Agents

This course investigates the anatomy and physiology of the nervous system, with emphasis on the functional relationship between the nervous system and the presentation of pain in the musculoskeletal system. This course prepares the student for safe and effective application of a variety of rehabilitative agents and techniques for patient treatment. Procedures, mechanisms of action, theory, indications, precautions, and contraindications are discussed for the following: electrical stimulation, EMG, biofeedback, diathermy, aquatic therapy, laser, superficial heat, cryotherapy, traction, therapeutic ultrasound, therapeutic massage, mechanical compression, and soft tissue mobilization. The basic physics of electromagnetic radiation and electricity are presented along with skin assessment and wound care using electrotherapy.

PTA 1233 Therapeutic Exercise

This course is a study of general and specific exercises for conditions commonly treated in physical therapy. Principles will be discussed involving the theory and practical applications of specific therapeutic exercise as preventative treatment and for pathological conditions influencing strength, endurance, neuromuscular control, and flexibility of the human body. Emphasis is placed upon the body's physiological response to exercise, design and application of exercise, the developmental sequence of exercise, types of exercise, and the use of exercise equipment.

PTA 1241 Clinical Procedures II

This course provides exposure to simulated patients and scenarios for the student to demonstrate competent performance of physical therapy procedures and behaviors for the semester level. This course is designed to show clinical readiness by performing skills listed below through the use of simulated patient scenarios. In addition, a weekly online assignment of a group discussion board or reflection on selected topics, emphasizing principles and techniques of basic physical therapy interventions, with emphasis on assessment skills including: identifying red flags, performing joint mobilizations, identifying fundamental physical therapy interventions, and demonstrating values based and professional behaviors. This course will also include several guest lectures, in which the students will reflect upon the information using research. The student will appropriately epitomize the role and responsibilities of the PTA in all physical therapy settings. This course is intended to strengthen clinical problem-solving and provide an opportunity for students to practice skills with

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instructor guidance and feedback through patient scenarios. Laboratory practice with emphasis on positioning, patient safety, and manual skills. The course included a comprehensive written examination.

PTA 2113 Ethics in Physical Therapy

This course is a study of physical therapy ethics, physical therapist assistant roles and responsibilities, and diversity. Delineation of professional roles in physical therapy and the health care team, as well as psychosocial and interpersonal skills needed to function as a health care provider and team member will be discussed. Principles and ethics of patient care, medical documentation, and HIPPA are covered. Activities associated with preparing students for future clinical education will be included.

PTA 2122 Clinical Education I

This course provides the student with experiences to apply, integrate, and perform learned clinical skills on patients under continuous supervision of a licensed Physical Therapist in a physical therapy clinical environment. Skills, knowledge, and attitudes learned in all first-year Physical Therapist Assistant (PTA) courses will be applied to direct patient care in selected clinical settings over a full-time five-week period. Emphasis is placed on the clinical application and integration of the knowledge and skills learned during the first year of the PTA program, with the objective of students providing quality care with uncomplicated to moderately complex patients, and a moderate degree of supervision and guidance that will vary with the complexity of the patient or the environment. In addition, a weekly group discussion of selected topics, an individual weekly journal, and an in-service. This course is graded on a pass/fail basis.

PTA 2133 Conditions & Treatments Across the Lifespan

Treatment of pediatric, pelvic health, and geriatric populations will be covered in this course. Theory and clinical application of normal and abnormal physical and cognitive development in the aging process as well as concepts of human growth and development will be covered in this course. Dysfunctions, interventions, common physical therapy treatments, and treatment progression will be the emphasis of content. Cultural diversity of older and younger populations and psychosocial impacts of aging will be discussed through a global perspective.

PTA 2143 Cardiopulmonary

This course provides introduction to physical therapy assessment techniques and treatment interventions used in the management of cardiopulmonary conditions. Students will apply knowledge from this course and prior courses to both inpatient and outpatient care settings. Course content will include pulmonary hygiene, breathing techniques, cardiac rehabilitation, and principles of aerobic exercise. Information will be presented in lecture and laboratory settings.

PTA 2153 Neuroscience I

This course provides information necessary for the physical therapist assistant to safely and competently treat patients with neurological diagnoses. This course will present the neuroanatomy of the CNS and PNS as it relates to physical therapy treatment, motor control, and motor learning. Neurological dysfunctions, neurological assessments, and the impact of neurological conditions on culturally relevant topics, such as gender, sexuality, communication, and socioeconomic factors will be explored.

PTA 2213 Neuroscience II

This course is a continuation of Neuroscience I with emphasis on the application of exercise techniques, assessment, and the treatment of long-term disabilities and neurological conditions. This course will introduce common interventions and progressions used in neurological settings. The information, discussion, and treatment considerations for neurologically-based and other debilitating

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conditions will be applied in lab scenarios, in which the students will monitor the effectiveness of the exercise program.

PTA 2233 Advanced Physical Therapy Interventions

This course focuses on the utilization of advanced physical therapy assessments and interventions. Topics covered include prosthetics and orthotic devices, rehabilitation techniques for amputations, wound care, and work hardening. Expected administration functions and activities of the physical therapist assistant will also be included.

PTA 2222 Clinical Education II

This course provides the student with experiences to apply, integrate, and perform learned clinical skills on patients under the supervision of a licensed Physical Therapist in a physical therapy clinical environment. Skills, knowledge and attitudes learned in semesters 1, 2, and 3 Physical Therapist Assistant (PTA) courses will be applied to direct patient care in selected clinical settings over a full-time five week period. Emphasis is placed on the clinical application and integration of the knowledge and skills learned during semesters 1, 2, and 3 of the Physical Therapist Assistant (PTA) program, with the objective of students providing quality care with uncomplicated to complex patients, and a degree of supervision and guidance that will vary with the complexity of the patient or the environment. This course is graded on a pass/fail basis.

PTA 2243 Clinical Education III

This course provides the student with experiences to apply, integrate, and perform learned clinical skills on patients with the expectation to be performing at the level of an entry-level physical therapist assistant prior to completion of the clinical experience. Skills, knowledge, and attitudes learned in all Physical Therapist Assistant (PTA) courses will be applied to direct patient care in selected clinical settings over a full-time eight-week period. Emphasis is placed on the clinical application and integration of the knowledge and skills learned during the entire PTA program, with the objective of students providing quality care with uncomplicated to highly complex patients, at the level of an entry-level physical therapist assistant. In addition, a weekly group discussion of selected topics and an individual weekly journal are required. This course is graded on a pass/fail basis.

I-I Clinical Education Learner Outcomes

PTA 2122 Clinical Education I

1. Demonstrate the ability to apply PTA learned skills and knowledge by safely performing selected physical therapy data collection skills and treatment interventions from within the physical therapist's plan of care for routine patients with moderate supervision and guidance by a physical therapist or a physical therapist/physical therapist assistant.
2. Demonstrate the ability to provide thorough, accurate, and timely documentation, billing, and communication to the physical therapist regarding all aspects of the patient's treatment and patient's response to treatment, given extra time and guidance.
3. Demonstrate the ability to teach patients and caregivers with moderate assistance.

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4. Demonstrate the ability to engage in scheduling and other routine administrative procedures of the physical therapy department with moderate guidance, as requested by the clinical instructor.
5. Demonstrate technical skill performance and behaviors, legally and ethically, with moderate guidance for routine situations.
6. Discuss the ability to effectively communicate with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers with moderate assistance.
7. Compose a reflective journal during the clinical experience to self-assess performance, while maintaining appropriate patient confidentiality.
8. Discuss clinical experiences pertaining to the physical therapist-physical therapist assistant team communications with classmates.
9. Demonstrate awareness of personal social and cultural biases and does not allow biases to negatively impact patient care with moderate guidance.
10. Exhibit conduct that reflects a commitment to meet the expectations of members of the physical therapy profession with moderate guidance.

PTA 2222 Clinical Education II

1. Demonstrate the ability to apply all PTA learned skills and knowledge by consistently providing safe, effective, and competent physical therapy data collection skills and treatment interventions from within the physical therapist's plan of care for routine patients with minimal supervision and guidance by a physical therapist or a physical therapist/physical therapist assistant team.
2. Demonstrate the ability to provide timely and relevant documentation, billing, and communication to the physical therapist regarding all aspects of the patient's treatment and patient's response to the treatment with occasional guidance.
3. Demonstrate the ability to participate in the teaching of patients, families, and caregivers with occasional guidance.
4. Demonstrate the ability to engage in scheduling and other routine administrative procedures of the physical therapy department with minimal guidance, as requested by the clinical instructor.
5. Demonstrate the ability to perform PTA skills and behaviors within legal and ethical requirements and guidelines with occasional guidance for new or unusual situations.
6. Discuss the ability to effectively communicate with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers with minimal assistance.
7. Develop a plan for life-long learning coupled with professional, personal and spiritual growth.
8. Discuss clinical experiences with classmates on selected topics.
9. Demonstrate awareness of personal social and cultural biases and does not allow biases to negatively impact patient care with minimal guidance.
10. Exhibit conduct that reflects a commitment to meet the expectations of members of the physical therapy profession with minimal guidance.

