NORTHEAST COMMUNITY COLLEGE

CLINICAL EDUCATION HANDBOOK

Physical Therapist Assistant Program

2026-27

Clinical education experiences are governed by both the PTA Student Handbook and the PTA Clinical Education Handbook. All academic, behavioral, professionalism, attendance, confidentiality, and Student Review Panel procedures described in the PTA Student Handbook remain in effect during clinical education experiences unless otherwise stated in this handbook.

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Director of Clinical Education (DCE) Welcome

Dear Clinical Faculty,

Welcome to the Clinical Education Handbook for the Northeast Community College Physical Therapist Assistant (PTA) Program. This handbook is designed to provide you with essential information regarding the clinical education component of our program, including program structure, policies and procedures, student preparation guidelines, and tools for evaluating student performance during clinical affiliations.

Northeast Community College is accredited by the Higher Learning Commission, and the PTA Program is accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE). These accreditations reflect our commitment to meeting national standards and preparing students for competent, ethical, and effective practice.

Clinical education is a cornerstone of PTA preparation. Under the supervision of a licensed physical therapist (PT) or PTA, students apply classroom knowledge in real-world settings, develop clinical reasoning, and refine professional behaviors. Your role as a Clinical Instructor is central to this process.

We value your partnership and welcome your feedback as we strive for continuous program improvement.

Sincerely,

Tere Siedschlag, PTA, BS
Director of Clinical Education

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PTA Program Overview

Program Mission Statement

Northeast Community College Physical Therapist Assistant Program is dedicated to preparing students to work as valuable healthcare providers who are employable in any physical therapy setting.

Program Goals

1. Faculty will provide an effective and contemporary curriculum.
2. Students will demonstrate skills that are safe and competent.
3. Graduates will be employable.

Program Outcomes

The PTA Program Outcomes are currently under review as part of the program's continuous improvement and assessment process. The outcomes listed in this handbook are effective at the time of publication. Any approved revisions will be communicated to students and incorporated into future editions of the handbook.

1. By the end of the terminal clinical, students will demonstrate proficiency in 90% of the required clinical skills at an entry-level standard.
2. Faculty will complete professional development in their respective teaching areas as required for licensure.
3. Students will demonstrate 75% proficiency in program assessment competencies, including stewardship, communication, reasoning, and relational perspective.
4. At least 85% of graduates meet or exceed employers' expectations.

Clinical Education Goals

To promote excellence in education, the Program is committed to the following goals:

1. Provide clinical placements that promote progressive and sequential learning experiences.
2. Maintain sufficient, diverse, and high-quality clinical sites to ensure required exposure to rural areas, acute care or long-term care, and specialty settings when appropriate.
3. Ensure clinical faculty meet established program qualifications to serve as Clinical Instructors, including access to the APTA Clinical Instructor Credentialing Course.
4. Partner with clinical faculty who demonstrate clinical competence and effective clinical teaching practices.
5. Maintain current clinical affiliation agreements for all contracted clinical sites.

Code of Ethics for the Physical Therapy Profession

The Northeast Community College Physical Therapist Assistant Program values ethical practice and treatment of others. The PTA program faculty, staff, and students are expected to conduct themselves according to the standards of ethical conduct set forth by the APTA as follows:

Standard 1: Physical therapists and physical therapist assistants shall respect the inherent dignity and rights of all individuals

Standard 2: Physical therapists and physical therapist assistants shall act with professional integrity and responsibility and fulfill their respective legal and ethical obligations.

Standard 3: Physical therapists and physical therapist assistants shall be accountable for making sound professional judgments and decisions within the scope of practice established by laws and regulations.

Standard 4: Physical therapists and physical therapist assistants shall respect the boundaries of professional, therapeutic, organizational, and personal relationships to promote a safe environment.

Standard 5: Physical therapists and physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

Standard 6: Physical therapists and physical therapist assistants shall promote accountable and truthful organizational behaviors and business practices.

Standard 7: Physical therapists and physical therapist assistants shall provide appropriate and timely direction to and communication with anyone over whom they have legal supervisory responsibility.

Standard 8: Physical therapists and physical therapist assistants shall enhance their expertise and competency through career-long acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

PTA Program Curriculum

FRESHMAN YEAR
First Semester

Course		Credits
LNSK 1010	First Year Experience	1.0
BSAD 2050	Business Communications	3.0
BIOS 2250	Human A & P I	3.0
PTAS 1110	Functional A & P I	3.0
PTAS 1115	Functional A & P I Lab	0.5
PTAS 1120	Rehab Skills I	2.0
PTAS 1125	Rehab Skills I Lab	1.0
PTAS 1225	Intro to Physical Therapy	1.0
Total Credits		**16.5**

Second Semester

HLTH 1060	Comprehensive Medical Terminology	3.0
MATH 2170	Applied Statistics	3.0
PTAS 1220	Pathophysiology	2.0
PTAS 1240	Rehab Skills II	2.0
PTAS 1245	Rehab Skills II Lab	1.0
PTAS 1260	Functional Kinesiology	3.0
PTAS 1265	Functional Kinesiology Lab	1.0
Total Credits		**15.0**

SOPHOMORE YEAR
First Semester

Course		Credits
PTAS 1810	Introduction to Psychology	3.0
PTAS 2300	Clinical Affiliation I	1.5
PTAS 2310	Clinical Practice I	2.0
PTAS 2320	Cardiopulmonary Rehab	1.0
PTAS 2325	Cardiopulmonary Rehab Lab	1.0
PTAS 2330	Physical Rehab I	2.0
PTAS 2335	Physical Rehab I Lab	1.0
PTAS 2340	Orthopedic Rehab I	3.0
PTAS 2345	Orthopedic Rehab I Lab	1.0
PTAS 2690	Clinical Pathophysiology	3.5
Total Credits		**15.5**

Second Semester

PTAS 2410	Clinical Practice II	2.0
PTAS 2420	Therapeutic Modalities	2.0
PTAS 2425	Therapeutic Modalities Lab	1.0
PTAS 2430	Orthopedic Rehab II	3.0
PTAS 2435	Orthopedic Rehab II Lab	1.0
PTAS 2440	Physical Rehab II	3.0
PTAS 2445	Physical Rehab II Lab	1.0
PTAS 2400	Clinical Affiliation II	1.5
Total Credits		**14.5**

Summer

PTAS 2500	Clinical Affiliation III	5.0
PTAS 2600	Clinical Affiliation IV	4.5
Total Credits		**9.5**
Total Program Credit Hours		**71**

Accreditation

The PTA Program at Northeast Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org. If needing to contact the program/institution directly, please call 402-844-7326 or email pta@northeast.edu.

Summary of Essential Skills

Clinical I Expected Skills

- Vital Signs
- Transfers
- Gait Training with ADs
- Positioning and draping
- Basic documentation
- Basic therapeutic exercise
    - ROM
    - Stretching
    - Manual resistance
    - Joint mobilization
- Balance
- Spine and lower extremity
    - Goniometry & MMT
    - Interventions
- Cardiopulmonary disorders
- Disorders of musculoskeletal, neurologic, metabolic, endocrine, gastrointestinal, and urinary systems
- Motor control, learning, and development
- Neurologic tests & measures
- Neurologic training strategies and interventions
- Vestibular rehabilitation

Clinical II Expected Skills

In addition to the above skills:

- Shoulder
    - Goniometry & MMT
    - Impingement, subacromial decompression, rotator cuff repair
- Modalities
    - Superficial heat
    - Ultrasound
    - STM including cupping and IASTM
    - Electrical stimulation
- Neurological rehabilitation
    - CVA, TBI, and SCI
    - Amputation
    - Pediatric conditions

Clinical III and IV Expected Skills

All expected PTA skills have been taught

Roles, Responsibilities, and Expectations

Director of Clinical Education (DCE)

Role of the DCE

The DCE oversees all aspects of the clinical education program to ensure that clinical experiences support the PTA curriculum, meet accreditation standards, and provide students with safe, meaningful learning opportunities. The DCE is the primary liaison between the academic program, clinical sites, and students.

