SACRAMENTO CITY COLLEGE

Associate of Science Degree

PHYSICAL THERAPIST ASSISTANT PROGRAM

CLINICAL EDUCATION HANDBOOK

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Scott Thompson, PT, MPT
Physical Therapist Assistant Program
Science and Allied Health Division
Sacramento City College
3835 Freeport Blvd.
Sacramento, CA 95822
PHONE: 916 558-2298
EMAIL: thompss@scc.losrios.edu

Program website: http://www.scc.losrios.edu/pta/
Clinical Education Policies and Procedures

Clinical Education Philosophy

Students and clinical instructors often both wonder what to expect during clinical affiliations. These assignments represent the beginning of clinical learning experiences which will continue not just during the length of the academic program, but throughout the student’s career in physical therapy. In the clinical setting students learn through the application of prior knowledge and the acquisition of new skills. The more spontaneous and integrative kind of learning that takes place in the clinic is different from that experienced in the academic portions of the program. The presence of clinical role models who act as mentors (physical therapists and physical therapist assistants) is a critical factor during the affiliations. It must be recognized that safe and effective patient care is the priority in the clinical setting.

Students undoubtedly experience conflicting emotions when entering this period of professional growth. They will be eager to begin treating actual patients in an authentic work situation, but may also be apprehensive and unsure about their skills with patients. The pace of a working day may be new, and there is also the uncertainty of forming new interpersonal relationships with staff, clients, and other students.

Initial experiences in the clinical setting may reveal gaps between a student’s idealistic views of the field, and working realities in the health care environment. Other difficulties in student performance or communication may surface on the clinical affiliations. This can be stressful to both the clinical instructor and the student. Not every student will experience difficulties. However, for those who do, open communication and timely objective feedback can help make a problem into a positive learning experience.

Both students and clinical instructors contribute to creating a climate conducive to learning, and a working relationship that fits their own teaching/learning styles. Students need to be aware that their questions may sometimes make clinical instructors feel uneasy. Clinical instructors may wonder how they can manage both the demands of a student and their caseload. Being aware of the dynamics of the clinical education process may assist in resolving these issues.

Our philosophy is that the clinical affiliation should be a challenging and supported experience where the student can develop his/her skills within a real-world context. Some students may have had considerable experience as volunteers or physical therapy aides, others may be very new to the field. All should be encouraged to examine their own needs and abilities and to take an active role in creating a relevant learning experience. All students are expected to demonstrate safety and professionalism, and to meet the criteria required for successfully completing affiliations.

Clinical Education Outcomes

Upon completion of the final clinical affiliation, the student will:

- perform in a safe manner that minimizes risk to patients, self, and others
- demonstrate professional behavior
- practice under the supervision of a physical therapist in a manner consistent with legal standards, ethical guidelines, and standards of the profession
- perform interventions in a competent manner consistent with the plan of care established by the physical therapist
- gather data effectively to measure and report patient response
- demonstrate clinical problem-solving skills
• demonstrate effective verbal and non-verbal communication with patients, family, staff, other health care providers, and members of the community
• adapt delivery of care with recognition and respect for individual differences, within the plan of care established by the physical therapist
• produce quality documentation to support delivery of care
• use resources effectively
• be prepared for employment in a variety of settings to meet the health care resource needs of the community
• participate in ongoing self-assessment and learning activities to enhance clinical performance

Roles and Responsibilities in Clinical Education

The student, clinical instructor, clinical coordinator of clinical education, and director of clinical education all have important roles and responsibilities in the clinical education process. The following examples are not all-inclusive.

Clinical Instructor (CI)

The clinical instructor is a physical therapist or physical therapist assistant licensed in California with a minimum of one year of clinical experience who acts as the instructor for PTA student(s) in the clinic. If a physical therapist assistant is the clinical instructor, a physical therapist must provide overall supervision and be available in the facility whenever the student is working with patients.

The CI:
• reviews objectives provided by the school, and may develop-facility specific objectives
• designs learning experiences appropriate to students level
• orients the student
• provides appropriate supervision for the student during patient care activities
• assists the student in clinical problem solving
• acts as a role model
• provides feedback to the student on an ongoing basis
• completes midpoint and final evaluations

Clinical Coordinator of Clinical Education (CCCE)

The clinical coordinator of clinical education is the representative of the clinical facility who coordinates the student program.

The CCCE:
• collaborates with the DCE in program development and implementation
• reviews and complies with contractual agreements with the academic institution
• prepares, maintains and sends current information (Clinical Site Information Form) to DCE
• schedules students in collaboration with the DCE
• sends information about the facility to assigned students in advance
• may establish facility-specific objectives for the affiliations
• orients students
• plans activities for CI training and skill development
• acts as resource for the CI and student for problem solving

**Director of Clinical Education (DCE)**

The Director of Clinical Education is the faculty member in the academic program designated to coordinate clinical education activities.