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PTA 2243 Clinical Education III

1. Demonstrate the ability to apply all PTA learned skills and knowledge by consistently providing safe, effective, and competent physical therapy data collection skills and treatment interventions from within the physical therapist's plan of care for routine patients at entry-level.
2. Demonstrate the ability to independently provide timely and relevant documentation, billing, and communication to the physical therapist regarding all aspects of the patient's treatment and patient's response to the treatment at entry-level.
3. Demonstrate the ability to independently educate patients, families, and caregivers at entry-level.
4. Demonstrate the ability to engage in scheduling and other routine administrative procedures of the physical therapy department at entry-level, as requested by the clinical instructor.
5. Demonstrate the ability to independently perform PTA skills and behaviors within legal and ethical requirements and guidelines in all interactions with patients, family members, and other healthcare providers.
6. Discuss the ability to effectively communicate with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers at entry level.
7. Compose a reflective journal discussing effective communication strategies performed within the physical therapist/physical therapist assistant team during this rotation while maintaining appropriate patient confidentiality.
8. Discuss your in-service presentation and how to improve upon your presentation skills in the future.
9. Demonstrate awareness of personal social and cultural biases and does not allow biases to negatively impact patient care at entry-level.
10. Exhibit conduct that reflects a commitment to meet the expectations of members of the physical therapy profession at entry-level.
11. Discuss effectiveness communication strategies utilized as part of the PT/PTA team during clinical education experiences.
12. Discuss a situation encountered during clinical education which required communicating with the supervising physical therapist regarding a change in patient status.
13. Reflect upon an interprofessional experience during clinical experience.
14. Display entry-level legal and ethical behavior during skill performance and interactions with patients, family members, and other healthcare providers.
15. Demonstrate appropriate professional behaviors in interactions with patients, family members/caregivers, physical therapy personnel, and other health care providers by displaying all Professional Behaviors at entry-level. Professional Behaviors Assessment

II. General Policies and Procedures

II-A Selection of Clinical Education Sites and Clinical Instructors

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

II-A-I Criteria for Selection of Clinical Education Sites

1. The clinical site’s philosophy regarding clinical education is compatible with the SNU PTA Program philosophy.
2. The clinical site’s clinical education program is planned to meet the specific objectives of the academic program, the physical therapy service, and the individual student.
3. The physical therapy staff practices ethically and legally.
4. The clinical site demonstrates administrative support for physical therapy clinical education.
5. The clinical site has a variety of learning experiences, appropriate to the setting, available to students.
6. The clinical site provides an active, stimulating environment appropriate for the learning needs of the student.
7. The physical therapy staff is adequate in number to provide an educational program for students.
8. There is an active staff development program for the clinical site.
9. The clinical site is committed to the principle of equal opportunity and affirmative action as required by Federal Law.
10. The clinical site’s clinical education program provides diversity in populations and experiences for the student.

II-A-II Criteria for Selection of Clinical Instructors (CI)

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

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II-B Responsibilities Of The Clinical Education Coordinator (CEC)

One member of the PTA faculty is responsible for coordinating the clinical education portion of the program curriculum. The CEC works directly with the other program faculty, clinical faculty, and students to provide learning experiences which will help the student develop clinical competence. The CEC is responsible for the following:

1. Developing, monitoring, and refining the clinical education component of the curriculum.
2. Facilitating quality learning experiences for students during clinical education.
3. Evaluating students' performance, in cooperation with other faculty, to determine their ability to integrate didactic and clinical learning experiences and to progress within the curriculum.
4. Educating students, clinical, and academic faculty about clinical education.
5. Selecting clinical learning environments that demonstrate characteristics of sound patient/client management, ethical and professional behavior, and currency with physical therapy practice.
6. Maximizing available resources for the clinical education program.
7. Participate in a mentorship program designed to prepare clinicians for the classroom.
8. Ability to demonstrate physical skills and practices to students.
9. Providing documented records and assessment of the clinical education component (includes clinical education sites, clinical educators, student placements, etc).
10. Actively engaging core faculty in clinical education planning, implementation, and assessment.
11. Coordinate with project staff and SNU faculty/staff to institutionalize the new PTA program.
12. Ability to develop and maintain positive interpersonal relationships with students and clinical sites.
13. Evaluate student performance and provide feedback to students.
14. Determine final grade for clinical education experiences.
15. Service within the Title III department and the University.
16. Development of clinical education sites.
17. Makes clinical placement decisions.
18. Assign grades for clinical education.
19. Coordinate and provide clinical instructor development activities.
20. Assessment and determination of student readiness for clinical experience in collaboration with program faculty.
21. Meet with students to discuss clinical site selection.
22. Set up and schedule clinical placements for students.
23. Ensure that students get a variety of clinical experiences.
24. Meet with students to discuss goals related to clinical education.

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25. Coordination of all clinical education experiences.
26. Maintain and update clinical site database.
27. Maintain and update Clinical Experience Agreement database.
28. Update the Clinical Education Handbook.
29. Provide updated Clinical Education Handbook to all clinical sites and students.
30. Provide all forms and information to the clinical site and clinical instructor.
31. Schedule mid-term calls and/or visits for Clinical Education I, Clinical Education II, and Clinical Education III.
32. Contact clinical site by phone or in-person visit mid-way through clinical experiences.
33. Schedule site visits/phone calls as needed.
34. Complete and/or coordinate site visits for Clinical Education I, II, and III as needed.
35. Serve as a resource to the student and the clinical instructor.
36. Confer with student and clinical instructor regarding student learning needs and progress towards meeting objectives.
37. Keep student and clinical instructor informed on APTA and state specific regulations and rules that guide clinical practice.
38. Facilitate conflict resolution and problem-solving strategies.
39. Assess student overall clinical education performance based on methods of evaluation utilizing the CPI.
40. Contact and secure new clinical sites and complete all appropriate paperwork.
41. Ensure that Clinical Experience Agreement between SNU and clinical site is reviewed and renewed upon expiration by academic and clinical faculty.
42. Ensure that clinical education sites receive a copy of SNU's liability insurance on an annual basis.
43. Ensure that clinical instructors meet selection criteria.
44. Ensure that clinical sites meet selection criteria.

II-C Responsibilities of the Site Coordinator of Clinical Education (SCCE)

If a clinical site does not have a designated SCCE, these responsibilities will be shared directly with the CI. The SCCE is responsible for the following:

1. Coordinate and schedule potential clinical experiences for affiliating schools.
2. Provide orientation materials on the day of student arrival.
3. Delegate actual clinical supervision of students to a staff PT or to a PT/PTA team.
4. Serve as a resource for the CI for establishing goals and objectives, setting up learning experiences, and evaluating student performance.
5. Inform the CI of all pertinent information from the affiliating schools.
6. Monitor the supervision and learning experiences of students.

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7. Provide communication and problem-solving strategies for the student and CI, if needed.
8. Provide necessary documentation to the schools (clinical agreements, completed student CPIs).
9. The SCCE should contact the PTA Program Director LMartin@mail.snu.edu with any complaints involving the PTA Program. Unresolved complaints or complaints about the Program Director should be directed to the Vice President of Professional and Graduate Studies, **Dr. Melissa Lewis** Mlewis@mail.snu.edu
 - a. All complaints will be documented, including the projected outcome, and kept on file at the program facility. No retaliation will occur by SNU or the PTA Program due to a complaint being filed. Complaints regarding Accreditation of this program should be addressed to the Commission on Accreditation in Physical Therapy Education. This Commission is located at 3030 Potomac Ave., Suite 100 Alexandria, VA 22305-3085; phone; 703-706-3245; accreditation@apta.org.
10. The **SCCE** should contact the CEC Lspurlock@mail.snu.edu with any complaints involving a student during clinical education experiences. Unresolved complaints or complaints about the CEC should be directed to the Program Director, Loren McElroy LMartin@mail.snu.edu. If complaints remain unresolved or complaints about the Program Director should be directed to the Vice President of Professional and Graduate Studies, **Dr. Melissa Lewis** Mlewis@mail.snu.edu.
 - a. All complaints will be documented, including the projected outcome, and kept on file at the program facility. No retaliation will occur by SNU or the PTA Program due to a complaint being filed. Complaints regarding Accreditation of this program should be addressed to the Commission on Accreditation in Physical Therapy Education. This Commission is located at 3030 Potomac Ave., Suite 100 Alexandria, VA 22305-3085; phone; 703-706-3245; accreditation@apta.org.

II-D Responsibilities of the Clinical Instructor (CI)

CIs are individuals who provide clinical instruction and supervision when students are engaged in the clinical education portion of the curriculum. CIs are considered PTA Program clinical faculty members, but are not employed by SNU. The CI demonstrates clinical competence and a willingness to share his/her insights and rationales related to patient care. The responsibilities of the CI are as follows:

1. Demonstrate an interest in teaching and in continuing education.
2. Orient the student to the facility.
3. Facilitate student accomplishment of goals and objectives; assist with planning learning experiences with the student.
4. Supervise the student or arrange supervision by another qualified person.

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5. Serve as a resource to the student.
6. Serve as a role model of professional behavior.
7. Encourage the student to take advantage of unique resources and learning experiences of the clinical setting and its staff.
8. Provide an opportunity for regularly scheduled review and discussion of student clinical performance and progress.
9. Confer and consult with the CEC regarding student learning needs and progress toward meeting objectives.
10. Consult with the CEC regarding unsatisfactory progress of the student.
11. Assess and evaluate the student clinical experience. Set clear expectations and provide ongoing verbal and written feedback.
12. Problem-solving needs are to be addressed through open communication between the student and CI. If problems cannot be solved to the satisfaction of the CI and the student, the **SCCE** and CEC should be contacted.
13. The CI is responsible for being aware of which assessment or intervention techniques the student has demonstrated competence on during the PTA Program prior to the clinical experience (See skill list located in the Appendix). If a CI teaches a student an assessment or treatment technique that has not been presented or practiced in the academic setting, the CI is responsible for determining if the student is safe in applying the procedure to the patient in the clinical setting. The student cannot be evaluated on that skill.
14. The CI is expected to act in an ethical manner and maintain student confidentiality

II-E Clinical Experience Agreement

A Clinical Experience Agreement must be signed by both the clinical facility and SNU prior to a student being assigned to the facility. This agreement includes a statement regarding responsibilities as well as general and professional liability and insurance. This agreement automatically rolls over from year to year within the agreement's timeline. Either SNU or clinical sites can terminate this agreement with a notice.