Primary Responsibilities of the DCE

1. **Clinical Site Management**
   - Establish and maintain clinical affiliation agreements
   - Ensure each site meets program and accreditation standards for supervision, learning opportunities, and safety
   - Coordinate site availability and maintain a current database of clinical partners
2. **Placement and Coordination of Students**
   - Assign students to appropriate clinical sites based on learning needs, availability, and program objectives
   - Communicate placement details and expectations to students and clinical sites
   - Provide required documents (learning objectives, evaluation tools, schedules, etc.)
3. **Support of Clinical Instructors (CIs) and Clinical Coordinators of Clinical Education (CCCEs)**
   - Provide orientation materials and resources to CIs and CCCEs
   - Offer guidance on supervision, student expectations, and evaluation tools (e.g., CPI or program forms)
   - Serve as the point of contact for questions or concerns regarding student performance
4. **Student Support and Oversight**
   - Prepare students for clinical experiences through orientation, expectations, and review of professional behaviors
   - Monitor student progress throughout each clinical rotation
   - Address performance concerns, professionalism issues, or site conflicts promptly
5. **Communication and Problem Solving**

- Maintain regular communication with CIs and CCCEs via email, phone, or site visits
- Facilitate timely feedback between students and clinical educators
- Intervene when challenges arise, ensuring safe and appropriate learning environments

6. **Evaluation and Quality Improvement**
    - Collect and analyze feedback from students, CIs, and sites after each clinical experience
    - Evaluate site performance and suitability for future placements
    - Use data to improve the clinical education program, curriculum alignment, and site partnerships
7. **Compliance and Documentation**
    - Ensure clinical educational activities comply with CAPTE and institutional policies
    - Maintain documentation related to site agreements, student records, and evaluations
    - Uphold confidentiality and professional standards in all clinical education processes

Expectations for the DCE

- Be accessible to students and clinical partners through consistent communication
- Respond promptly to urgent concerns related to safety, performance, and professionalism
- Provide clear guidance, supportive coaching, and timely problem resolution
- Serve as a professional role model in communication, ethical behavior, and collaboration
- Support the growth and development of CIs through resources and education
- Ensure that clinical experiences align with the program's mission, goals, and student learning outcomes

Clinical Coordinator of Clinical Education (CCCE)

Role of the CCCE

The CCCE serves as the primary on-site coordinator of student clinical education. They ensure the clinic is prepared to host students, assign appropriate Clinical Instructors (CIs), facilitate communication with the program, and support quality, safe, and meaningful learning experiences that align with the PT Plan of Care and program expectations.

Primary Responsibilities of the CCCE

1. **Site Readiness & Placement**
   - Confirm site capacity, setting(s), and patient mix are appropriate for student learning
   - Coordinate student placement dates, schedules, and onboarding requirements
   - Ensure required affiliation agreements and site documentation are complete and current
   - Communicate site expectations (hours, dress code, EMR, parking, badges, HIPAA training, etc.)
2. **CI Assignment & Support**
   - Assign qualified CI(s) who understand student level, goals, and evaluation tools (e.g., CPI or program specific forms)
   - Orient CIs to program expectations, clinical objectives, and the student's experience level
   - Monitor CI workload to support effective supervision and timely feedback
3. **Orientation & Onboarding**
   - Provide (or delegate) a structured first-day orientation, including safety procedures, EMR access, documentation workflows, equipment use, and clinic policies
   - Verify completion of site-specific training (HIPAA, OSHA, infection control, emergency procedures)
   - Ensure students understand the plan for supervision and appropriate chain of command
4. **Communication & Coordination**
   - Serve as the primary point of contact between the site and the DCE
   - Ensure the CI and student have sufficient time to complete forms and evaluations on time
   - Inform the DCE promptly about concerns related to safety, performance, professionalism, or attendance
5. **Quality of Learning Experience**
   - Ensure students have access to a variety of appropriate learning opportunities (observational and hands-on within scope and supervision)
   - Participate in post-clinical feedback to improve the experience for future students
6. **Compliance, Safety, and Risk Management**
   - Maintain compliance with institutional policies (confidentiality, infection prevention, safety)

- Ensure student activities are within PTA scope and under PT direction and supervision

Expectations for the CCCE

- Respond to program outreach and student issues in a timely manner
- Match students with appropriate CIs and caseloads for their level
- Address issues early; engage the DCE when concerns affect safety, learning, or progression
- Apply site policies uniformly to all students; uphold ethical and professional standards
- Provide guidance and resources for CIs, especially new instructors

First-Day Orientation Checklist (CCCE may delegate to CI)

- Clinical tour, introductions, and safety/emergency procedures
- Review of schedule, lunch/breaks, attendance and call-in procedures
- PPE, infection control, and exposure protocols
- EMR/login access, documentation expectations, co-signature process
- Lines/tubes/special equipment review (if applicable)
- Review of student learning objectives and supervision plan
- Confirm contact information and chain of command process (CI → CCCE → DCE)

Mid-Term & Final Evaluation Essentials

- Use APTA CPI 3.0
- Hold a face-to-face conversation with the student to review performance, examples, and goals
- Provide specific, behavior-based feedback and update the learning plan for the remainder of the affiliation (mid-term) or for future growth (final)
- Notify the DCE of any rating or comment that signals risk to passing or concerns about safety/professionalism

When to Contact the DCE Immediately

- Patient or student safety incidents
- Professionalism concerns (boundary issues, attendance problems, confidentiality breaches)
- Performance not meeting minimum expectations despite feedback
- Changes at the site that limit supervision or appropriate learning opportunities

Equity, Inclusion, and Professional Conduct

- Provide a respectful learning environment free from harassment or discrimination
- Apply accommodations as communicated by the program (within site policy)
- Model professional conduct and ethical decision making; address lapses promptly

Clinical Instructor (CI)

Role of the Clinical Instructor

The CI is the primary supervisor and educator for the student during the clinical experience. The CI provides direct supervision, instruction, feedback, and evaluation while ensuring that patient care, student learning, and safety are maintained. The CI models professional behavior and supports the student's progression toward PTA entry-level performance.

Primary Responsibilities of the Clinical Instructor

1. **Direct Supervision & Patient Safety**
    - Provide supervision appropriate to the student's level and the complexity of patient care
    - Ensure all student interventions occur under the direction and supervision of a physical therapist within PTA scope
    - Maintain patient safety, dignity, and privacy and all times
    - Immediately address any safety concerns or errors and notify the CCCE/DCE when necessary
2. **Student Orientation**
    - Provide a clear first-day orientation to clinic policies, workflow, emergency procedures, documentation expectations, and supervision structure
    - Review the student's learning objectives, skill level, and previous clinical experiences
    - Clarify daily schedules, communication expectations, and the process for giving and receiving feedback
3. **Clinical Teaching & Skill Development**
    - Demonstrate and guide safe, effective clinical techniques aligned with the PT plan of care
    - Provide opportunities for observation and hands-on practice appropriate for the student's level
    - Progress student responsibilities gradually based on performance, confidence, and safety

- Assist the student in developing clinical reasoning and professional judgment.

4. **Ongoing Feedback & Coaching**
   - Provide daily or routine feedback that is specific, timely, and behavior-based
   - Address strengths and areas for improvement using supportive, constructive language
   - Encourage student self-assessment and goal setting
   - Document concerns early and communicate with the CCCE/DCE if additional support is needed
5. **Clinical Documentation & Caseload Expectations**
   - Review and co-sign all student documentation according to site policy
   - Support progression from observing to assisting to performing documentation with decreasing cues
   - Guide the student in managing an appropriate caseload based on clinical level and site expectations.
6. **Formal Evaluation**
   - Complete required mid0term and final evaluations
   - Meet face-to-face with the student to discuss the evaluation, providing examples and actionable goals
   - Notify the CCCE/DCE promptly if the student is at risk for not meeting expectations

Expectations for the Clinical Instructor

- Model ethical behavior, respect, empathy, and effective communication
- Apply clinic policies and expectations fairly and clearly
- Be actively involved in teaching, observation, feedback, and evaluation
- Maintain ongoing communication with the CCCE and DCE, especially for concerns
- Provide clear, specific, constructive feedback that supports student growth
- Prioritize patient and student safety; intervene immediately when needed
- Ensure all student activities align with PTA scope and PT supervision rules

Recommended Daily or Weekly CI Activities

- Review daily caseload and identify appropriate patients for student involvement
- Provide brief check-ins at the start and end of each day
- Coach the student through clinical decision-making in real time
- Review documentation and provide correction/feedback promptly
- Encourage reflection: “What went well today? What would you like to improve tomorrow?"

When the CI Should Contact the CCCE or DCE

- Safety concerns involving patients or the student
- Repeated errors despite feedback
- Concerns about professional behavior or attendance
- Lack of progress toward clinical objectives
- Any conflict or issue that affects learning or patient care

Student Responsibilities in the Clinical Setting

Role of the Student

PTA students are active learners who participate in patient care under the direction and supervision of a physical therapist and the guidance of their Clinical Instructor (CI). Students are responsible for demonstrating professionalism, preparing for patient care, seeking feedback, and progressing toward entry-level PTA performance.