*The DCE:*
• assures all contractual agreements between the educational institution and the clinical facility are current, accurate and adequate to meet the needs of the program
• makes regular and periodic contacts with each site (at least once every three years)
• maintains a current (within 3 years) information file on each site where students are placed
• identifies new sites
• assigns students to the facilities
• orients students to the general purpose of clinical affiliations and provides them with necessary forms
• reassigns students who do not complete original placements in accordance with the educational institution’s policies
• maintains a collaborative relationship with clinical education centers
• provides each active site with a current clinical education manual
• provides student information and objectives and evaluation forms for each affiliation to the facility
• assesses clinical education faculty development needs through review of student evaluations of their clinical learning experiences, conferences with clinical instructors, data from surveys, review of Clinical Performance Instruments completed by clinical instructors, and assessment of program needs
• provides ongoing development activities for clinical education faculty based on identified needs
• contacts the CI and the student at least once during each affiliation
• acts as resource for the CI and student for problem solving

**Student**

*The student:*
• fulfills student responsibilities in preparation for the affiliation (see appropriate section in this manual)
• writes letter of introduction to facility in advance
• follows policies and procedures to meet patient care and professional standards of the facility
• demonstrates understanding of the objectives of the affiliation and the evaluation tool used to assess their performance
• participates actively in the affiliation to meet the objectives
• may be required by the facility to present an inservice (full time affiliations)
• provides feedback to the CI regarding supervision and learning experiences
• contributes to the evaluation process by completing a self-assessment
Scheduling of Clinical Affiliations

PTA 122, Introduction to Clinical Practice (3 units) is offered in the Spring Semester.

PTA 142, Clinical Practicum I (4 units) is offered in the Fall Semester.

PTA 152, Clinical Practicum II (4 units) is offered in the Spring Semester.

Type of Clinical Sites Available

The program has over 100 contractual agreements with facilities which offer clinical education programs for physical therapist assistant students. Some of these facilities have multiple associated sites. As of July 2011, the physical therapist assistant program has 197 active clinical sites associated with the program. It should be emphasized that not all sites offer opportunities for students each year. The majority of clinical sites are in Northern California, especially the greater Sacramento area. Very limited opportunities are available in the Bay Area, or regions of the state other than Northern California. Aside from an occasional placement in the Reno area, students are not placed out of state because of contractual restrictions. The number of sites associated with the program in the various practice areas are listed below.

Active clinical sites as of October 2015 (374 total)
(not all sites offer opportunities for students each year)

- Outpatient: 193
- Acute inpatient: 55
- Rehabilitation inpatient: 7
- Skilled Nursing Facility: 99
- Home Health: 6
- Pediatric outpatient: 16
- Pediatric inpatient: 1
- Sports outpatient: 3

Assignment of Students to Clinical Education Sites

Clinical assignments are made by the academic faculty member designated to coordinate clinical education (DCE). Across the affiliations, the DCE is responsible for assuring that all students experience a variety of types of clinical practice, including both inpatient and outpatient settings. However, it is recognized that not every student will experience every type of setting. A reasonable attempt will be made to accommodate the needs and wishes of students with respect to location and types of affiliations. Students may make suggestions for new clinical sites by providing contact information to the director of clinical education. The director (not the student) will then contact the site directly. In order to maximize learning, students are not placed in clinical settings where they have past or present employment experience. Cost and liability of travel to and from clinical facilities is the responsibility of the student.

Clinical site availability and assignment is impacted by types of experiences available at the facility, student needs, location, willingness of the facility to participate, contractual agreement, and availability of a physical therapist at the site to supervise the experience. Clinical instructors should have at least one year of clinical experience. Clinical instructor credentialing is preferred but not required.
Procedures for assignment of students:

- Students will submit their request for clinical sites and/or state geographical preferences at the beginning of the Fall Semester.
- The DCE will discuss the student’s clinical requests during the Fall Semester.
- The DCE will inform the student once a site has been confirmed. The student is expected to contact the clinic via email and/or phone within one week of receiving confirmation of the placement to reconfirm his or her placement.
- E-mail / phone confirmations should be followed within 1 week by an introductory letter.

Note: Clinical assignments are subject to change, sometimes at the last minute, due to circumstances at facilities beyond the control of the program.

Clinical Sites at a Distance from the Program

Most clinical sites associated with the program are in the greater Sacramento region, within 2 hours driving distance of Sacramento City College. Students will be placed at more distant facilities only at the request of the student, and mutual agreement between the student and director of clinical education. Students cannot be placed at clinical sites outside of California. It is helpful to the educational process when the director of clinical education is able to make periodic visits to clinical sites to become familiar with the setting, and to be available should problem situations occur. In determining whether to assign a student to a clinical site at a distance from the program the student’s academic record and professional behavior will be considered.

Memorandum of Agreement (Contract) with Clinical Sites

The policy of the program is that there must be a current, accurate, and adequate contract in place with each facility to which the student is assigned.