II-F Arrangement Of Clinical Education Experiences

Requests for dates of clinical education experiences are mailed or emailed out to the Clinical Coordinators of Clinical Education (**SCCE**) on March 1st for all clinical education experience for the following calendar year. The deadline to return clinical slots is March 31st. The **SCCE** receives clinical placements for students by December 1st for spring clinical education experiences and May 1st for fall clinical education experiences. The **SCCE** is responsible for assigning students to each clinical instructor.

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II-G Placement Policy

The PTA Program CEC makes all clinical education experience placements. Clinical placements are designed to expose the student to different physical therapy settings. It is hoped this exposure will assist the student's attainment of the skills needed for entry-level practice as a Physical Therapist Assistant.

All students will complete one full-time 5 week clinical education experience in the third term of the program: PTA 2122 Clinical Education I. For this experience, students will be placed in one of the following settings: outpatient orthopedics or acute care. During the last semester of the program all students will complete a full-time 5 week clinical education experience (PTA 2222 Clinical Education II) and a full-time 8 week clinical education experience (PTA 2243 Clinical Education III). For these terminal clinical experiences, students can be placed in any setting including, inpatient rehab, specialty clinics, pediatric, and nursing home/SNF settings.

Each student is required to complete at least one full-time inpatient clinical education experience and one full-time outpatient clinical education experience. Students are given an opportunity to state their preferences for placement before placements for the full-time clinical experiences are finalized. The students' professional interests and past experiences are also given consideration, but the final placement decision is made by the CEC to ensure all students experience a variety of clinical settings and patient populations during clinical education.

Clinical schedules are determined by the academic faculty in close collaboration with the clinical faculty. Students may **NOT** rearrange clinical placements. Special situations should be discussed with the CEC. Students should not contact the clinical facilities to obtain a clinical placements. If a student contacts the clinical facility directly to arrange a clinical placement, please contact the PTA Program CEC. Students will be placed only at facilities in which there is a current, unexpired written clinical experience agreement in place.

All students have the potential of their clinical education experiences to be completed outside the Oklahoma City/Metro area. For clinical education placements, all expenses incurred (transportation, meals, housing, etc.) are the student's responsibility unless they are provided by the clinical facility.

Students will not be placed at any clinical site where they have been employed within the PT setting within the past 5 years. Students can only be placed within NC-SARA states (<http://nc-sara.org/>).

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II-H Clinical Education Experience Requirements

Students will be required to complete the following prior to the start of clinical education experiences:

1. Pass national background check
2. Clean 10 panel drug screening (completed before 1st clinical education experience)
3. CPR - Basic Life Support (BLS) through American Heart Association
4. HIPAA training certification
5. OSHA training certification
6. Student health insurance
7. School provided group Liability insurance coverage
8. Negative Two step TB test (Completed prior to 1st internship)
9. Immunizations:
 - a. MMR or titer, HEP B series (3), tDap, DPT, Polio, Varicella 2 step or titer
 - b. Other site-specific immunizations

II-I Readiness For Clinical Experiences

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

1. Skill competency demonstrated on skill checks and practical exams
2. Professional Behaviors status
3. CPI and performance from completed clinical education experiences
4. Ability to perform in a safe manner

An important aspect of this readiness assessment is determining if the student is safe for clinical practice. Safety in regards to patient care is a priority of this program. In order to ensure that the student will be able to perform in a safe manner that minimizes risk to patient, self, and others, the PTA faculty will consider all of the areas listed above. In addition, all skill checks and practical exams will be monitored in regards to safety criteria, including retakes. Professional Behaviors are assessed by the student and program faculty. The student will be notified in writing if they are denied a clinical placement.

II-J Clinical Education Experience Grading

Clinical Education courses are graded on a Pass-Fail system. There are minimum criteria ratings on the Clinical Performance Instrument (CPI) which must be met to

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consider each clinical experience as passed. The minimum acceptable rating for Clinical Education I is Advanced Beginner for all 11 criteria. For Clinical Education II, the minimal acceptable rating for all 11 criteria is Intermediate. For Clinical Education III, the student must be at Entry-Level for all 11 criteria. Students must also meet the program's clinical education attendance and absenteeism policy and pass all clinical experience assignments (such as the in-service presentation, journal completion, and discussion boards) to obtain a passing grade for all clinical education coursework.

The final decision as to whether or not the student passes the clinical experience is made by the CEC. If a student is not assessed by the CI at the required minimum level on the CPI to pass a clinical education experience, the CEC will discuss the situation with the CI, and review the student's performance on prior clinical education experiences to determine if the student is at the required level of achievement to pass the clinical education experience.

II-K Criteria For Passing Clinical Education Experiences

For a student to pass a Clinical Education course, the student must:

1. Demonstrate the designated CPI level at end of clinical education experience:
 - a. PTA 2122 Clinical Education I – At least Advanced beginner for all 11 CPI performance criteria
 - b. PTA 2222 Clinical Education II – At least Intermediate for all 11 CPI criteria
 - c. PTA 2243 Clinical Education III - Entry-Level for all 11 CPI criteria.
2. No “Significant Concerns” box checked at final CPI evaluation for the following red flag performance criteria:
 - a. Clinical behaviors
 - b. Accountability
 - c. Communication
 - d. Clinical problem solving
3. Complete all required assignments which may include journals, discussions, in-service, life-long learning plan during each clinical education course.

II-L Failed Clinical Experience

II-L-1 Criteria

1. A Fail grade for a clinical education experience may still be given even if a student follows the attendance and absenteeism policy and obtains the minimal acceptable score on the Clinical Performance Instrument. This decision is a professional judgment based upon the following:
 - a. Whether any “Significant Concerns” boxes are checked on the final CPI form. If one or more “Significant Concerns” are checked on the final evaluation, it is unlikely the student's performance would be considered satisfactory for the course.

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- i. A significant concern related to a “red-flag” performance criterion item warrants immediate attention, more expansive documentation, a telephone call to the CEC. Actions taken to address these concerns may include remediation, extension of the experience with a learning contract, and/or dismissal from the clinical education experience.
- ii. The five “red-flag” items (numbered 1,2,3,5, and 7) are considered foundational elements in clinical work.
- b. Problems or concerns raised by the student and clinical faculty during the clinical experience and whether or not these were effectively resolved.
- c. How the problems affected patient care and safety as well as the student’s chances of performing at entry-level by graduation.
- d. Whether the problems fit a pattern of problems that were evident during the student’s academic coursework.
- e. CEC consultation with the student, CI, **SCCE**, and PTA Program Director.
- f. The uniqueness or complexity of the clinical education site.
- g. Whether or not all outcomes on the course syllabus have been met (such as expected Professional Behaviors levels).

II-L-2 Remediation Plan

If issues are identified during a clinical experience or if a failing grade is received, the following remediation steps are taken:

1. The CEC will meet with the student and CI to discuss the grade and reason for the grade.
2. Recommendations are made for remediation of the problem(s), if possible. Actions may include extension of the clinical experience, repeating the clinical experience, program readmission with the student joining the next cohort, or dismissal from the program. Clinical Education courses must be in a full time format.
3. The student will be reminded of SNU’s policies regarding the student’s right of academic appeal.
4. If a student fails a clinical education experience, a plan of action will be developed which could include removal from the program. The plan of action will be designed by the program faculty and will describe a plan for the deficient criteria to be improved. This will be signed by the student and Program Director. This may include meeting individually with program faculty and may include independent study and working with other students. The student must demonstrate competency in any deficits prior to remediation of the clinical experience.
5. If the individual plan of action is met and all deficiencies are corrected during this retake, the student may continue on with the program.

II-M School Holiday and Inclement Weather

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Not all clinical education sites recognize the same holidays as SNU. These sites may remain open for regular business although SNU may be closed. Students will follow the clinical education site schedule for holidays. If the site remains open for regularly scheduled business, the student will perform their clinical education duties during those holidays. If the clinical education site is closed during a holiday, the student will also have that day off.

If a clinical education facility closes for regular business due to inclement weather the student is to call or email the CEC as per the absenteeism policy. It will not be considered an absence if the clinical education site is closed due to inclement weather.

III. Student Policies

In accordance with Oklahoma law governing the practice of physical therapy, the following activities may not be delegated to a Student Physical Therapist Assistant (SPTA): patient/client initial examination, intervention planning, initial intervention, and initial or final documentation. Any documentation written by the student must be signed with the student's full name followed by the title Student Physical Therapist Assistant (SPTA). All documentation must be read and co-signed by the supervising physical therapist or PTA. PTA students are expected to be asked to perform only those duties that are routinely delegated to PTAs and within their scope of practice.