Primary Responsibilities of the Student

1. **Professional Behavior & Communication**
   - Arrive on time, prepared, and dressed according to site and program policy
   - Communicate respectfully with patients, caregivers, staff, and clinical team members
   - Demonstrate confidentiality and maintain HIPAA compliance at all times
   - Notify the CI and DCE of absences, tardiness, or personal emergencies
   - Demonstrate a positive attitude, flexibility, and willingness to learn
2. **Safety & Patient Care**
   - Prioritize patient safety, dignity, and comfort in all interactions
   - Perform skills only within PTA scope and only with appropriate supervision
   - Ask questions or request assistance when unsure, uncomfortable, or not yet competent
   - Follow clinic policies for infection control, emergency procedures, equipment use, and documentation
3. **Learning, Preparation, and Initiative**
   - Come prepared each day by reviewing diagnoses, interventions, program objectives, and planned treatments
   - Demonstrate curiosity and initiative while respecting boundaries and supervision requirements
   - See opportunities to observe or participate as appropriate for clinical level

- Take responsibility for learning needs (ask questions, request practice, and apply feedback

4. **Documentation & Caseload Participation**
    - Complete documentation according to site expectations and submit it for review/co-signature
    - Implement feedback to improve clarity, accuracy, and efficiency
    - Assist with patient care activities as directed, with increasing independence as safe and appropriate
    - Reflect progress toward meeting caseload expectations based on Clinical I, II, or III level.
5. **Feedback, Self-Assessment, and Professional Growth**
    - Actively engage in daily feedback conversations with the CI
    - Perform regular self-assessment to identify strengths and areas for improvement
    - Respond to constructive feedback with professionalism and adjustments in performance
    - Establish weekly learning goals in collaboration with the CI and track progress
6. **Ethical Behavior & Professional Conduct**
    - Uphold the APTA Code of Ethics for the Physical Therapy Profession
    - Maintain professional boundaries with patients, families, and staff
    - Report concerns related to safety, harassment, discrimination, or unethical behavior to the CI, CCCE, or DCE immediately
    - Represent the PTA Program professionally inside and outside the clinic

Expectations for Communication

- **Daily:** Check-ins with CI to review schedule, plans, and questions
- **Weekly:** Review progress toward goals and discuss any needed adjustments
- **Mid-Term and Final:** Participate in formal evaluations; provide honest self-assessment

When the Student Must Contact the CI, CCCE, or DCE

- Patient safety events
- Uncertainty about interventions, equipment, or instructions
- Concerns about supervision, workload, or expectations
- Conflicts or communication issues that affect learning or patient care
- Personal issues affecting attendance, performance, or safety

First-Day Student Responsibilities

- Bring required documentation and complete site onboarding tasks
- Review clinic policies, schedules, and workflow
- Clarify expectations for supervision, documentation, and communication
- Ask questions about safety procedures, equipment, and emergency protocols
- Review clinical objectives for the rotation

Supervision Requirements for PTA Students

Overview

PTA students must always provide patient care under the direction and supervision of a licensed physical therapist (PT) and with guidance from their Clinical Instructor (CI). Supervision levels may vary based on the clinical setting, state practice act, patient safety needs, and the student's clinical level and competence. Patient safety and legal requirements take priority at all times.

Physical Therapist (PT) Direction and Supervision

- A PT must maintain overall responsibility for each patient's plan of care.
- The PT must provide initial evaluation, re-evaluation, and plan of care updates as required by state law and site policy.
- The PT must be accessible for consultation during patient care, even if not physical present (setting dependent).
- Students may not:
    - Perform PT examinations or evaluations
    - Interpret examination findings
    - Make clinical diagnoses
    - Modify or establish the plan of care
    - Discharge a patient from PT services

Clinical Instructor (CI) Supervision

- The CI is responsible for day-to-day supervision of the student's patient care activities.
- The CI determines appropriate patient assignments based on:
    - Student's clinical level (Clinical I, II, III, IV)
    - Demonstrated competence
    - Complexity of the patient

    - Setting and safety considerations
- The CI must be readily available during patient care for questions, assistance, or intervention.
- The CI must review and co-sign all student documentation according to site policy.
- Students may only perform interventions that the CI and PT deem safe and appropriate.

Levels of Supervision

Supervision is expected to progress as the student becomes more competent:

Direct / Line-of-Sight Supervision (most common in Clinical I)

- CI is physically present in the room or immediately available.
- Used when skills are new, complex, or involve safety risk.

Close Supervision

- CI is on-site and quickly accessible.
- Student safely performs routine tasks with minimal cueing.

General Supervision (Clinical III and IV when appropriate)

- CI/PT is on-site and available for consultation, not necessarily in the same room.
- Students may work with more independence but never without CI/PT availability.

Students may not be left responsible for a full independent caseload or assigned supervisory duties.

Scope of Work and Supervision Boundaries

Students may perform:

- Interventions delegated with the PT plan of care
- Gait training, therapeutic exercise, balance training
- Modalities (per state law and CI/PT approval)
- Patient education is appropriate to their competence level
- Documentation with CI/PT review

Students may *not*:

- Provide care beyond PTA scope
- Treat without PT involvement in the plan of care
- Make independent clinical decisions outside plan of care parameters

- Represent themselves as a PTA or license clinician

Safety and Consultation Requirements

Students must immediately seek CI/PT assistance when:

- Uncertain about an intervention, parameter, or patient response
- Patient status changes suddenly or unexpectedly
- Equipment malfunction or safety hazards occur
- A patient refuses treatment or expresses discomfort beyond expected levels
- There is concern about potential harm to the patient or self

Failure to consult the CI/PT in these circumstances will result in removal from patient care activities. The student would be required to meet before the Student Review Panel.

Supervision Variability by Setting

Different settings may have specific supervision rules (e.g., SNF, inpatient rehab, acute care, outpatient). Students must follow:

- State practice act
- Facility policies
- Payer regulations (e.g., Medicare rules if applicable)
- Program policies

The site will communicate any additional supervision requirements during orientation

When Students Cannot Treat

A student must not participate in patient care if:

- CI/PT cannot oversee or delegate safely
- The student is not competent to perform the task
- The intervention falls outside PTA or student scope

Clinical Policies and Expectations

PTA Student Handbook

Clinical education experiences are governed by both the PTA Student Handbook and the PTA Clinical Education Handbook.

All academic, behavioral, professionalism, attendance, confidentiality, and Student Review Panel procedures outlined in the PTA Student Handbook remain in effect during clinical education experiences unless otherwise specified in this handbook.

Behavioral violations occurring during clinical education experiences are cumulative with violations occurring in classroom, laboratory, and program activities. Students currently on an Academic Learning Contract, Academic Probation, Professional Development Contract, or Behavioral Probation remain subject to the requirements and consequences associated with those statuses during clinical education experiences.

The Director of Clinical Education (DCE), in collaboration with the Clinical Instructor (CI) and Clinical Coordinator of Clinical Education (CCCE), may implement additional remediation, supervision requirements, or clinical-specific interventions when concerns arise during a clinical experience.

Professional Behavior Expectations

Overview

PTA students are expected to demonstrate professional behavior consistent with the standards of the physical therapy profession. Professionalism forms the foundation for safe, effective patient care and supports collaboration with the healthcare team. These expectations always apply during clinical experiences, including interactions with patients, families, staff, and the community.

Professional Conduct & Ethical Behavior

Students must:

- Adhere to the APTA's Code of Ethics for the Physical Therapy Profession.
- Demonstrate honesty, integrity, respect, and accountability in all actions.
- Maintain patient confidentiality and comply with HIPAA regulations.
- Uphold professional boundaries with patients, families, and staff.
- Present themselves in a manner that reflects positively on the PTA program and the clinical site.

Communication & Interpersonal Skills

Students are expected to:

- Communicate clearly, respectfully, and professionally with patients, caregivers, and the healthcare team.
- Seek clarification when unsure and express concerns appropriately.
- Demonstrate active listening, empathy, and cultural sensitivity.

- Use professional language in documentation, email, and verbal exchanges.
- Adapt communication style to patient needs and context.

Accountability & Responsibility

Students must:

- Arrive on time and be prepared for daily responsibilities.
- Take ownership of learning needs and progress.
- Follow clinic policies, procedures, and safety standards.
- Accept responsibility for errors and actively work to correct them.
- Complete assigned tasks, documentation, and follow-up promptly.

Initiative & Commitment to Learning

Students are expected to:

- Demonstrate curiosity and willingness to learn.
- Actively seek feedback and implement it to improve performance.
- Prepare in advance by reviewing diagnoses, interventions, and patient cases when possible.
- Participate in self-reflection to identify strengths and areas for improvement.
- Set achievable goals in collaboration with the Clinical Instructor.

Teamwork & Collaboration

Students must:

- Work collaboratively with PTs, PTAs, and the broader healthcare system.
- Demonstrate flexibility and assist with clinic flow when appropriate.
- Respect the roles and contributions of all team members.
- Communicate changes, concerns, or issues promptly to the Clinical Instructor.
- Maintain a cooperative attitude even in challenging or stressful situations.

Professional Appearance & Presentation

Students must:

- Follow the clinical site's dress code requirements.
- Maintain clean, professional attire and proper personal hygiene.
- Wear identification badges as required.
- Avoid fragrances or accessories that may interfere with patient safety or comfort.

Respect, Equity, and Inclusion

Students must:

- Treat all patients, families, and staff with respect regardless of background, identity, or beliefs.
- Provide care in a culturally sensitive and inclusive manner.
- Report concerns related to discrimination or harassment to the CI, CCCE, or DCE.
- Contribute to a safe and supportive learning environment.

Use of Technology & Social Media

Students must:

- Use electronic devise only for approved clinical purposes.
- Refrain from using personal phones and watches during patient care or work hours unless permitted.
- Not record, photograph, or share any patient-related information.
- Maintain a professional presence on social media.

Attendance, Reliability, and Professional Commitment

Students must:

- Follow the clinical site's attendance policies.
- Notify the CI and DCE in case of illness, emergency, or absence.
- Demonstrate reliability and consistency in showing up prepared and on time.