Procedures for establishing contract agreements using the Los Rios contract appropriate for physical therapist assistant student clinical affiliations:

- The director of clinical education (DCE) notifies the Dean of Science and Allied Health that a contract agreement is requested with a facility and provides the required contact information for the facility.
- The Dean of Science and Allied Health notifies the representative of the Los Rios Community College District to prepare and forward the appropriate contract agreement to the facility.
- The representative of the district notifies the Dean of Science and Allied Health and program coordinator that the contract has been sent and the program coordinator forwards this information to the DCE. If a facility does not return the contract within two weeks, the DCE contacts the facility to follow-up and determine the status.
- The facility representative approves and signs the contract and returns it to the district, or returns the contract with request for modifications. Requests for modifications are reviewed by the district, Dean of Science and Allied Health, program coordinator, and DCE.
- The district forwards an electronic copy of the fully executed contract agreement to the Dean of Science and Allied Health who ensures that the program coordinator and DCE are
• Notified and that the electronic copy of the contract is placed on the shared drive in the Allied Health division.
• Originals of fully executed contracts are also maintained on file at the Los Rios Community College District.

Procedures for establishing contract agreements with facilities which prefer using their own contracts for physical therapist assistant student clinical affiliations:

• The director of clinical education (DCE) or program coordinator notifies the Dean of Science and Allied Health that a contract agreement is requested with a facility which uses their own contract. The DCE provides the facility with the appropriate address to which to send the contract.
• The Dean of Science and Allied Health notifies the representative of the Los Rios Community College District to expect a contract agreement from the above-mentioned facility.
• Once the contract is received, it is reviewed by the district and then forwarded for review by the Dean of Science and Allied Health, program coordinator, and DCE.
• If approved, the district representative signs the contract and returns it to the facility. The district forwards an electronic copy of the fully executed contract agreement to the Dean of Science and Allied Health who ensures that the program coordinator and DCE are notified and that the electronic copy of the contract is placed on the shared drive in the Allied Health division.
• If there is a request for modification of the contract, the district forwards that request to the facility for review. If there is no action within two weeks, the DCE contacts the facility to follow-up and determine the status.
• Originals of fully executed contracts are also maintained on file at the Los Rios Community College District.

Procedures for regular review of contract agreements:

• Once each year in the fall the DCE checks the expiration date of all active contracts and notifies the Dean of Science and Allied Health of any contracts that require renewal during that academic year. The Dean of Science and Allied Health notifies the district that a renewal is required.
• Prior to assignment of each student at a facility the DCE confirms that a fully executed, current, and accurate contract is in place with the facility.
• Once every three years, or more often as required, each contract is reviewed by the DCE to ensure that the content clearly defines each party’s roles, responsibilities, and liabilities and is appropriate to meet the needs of students in the clinical education program. The DCE records the date of contract review on the clinical education database. If need for modifications are identified, the DCE notifies the program coordinator and Dean of Science and Allied Health. The Dean of Science and Allied Health then communicates with the district to initiate required changes.

Clinical Site Information Form

Facilities must provide the program with a current (within three years) Clinical Site Information Form (CSIF) or other acceptable form which provides information about the facility. If
not provided electronically, data from these forms is entered into a database at the college and updated with the facility at least every three years. Information from the Clinical Site Information Forms are shared with students prior to clinical affiliations.

**Student Responsibilities in Preparation for Clinical Affiliations**

Students are responsible for preparing for clinical affiliations by demonstrating competency in program course work and on practical examinations. Additionally, further non-academic requirements as outlined below must be met. These requirements meet the needs of most clinical facilities. Some facilities may require that students attend orientations, meet with human resource personnel, or comply with additional requirements prior to beginning the assignment. Upon admission to the program, students are sent a Checklist of Entry Requirements, along with instructions on how to submit the required documents for review and storage. (For 2011, Certified Background and Magnus tracker). Students should keep personal copies of all physical examinations, immunizations, and certifications as they may be required to present them at the clinical facilities.

**Letter of introduction**

Students are responsible for mailing a letter of introduction to the clinical facility no later than 3 weeks prior to the start of any scheduled affiliation. A sample letter will be provided to students by the director of clinical education. Students may follow-up their letter of introduction with a phone call.

**Review information from facility**

Students should review the Clinical Site Information Form for the facility prior to the scheduled affiliation, in order to familiarize themselves with the setting, staff, and student requirements. These forms will be provided to the student by the director of clinical education.

**Review the evaluation tool and requirements**

Students are responsible for understanding the goals of the affiliation and the criteria by which they will be evaluated. Materials will be posted in advance online. Students are required to complete online training to confirm their understanding of the Clinical Performance Instrument (CPI) evaluation tool used for full-time clinical affiliations.