III-A Student Responsibilities

Each student will have a variety of clinical experiences throughout the 23 months of the PTA Program. The student's responsibilities are as follows:

1. Contact the clinical site to obtain information related to housing, parking, and departmental policies and procedures at least one month prior to the start of the clinical experience.
2. Transportation, lodging arrangements, and costs.
3. Wear professional attire.
4. Adhere to all policies and procedures of the assigned clinical site.
5. Act in an ethical and legal manner at all times.
6. Identify and actively seek needed learning experiences to meet goals and objectives.
7. Confer and consult with the CI and CEC regarding learning needs, progress, and/or concerns.
8. Display professionalism and responsibility.
9. Submit all clinical education materials to the CEC in a timely manner.

III-B Attendance and Absenteeism

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Attendance is required for the entire clinical education experience. All absences must be made up with the exception of official closing of the clinical education site's physical therapy department, such as due to an adverse weather event. All effort should be made to avoid missing any clinical time. All make-up time must be made during the clinical education experience for time that was missed. If it is not possible to make up the missed time, the student, CEC, and clinical site will attempt arrangements based on the circumstances. All make-up time must be documented on the CPI as time made up for a specific date. Each clinical education experience week is defined as 40 hours. Any week that a minimum of 40 hours is not reported requires CI and CEC approval.

Most clinical facilities do not close for the same holidays as Southern Nazarene University (SNU), nor do they close for snow or other inclement weather. Students should document any time absent due to facility holiday closure or inclement weather.

Absences and tardiness will be monitored via communication between the clinical instructors and the CEC.

The student must report any absences to the **CI and the CEC** prior to the time the student is due to arrive to the clinical experience site or 8:00 AM, whichever is later. The student can contact the CEC by either e-mail or by phone. If a student fails to notify the CI of an absence or tardiness, the CI should notify the CEC. If the student has any concerns regarding the professional behavior of the student (excessive absences or tardiness, please contact the CEC as soon as you notice the problem. The PTA faculty will contact the student to discuss the absenteeism/tardiness problem and see how it can be fixed.

III-C Professional Behavior

Professional behavior by students is expected at all times. Students are expected to follow professional standards when in the classroom, laboratory and clinical settings. Guidelines for these standards are detailed in the following documents:

1. Professional Behaviors (located in appendix)

Ten specific "Professional Behaviors" are assessed throughout the PTA Program curriculum. Students will self-assess these professional abilities once per semester and review this assessment with a PTA faculty member.

Expected Professional Behaviors levels are:

- End of Semester I: All Professional Behaviors at least at beginning level (Clinical Procedures I)
- End of Semester II: 50% of Professional Behaviors at least at intermediate level (Clinical Procedures II)

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- End of Semester III: all Professional Behaviors at least at intermediate level (Neuroscience I)
- End of Semester IV: all Professional Behaviors at entry-level (Clinical Education III)

Faculty will provide oral and written feedback regarding professional behaviors each semester. Copies of this feedback will be placed in the student's file. Students are expected to change unsatisfactory behaviors after receiving feedback from faculty. If a student is not demonstrating professional behaviors at an appropriate level, the student will develop a plan for improvement with academic faculty. Serious deficits in professional behavior with no improvement may result in program dismissal.

2. American Physical Therapy Association (APTA) Standards of Ethical Conduct for the Physical Therapist Assistant (located in appendix)

III-D Personal Appearance

A student is expected to set an example of cleanliness, tidiness, and professionalism in the clinical placement area. Personal appearance is regarded as an important aspect of a student's overall effectiveness. Students are expected to keep neat and clean at all times. Special attention should be given to personal hygiene and dress in the clinic areas.

Hair must be neatly groomed at all times while in the clinic. Hair must be worn back away from and out of the face. Beards and mustaches must be short and neatly trimmed. Nails must be clean and short. Nails should be shorter than fingertips when viewed from the palm side. The only jewelry which should be worn in clinic areas are watches, wedding rings, and stud type earrings. This is for the safety of the student and the patients. Students are to avoid wearing perfume, colognes, or after shaves in their clinical experiences sites as patients and/or staff may be allergic to them.

Students are expected to comply with the dress code for each clinical facility. Unless otherwise noted by the facility's dress code, students should wear professional clothes and comfortable closed-toe shoes. Professional clothes typically will include a shirt with sleeves, dress slacks or khaki-type pants (no jeans), sturdy low-heeled shoes with a closed toe, socks, and a watch with a second hand. A white lab coat may be worn in some facilities. Athletic shoes are acceptable if they are neat and professional looking. Given today's fashions and the level of physical activity required in most PT settings, it is recommended that students check their appearance from all angles and positions to ensure that clothing ensures freedom of movement, remains in position and does not expose undergarments at any time.

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III-E Name Tags

A SNU name tag or facility specific name tag is to be worn by all students at all times while in clinical education sites. Wearing of the name tag assures proper identification as a PTA student, for security purposes, and entitles the student access to the premises. The name tag is also a necessary communication tool as the student meets a variety of people, including patients and staff. The facility may require that the student wear a facility name tag as well.

III-F Student Preparedness

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

III-G Confidentiality

Students are expected to maintain confidentiality standards at all times in the clinical setting. It is not ethical to share information with other individuals regarding patients/clients, facilities, clinical instructors, or classmates. This includes placing the patient's name or other identifying item on case study reports, class presentations; etc.; failing to obtain written permission to utilize pictures or videos of a patient in presentations, or talking about patients to your classmates. Violation of this policy may result in dismissal from the PTA Program.

During the first semester of the PTA program, students are instructed in basic HIPAA (Health Insurance Portability and Accountability Act) policies and procedures for proper use and handling of confidential patient/client information. They are also required to view an online instructional module and pass a Knowledge Assessment at 70% proficiency, prior to their first clinical education course. The CI should give the student instruction in site-specific HIPAA procedures at the start of the clinical experience.

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

III-H CPR/Immunization Requirements

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Each student must have a current CPR certification (Basic Life Support (BLS) for Health Care Providers or CPR for the Professional Rescuer) upon entering their first Clinical Education course. Students will be required to show proof of this certification prior to the start of the second semester of the program. In addition, prior to the first Clinical Education course, students must complete an online database showing proof of a negative TB (PPD) skin test and/or negative chest x-ray within the previous year, immunization records, and proof of Hepatitis B immunization, Tetanus-Diphtheria (Td or Tdap); Measles, Mumps, and Rubella (MMR); Varicella (chicken pox); and other site-specific vaccines, such as Influenza and COVID-19. Some sites will require students to have documentation of personal health insurance.

Students should be aware that some clinical sites will require the COVID-19 vaccine. If a student does not have proof of the vaccine, they cannot be placed at that site. This may delay or prevent graduation. Students must sign the Site-Specific Vaccine/Immunization Form located in the appendix upon entry into the program.

III-I Accidents

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

In the event of an accident, please have the student complete an incident form and notify the CEC of the incident.

III-J Accommodation

SNU affirms the rights of students with disabilities to equal opportunity and treatment in all aspects of education. Reasonable accommodations will be made that will enable students with disabilities to enjoy equal educational opportunities. In order to receive accommodations, a student must:

1. Initiate a request for services through the campus Disability Services (located in Center for Student Success)
2. Provide documentation verifying the disability
3. Follow plan as determined after consultation with campus Disability Services

The accommodation(s) will be implemented at the earliest possible date. If consultation with the student and the University does not identify an appropriate accommodation, the

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student shall be notified in writing of the program's inability to reasonably accommodate the student's special needs.

III-K Student In-Services

Students will design an in-service during Clinical Procedures II utilizing evidence-based resources with the expectation to present the in-service during one of their last two clinical education experiences. When a student provides an in-service, they should have the clinical site staff evaluate and provide feedback using the Student In-service Feedback form located in the appendix. Students will then reflect on this feedback during a discussion board forum in Clinical Education III.

III-L Early Termination of Clinical Education Experience

The PTA Program CEC and the SNU PTA program faculty may remove the student from the clinical site if it appears that the student is performing incompetently or poses a safety threat to the patients/clients or staff of the clinical site. This decision will be made based on input from the **SCCE** and/or student's CI. The CEC will meet with the student either in person or by phone within twenty- four hours to explain the reasons for removal from the clinical area and to inform the student that he/she is failing. Please keep the CEC informed of any potential problems. If you feel the student must be removed from the clinical education experience, contact the CEC or PTA Program Director immediately.

Following this action, an informal meeting with the student, CEC, CI and/or **SCCE**, and PTA Program Director will be convened as soon as possible to discuss the student's status. If the removal from the clinical setting is upheld as a result of this meeting, the student receives a failing grade in the course.

III-M Due Process/Grievance Procedure

It is the policy of the SNU Physical Therapist Assistant Program to work with students in finding a fair and just solution to problems that may arise, including grievances, questions, and misunderstandings. At all steps of the grievance procedure students should feel free to discuss the matters fully with clinical faculty, PTA program faculty, and SNU administration. Students are urged to first take their problems to their clinical instructor. Usually the CI will have direct knowledge about the subject and is best qualified to work with the student in resolving the manner.

If the student and CI are unable to find a solution, the student should then bring up the situation to the **SCCE**, who may consult with the program's CEC. If the student, CI, and **SCCE** are unable to find a solution, the student should then bring up the matter to the PTA program CEC. Should the student feel an unsatisfactory solution was achieved

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after involving the CEC, the student should then bring up the matter to the PTA Program Director. If the student still feels an unsatisfactory solution was achieved, the student should bring up the matter with the Vice President of Professional and Graduate Studies, [Dr. Melissa Lewis Mlewis@mail.snu.edu](mailto:Melissa.Lewis@snu.edu).