Consequences for Unprofessional Behavior

Unprofessional behavior may result in:

- Remediation or Professional Development Contract
- Behavioral Probation
- Removal from patient care activities
- Extension of clinical experience
- Failure of the clinical experience

Formal disciplinary action will take place according to the **Student Handbook** Professional Behavior Guidelines and Procedures and Student Conduct Process

The clinical site and PTA program reserve the right to take action to protect patient safety and uphold professional standards.

Attendance Guidelines

Overview

Consistent attendance is essential for developing clinical competence and meeting the objectives of each clinical experience. Students are expected to follow both the PTA Program guidelines and the clinical site's specific attendance procedures.

General Attendance Expectations

Students must:

- Attend all scheduled clinical days and hours assigned by the clinical site.
- Follow the CI's schedule, including variable shifts, weekends, holidays, or extended hours if required by that site.
- Arrive on time, prepared to participate in patient care activities.
- Remain at the site for the full scheduled shift unless otherwise approved by the CI.

Notification of Absence or Tardiness

If a student must be absent or late due to illness, emergency, or unavoidable circumstances, they must:

- Notify the CI and DCE before the scheduled start time.
- Obtain approval from both the CI and DCE for the absence to be considered excused.
- Provide updates as needed, especially if absence extends beyond one day.

Failure to notify and obtain approval from both parties will result in the absence being considered unexcused and will be addressed according to the attendance and professional behavior policies in the PTA Student Handbook.

Illness and Health-Related Absences

Students should not attend clinicals if they:

- Have a fever, contagious illness, vomiting, or other symptoms that pose a risk to patients or staff.
- Have been instructed to stay home by a healthcare provider.

Students may:

- Be required to submit documentation from a medical provider
    - If a student is experiencing an ongoing illness, they should complete the Disability Services process to request accommodations.

- Follow site-specific return-to-work/return-to-clinic policies

Students must inform the CI and DCE of any known exposure or restrictions.

Make-Up Time

- The DCE determines whether missed time must be made up.
- Make-up time may include extended hours, additional days, or extending the clinical experience.
- The ability to make up time depends on site capacity and program requirements.

Tardiness

Tardiness includes:

- Arriving after the scheduled start time
- Return late from lunch or breaks
- Leaving early without approval

Personal Appointments

Students should:

- Schedule personal appointments (medical, dental, legal, personal) outside clinical hours whenever possible.
- If unavoidable, obtain approval from the DCE in advance and notify the CI.

Students should not assume they can leave early or change their schedule without explicit permission.

Weather-Related Absences

- Students should follow clinical site policy, not the college schedule, for weather-related closures or delays.
- If travel conditions are unsafe, students must notify the CI and DCE as early as possible.
- Missed time due to weather may need to be made up.

Clinical Evaluation & Grading Procedures

Overview

Clinical courses are graded on a **Pass/Fail** basis. The DCE determines the final grade, informed by the CI's evaluation, student performance, and program requirements.

Important: Failure of a clinical will result in a delay in graduation

Evaluation Tools & Timing

- **Evaluation Tool:** The program uses APTA CPI 3.0 for midterm and final evaluations.
- **Midterm Evaluation:** Conducted by the CI with student participation and self-assessment.
- **Final Evaluation:** Conducted by the CI with student participation and self-assessment.
- **Student Self-Assessment:** Required at midterm and final.
- **Site/CI Feedback Forms:** Required at final to support program quality improvement.

Grading Authority

The DCE assigns the final Pass/Fail grade after reviewing:

- CI's midterm and final evaluation and comments
- Student self-assessment and learning plans
- Attendance and completion of required hours
- Professional behavior and adherence to site/program guidelines
- Any remediation plans, incident reports, or supplemental documentation

Criteria to Earn a "Pass"

A student must demonstrate all the following:

- **Safety:** Consistently provides safe care within PTA scope under appropriate PT/CI supervision.
- **Clinical Competence:** Meets (or is clearly progressing to meet by final) expected clinical-level competencies for the rotation (Clinical I, II, III, IV).
- **Professional Behavior:** Adheres to professional behavior expectations and site policies
- **Documentation:** Produces accurate, timely documentation per site standards with required co-signature.
- **Attendance:** Completes required hours and follows attendance guidelines; approved make-up time completed if applicable.
- **Responsiveness to Feedback:** Demonstrates growth through incorporation of feedback and self-assessment.

Grounds for "Fail"

A student will receive a Fail in the clinical course when any of the following occur:

- The student fails to demonstrate the minimum clinical competencies required for the clinical experience by the end of the affiliation.
- The student fails to make satisfactory progress despite remediation and a reasonable opportunity to improve.
- The student fails to meet the attendance or clinical hour requirements.
- The student is removed from the clinical experience due to a Level 3 (Major) Behavioral Violation or any Grounds for Immediate Dismissal identified in the PTA Student Handbook.
- The Student Review Panel determines that the student has not met the requirements to successfully complete the clinical course based on academic performance, clinical competence, professional behavior, or failure to comply with program requirements.

A dismissal from the program may be appealed within three (3) working days of the decision. Appeals will be heard by Dr. Charlene Widener, Vice President of Educational Services at 402-844-7114. The decision of the Vice President of Educational Services shall be considered final.

Clinical Failure Due to Performance or Behavioral Concerns

Students who fail a clinical experience due to clinical competency deficiencies OR level 1 (minor) or level 2 (significant) behavioral violations, as defined in the **PTA Student Handbook,** will:

- Remediate and repeat of the failed clinical

A second failed clinical experience resulting from clinical competency deficiencies OR Level 1 or Level 2 behavioral violations will result in immediate dismissal from the PTA Program. The student may request review by the Student Review Panel for re-entry consideration.

Students who fail a clinical experience due to Level 3 (major) behavioral violations, as defined in the **PTA Student Handbook,** will be:

- Immediately removed from the clinical site.
- Immediately dismissed from the PTA Program.
- Referred to the Student Review Panel only if eligible to request re-entry under program guidelines.

Note: Failure of a clinical will result in a delay in graduation.

A dismissal from the program may be appealed within three (3) working days of the decision. Appeals will be heard by Dr. Charlene Widener, Vice President of Educational Services at 402-844-7114. The decision of the Vice President of Educational Services shall be considered final.

Clinical Academic Performance Concerns

When a student is not meeting clinical expectations, the following procedure will be followed:

- The CI identifies and discusses the concern with the student.
- The CI notifies the DCE.
- The student, CI, and DCE develop a written remediation plan/Learning Contract.
- Student performance is monitored throughout the remainder of the clinical experiences.
- Failure to demonstrate satisfactory progress will result in one of the following according to the DCE and **Student Handbook** Student Conduct Process for academic performance:
    - Academic Probation.
    - Referral to the Student Review Panel.
    - Failure of the clinical course.

Students entering a clinical experience while on an Academic Learning Contract, Academic Probation, Professional Development Contract, or Behavioral Probation remain subject to all requirements and consequences associated with those statuses according to the **Student Handbook** during clinical education.

Clinical academic competency concerns and professional behavior concerns (including safety and confidentiality violations) are evaluated independently. A student may simultaneously be placed on an Academic Learning Contract or Academic Probation and a Professional Development Contract or Behavioral Probation, as warranted by the nature of the concerns. If either the academic or behavioral process results in referral to the Student Review Panel, the student's academic, clinical, and professional performance will be reviewed comprehensively during the student's one-time panel review.

Midterm Performance Concerns & Remediation

- If performance is below expectations at midterm, the CI should:
    - Notify the CCCE and DCE
        - Develop a written learning or remediation plan with specific, measurable goals

        - Increase supervision and provide frequent, behavior-based feedback
- The student is expected to actively participate in the plan and demonstrate improvement within agreed timelines.
- The DCE will conduct check-ins or a site visit as needed.

Appeals

- Students may follow the college's appeal process for concerns regarding clinical grades.

Communication Expectations

CI → Student: Ongoing coaching; Weekly Planning Form, formal midterm and final reviews

CI/CCCE → DCE: Prompt communication regarding safety, professionalism, or risk of failure

Student → CI/DCE: Early disclosure of barriers impacting performance (health, personal, learning needs)

- Students with a diagnosed or temporary disability who are experiencing educational barriers in the clinical setting should complete the Disability Services process to request accommodations.

Criteria for Serving as a Clinical Instructor (CI)

Overview

Clinical Instructors (CIs) are essential partners in the education of PTA students. A CI provides direct supervision, instruction, feedback, and evaluation during clinical experiences. To ensure high-quality clinical education, individuals who serve as CIs must meet the following criteria.

Professional Licensure and Experience

To serve as a CI, an individual must:

- Be a licensed physical therapist (PT) or physical therapist assistant (PTA) in good standing.
- Meet all state-specific supervisory requirements for PT/PTA practice.
- Have at least two years of full-time clinical experience, unless otherwise approved by the program.
- Demonstrate ongoing competence in clinical practice and patient care techniques.

Knowledge of PTA Scope and Supervision Requirements

CIs must:

- Understand the scope of work for PTA students and licensed PTAs.
- Follow state practice acts, payer rules, and facility policies related to student supervision.
- Ensure that all student interventions occur under appropriate PT direction and supervision.
- Model ethical, legal, and safe clinical practice.