**Medical Examination, Immunizations, and 2-step PPD**

Students are sent forms for medical examination and immunizations upon acceptance for enrollment to the program. The completed medical examination form, record of immunizations, and 2-step PPD (or chest X-ray) results are due at the beginning of the first semester of the program. The final deadline for submitting all required documentation for the first year students is December 1 of the first semester of the program. The final deadline for submitting all required documentation for the second year students is October 1 of the Fall semester. Students who do not comply with this requirement will not be assigned to a facility, and will not be enrolled in their clinical practicum. Records will be released to clinical sites only upon written permission of the student. The PPD must be updated annually or more often if required by clinical facilities. The student is responsible for costs of the medical examination and immunizations. PPD testing is available at low cost at the student health center on campus.
Liability Insurance

Students must purchase liability insurance coverage of $1,000,000/$3,000,000 through the Science and Allied Health Division of Sacramento City College annually. The student is responsible for the cost of malpractice insurance which usually runs under $25 each year. Insurance is purchased during the first two weeks of fall semester each year. Coverage is for one academic year. If requested by the clinical facility, the program coordinator can provide a certificate of insurance.

This liability coverage is for physical therapist assistant students while on regularly scheduled clinical affiliations associated with the PTA Program only. Students should check with their employers regarding liability insurance needs if they are involved in work (e.g. as a PT aide, massage therapist, etc.) not associated with the PTA curriculum.

Health Professional level CPR

Current CPR card indicating certification at a level appropriate for the Health Professional (Adult, Infant, Child, 2-person, AED) is required. The final deadline for submitting this documentation is December 1 of the first semester of the program. Students who do not comply with this requirement will not be assigned to a facility, and will not be enrolled in the first clinical education course, Introduction to Clinical Practice (PTA 122). Students are responsible for maintaining currency of Health Professional level CPR certification and providing updated documentation, if required, no later than 6 weeks prior to each subsequent clinical affiliation.

First Aid

Students must submit documentation indicating completion of a first aid course no later than December 1 of the first semester. The final deadline for submitting this documentation is December 1 of the first semester of the program. Students who do not comply with this requirement will not be assigned to a facility, and will not be enrolled in the first clinical education course, Introduction to Clinical Practice (PTA 122).

Regulatory Compliance and Hazardous Communication

Students are required to successfully complete the following 3 online HealthStream modules. Information on how to access and purchase the modules (~ $10.00) will be provided to students on admission. Students must submit documentation indicating completion of these modules no later than December 1 of the first semester. The final deadline for submitting this documentation is December 1 of the first semester of the program. Students who do not comply with this requirement will not be assigned to a facility, and will not be enrolled in the first clinical education course, Introduction to Clinical Practice (PTA 122).

- Compliance; Ethics; Sexual Harassment; Patient Rights; Informed Consent; Advanced Directives; Emergency Medical Treatment and Labor Act (EMTALA); Grievances; Developmental Appropriate Care; Cultural Competence; Restrstraint/Seclusion; Patient Abuse/Assault/Neglect
- General/Fire/Electric/Back/Radiation/Magnetic Resonance Imaging, Safety; Ergonomics; Lift/Transport; Slips/Trips/Falls; Latex Allergy; Hazardous Communication; Workplace Violence; Emergency Prep; Infection Control; Hospital Acquired Infections; Hand Hygiene; Blood borne Pathogens; Standard Precautions; Airborne/Contact/Droplet Precautions, Personal Protective Equipment
- Hazardous Communication
**HIPAA**
*(Health Insurance Portability and Accountability Act of 1996)*

In the Professional Ethics for Health Team Members course (AH 100) students receive additional training in their duty to maintain the confidentiality of patient and hospital proprietary information at all times, in compliance with all federal and California laws relating to the privacy of individually identifiable health information.

**Background Check**

Background checks are required prior to initial placement of students at a clinical facility. Costs of the background check are the student’s responsibility. Information on obtaining the background check will be provided to students prior to enrollment in the program. Results of the background check are available to the program coordinator through the Certified Background website. With the student’s permission such results may be distributed to the clinical facility to which the student is assigned. Students should also keep a copy of these records in a personal file. *The final deadline for the completed background check is December 1 of the first semester of the program.* Students who do not comply with this requirement will not be assigned to a facility, and will not be enrolled in the first clinical education course, Introduction to Clinical Practice (PTA 122). Each clinical facility has its own standards. Students must be aware that they may not be accepted at clinical facilities if there are alerts on their background checks.

**Drug Screen**

Students must be in optimal physical and mental condition in the clinical area to ensure the safe and effective care of patients. Students are responsible for the cost of the drug screening. Information on obtaining the 10-panel drug screen will be provided to students prior to enrollment in the program. *All students must have clean drug and alcohol screens* (i.e. no evidence of drugs) in order to attend clinical affiliations. The drug screen includes testing for the following substances: alcohol, amphetamines, barbituates, benzodiazepines, cocaine, methadone, methaqualone, opiates, phencyclidine, propoxyphene, marijuana.

*The deadline for submitting initial documentation of the drug screen is December 1 of the first semester of the program.* Students who test positive for any disallowed substances on their initial drug screen will have until four weeks before the start of the clinical assignment to demonstrate negative results. Students who fail to clear the drug screen on the second attempt will not be assigned to a facility, and will not be enrolled in the first clinical education course, Introduction to Clinical Practice (PTA 122).