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

III-N Clinical Reassignment

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

A student will be allowed only one opportunity during the PTA Program to be considered for a clinical reassignment.

III-O Background Checks and Drug Screens

All students must complete a county and nationwide background check that includes every county of residence, prior to admission. An individual who is disqualified from having direct patient contact as a result of the background check, and whose disqualification is not set aside by the Commissioner of Health, will not be permitted to participate in a clinical education placement. Inability to participate in a clinical education placement required by the academic program will result in ineligibility to qualify for a degree in this program. SNU health care students must pass a county and nationwide background check prior to acceptance into the program. Clinical education experiences may require an additional background check prior to the clinical start date. Students are responsible for all costs of background checks.

All students must submit and pass a drug screen panel prior to the first clinical education experience in the program. The consequences of a positive test may result in delayed clinical placement or dismissal from the program. If a student does not pass a drug screen prior to a clinical education experience, they must pass an additional screen prior to each subsequent clinical education experience. Additional drug screening may be required by specific clinical sites. Per HIPAA and FERPA guidelines, an individual's specific drug screen results are not accessible unless the student grants permission. Students are responsible for all costs of drug screens.

III-P Knowledge of Program and University Policies and Procedures

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The PTA program abides by Southern Nazarene University policies. The most current college policies can be found at <https://www.snu.edu/policies-and-procedures/>

Students are expected to have a working knowledge of the content of the SNU PTA Program Clinical Education Handbook, which is provided annually during the spring semester. After reviewing the Clinical Education Handbook, students will sign and date the “Clinical Education Handbook Agreement”, which is an agreement where the student states they understand the content of the handbook and agree to abide by the policies and procedures set forth during their tenure as a Physical Therapist Assistant student. Students will also be able to access the PTA Program Clinical Education Handbook on the program website.

The PTA Program Clinical Education Handbook is reviewed and revised annually by program faculty. To ensure all program policies are consistent with those of the University, the handbook is reviewed annually by the Program Director and the Vice President of Professional and Graduate Studies. Program faculty will consider input for manual revisions from students, college administration, the PTA program advisory committee, and clinical faculty. When changes are made after the initial publication of each year’s Clinical Education Handbook, PTA Program students and SNU administration will be notified of the updates. The Handbook available on the program website will also be updated.

III-Q Informed Consent

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

IV. Responsibilities of the Clinical Facility

IV-A Memorandum of Agreement

Only clinical facilities with current, unexpired, written Clinical Experience Agreement in place will be utilized for the placement of students. A Complete Clinical Experience Agreement is sent when a facility is first utilized. The CEC reviews the list of clinical sites annually to make sure all sites have a current Clinical Experience Agreement.

IV-B Equipment and Facility Safety

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

IV-C Confidentiality

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

IV-D Supervision

All clinical facilities are expected to provide direct supervision of students to ensure patient safety and to enable the successful completion of the program's educational objectives. All students providing physical therapy services require on-site supervision by a licensed physical therapist. Preferably, this should be the student's assigned clinical instructor. If the clinical instructor is unavailable on-site, another licensed physical therapist assistant or physical therapist who is on-site must be assigned to that student for that time period. The clinical instructor should have adequate release time to adequately supervise the student and be available for questions, assistance, and mentoring.

Students are allowed and encouraged to participate in observatory activities with other licensed disciplines (nursing, occupational therapy, speech therapy, respiratory therapy, orthotics/prosthetics, etc.) if no physical therapy services are being delivered. Physical therapist assistant students are not allowed to provide physical therapy treatments to a patient without a licensed physical therapist or physical therapist assistant on-site to supervise.

All supervisory clinical faculty are expected to demonstrate positive role modeling for the students. Students should contact the CEC immediately if supervision does not follow these guidelines.

IV-E Complaints

Complaints regarding the program or the program graduates should be first addressed to the PTA Program Director, Dr. Loren McElroy Lmartin@mail.snu.edu. Unresolved

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complaints or complaints about the Program Director should be directed to the Vice President of Professional and Graduate Studies, [Dr. Melissa Lewis](mailto:Dr.MelissaLewis@snuc.edu) Mlewis@mail.snu.edu.

Complaints involving a student during clinical education experiences should first be addressed to the PTA Clinical Education Coordinator, [Dr. Leah Spurlock, PT, DPT](mailto:Dr.LeahSpurlock@snuc.edu) Lspurlock@mail.snu.edu. Unresolved complaints or complaints about the CEC should be directed to the Program Director, Loren McElroy LMartin@mail.snu.edu. If complaints remain unresolved or complaints about the Program Director should be directed to the Vice President of Professional and Graduate Studies, [Dr. Melissa Lewis](mailto:Dr.MelissaLewis@snuc.edu) Mlewis@mail.snu.edu.

All complaints will be documented, including the projected outcome, and kept on file at the program facility. No retaliation will occur by SNU or the PTA Program due to a complaint being filed. Complaints regarding Accreditation of this program should be addressed to the Commission on Accreditation in Physical Therapy Education. This Commission is located at 3030 Potomac Ave., Suite 100 Alexandria, VA 22305-3085; phone; 703-706-3245; accreditation@apta.org.

V. Clinical Faculty Rights and Privileges

V-A Clinical Faculty Rights and Privileges

The SNU PTA Program values the clinical faculty who are involved with the clinical education of SNU students. CIs and [SCCEs](#) are entitled to rights and privileges as a result of their participation with the SNU PTA Clinical Education Program. All CIs and [SCCEs](#) are invited annually to a Clinical Faculty Meeting each spring. The agenda of this meeting will include reviewing any curricular changes in the PTA Program, reviewing the CPI, and a question and answer session with the PTA Program Faculty. A topic will also be discussed that has been identified as a need through the review of student evaluations, interviews and observations made by the CEC.

The SNU PTA Program annually determines the professional development needs of the clinical faculty members. With this information, the PTA Program hopes to facilitate continued growth and development in clinical faculty in their role as clinical educators. Clinical faculty are encouraged to complete relevant Clinical Instructor self-assessments from the American Physical Therapy Association. These assessments are related to the Clinical Instructors, [SCCEs](#) and Clinical Education sites. The PTA Program hopes Clinical Education sites will use these forms to complete a yearly assessment of needs. These assessments, along with a brief survey of professional development needs, will be given and collected to clinical faculty by the CEC during clinical education visits.

[Last updated: 9/26/2023](#)

The PTA Program will also make an effort to host continuing education workshops on both clinical education and clinical practice topics. The APTA Clinical Instructor Credentialing Course will be offered either by SNU or in partnership with other institutions. A workshop on a physical therapy practice topic will be scheduled in subsequent years. All area physical therapy clinicians are invited to attend these workshops.

SNU PTA Program academic faculty members are available to provide in-services for any affiliating clinical facility on mutually agreed upon topics. This in-service could be on clinical education topics or other physical therapy information. Contact the PTA Program Director if your facility is interested in arranging for an in-service.

V-B Education Tips for the Clinical Instructor

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

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

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

1. Confirmation of the dates of the clinical education experience.
2. The name of the Clinical Instructor and the **SCCE**.
3. The time the student should report to the clinic.
4. The dress code for the facility.
5. Directions to the PT department.
6. Parking information.
7. A direct phone number to the PT department
8. Medical forms, if needed.
9. Any orientation the student may need prior to seeing patients (HIPAA, Standard Precautions, etc).
10. Meals - Is there a cafeteria or does the student need to bring their lunch?
11. Housing information, if applicable.
12. Any information on other tests the student may require (background check, drug test, etc.).

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13. Any additional orientation information you want the student to read prior to the start of the clinical education experience.

APPENDIX

Last updated: 9/26/2023

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

Preamble

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Physical therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals. (Core Values: Compassion and Caring, Integrity)

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapist services.

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

(Core Values: Altruism, Collaboration, Compassion and Caring, Duty)

2A. Physical therapist assistants shall act in the best interests of patients and clients over the interests of the physical therapist assistant.

2B. Physical therapist assistants shall provide physical therapist interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients and clients.

2C. Physical therapist assistants shall provide patients and clients with information regarding the interventions they provide.

2D. Physical therapist assistants shall protect confidential patient and client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations. (Core Values: Collaboration, Duty, Excellence, Integrity)

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

3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapist interventions.

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3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient and client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

3E. Physical therapist assistants shall provide physical therapist services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient or client status requires modifications to the established plan of care.

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

(Core Value: Integrity)

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients and clients, students, supervisees, research participants, or employees).

4C. Physical therapist assistants shall not engage in any sexual relationship with any of their patients and clients, supervisees, or students.

4D. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

4E. Physical therapist assistants shall discourage misconduct by physical therapists, physical therapist assistants, and other health care professionals and, when appropriate, report illegal or unethical acts, including verbal, physical, emotional, or sexual harassment, to an appropriate authority with jurisdiction over the conduct.