Teaching and Mentoring Ability

CIs are expected to demonstrate:

- Strong communication and interpersonal skills.
- The ability to provide clear instruction, demonstration, and guidance.
- Skill in giving timely specific, and constructive feedback.
- Support for student learning through appropriate progression of responsibilities.
- Patience, professionalism, and a commitment to student development.

Commitment to Student Evaluation

CIs must be able to:

- Accurately assess student performance using APTA CPI 3.0 evaluation tool.
- Provide honest, behavior-based assessments at midterm and final.
- Communicate concerns early to the CCCE and DCE.
- Participate in remediation planning when needed.

Professional Conduct and Role Modeling

CIs must:

- Demonstrate ethical and professional behavior consistent with APTA standards.
- Maintain respectful interactions with patients, students, and staff.
- Model effective teamwork and interprofessional collaboration.
- Promote a safe, supportive learning environment.

Facility and Workload Requirements

To function effectively as a CI the clinical site must ensure the CI:

- Has sufficient time in their schedule to provide supervision, feedback, and evaluation.
- Has access to patient cases appropriate for the student's level.
- Can coordinate with the CCCE regarding student progress and site expectations.
- Receives orientation or training materials from the program as needed.

CI Training and Development

The program encourages CIs to:

- Participate in CI training opportunities provided by the program or APTA (when available).
- Review the program's clinical objectives and student expectations before the rotation.
- Maintain current knowledge of effective clinical teaching strategies.

Completion of APTA's Credentialed CI Program is encouraged by not required.

Approval by the PTA Program

Final approval of a CI is made by the DCE who may consider:

- CI qualifications and experience
- Clinical site environment and caseload
- Past student experiences at the site
- CI's availability and ability to meet teaching expectations

The program reserves the right to deny or discontinue CI approval if criteria are not met or if student safety or learning is compromised.

Rights & Privileges

Overview

The PTA Program values its partnerships with clinical facilities, clinical faculty, patients, and students. All parties have clearly defined rights and responsibilities to ensure safe, ethical, and meaningful clinical education experiences. This section outlines the protections and privileges each group is entitled to during the clinical education process.

Rights & Privileges of the Clinical Facility

Clinical facilities have the right to:

- Accept or decline student placements based on availability, staffing, or patient needs.
- Set site-specific policies, including attendance, dress code, onboarding processes, and documentation expectations.
- Request removal of a student who demonstrates unsafe practice, ethical violations, or unprofessional behavior.
- Receive timely communication from the DCE regarding student placements, objectives and concerns.
- Access program resources (student objectives, evaluation tools, supervision guidelines).
- Provide feedback to the program about curriculum alignment, student preparation, and clinical processes.

Clinical facilities have the privilege to:

- Participate in shaping clinical education experiences.
- Serve as partners in professional development and community engagement.
- Request program support or clarification at any time.

Rights & Privileges of Clinical Faculty (CIs and CCCEs)

Clinical faculty have the right to:

- Access student objectives and clinical expectations before the rotation begins.
- Receive support from the DCE, including orientation materials, communication, and problem-solving assistance.
- Expect professional behavior from students at all times.
- Request assistance or intervention from the DCE if safety or professionalism concerns arise.
- Recommend removal of a student when necessary to protect patient safety or clinical operations.

Clinical faculty have the privilege to:

- Participate in continuing education opportunities offered by the program when available.
- Provide feedback to help improve clinical education practices and curriculum alignment.

Rights & Privileges of Patients

Patients have the right to:

- Safe, supervised care, with all interventions overseen by a licensed PT or PTA.
- Refuse treatment from a student at any time without affecting access to care.
- Be informed when a student will participate in or provide care.
- Expect privacy and confidentiality, including HIPAA compliance.
- Be treated with respect, dignity, and cultural sensitivity during all interactions.
- Receive care within the PT plan of care, regardless of student learning needs.
- Ask questions but their care or the role of a student.
- Request the presence of a PT or PTA during student-provided treatment.

Rights & Privileges of Students

Students have the right to:

- A safe, inclusive learning environment free from harassment or discrimination.
- Clear expectations, objectives, and supervision guidelines for each clinical experience.
- Fair, objective evaluations based on stated criteria and observed performance.
- Timely feedback that supports growth and professional development.
- Access to the DCE for support, clarification, or reporting concerns.
- Be treated with respect as emerging members of the physical therapy profession.

Students have the privilege to:

- Participate in meaningful patient care experiences appropriate to their level.
- Ask questions, seek guidance, and request demonstrations.
- Receive coaching and mentoring from clinical faculty.
- Reflect, self-assess, and set learning goals.
- Report unsafe conditions, ethical concerns, or unprofessional behavior without retaliation.

CastleBranch Requirements

Overview

All PTA students must maintain compliance with CastleBranch requirements throughout the PTA Program and prior to beginning any clinical experience. These requirements ensure safety, legal compliance, and readiness for participation in patient care. Failure to meet or maintain CastleBranch will result in delay or prevent participation in clinical experiences.

Required CastleBranch Components

Students must complete all CastleBranch requirements by the deadlines set by the PTA Program. Requirements typically include, but are not limited to:

- Background check
- Drug screen
- Immunization records
    - MMR
    - Varicella
    - Tdap
    - Hepatitis B (or signed declination)
    - Influenza (annual) (or signed declination)
    - COVID-19 vaccination and/or exemption documentation (if required by site)
- Tuberculosis screening (2-step or blood test)
- CPR certification (AHA Healthcare Provider or equivalent)
- Physical exam
- Additional site-specific requirements, as communicated by the DCE or the clinical facility

Student Responsibility for Compliance

Students are responsible for:

- Uploading all required documentation to CastleBranch by the assigned deadlines.
- Ensuring each document is accurate, current, and legible.
- Monitoring their CastleBranch status regularly to avoid lapses in compliance.
- Updating any items that expire during the program (e.g., TB test, CPR, flu shot).
- Completing site-specific onboarding requirements in addition to CastleBranch, when applicable.

The PTA Program will not upload documents on behalf of the students.

Consequences of Non-Compliance

Students who are not fully compliant with CastleBranch requirements:

- Will not be allowed to begin a clinical experience
- May be removed from or delayed in a clinical placement
- May be required to switch sites or defer the clinical if deadlines are missed
- Are responsible for any additional costs associated with late compliance

- Risk falling out of sequence in the curriculum

Important: Delayed clinical placement due to non-compliance will delay graduation.

Clinical Site-Specific Requirements

Some clinical sites may require additional items beyond CastleBranch such as:

- Fingerprinting
- Additional drug testing
- COVID testing or masking policies
- TB blood tests (e.g. Quantiferon Gold)
- Online training modules
- Badge photos, forms, or orientation materials

Students must complete all site-required steps before the start date.

Failure to meet site-specific requirements will result in a delayed start or reassignment depending on availability.

Costs and Financial Responsibility

Students are responsible for:

- All CastleBranch fees
- Any additional charges for immunizations, drug screens, background checks, or repeat testing
- Costs associated with clinical site onboarding (if applicable)

Communication and Documentation

Students must:

- Notify the DCE immediately if there are delays, issues, or disputes with CastleBranch.
- Retain copies of all submitted documentation.
- Ensure CastleBranch is updated before contacting the DCE with concerns.

Transportation & Housing Guideline

Overview

Clinical education experiences may occur in a variety of locations and settings. Students are responsible for arranging their own transportation and housing for all clinical rotations. The PTA Program cannot guarantee placement in or near the student's hometown, and clinical assignments may require travel.

Transportation Responsibilities

Students are responsible for:

- Providing reliable transportation to and from the clinical site.
- Ensuring travel arrangements allow for punctual arrival and completion of the full clinical schedule.
- Covering all costs related to transportation.
- Following weather, safety, and travel guidelines for their route and the clinical site.
- Planning alternative transportation in case of vehicle issues or unexpected circumstances.

The program cannot:

- Provide transportation
- Adjust clinical assignments due to transportation challenges
- Intervene in personal transportation issues

Travel Distance and Location of Clinical Sites

Clinical sites may include:

- Local facilities
- Regional partners within driving distance
- Facilities that require longer commutes or temporary relocation

Clinical placements are assigned based on

- Site availability
- Student learning needs
- Clinical objectives
- Facility requirements

Students must be prepared to travel as needed to meet programming requirements.

Housing Responsibilities

If a clinical placement requires the student to live temporarily outside their home area, the student is responsible for:

- Locate suitable housing
- Covering housing costs (rent, utilities, deposits, etc.)
- Handling meals, transportation, and personal expenses during rotation
- Following all housing policies and procedures specific to each site

Weather and Travel Safety

Students must:

- Following clinical site policies, not the college schedule, for weather-related closures or delays
- Communicate promptly with the CI/CCCE in unsafe travel situations
- Notify the DCE of weather-related concerns
- Use their best judgment regarding safety and road conditions

Missed time due to weather may need to be made up, depending on program requirements and site availability.

Financial Planning

Students are strongly encouraged to plan financially for:

- Transportation costs
- Parking fees
- Housing (if required)
- Meals and living expenses during rotations

Failure to prepare financially does not exempt students from clinical assignments or deadlines.