*All students must continue to have clean drug and alcohol screens throughout the program.* Additional drug screens may be required during the course of the program, at the request of clinical facilities. Students are responsible for the expense of such additional testing. **Students should be aware that disallowed substances may be detected in the urine for some time after use; for example marijuana (THC) may stay in the system for many weeks.**

**Health Insurance**

Students are encouraged to carry personal health and accident insurance. The school does not provide personal health or accident insurance for the student. However, information on affordable health insurance may be available through the Health Office on Campus. Some clinical facilities require that students provide evidence of personal health insurance. Failure to carry health insurance may limit the student’s options for clinical placement.
**Attendance policy**

It is expected that students will attend all days and hours of scheduled clinical affiliations. While attending the clinical affiliation the student will follow the schedule and holidays of the facility. Weekend rotations may be required. Students need to plan for the clinical experience as if it were a job. Routine medical or personal appointments should not be scheduled during the clinical affiliation. Personal responsibilities such as child care should be arranged in advance of the affiliation. Transportation time and method should be anticipated. Participating actively in a full-time clinical assignment requires the full energy and attention of the student, and precludes other work commitments during this period of time.

In the extraordinary event that absence or lateness is unavoidable the student must contact the clinical affiliation site before the scheduled arrival time at the clinic. This will allow the clinical instructor time to re-plan the patient care schedule. Students who will be absent from the clinical site must also call the program coordinator to report the absence. Students who have absences exceeding 6% of scheduled clinical hours may be subject to being dropped from the course. If a student is absent due to an injury or infectious disease, the student must have a letter from a physician indicating safety to return if requested. **All missed clinical hours must be made up at the convenience of the facility.**

Since promptness is an important professional responsibility, three instances of lateness to the clinical affiliation will equal one absence. Students should plan to arrive at least 10 minutes early to their clinical affiliations, to allow time to get organized and be ready to begin work at the scheduled time.

Clinical affiliation assignments must be completed in full. For example if a student does not fully complete both part-time affiliations (PTA 122) no credit will be given. If a student is unable to complete a full 6-week affiliation (PTA 142 or 152), no credit will be given and another assignment for a 6-week period will be made, subject to availability of a site. The re-assignment will typically occur during the next regular clinical affiliation cycle. Extended or repeated absence due to illness or other causes during a clinical affiliation will usually result in the student needing to withdraw from the assignment and not earn credit for the course.

**Dress Code**

During clinical affiliations, students will adhere to the following guidelines, unless there are other specific dress code requirements unique to a particular facility.

**GENERAL FOR BOTH MEN AND WOMEN:**
- Students will wear clean, modest, and wrinkle free clothing.
- Students will wear a wine or maroon colored polo shirt with appropriate long pants. No blue jeans are allowed.
- Tattoos should be covered if possible.
- Some clinical facilities have specific dress code requirements which students are expected to adhere to. For example, a clinical facility may require that a student wear a polo shirt with company logo. Students are responsible for the cost of such items.
- Hair is to be neatly combed and clean. Long hair must be secured or styled so it will not interfere with patient treatment or safety.
• No hooped or dangling earrings may be worn. Jewelry should be kept to a minimum for sanitary and safety reasons for the patient and the therapist. If a ring is worn, it should be plain and stoneless.
• Fingernails will be clean and cut short (not extending beyond the end of the fingertip) so as to not scrape, injure or scratch patients during handling. Clinical instructors may request that students cut their nails. Any polish worn must be clear and not be chipped. Artificial nails are not allowed as they may harbor bacteria.
• Shoes will have closed toes and heels, or a heel strap, with no heels higher than 1". Shoes should have soft rubber soles and heels. Clean athletic type shoes may be worn if the facility allows. Students must wear stockings or socks.
• Gum chewing is prohibited in the hospital setting.
• Perfume, cologne, musk oil, or scented lotions/soaps will not be used while in uniform. Many patients are acutely sensitive to scented products. Deodorant and mouthwash are recommended.
• Appropriate undergarments must be worn

FOR WOMEN:
Clothes should be chosen for appropriateness and ease of moving and working with patients in the clinical setting. In most facilities pants are preferred for both men and women. Tight stretch pants or leggings are not appropriate. If a dress is worn, the length is not to be shorter than the middle of the knee cap. Suggestive or provocative clothing of any kind is inappropriate in clinical settings.

FOR MEN:
Hair should be neatly groomed, and beards must be trimmed short and appropriate for the clinical setting. If a student is in doubt regarding appropriateness, please check with the instructor.

Injury in the Clinical Setting

If the student is injured while in the clinical area, he/she must report such an injury immediately to the clinical instructor and complete required injury report forms. If a student needs to be seen in the emergency room of the hospital, the costs of such care will be the responsibility of the student or the student's health insurance carrier. All students must report injuries to the program coordinator within 24 hours. In the event of an injury, the student is advised to follow through with his/her private physician. If deemed appropriate by the instructor and Dean, the student will file a workers compensation form with the business office.