4F. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

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

(Core Values: Accountability, Duty, Social Responsibility)

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient and client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance related impairments that may adversely impact their professional responsibilities to seek assistance of counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

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

(Core Value: Excellence)

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

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

(Core Values: Integrity, Accountability)

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

American Physical Therapy Association / 3

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients and clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients and clients

Standard #8: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally. (Core Value: Social Responsibility)

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapist services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

Professional Behaviors Assessment Tool

Student Name _____ Date: _____

Directions:

1. Read the description of each professional behavior.
2. Become familiar with the behavioral criteria described in each of the levels.
3. Self-assess your performance continually, relative to the professional behaviors, using the behavioral criteria.
4. At the end of each semester:
 - Using a highlighter, highlight all criteria that describes behaviors you demonstrate in Beginning Level (column 1), Intermediate Level (column 2), or Entry Level (column 3).
 - Give at least one specific example of a time when you demonstrated a behavior from the highest level highlighted.
 - Place an “x” along the visual analog scale to indicate the level (B, I, or E) at which you primarily function in each ability. This should be based on your highlighted areas, the specific example, and feedback from your CI.
5. Sign and return to Program Director

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1. Critical Thinking: The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.

<p>Beginning Level:</p> <p>Raises relevant questions; Considers all available information; Articulates ideas; Understands the scientific method; States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion); Recognizes holes in knowledge base; Demonstrates acceptance of limited knowledge and experience</p>	<p>Intermediate Level:</p> <p>Feels challenged to examine ideas;</p> <p>Critically analyzes the literature and applies it to patient management; Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas; Seeks alternative ideas; Formulates alternative hypotheses; Critiques hypotheses and ideas at a level consistent with knowledge base; Acknowledges presence of contradictions</p>	<p>Entry Level:</p> <p>Distinguishes relevant from irrelevant patient data; Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations; Exhibits openness to contradictory ideas;</p> <p>Identifies appropriate measures and determines effectiveness of applied solutions efficiently; Justifies solutions selected</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

2. Communication: The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.

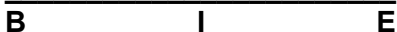
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<p>Beginning Level:</p> <p>Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting; Recognizes impact of non-verbal communication in self and others; Recognizes the verbal and non-verbal characteristics that portray confidence; Utilizes electronic communication appropriately</p>	<p>Intermediate Level:</p> <p>Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences; Restates, reflects and clarifies message(s); Communicates collaboratively with both individuals and groups; Collects necessary information from all pertinent individuals in the patient/client management process; Provides effective education (verbal, non-verbal, written and electronic)</p>	<p>Entry Level:</p> <p>Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups ; Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing; Maintains open and constructive communication; Utilizes communication technology effectively and efficiently</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <hr/> <p>B I E</p>

3. Problem Solving: The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

<p>Beginning Level:</p> <p>Recognizes problems; States problems clearly; Describes known solutions to problems; Identifies resources needed to develop solutions; Uses technology to search for and locate resources; Identifies possible solutions and probable outcomes</p>	<p>Intermediate Level:</p> <p>Prioritizes problems; Identifies contributors to problems; Consults with others to clarify problems; Appropriately seeks input or guidance; Prioritizes resources (analysis and critique of resources); Considers consequences of possible solutions</p>	<p>Entry Level:</p> <p>Independently locates, prioritizes and uses resources to solve problems; Accepts responsibility for implementing solutions; Implements solutions; Reassesses solutions; Evaluates outcomes; Modifies solutions based on the outcome and current evidence; Evaluates generalizability of current evidence to a particular problem</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p>B I E</p>

4. Interpersonal Skills: The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.

<p>Beginning Level:</p> <p>Maintains professional demeanor in all interactions; Demonstrates interest in patients as individuals; Communicates with others in a respectful and confident manner; Respects differences in personality, lifestyle and learning styles during interactions with all persons; Maintains confidentiality in all interactions; Recognizes the emotions and bias that one brings to all professional interactions</p>	<p>Intermediate Level:</p> <p>Recognizes the non-verbal communication and emotions that others bring to professional interactions; Establishes trust; Seeks to gain input from others ; Respects role of others; Accommodates differences in learning styles as appropriate</p>	<p>Entry Level:</p> <p>Demonstrates active listening skills and reflects back to original concern to determine course of action; Responds effectively to unexpected situations; Demonstrates ability to build partnerships; Applies conflict management strategies when dealing with challenging interactions; Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">  </p>

<p>5. Responsibility: The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.</p>		
<p>Beginning Level:</p> <p>Demonstrates punctuality; Provides a safe and secure environment for patients; Assumes responsibility for actions; Follows through on commitments; Articulates limitations and readiness to learn; Abides by all policies of academic</p>	<p>Intermediate Level:</p> <p>Displays awareness of and sensitivity to diverse populations; Completes projects without prompting; Delegates tasks as needed; Collaborates with team members, patients and families;</p>	<p>Entry Level:</p> <p>Educates patients as consumers of health care services; Encourages patient accountability; Directs patients to other health care professionals as needed; Acts as a patient advocate; Promotes evidence-based practice in health care settings; Accepts responsibility for implementing solutions; Demonstrates accountability</p>

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program and clinical facility	Provides evidence-based patient care	for all decisions and behaviors in academic and clinical settings
Specific Example:		<p>Place an “x” on the visual analog scale</p> <hr/> <p>B I E</p>

6. Professionalism: The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.

<p>Beginning Level:</p> <p>Abides by all aspects of the academic program policies and the APTA Code of Ethics; Demonstrates awareness of state licensure regulations; Projects professional image; Attends professional meetings; Demonstrates cultural/ generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</p>	<p>Intermediate Level:</p> <p>Identifies positive professional role models within the academic and clinical settings; Acts on moral commitment during all academic and clinical activities; Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making; Discusses societal expectations of the profession</p>	<p>Entry Level:</p> <p>Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary; Provides patient & family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity; Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development; Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices; Discusses role of physical therapy within the healthcare system and in population health; Demonstrates leadership in collaboration with both individuals and groups</p>
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Specific Example:	Place an “x” on the visual analog scale

	B I E

7. Use of Constructive Feedback: The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.		
<i>Beginning Level:</i> Demonstrates active listening skills; Assesses own performance; Actively seeks feedback from appropriate sources; Demonstrates receptive behavior and positive attitude toward feedback; Incorporates specific feedback into behaviors; Maintains two-way communication without defensiveness	<i>Intermediate Level:</i> Critiques own performance accurately; Responds effectively to constructive feedback; Utilizes feedback when establishing professional and patient related goals; Develops and implements a plan of action in response to feedback; Provides constructive and timely feedback	<i>Entry Level:</i> Independently engages in a continual process of self evaluation of skills, knowledge and abilities; Seeks feedback from patients/clients and peers/mentors; Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities; Uses multiple approaches when responding to feedback; Reconciles differences with sensitivity; Modifies feedback given to patients/clients according to their learning styles
Specific Example:	Place an “x” on the visual analog scale	
	_____ BIE	

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8. Effective Use of Time and Resources: The ability to manage time and resources effectively to obtain the maximum possible benefit.

<p><i>Beginning Level:</i></p> <p>Comes prepared for the day's activities & responsibilities; Identifies resource limitations (i.e. information, time, experience); Determines when and how much help/assistance is needed; Accesses current evidence in a timely manner; Verbalizes productivity standards and identifies barriers to meeting productivity standards; Self-identifies and initiates learning opportunities during unscheduled time</p>	<p><i>Intermediate Level:</i></p> <p>Utilizes effective methods of searching for evidence for practice decisions; Recognizes own resource contributions; Shares knowledge and collaborates with staff to utilize best current evidence; Discusses and implements strategies for meeting productivity standards; Identifies need for and seeks referrals to other disciplines</p>	<p><i>Entry Level:</i></p> <p>Uses current best evidence; Collaborates with members of the team to maximize the impact of treatment available; Has the ability to set boundaries, negotiate, compromise, and set realistic expectations; Gathers data and effectively interprets and assimilates the data to determine plan of care; Utilizes community resources in discharge planning; Adjusts plans, schedule etc. as patient needs and circumstances dictate; Meets productivity standards of facility while providing quality care and completing non-productive work activities</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <hr/> <p>B I E</p>

9. Stress Management: The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.

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

10. Commitment to Learning: The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.

<p>Beginning Level:</p> <p>Prioritizes information needs; Analyzes and subdivides large questions into components; Identifies own learning needs based on previous experiences; Welcomes and/or seeks new learning opportunities; Seeks out professional literature; Plans and presents an in-service, research or cases studies</p>	<p>Intermediate Level:</p> <p>Researches and studies areas where own knowledge base is lacking in order to augment learning and practice; Applies new information and re- evaluates performance; Accepts that there may be more than one answer to a problem; Recognizes the need to and is able to verify solutions to problems; Reads articles critically and understands limits of application to professional practice</p>	<p>Entry Level:</p> <p>Respectfully questions conventional wisdom;</p> <p>Formulates and re-evaluates position based on available evidence; Demonstrates confidence in sharing new knowledge with all staff levels; Modifies programs and treatments based on newly-learned skills and considerations;</p> <p>Consults with other health professionals and physical therapists for treatment ideas</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <hr/> <p>B I E</p>

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

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

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

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Southern Nazarene University Physical Therapist Assistant Program Clinical Orientation Checklist

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

_____ Ensure that the student has the appropriate ID badge(s) and parking permit for the clinical site

_____ Review Clinical Schedule (including weekend or evening coverage)

_____ Review work week/hours of the CI, and student expectations

_____ Review the professional appearance and behavior standards of the facility

_____ Review any available library or educational resources.

_____ Review the organizational structure of the facility including the Physical Therapy or Rehabilitation Department.

_____ Tour of the facility.

_____ Review available supplies and equipment.

_____ Review facility Infection Control procedures.

_____ Review facility emergency procedures (Fire, Medical Emergency, Tornado, etc).

_____ Review Clinical Education requirements and expectations.

_____ Discuss student learning preferences.

_____ Review facility documentation procedures and process.

_____ Review facility billing procedures and process.

**When Completed, please email this form to
Leah Spurlock, SNU PTA Program CEC at lsspurlock@mail.snu.edu**

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**Southern Nazarene University
Physical Therapist Assistant Program
Clinical Instructor/Student Meeting Form**