Impact on Clinical Placement

Transportation or housing challenges do not constitute grounds for:

- Changing a clinical assignment
- Delaying a clinical experience
- Requesting alternate sites at the last minute

Students unable to attend or complete a clinical due to transportation or housing issues may experience:

- Delayed clinical placement
- Required make-up hours
- Extended clinical experiences
- Delay in graduation

Substance Abuse Policy

Overview

The PTA Program is committed to ensuring a safe, ethical, and professional learning environment for students, clinical faculty, and patients. The use of alcohol, illegal substances, or impairment caused by prescription or over-the-counter medications is strictly prohibited during all clinical education experiences. Students must be always fit for duty while participating in patient care.

Zero-Tolerance Expectations

Students must not:

- Report to a clinical site under the influence of alcohol, illegal drugs, or impairing substances.
- Use, possess, distribute, or sell illegal or unauthorized drugs while at the clinical site or representing the program.
- Misuse or abuse prescription medications, controlled substances, or recreational drugs.
- Consume alcohol during clinical hours or while on breaks.

Students are expected to:

- Use medications responsibly and disclose them to their CI/CCCE and DCE if a prescribed medication may impair performance.
- Ensure they are mentally and physically capable of providing safe patient care.

Suspected Impairment: Reporting & Testing

Students may be required to undergo:

- Initial drug screening through CastleBranch prior to clinical placement.
- Random or site-requested drug/alcohol testing, depending on clinical site policy.

- For-cause testing if impairment is suspected by CI/CCCE or DCE.

Students are responsible for:

- Any costs associated with drug or alcohol testing.
- Complying with testing procedures in a timely manner.

Important: Failure to submit to required testing is treated as a positive test result.

Indicators of Possible Impairment

Behaviors that may indicate impairment include, but are not limited to:

- Odor of alcohol or drugs
- Slurred speech, unsteady gait, or difficulty concentrating
- Erratic behavior or mood changes
- Unexplained absenteeism or repeated tardiness
- Changes in work performance or documentation
- Safety incidents or increased errors in clinical tasks

Any concerns should be reported immediately to the CI, CCCE, and DCE

Consequences of Suspected Impairment

If a student is suspected of impairment:

- The student will be removed immediately from patient care.
- The CI/CCCE will notify the DCE.
- The student may be required to undergo drug/alcohol testing.
- The student may be suspended from the clinical site pending investigation.

If testing confirms impairment or if the student admits to being under the influence:

- The student will receive a “fail” for the clinical experience.
- The student may face disciplinary action under institutional policy.

Important: Failure of a clinical will result in a delay in graduation.

Prescription and Over-the-Counter Medication

Students taking any medication that may impair performance must:

- Consult with their prescribing provider regarding work restrictions.
- Notify their CI/CCCE of functional limitations, not medical details.
- Refrain from participating in patient care if impairment risks exist.

CIs and CCCEs cannot require disclosure of diagnoses or private medical information.

Reporting Requirements

Students must immediately report:

- Medication errors or accidental ingestion
- Potential exposure to controlled substances
- Observed impairment in another student or staff member (following site policy)
- Any safety event related to potential impairment

The PTA Program will follow institutional procedures and clinical site protocols when investigating concerns.

Confidentiality

All records related to substance use, testing, impairment concerns, or disciplinary actions are:

- Kept confidential
- Share only with individuals who need the information to ensure safety and policy compliance
- Maintained according to college policies and applicable laws

Reinstatement to Clinical Experiences

If removed due to impairment, reinstatement requires:

- Clearance by the DCE
- Compliance with any institutional disciplinary requirements
- Completion of any recommended counseling or treatment programs
- Availability of a clinical site for rescheduling (not guaranteed)

A student removed from a site is not guaranteed placement in the same setting or timeline.

Social Media & Electronic Communication Guidelines

Overview

PTA students are expected to use social media, electronic devices, and digital communication in a professional, ethical, and legally compliant manner. Protecting patient privacy and maintaining professional boundaries is essential in all clinical

environments. This guideline applies during clinical experiences and any situation in which a student represents the PTA Program.

Patient Privacy & Confidentiality

Students must:

- Protect all patient information in accordance with HIPAA and clinical site policy.
- Avoid posting, sharing, or discussing patient information in any form, including de-identified details.
- Never take photos, videos, or audio recordings in patient care areas.
- Never store, record, or transmit patient information on personal devices, apps, or cloud services.

Personal Social Media Use

Students may not:

- Post about clinical experiences, even without identifying details
- Mention clinical sites, staff, or patients on social platforms
- "Check-in" at clinical locations on social media
- Post photos of the clinic, equipment, records, or staff
- Share frustrations or stories from the clinic, even in closed groups

Students should assume that anything posted online is public and permanent and may be viewed by clinical partners or future employers.

Professional Behavior Online

Students are expected to:

- Maintain an online presence consistent with professional standards
- Refrain from posting content that may reflect poorly on the PTA Program, clinical sites, or the profession
- Avoid derogatory, discriminatory, or inflammatory language
- Understand that unprofessional online behavior may impact progression nor future placements

Students are encouraged to consider that CIs, CCCEs, employers and program faculty may see content posted on public platforms.

Use of Personal Devices During Clinical Hours

Personal devices (phones, tablets, smartwatches) must:

- Be kept silent and out of sight during clinical hours
- Only be used during scheduled breaks unless explicitly permitted
- Never be used in patient care areas

Students may not:

- Text, call, or use social media during patient care
- Look up non-clinical information during treatment or documentation time
- Wear earbuds or headphones in treatment areas

Use of personal devices is subject to clinical site policy, which may be more restrictive than program policy

Electronic Communication with Clinical Faculty and Staff

When communicating with CIs, CCCEs, or the DCE by email or phone, students must:

- Use professional tone and language
- Include appropriate subject lines and greetings
- Avoid abbreviations, emojis, and informal writing
- Respond promptly to program or site communication
- Use only approved formats (college email or site email)

Unprofessional communication is treated as professionalism violation.

Photography, Recording, and Media Devices

Students may not:

- Take photographs or recordings at a clinical site
- Use phones, tablets, cameras, smart devices or any documentation purposes
- Record conversations or interactions without explicit program approval and written site consent

Consequences of Violating Social Media Policy

Violations should be reported to the CCCE and/or DCE. A breach involving patient privacy or safety is considered a HIPAA violation.

Minor Technology and Communication Violations and Procedures

Examples include, but are not limited to:

- Unprofessional verbal, written, or electronic communication.
- Failure to follow email or communication guidelines.

- Use of cell phones, smart watches, earbuds, or other devices in violation of the CI's directions
- Unprofessional social media activity that does not involve confidentiality, academic integrity, or patient privacy concerns.

Minor technology & communication violations will result in a Learning Contract.

Major Technology & Interpersonal Communication Violations

Examples include, but are not limited to:

- Harassing, threatening, intimidating, or bullying others through electronic communication or social media.
- Recording CIs, students, patients, or clinic activities without authorization.
- Posting or sharing patient information, photographs, videos, or protected health information (PHI).
- Electronic conduct that constitutes a major confidentiality violation, HIPAA violation, or academic integrity violation.

Major technology and communication violations will result in immediate dismissal from the program.

Student Injury, Exposure, and Safety Procedures

Overview

The safety of students, patients, and staff is a priority in all clinical education settings. Students must follow all clinical site safety protocols and are responsible for reporting injuries, exposures, safety events, and potential hazards immediately. Failure to follow safety procedures may result in removal from patient are and may affect progression in the program.

Immediate Action for Student Injury or Exposure

If a student is injured or experiences exposure (e.g., needle stick, blood or body fluid contact, fall, strain), the student must:

- Stop patient care immediately.
- Notify the CI at once.
- Follow the clinical site's emergency or exposure protocol first.
- Seek medical care if required by the site or symptoms.
- Complete all site-specific incident or exposure forms.

Students must never ignore an injury or exposure, even if it appears minor.

Reporting Requirements

After the clinical site procedures have been initiated, the student must:

- Notify the CCCE as soon as possible (if not already involved).
- Notify the DCE the same day as the incident.
- Provide follow-up information if additional care or documentation is required.

Medical Care and Costs

- Students are responsible for any costs associated with medical evaluations, treatment, testing, or follow-up unless covered by personal insurance.
- The clinical site may require testing (e.g., for bloodborne pathogens) depending on the exposure type.
- Students must follow all medical recommendations and provide clearance to return to clinical if required.

The program does not cover medical expenses related to injury or exposure.

Return to Clinical After Injury or Exposure

If a student is recovering from an injury or surgery, they should complete the Disability Services process to request accommodations.

Before returning to patient care, the student may be required to:

- Obtain written medical clearance from a healthcare provider if injury or exposure affects safe performance.
- Provide documentation to the DCE/ACCE and, when required, to the clinical site.
- Review any temporary activity restrictions recommended by the provider.
- Follow a modified schedule or duties if appropriate by the clinical site and DCE.

Students may not return to patient care if they pose a safety risk to themselves or others.

Safety and Hazard Awareness

Students must:

- Complete all required safety training at the clinical site.
- Identify emergency exits, fire alarms, evacuation routes, and locations of AEDs.
- Use appropriate PPE at all times.
- Follow infection control procedures, hand hygiene standards, and site protocols.