Determination of Satisfactory Progress for a Clinical Experience

Evaluation of the student's performance during the clinical affiliations is based on completion of specific objectives outlined for each affiliation. Criteria for evaluation of student performance during the clinical affiliations (PTA 122, 142, & 152) is distributed prior to the clinical assignments. Grading of these courses is credit/no credit.

Students and their clinical instructors review objectives at the beginning of affiliations and work together toward the student’s achievement of competencies. Ongoing informal feedback and evaluation is an important part of the clinical experience. Formal evaluation is completed at midpoint and at the end of the clinical affiliation, and at other times as deemed necessary by the
clinical instructor. A written evaluation of the student’s performance is submitted by the clinical instructor at the end of the affiliation, and is discussed with the student. The student signs the evaluation indicating that he/she has read it, and may add comments. Student self-assessment and an assessment of the student’s learning experience at the clinical facility are also required. Students must submit time sheets signed by the clinical instructor, confirming attendance for all scheduled clinical hours and make-up of any absences.

Achievement of overall entry level competencies in the clinical area by the end of the program is critical. Students must take responsibility to work on identified problem areas and take an active role in the clinical education process.

**Policy for Withdrawal of a Student from Clinical Affiliation**

Students must successfully complete clinical affiliations in accordance with established criteria. Additionally, in the clinic setting any unsafe practice or gross negligence is considered unsatisfactory. Performance is considered unsafe when a student's actions reflect a substantial departure from that of other students at the same level and under similar circumstances and when the student's actions have or could have resulted in harm to a patient. At no time should a student assume responsibility for patient care without the knowledge/supervision of his/her clinical instructor. A PTA student must always have on-site supervision by a PT or by a PT/PTA team. Students must never perform functions above and beyond that which are permitted by the physical therapy practice act of the State of California. If at any time a student poses a threat to the health and safety of the patients he/she cares for, the clinical instructor has the legal responsibility to remove the student from the clinical setting. The director of clinical education must be notified of reason for such removal.

Performance is considered grossly negligent when a student's behavior justifies the belief that there has been a conscious disregard or indifference for the health, safety or welfare of the patient. Evidence of unsafe practice or gross negligence will result in removal of the student from the clinical affiliation. The ability of a student to demonstrate skills commensurate with their educational level, and to maintain health, welfare and safety of patients, will be primary concerns when determining whether a student may return to a clinical setting or repeat a clinical affiliation. Students who are removed from clinical setting because of safety issues or negligence that could jeopardize the health, welfare, or safety of patients, or for violation of ethical or legal practice, are subject to withdrawal from the PTA program.

Students who have difficulty meeting clinical objectives due to other performance difficulties will be given due process for remediation. Typically, the director will meet with the student, clinical instructor, and clinical coordinator of clinical education to develop a written plan.

**Introduction to Clinical Practice (PTA 122):** Students are required to successfully complete two part-time clinical assignments (56 hours each) or one part-time clinical assignment (112 hours) as a part of the requirement for PTA 122. Students who are unable to successfully complete the two clinical assignment will earn a “no credit” grade for the course. The student will need to take a leave of absence from the program and request to return to take the course the following year. Students who successfully complete one part-time clinical assignment may be eligible to earn an incomplete grade. Faculty will work with the student individually to remediate problem areas and reschedule a 56 hour affiliation in such a way to avoid interruption of the overall educational plan, if possible.

**Clinical Practicum I and II (PTA 142 and 152):** Occasionally, and at the discretion of the clinical facility, full-time clinical affiliations may be extended in length to offer a student additional time to meet the objectives of an affiliation. The extension for a full-time affiliation is typically two weeks. The student will earn an “incomplete” grade during the period of the extension of the affiliation. If the student remains unable to meet objectives the incomplete grade will be changed to
“no credit”. When a “no credit” grade is given, faculty will work with the student to remediate identified problem areas prior to planning a re-assignment at another facility. Typically students are scheduled at another clinical site for a full affiliation during the next regularly scheduled clinical cycle. Students will be required to re-register for the appropriate course. (Earning a “no credit” for Clinical Practicum I also requires that the student request to take the one-time leave of absence from the program, as described earlier.)

Policies and Procedures Regarding Evaluation of Student Clinical Performance

It is the intent of the program to ensure that students are provided with appropriate formative and summative evaluations of performance in the clinical area, and that both students and clinical instructors are aware of their rights and responsibilities in this regard. Therefore, the following procedures have been established:

Procedures for providing materials and resources to clinical education sites:
1. A current clinical education manual from the program is to be provided by the DCE to the CCCE at each participating clinical education site.
2. Copies of objectives, evaluation tools, grading criteria, and evaluation procedures are to be provided by the DCE to clinical instructors in advance of each student affiliation.
3. Regular training opportunities related to student evaluation procedures, and offered by representatives of the academic program, will be made available to clinical instructors and/or facilities.
4. Notification of regional clinical instructor or clinical coordinator training opportunities will be provided to representatives of associated clinical facilities. This may include workshops such as those offered by the Northern California Clinical Education Consortium, or the APTA Clinical Instructor Education and Credentialing Program.