Check the Clinical Education Experience:

_____ PTA 2122 Clinical Education I	(5 week experience, spring)
_____ PTA 2222 Clinical Education II	(5 week experience, fall)
_____ PTA 2243 Clinical Education III	(8 week experience, fall)

Week #: _____

Dates: _____

CLINICAL INSTRUCTOR COMMENTS:

Student's Strengths:

Areas/Skills Showing Improvement:

Areas/Skills to Work on:

STUDENT COMMENTS:

GOALS FOR NEXT WEEK :

_____	_____	_____	_____
Clinical Instructor	Date	Student	Date

Students are to email completed forms to the CEC at ispurlock@mail.snu.edu at midterm and final portions of the Clinical Experience

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**Southern Nazarene University
Physical Therapist Assistant Program
Confidentiality Agreement**

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

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

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

Signature

Date

Print Name

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Southern Nazarene University
Physical Therapist Assistant Program
Student In-service Feedback Form

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

Check the Clinical Education Experience:

_____ PTA 2222 Clinical Education II (5 week experience, fall)
_____ PTA 2243 Clinical Education III (8 week experience, fall)

Topic of In-service: _____

Date of In-service: _____

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

Strengths of presentation:

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

Other comments:

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Southern Nazarene University
Physical Therapist Assistant Program
Essential Functions for Physical Therapist Assistant Students

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

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

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

1. Sit 2-5 hours per day with lecture blocks up to 4 hours.
2. Stand 1-6 hours with lab time blocks up to 4 hours.
3. Lift up to 60 pounds.
4. Push/pull up to 50 pounds of force exerted at waist level.
5. Squat or stoop.

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6. Use auditory, tactile, and visual senses to assess physiological status of an Individual.
7. Demonstrate good standing and unsupported sitting balance.
8. Demonstrate good finger dexterity
9. Coordinate verbal and manual instructions
10. Communicate effectively with a variety of people through written verbal, and nonverbal methods.
11. Use hands repetitively
12. Shift weight in sitting or standing
13. Demonstrate the ability to use a firm grasp while using physical therapy equipment and while performing physical therapy interventions.
14. Reach above shoulder level.
15. Kneel, kneel-stand, and half kneel.
16. Use equipment that emits electrical, ultrasonic, and thermal energy.
17. Physically move and transfer patients

Students who have concerns about the ability to perform any of these functions should contact the PTA Program Director at (405) 491-6630. Individuals with disabilities may request reasonable accommodations or information by calling the SNU Academic Success Center at (405) 717-6272.

Southern Nazarene University
Physical Therapist Assistant Program
Clinical Assumption of Risk

Clinical experiences (clinical rotations, field trips, or observations) are a required component of the physical therapist assistant program at Southern Nazarene University (SNU). Completion of these experiences allow students to practice skills and techniques learned in didactic and lab courses as well as develop critical thinking skills that are important for health care providers. Clinical experiences occur in hospitals, clinics, schools, community organizations, and other appropriate settings where students can interact with clients and other healthcare professionals.

Sites selected for students' clinical experiences are required to take reasonable and appropriate measures to protect students' health and safety in the clinical setting. Faculty will develop appropriate policies and procedures relating to student safety and prevention of exposure to disease. Students will have access to appropriate personal protective equipment (PPE) during their clinical experiences. Students will receive training related to reducing the risk of potential hazards. Students have the responsibility to report any potential exposures to the supervisor at their site as well as their SNU faculty member.

However, even with such measures, there are risks inherent to clinical experiences. These risks can lead to serious complications, trauma, bodily injury or death.

Potential risks of completing clinical experiences include, but are not limited to:

- Exposure to infectious diseases through blood or other body fluids via skin, mucus membranes or parenteral contact
- Exposure to infectious diseases through droplet or air-borne transmission
- Hazardous chemical exposure
- Radiation exposure
- Environmental hazards, including slippery floors and electrical hazards
- Lifting injuries
- Psychosocial hazards
- Offensive, inappropriate, or dangerous conduct by patients or clients

Special Notice Regarding Novel Viruses (e.g. COVID-19)

Novel viruses are illnesses which the majority of community members have not been exposed to and thus, have not developed immunity to. COVID-19, is a current example of a highly contagious, novel coronavirus that causes symptoms that can range from mild (or no) symptoms to severe illness. COVID-19 can cause severe and lasting health complications, including death. Everyone is at risk of COVID-19. There is currently no vaccine to prevent COVID-19.

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Although anyone who contracts COVID-19 may experience severe complications, the Centers for Disease Control and Prevention(CDC) has found that individuals with certain underlying health conditions are at higher risk of developing severe complications from COVID-19. These medical conditions include chronic lung disease, asthma, conditions that cause a person to be immunocompromised, obesity, diabetes, chronic kidney disease and liver disease.

COVID-19 is believed to spread primarily by coming into close contact with a person who has COVID-19 and may also spread by touching a surface or object that has the virus on it, and then touching one's mouth, nose or eyes. Participating in clinical experiences, even when wearing recommended PPE, may increase the risk of contracting COVID-19, and these risks cannot be eliminated.

ACKNOWLEDGEMENT OF RISK

I certify that I have carefully read and understand this document. I acknowledge and understand that, as explained in this document, my degree program requires the participation in clinical experiences, and that such participation carries risks that cannot be eliminated. I fully understand these risks.

I understand that it is my responsibility to follow all of my sites instructions and take all available precautions so that the risk of exposure is minimized. I will follow all program specific information relating to prevention of diseases.

Knowing these risks, I certify that I desire to pursue my chosen degree program, including the participation in clinical education experiences. I expressly agree and promise to accept and assume all risks associated with doing so. I am voluntarily agreeing to be bound by this document's terms.

Student Signature

Date

Student (print name)

**Southern Nazarene University
Physical Therapist Assistant Program
Site Specific Vaccine/Immunization Form**

Sites may require additional vaccines/immunizations that are not required by the SNU PTA program. In order to graduate, each student must complete one clinical education experience in the outpatient setting and one in the inpatient setting. Examples include being vaccinated against Influenza and Covid-19. Failure to do so may result in the student's inability to be placed at a facility that requires these immunizations. The student understands that this could result in the inability to graduate from the SNU PTA Program, as they did not receive the required vaccines/immunizations of the sites that SNU is contracted with.

Student Name (Please Print)

Signature Date

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Skills Learned Prior to 1st Clinical Education Experience

The Profession of PT	Anatomy and Kinesiology, Musculoskeletal, Pathophysiology	Physical Agents	Therapeutic Exercise	Clinical Procedures I, Clinical Procedures II
Hand-washing/universal precautions*	LE goniometry*	Cervical Soft-Tissue Mobilization*	Strengthening exercises*	SOAP note*
Patient transfers*	UE goniometry*	Upper/Lower Back Soft-Tissue Mobilization*	Stretching exercises*	Discharge planning*
Wheelchair fitting and positioning*	Neck/Trunk goniometry*	UE/LE Soft-Tissue Mobilization*	Post-surgical exercise programs/protocols**	Responding to vital sign changes during treatment session*
Bed mobility*	LE MMT*	Paraffin*	Plyometrics**	Chart Review for lab values*
Standing and sitting transfers*	UE MMT*	Cryotherapy*	Home exercise programs*	Follow a POC by PT for orthopedic patient*
Teaching body mechanics**	Neck/Trunk MMT*	Moist heat*	Isotonic/isometric exercise*	Follow a POC by PT to achieve short term goals*
Wheelchair mobility*	Spinal Nerve reflexes*	Contrast Bath* Contrast Pack**	Concentric/eccentric exercise*	Post-surgical exercise programs/protocols*
Fit assistive device*	Dermatomes*	Infrared lamp**	Reciprocal inhibition*	
Gait training-stairs*	Myotomes*	Short-wave diathermy**	Open & closed chain exercises*	
Gait training-level surfaces*	Grade I-II Peripheral Joint Mobilization*	Mechanical Compression*	Balance/coordination exercises*	
Sliding board transfers*	Taping**	Laser**	Lumbar Stabilization**	
SOAP note documentation**	Vital sign assessment*	Hydrotherapy/Aquatic therapy**	Home Exercise Program creation*	
Positioning and draping*	Gait Cycle**	Iontophoresis*		
	Gait deviations**	EMG Biofeedback*		
	Special tests**	TENS*		
	Anthropometric measurements*	Interferential*		
	PROM*	High Volt*		

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	AAROM*	Ultrasound*		
	AROM*	Phonophoresis*		
	Bony prominence palpation*	CPM application**		
	Medical chart review*	Mechanical Cervical traction*		
	Postural assessment*	Mechanical Lumbar traction*		
		Distributing functional questionnaires and pain assessment*		
		NMES*		
		Russian Current*		
		Change in patient status during physical agent*		
		Skin integrity*		

Skills Learned by 2nd & 3rd Clinical Education Experience

Neuroscience II	Cardiopulmonary	Advanced Physical Therapy Interventions	Conditions & Treatments Across the Lifespan
Motor learning techniques**	Relaxation techniques*	Residual limb wrapping*	Exercise for Geriatric Populations*
Balance assessment instruments**	Breathing exercises*	Post-amputation rehab*	Assessment of arousal, orientation, cognition, and memory*
Advanced balance exercises for neurological conditions*	Coughing*	Orthotics/Prosthetics**	Pre/Postpartum**
Inhibitions techniques**	Postural drainage*	Sterile Dressing Change*	Pelvic Health**
Transfers for neurological diagnoses**	Aerobic Conditioning**	Bandaging*	Pediatric milestone**
Gait Training for neurological diagnoses**	Cardiac Rehab**	Wound Care (No sharp debridement)*	Pediatric exercises*

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Spinal Cord Injuries: bed mobility, home exercise, transfers, range of motion, skin care and respiratory management*	Vital sign assessment during exercise*	Sterile techniques*	
Tilt Table**		Workstation assessment & Ergonomics*	
Basic NDT techniques**		Body mechanics*	

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

**Denotes students have been taught theory, but has not been tested on competency of skill. Clinical Instructors who teach skills not covered in the program are responsible for assessing the student's competence with the skill prior to the patient treatment.