- Immediately report unsafe equipment, patient concerns, or environmental hazards.

CIs may restrict activities that present safety risks based on student competence or condition.

Dress Code & Professional Appearance

Overview

PTA students must always present a professional appearance during clinical education experiences. Clothing and grooming must support patient safety, infection control, and the reputation of the clinical facility and PTA Program. Clinical sites may have additional or more restrictive requirements; students must follow site policy when it differs from program guidelines.

General Expectations

Students must:

- Arrive clean, neat, and appropriately groomed.
- Wear attire that is professional, modest, and allows for safe movement during patient care.
- Follow all clinical site dress code policies.
- Wear identification (name badge) as required by the site and program.

Clothing Requirements

Unless otherwise specified by the clinical site, the following guidelines apply:

Acceptable Attire

- Professional pants (khakis, dress pants, or joggers if permitted)
- Polo, quarter zip, dress shirt (collared or professional top)
- Clean, closed-toe, closed-heel shoes with good traction
- Professional sweaters or jackets that allow free movement during care

Prohibited Attire

- Denim of any kind (unless approved by the site)
- Leggings, yoga pants, or athletic tights worn as outerwear
- Shorts or skirts above knee length
- Low-cut tops, spaghetti straps, crop tops, or revealing clothing
- Clothing with logos, slogans, or graphics unrelated to the clinic

- Sandals, flip-flops, open-toe/open-heel shoes
- Clothing that is wrinkled, dirty, damaged, or excessively tight

Personal Grooming and Hygiene

Students must:

- Maintain clean hair, skin, and nails.
- Keep nails short enough for safe patient handling (no long acrylics or extensions).
- Avoid overpowering fragrances (perfumes, colognes, scented lotions).
- Maintain good oral hygiene.

Hair should be:

- Neat and secured away from the face
- Of a color and style considered professional within healthcare settings

Tattoos, Piercings, and Jewelry

Students must follow clinical site policy regarding visible body art.

General program expectations:

- Visible tattoos must be covered if required by the site.
- Piercings should be limited to small, non-distracting jewelry.
- No dangling earrings, large hoops, or jewelry that could pose a safety hazard.
- No facial jewelry.
- Smartwatches may be permitted but must not be used for texting or personal communication during patient care.

PPE and Infection Control Requirements

Students must:

- Wear required PPE per site guidelines (masks, gloves, goggles, gowns, etc.)
- Follow all infection prevention policies, including hand hygiene standards.
- Remove PPE only in approved areas and dispose of it appropriately.

Clothing or shoes that become contaminated must be cleaned or replaced before returning to patient care.

Name Badge and Identification

Students must:

- Wear their Northeast student PTA name badge visibly at all times.
- Present themselves as a “Physical Therapist Assistant Student”, never as a PTA.
- Replace or report lost name badges promptly.

Consequences for Non-Compliance

Failure to adhere to the dress code may result in:

- Being sent home to change
- Loss of clinical hours for that day
- Professionalism citation
- Behavioral probation
- Removal from the clinical site for repeated violations

Dress cold violations that affect patient safety or professionalism may impact the student’s ability to pass the clinical.

Confidentiality & HIPAA Policy

Overview

Protecting patient privacy is a fundamental legal and ethical responsibility for all healthcare providers, including PTA students. During clinical experiences, students must comply with the Health Insurance Portability and Accountability Act (HIPAA), clinical site policies, and the PTA Program’s confidentiality expectations. Any breach of confidentiality is considered a professional behavior violation and will result in disciplinary action or removal from the clinical site.

Patient Privacy Requirements

Students must:

- Protect all patient information, including verbal, written, and electronic data.
- Access only the patient information necessary to perform assigned clinical duties.
- Discuss patient care only with appropriate clinical staff, never with friends, family or other students unless permitted by site policy.
- Ensure conversations about patient care occur in private, professional areas away from public or common spaces.
- Dispose of documents in secure/confidential containers when applicable.

Patient information must never be:

- Shared via personal email, text message, or messaging apps
- Written down on personal notes, planners, or devices
- Removed from the clinical site
- Stored on personal electronic devices

Electronic Privacy & EMR Use

Students must:

- Log in using their own credentials
- Log out of electronic medical records (EMR) systems whenever stepping away
- Keep screens positioned to prevent viewing by unauthorized individuals
- Follow all site-specific rules for documentation, printing, and data storage.

Students are prohibited from:

- Taking screenshots, photos, or videos of any medical record or patient information
- Emailing documentation to themselves or others
- Accessing Patient charts not related to their assigned caseload

Misuse of EMR systems may result in loss of access, removal from clinical, and disciplinary action.

Prohibited Disclosure of Information

Students may not disclose:

- Patient names or initials
- Diagnoses, conditions, or cases in identifiable ways
- Dates of service or specific locations
- Unique or sensitive patient stories
- Any details that could reasonably identify a patient

Disclosure is prohibited even if the patient's name is not used, including in:

- Classroom discussions outside of case-based assignments
- Social media posts (public or private)
- Messaging apps
- Personal journals that are not secured
- Conversations in public spaces

Academic Use of Clinical Information

For assignments, reflections, or presentations:

- Students must de-identify all patient information.
- Only information needed for educational purposes may be included.
- No PHI (Protected Health Information) may appear in submitted work.
- The clinical site may require approval before any case information can be used academically.

If unsure whether information is identifiable, assume it is and remove it.

Reporting Potential Breaches

Students must immediately report suspected or actual privacy breaches to:

1. Their CI
2. The CCCE
3. The DCE

Examples of reportable breaches:

- Lost documentation containing patient information
- Unauthorized access to a patient's chart
- Accidental disclosure of patient information
- EMR access using someone else's login
- Discussing patient details in an inappropriate location

Timely reporting is critical for protecting patients and complying with legal requirements.

Consequences of HIPAA or Confidentiality Violations

Minor Confidentiality Violations and Procedures

Examples include, but are not limited to:

- Leaving a chart, assignment, or patient information visible to unauthorized individuals.
- Leaving a computer or electronic record unattended.
- Similar lapses determined by faculty to be educational in nature.

Minor confidentiality violations will result in Behavioral Probation.

Major Confidentiality Violations and Procedures

Examples include, but are not limited to:

- Sharing protected health information.
- Posting patient information or images online.
- Taking unauthorized photographs or recordings.
- Intentional disclosure of confidential information.

Major confidentiality violations will result in immediate dismissal from the program.

Student Responsibility

Students are responsible for:

- Understanding HIPAA and site-specific confidentiality policies
- Asking questions if unsure about proper procedures
- Maintaining secure handling of all patient information
- Following all program and clinical site requirements

When in doubt, students must consult their CI, CCCE, or DCE

Clinical Assignment Requirements

Overview

Clinical assignments are made by the DCE based on student learning needs, site availability, program requirements, and the professional standards of the PTA Program. Students participate in the assignment process; however, **final placement decisions rest solely with the DCE.**

Students may not contact clinical sites for any reason. Unauthorized contact results in immediate behavioral probation.

Clinical Assignment Process

Student Preference Submission

- Students will receive a list of available clinical sites for the upcoming rotations.
- Students must select and submit their top three choices for each clinical experience by the deadline provided.
- Preferences are considered but not guaranteed.

Required Meeting With the DCE

Each student must schedule an individual meeting with the DCE to discuss:

- Clinical and professional goals
- Housing and transportation capabilities
- Long-term career plans
- Any academic or personal factors that may impact placement

Failure to attend this meeting may delay assignment.

Required Types of Clinical Experiences

To ensure breadth of experience, each student must complete:

One clinical in an Acute Care or Long-Term Care (LTC) setting
These settings cannot be combined into another required category.

One Rural Clinical
Rural = outside of metropolitan or high-density population areas (<30,000 population)

Acute/LTC and Rural may not be combined into a single placement.

One Student Choice Clinical
This may be:

- Outpatient orthopedic
- Outpatient neuro
- Pediatric
- Specialty
- Other approved setting

Restrictions on Site Selection

To maintain fairness, avoid dual relationships, and promote well-rounded clinical experiences, students:

- May NOT:
    - Attend a site where they have been employed
    - Attend a site where they have completed extensive shadowing or an internship
    - Complete a clinical in their hometown
    - Complete two clinicals in the same town
    - Request assignment changes once placements are finalized

- Contact any clinical site directly (doing so results in immediate behavioral probation)

These restrictions protect professional boundaries and ensure equitable learning opportunities.

New Clinical Site Requests

Students may request placement at a new clinical site only under the following conditions:

Eligibility Requirements

The student must have:

- Been in good academic and professional standing for the entire program
- No academic or professional probation at any point

Limitations & Rules

- Only summer clinicals may be completed at new sites.
- The DCE approves no more than three new sites per class due to onboarding workload.
- Students may not contact potential new sites.
- The DCE must initiate and finalize all communication and affiliation agreements.
- Approval is not guaranteed, even if requested properly.