Procedures for providing materials and resources to students:
1. Students will be provided in advance with a course outline that delineates the objectives for each clinical affiliation, and the grading criteria. Students will also be provided with copies of evaluation instruments.
2. Prior to clinical affiliations, students will be instructed as to the roles and responsibilities of all involved parties in the clinical education process such as students, clinical instructors, CCCE, and DCE.
3. Expected procedures for formative and summative evaluation, and for remediation of any identified performance problems will be reviewed with students prior to affiliations.
4. Prior to clinical affiliations, students will be provided with the opportunity to review materials from clinical sites, including contracts with agencies.
5. Consequences of failure to meet the objectives of a clinical education course will be discussed with students prior to affiliations.

Procedures to monitor student progress during clinical affiliations:
1. The DCE will contact each student and clinical instructor (by visit, phone, or email) during the affiliation to review student progress. If a site visit is conducted, the DCE will review the written mid-point evaluation and provide consultative comments as needed. If the mid-term evaluation has not yet been completed, a reminder and follow-up will be provided.
2. The DCE will maintain records of conferences with students, clinical instructors, and CCCE’s.
3. If early warning signs or significant concerns are identified the DCE will follow-up to assist the CI, CCCE, and student in developing a plan for remediation.
**Procedures for the DCE if concerns regarding student performance are identified:**

1. The DCE will confirm that the problem has been clearly described to the student, and that objectives consistent with the academic goals and the expectations of the clinical site have been established and documented.
2. The DCE will confirm that a plan for achieving objectives has been developed in collaboration with the student, and that learning interventions have been implemented.
3. Through follow-up, the DCE will ensure that procedures for documentation and review of progress are followed, such as completion of a weekly goal form and/or an anecdotal record, and that such records are signed by both the student and clinical instructor.
4. The DCE will be available as a resource to the student, clinical instructor, and CCCE.
5. In the event that the clinical facility requests dismissal of the student, the DCE will be responsible for ensuring that written justification is obtained and provided to the student.

**Procedures for determining a grade for student affiliations:**

1. The DCE is responsible for grading the affiliation as ‘pass’ or ‘not pass’ based on established criteria for the level of affiliation, and the information provided by the clinical instructor in the evaluation tool.
2. Grades for clinical courses will be assigned only after completed and signed documentation has been obtained, confirming that an evaluative review with the student has taken place.
3. Comments from the clinical instructor are required if performance is below expected levels on any criterion. Prior to determination of a grade, the DCE will investigate any discrepancies such as inconsistencies between grading on the VAS and comments. Clarifying information obtained from clinical instructors will be recorded, dated, and initialed.

**Behaviors of Successful Students**

Students who are successful in the program typically have genuine interest in the profession, excellent attendance, good study habits, ability to communicate their needs, flexibility, and the long-term commitment needed to complete school and pass the licensing examinations. Many students who volunteer in clinical facilities, or work as physical therapy aides part-time, find that the transition to clinical practice is easier. Students who are eager to learn will find that academic and clinical faculty members will do all that they can to support them in their efforts to succeed.

Familiarity with program and college policies and procedures is important as students progress through the program. Adherence to Critical Safety Items (see attached list) is expected at all times in the program, including classroom activities, skills checks, practical examinations, and clinical experiences. Deepening understanding of the role of the physical therapist assistant should be part of the student’s ongoing exploration. Also, knowing that knowledge and technical skills are only one aspect of physical therapy is important. Strong generic abilities make graduates good employees, and continuing to develop these abilities should be a part of life-long growth. Finally, adherence to California Laws and Regulations and Standards of Ethical Conduct is essential. Further information on a few of these topics is presented in the pages that follow.
Critical Safety Items for PTA Students

Failure to follow critical safety procedures will result in failure on skills checks, practical examinations, or in the clinical setting. The following list is not all-inclusive of critical safety items which must be adhered to.