Clinical Readiness by Skill Checks List

Student Name: _____

Term 1

Course Number	Skill competency assessment tool	Skills assessed	Prepared	Needs Remediation	Comments
PTA 1113	1. Infection Control Skill Check	<ol style="list-style-type: none"> 1. Hand-washing/universal precautions 2. Donning/Doffing protective garments 3. Working within sterile field 			
	2. Transfer Skill Check	<ol style="list-style-type: none"> 1. Standing transfer, dependent pivot 2. Standing transfer assisted pivot, stabilize strong LE 3. Standing transfer, assisted pivot, stabilize weak LE 4. Sitting lateral transfers assisted with sliding board 5. Sitting transfer, dependent lateral/swinging 6. Two person dependent lift, chair <-> bed 			
	3. Bed Mobility Skill Check	<ol style="list-style-type: none"> 1. Bed Mobility 			
	4. Gait Training Skill Check	<ol style="list-style-type: none"> 1. Stairs 2. Level Surfaces 3. Assistive Device fitting 			
	5. Positioning and Draping Skill Check	<ol style="list-style-type: none"> 1. Positioning and draping in supine, prone, sidelying, and sitting 			
	6. Wheelchair Fitting, Mobility, and Positioning Skill Check	<ol style="list-style-type: none"> 1. Fitting, Mobility, and positioning a wheelchair 			
PTA 1124	1. Peripheral Reflexes Skill Check	<ol style="list-style-type: none"> 1. Assessment of Peripheral Reflexes 			

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	2.Dermatomes Skill Check	1. Assessment of Dermatomes			
	3. Myotomes Skill Check	1. Assessment of Myotomes			
	4. Bony Prominence Palpation Skill Check	1. Palpate bony prominences			
PTA 1134	1.LE ROM Assessment Skill Check	1. Goniometric LE assessment 2. LE functional ROM assessment 3. LE muscle length and tone assessment			
	2.UE ROM Assessment Skill Check	1. Goniometric UE assessment 2. UE functional ROM assessment 3. UE muscle length and tone assessment			
	3. Neck/Trunk ROM Assessment Skill Check	1. Spine ROM assessment using: -Goniometer -Inclinometer			
	4. Lower Extremity Manual Muscle Testing Skill Check	1. LE manual muscle testing			
	5. Upper Extremity Manual Muscle Testing Skill Check	1. UE manual muscle testing			
	6. Neck/Trunk Manual Muscle Testing Skill Check	1. Neck/Trunk manual muscle testing			
	7. Joint Mobilization Skill Check	1. Grades I-II peripheral joint mobilizations			
	8. Anthropometric Measurements Skill Check	1. Assessment of: -Height/Length -Weight and BMI -Girth -Percent Body Fat			
	9. Postural Assessment Skill Check	1. Postural Assessment using Plumblines			

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Is the student ready to progress to Term 2:
 YES _____ NO _____

Term 2

Course #	Skill Competency Assessment Tool	Skills Assessed	Prepared	Needs Remediation	Comments
PTA 1214	1.Vital Signs Skills Check	Assessment of: -Pulse -Blood Pressure -Respiration Rate			
PTA 1223	1.Moist Heat Skill Check	1. Hot pack			
	2.Cryotherapy Skill Check	1. Ice pack 2. Ice massage			
	3.Contrast Bath Skill Check	1. Contrast Bath			
	4. Ultrasound (US) Skill Check	1. Continuous US 2. Pulsed US			
	5. Phonophoresis Skill Check	1. Phonophoresis			
	6. Paraffin Skill Check	1. Paraffin			
	7. Mechanical Compression Skill Check	1. Mechanical Compression			
	8. TENS Skills Check	1. TENS			
	9. High-Volt Pulsatile stimulation Skill Check	1. HVPS			
	10. Neuromuscular Electrical Stimulation (NMES) Skill Check	1. NMES			
11. Russian Current Skill Check	1. Russian Current				

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	12. Interferential Current Skill Check	1. Interferential Current			
	13. Iontophoresis Skill Check	1. Iontophoresis			
	14. EMG Biofeedback Skill Check	1. EMG Biofeedback			
	15. Soft Tissue Massage Skill Check	1. Cervical STM 2. Upper/lower back STM 3. UE STM 4. LE STM			
	16. Mechanical spinal Traction Skill Check	1. Cervical and Lumbar mechanical traction			
	17. Pain Surveys Skill Check	1. Distributing pain surveys			
	18. Patient status change Skill Check	1. Documentation of patient status change			
	19. Skin Integrity Skill Check	1. Sensation 2. Skin changes 3. pain			
PTA 1233	1. Foundations of muscle contractions Skill Check	1. Isotonic, isometric, isokinetic, concentric, eccentric			
	2. Spine, Pelvis and SIJ Stretching Skill Check	1. Performance of common spine/pelvis/SIJ stretches			
	3. Spine, Pelvis, and SIJ Strengthening Skill Check	1. Performance of common spine/pelvis/SIJ strengthening exercises including open and closed chain			
	4. Upper Extremity Stretching Skill Check	1. Performance of common UE stretches			
	5. Lower Extremity Stretching Skill Check	1. Performance of common LE stretches			
	6. Balance And Coordination Skill Check	1. Basic balance exercises static, dynamic, and neuromuscular training			
	7. Upper Extremity Therapeutic Exercise Skill Check	1. Performance of common UE strengthening exercises including open and closed chain			

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8.Lower Extremity Therapeutic Exercise Skill Check	1. Performance of common LE strengthening exercises including open and closed chain			
9.Proprioceptive Neuromuscular Facilitation (PNF) Skill Check	1. Upper and Lower extremity D1 and D2			
10.Home Exercise Program Skill Check	1. Creating and issuing HEP			

Is the student ready to progress to Clinical Education I:
YES _____ NO _____

Term 3					
Course #	Skill competency assessment tool	Skills assessed	Prepared	Needs Remediation	Comments
PTA 2133	1. Arousal, Orientation, Cognition, and Memory Skill Check	1. Assess arousal, orientation, cognition, and memory			
PTA 2143	1.Breathing and Coughing Skill Check	1. Perform the following breathing strategies: -relaxation and dyspnea position strategies -Instruct diaphragmatic breathing -Demonstrate assisted cough/huff techniques -instruct coughing techniques -Explain activity pacing -Instruct pursed lip breathing -Perform chest wall assessment -breathing exercises, wall mobility -positioning to maximize ventilation and perfusion -coughing strategies assessing changes in thoracoabdominal movement			
PTA 2143	2.Postural Drainage, percussion, shaking, and vibration skill check	1. Postural drainage positions 2. Percussion 3. Shaking 4. Vibration 5. Patient coughing when appropriate			

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PTA 2143	3. Positions of Relaxation and Breath Control skill check	<ol style="list-style-type: none"> 1. Positioning the patient for relaxation 2. Positioning the patient for breath control 			
PTA 2143	4. vital sign assessment during exercise skill check	<ol style="list-style-type: none"> 1. Assess vital signs during exercise: -pulse -blood pressure -respiratory rate 			
<p>Is the student ready to progress to Term 4: YES _____ NO _____</p>					

Term 4					
Course #	Skill competency assessment tool	Skill assessed	Prepared	Needs Remediation	Comments
PTA 2213	1.Spinal Cord Injury (SCI) skill check	<ol style="list-style-type: none"> 1. Bed mobility 2. Home exercise 3. Transfers 4. ROM 5. Skin care 6. Respiratory management 			
PTA 2233	1.Residual Limb Wrapping	<ol style="list-style-type: none"> 1. Mock session of limb wrapping 2. exercises 			
	2. Wound Care	<ol style="list-style-type: none"> 1. clean/sterile field 2. Aseptic technique 3. Applying wound care products 4. Bandaging 			
	3. Ergonomics skill check	<ol style="list-style-type: none"> 1. Workstation assessment 2. Body mechanics 			
<p>Is the student ready to progress to Terminal Clinical Education II and III: YES _____ NO _____</p>					

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**Southern Nazarene University
Physical Therapist Assistant Program**

CLINICAL EDUCATION HANDBOOK AGREEMENT

I have received and read the Clinical Education Handbook for the Physical Therapist Assistant Program at Southern Nazarene University. I understand its content and agree to abide by the policies and procedures set forth during my tenure as a Physical Therapist Assistant student. The Program reserves the right to alter policies, procedures and content.

Student Name (Please Print)

Signature

Date