Final Assignment Decisions

The DCE considers:

- Student learning needs (competency gaps, exposure breadth)
- Program requirements (acute/LTC, rural, choice rotations)
- Student preferences (top 3 choices)
- Information from the student meeting
- Site availability and capacity
- Safety and supervision requirements
- Professional and academic standing
- Geographic diversity of placements
- Clinical faculty recommendations from prior rotations

The DCE's decision is final.

Students may not request site changes, switch assignments, or decline placements once assignments are confirmed and published.

Notification of Placements

Students will be informed of:

- Site name
- Address and primary contact
- Start and end dates
- Onboarding requirements

Students must follow all instructions promptly.

Students on Academic/Behavioral Contracts or Probation

Students currently on an Academic Learning Contract, Academic Probation, Professional Development Contract, or Behavioral Probation will be required to meet with the Director of Clinical Education (DCE) prior to the start of a clinical experience.

The DCE will communicate performance concerns, learning needs, accommodations, supervision recommendations, or other relevant information with the Clinical Instructor (CI) and/or Clinical Coordinator of Clinical Education (CCCE) when necessary to support student success and patient safety. Additional supervision, communication, or monitoring requirements will be implemented as a condition of participation in clinical education.

Students remain subject to all requirements, conditions, and consequences associated with their contract or probation status during clinical education experiences.

Consequences of Guideline Violations

Violations of the clinical assignment process (such as contacting sites, misrepresenting preferences, or withholding relevant information) may result in:

- Behavioral probation
- Loss of choice in site placements
- Removal of eligibility for new site requests
- Delay of clinical placement
- Delay in graduation
- Additional disciplinary action based on severity

Required Student Forms

Overview

All students must complete and submit the required clinical education forms accurately and on time. These forms are used to verify attendance, document progress, evaluate performance, and maintain compliance with program and clinical site requirements. Failure to submit required forms may affect the final grade and may delay progression or graduation.

Student Demographics Form

Students must:

- Complete at least 30 days prior to the start of the clinical
- Email it to DCE for review
- Once approved by DCE, email it to CCCE/CI

Student Self-Assessment Learning Profile

Students must:

- Complete at least 30 days prior to the start of the clinical
- Email it to DCE for review
- Once approved by DCE, email it to CCCE/CI

Cover Letter and Resume

Students must:

- Email an updated cover letter and resume to the DCE at least 30 days prior to the start of the clinical
- Once approved by the DCE, email it to the CCCE/CI

Fire and Tornado Check-off Form

Students must:

- Review the clinical site's fire and tornado policies and procedures
- Sign the form and return to it to the DCE

Student Self-Assessment (Midterm and Final CPI)

Students must complete:

- A midterm self-assessment
- A final self-assessment

Self-assessments must be:

- Honest and reflective
- Completed before each meeting with the CI
- Submitted to the DCE by the deadline

Weekly Planning Form

- Create weekly goals with input from CI
- Review goals with CI
- Reflect on progress at the end of each week
- Submit the Weekly Planning Form to the DCE each week

Student Evaluation of Clinical Facility and Instruction

- Complete the evaluation form during the final week of the clinical
- Review the evaluation with the CI
- The CI should sign-off on the evaluation
- Submit the form to the DCE by the deadline

Required CI and CCCE Forms

CI Midterm and Final Evaluations

Clinical Instructors must complete:

- A midterm evaluation of student performance
- A final evaluation of student performance

Evaluations must:

- Use APTA CPI 3.0
- Be reviewed with the student in a face-to-face meeting
- Include examples of strengths and areas for improvement
- Be submitted by the deadline

The CI's evaluation is a major component in determining the final grade.

Abbreviated Resume (CI Requirement)

Clinical instructors must complete and Abbreviated Resume form by the end of the clinical experience.

This form includes:

- Academic and professional credentials
- Years of practice experience
- Primary practice areas or specialties
- Teaching or mentoring experience (if applicable)

This information is used in aggregate for:

- College assessment
- Accreditation reporting
- Evaluation of clinical education resources

This form does not evaluate the CI individually; no identifying information is reported outside of internal program and accreditation use.

CI Self-Assessment Form

Clinical instructors must complete the CI Self-Assessment Form at the end of each clinical experience. This tool is designed to promote reflection and professional growth for the CI and to support ongoing improvement of the clinical education program.

The CI Self-Assessment is used to:

- Collect honest, constructive feedback about the CI's own teaching strengths and areas they wish to develop
- Inform program assessment and accreditation reporting in an aggregate, non-evaluative manner
- Help the DCE identify opportunities to support CIs who desire additional guidance
- Assist the program in selecting or creating CEU opportunities that meet the needs of clinical faculty

Important:

- This form is not used to judge, critique, or score individual CIs.
- It is not tied to the student's grade or CI performance evaluation.
- No identifying information is reported externally.

- The purpose is to support CIs, strengthen clinical partnerships, and ensure program quality.

Required Program Forms

Clinical Education Agreement

The program maintains:

- Up-to-date affiliation agreements
- Required signatures and renewals
- Legal documentation needed for student placement

Submission Deadlines

All required forms must be submitted:

- By the assigned due date
- Through the correct platform (email, CPI, LMS, or designated tool)
- Fully completed and signed when required

Missing or late documentation will:

- Failure of the clinical
- Delay progression to the next clinical
- Delay graduation

Record Keeping

The PTA Program maintains:

- Student clinical records
- Evaluation tools
- Incident reports
- Site evaluations
- CI forms

All documents are stored securely according to college policy and FERPA regulations.

Problem-Solving "What to Do If…" Guide

If You Are Unsure What to Do with a Patient

- Pause and do not proceed
- Ask your CI for clarification or demonstration
- Review the plan of care and goals with your CI
- Observe or practice with guidance before attempting independently

If a Patient Becomes Unsafe, Symptomatic, or Refuses Treatment

- Stop treatment immediately.
- Ensure patient safety (seating them, calling for help if needed)
- Notify your CI right away
- Document the incident accurately with your CI's guidance
- Do not continue care until cleared by your CI

If You Make a Mistake or Think You Did

- Inform your CI immediately
- Do not hide or alter documentation
- Follow corrective steps under supervision
- Complete incident forms if required
- Reflect and incorporate feedback moving forward

If You Witness Unsafe Practice

- Report the concern to your CI immediately
- If the CI is the source of the concern, report directly to the CCCE, then the DCE
- Patient safety is the priority. Reporting will not result in retaliation.

If You Are Injured or Exposed (Needlestick, Body Fluid, Fall, etc.)

- Stop treatment immediately
- Follow the site's emergency/exposure protocol
- Notify your CI, CCCE, and DCE
- Complete all required incident reports (site & program)
- Get medical clearance if required before returning to care

If You Are Sick or Need to Miss Clinical

- Notify your CI and DCE **before** the shift starts.

- Obtain approval from both the CI and DCE.
- Follow the clinical site's call-in procedure.
- Make-up time may be required.
- Excessive absences may delay graduation.

If You Feel Unprepared or Overwhelmed

- Share your concerns with your CI.
- Identify specific areas of difficulty.
- Create or update a learning plan.
- Contact the DCE if difficulties continue.
- You are expected to ask for help, not struggle in silence.

If Your CI is Absent

- Follow the clinical site's protocol for CI absence.
- Ask the CCCE who will act as your supervising CI for the day.
- You may not treat patients without appropriate PT supervision.

If You Experience Harassment, Discrimination, or a Threatening Situation

- Move to a safe place if needed.
- Report immediately to your:
    - CI,
    - then CCCE,
    - then DCE.
- Document what happened in writing.
- You will not be penalized for reporting concerns.

If You Have a Conflict with Your CI

- Attempt respectful communication directly with your CI first (when safe and appropriate).
- If it is not successful or not appropriate, contact the CCCE.
- If issues persist, contact the DCE for mediation or support.

If You Are Asked to Perform a Task You Believe Is Outside PTA Scope

- Politely decline until you confirm with your CI and/or PT.
- Review the PT plan of care.

- Verify scope and supervision requirements.
- Contact the DCE if uncertainty continues.

If You See A HIPAA/Confidentiality Issue

- Do not repeat or share the information
- Notify your CI privately
- If needed, notify the CCCE or DCE
- Follow the confidentiality policy for handling PHI (Protected Health Information)

If You Are Falling Behind or Not Meeting Expectations

- Ask your CI for specific, behavior-based feedback.
- Create a learning plan with measurable goals.
- Share it with the DCE.
- Early reporting = early support.

If You Are Unsure of Who to Contact

Follow this sequence unless there is immediate danger: CI → CCCE → DCE

For emergencies: Follow site procedures first, then notify the DCE as soon as safe to do so.

If You Have Personal Issues Affecting Performance

- Inform your CI if it affects work.
- Contact the DCE to discuss academic support, accommodations, or resources.
- The earlier you communicate, the more options the program has to help you.

If You Believe You Are Being Evaluated Unfairly

- Ask your CI for examples and clarification.
- Discuss formally at midterm or during designated check-ins.
- If concerns remain, contact the DCE for review.
- Refer to the Student Appeals Process if needed.

If You Strongly Disagree with Feedback

- Remain professional; avoid reacting emotionally.
- Ask for clarification and examples.
- Reflect and document your perspective.
- Discuss with the DCE if you need support.

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