<table>
<thead>
<tr>
<th>Must Maintain Safety Precautions</th>
<th>Must Provide the Treatment Prescribed by the Physical Therapist*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• lock the wheelchair or other device</td>
<td>• treat the involved body part (example: right vs. left, thoracic vs. cervical, place electrodes on correct muscle group, etc.)</td>
</tr>
<tr>
<td>• secure the patient in a transfer device (ex. Hoyer Lift)</td>
<td>• insure that the patient performs the correct gait pattern</td>
</tr>
<tr>
<td>• safely set up equipment and procedure for transfer of patients between surfaces</td>
<td>• apply the indicated amount of resistance or level of exercise</td>
</tr>
<tr>
<td>• lower the treatment table if leaving area</td>
<td>• plug in and turn on the machinery before treating the patient</td>
</tr>
<tr>
<td>• guard adequately for safety</td>
<td>• administer treatment as instructed by the physical therapist in the clinical setting</td>
</tr>
<tr>
<td>• use appropriate body mechanics</td>
<td>• progress interventions within the plan of care in response to the patient’s age, discomfort, diagnosis, comprehension and cooperativeness in the clinical setting</td>
</tr>
<tr>
<td>• maintain weight bearing status</td>
<td>*Note: Adding anything beyond the scope of the prescribed treatment is considered failure to provide the treatment prescribed by the PT!!</td>
</tr>
<tr>
<td>• have patient don shoes or non-skid slippers for transfers and gait</td>
<td></td>
</tr>
<tr>
<td>• maintain precautions for the diagnosis (ex. total hip precautions)</td>
<td></td>
</tr>
<tr>
<td>• care for equipment and check for broken parts/wires</td>
<td></td>
</tr>
<tr>
<td>• use standard and transmission-based precautions for infection control</td>
<td></td>
</tr>
<tr>
<td>• apply the proper dosage of a modality</td>
<td></td>
</tr>
<tr>
<td>• maintain the prescribed ROM (example: e.g. student must not move the patient beyond the prescribed limit of ROM)</td>
<td></td>
</tr>
<tr>
<td>• provide clear instructions to patients</td>
<td></td>
</tr>
<tr>
<td>• communicate with other disciplines as required in the clinical setting</td>
<td></td>
</tr>
<tr>
<td>• provide patient with necessary set-up and equipment following treatment (example: restraints, call bell) in the clinical setting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Must Use Critical Thinking Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>• individualize treatment for patient needs</td>
</tr>
<tr>
<td>• report back to the supervising therapist when changes in the patient’s condition or response to treatment occur in the clinical setting</td>
</tr>
<tr>
<td>• request that the PT re-evaluate the patient when appropriate in the clinical setting</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Must Collect Essential Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>• read the patient’s chart and collect data that may influence the PT treatment</td>
</tr>
<tr>
<td>• demonstrate understanding of the PT evaluation and plan of care</td>
</tr>
<tr>
<td>• accurately measure vital signs</td>
</tr>
<tr>
<td>• consistently measure joint ROM within 5° of accuracy</td>
</tr>
<tr>
<td>• recognize indications, contraindications and precautions to physical therapy treatment and report any contraindications to the PT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Must Maintain Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>• obtain informed consent</td>
</tr>
<tr>
<td>• communicate effectively with patients and staff</td>
</tr>
<tr>
<td>• treat the patient with dignity and respect</td>
</tr>
<tr>
<td>• recognize a patient’s demonstration of emotional distress and interact effectively</td>
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<tr>
<td>• maintain confidentiality of information</td>
</tr>
<tr>
<td>• seek assistance with patient care when unsure of the procedure in the clinical setting</td>
</tr>
<tr>
<td>• initiate and complete assigned tasks without prompting in the clinical setting</td>
</tr>
<tr>
<td>• comply with departmental policies and procedures in the clinical setting</td>
</tr>
<tr>
<td>• adhere to ethical and legal standards of practice in the clinical setting</td>
</tr>
</tbody>
</table>
Generic Abilities

Generic abilities* are attributes, characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. The ten abilities and definitions are:

- **Commitment to Learning**: The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.
- **Interpersonal Skills**: The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community, and to deal effectively with cultural and ethnic diversity issues.
- **Communication Skills**: The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.
- **Effective Use of Time and Resources**: The ability to obtain the maximum benefit from a minimum investment of time and resources.
- **Use of Constructive Feedback**: The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.
- **Problem-Solving**: The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
- **Professionalism**: The ability to exhibit appropriate professional conduct and to represent the profession effectively.
- **Responsibility**: The ability to fulfill commitments and to be accountable for actions and outcomes.
- **Critical Thinking**: The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.
- **Stress Management**: The ability to identify sources of stress and to develop effective coping behaviors.

EXCERPTS OF LAWS AND REGULATIONS (California)

The student is encouraged to download the full text of the laws and regulations relative to physical therapy from the Physical Therapy Board of California website: www.ptbc.ca.gov/
Selected sections are included below. Please note that the supervisory requirements were updated July 14, 2011. The changes are not necessarily in the requirements listed below.

EXCERPTS OF CA LAWS AND REGULATIONS GOVERNING PHYSICAL THERAPIST ASSISTANT STUDENTS AND INTERNS

Business and Professions Codes

2655.75. Authorization for Assistance in Physical Therapy by Student

Nothing in this chapter shall be construed to prevent a regularly matriculated student undertaking a course of instruction in an approved physical therapist assistant education program or a student enrolled in a program of supervised clinical training under the direction of an approved physical therapist assistant education program pursuant to Section 2655.9, as part of his or her course of study, from performing physical therapy techniques in preparing the student to be approved to assist a physical therapist in his or her practice of physical therapy.

Title 16, California Code of Regulations

1398.52. Identification and Supervision of Physical Therapist Assistant Students and Interns

Defined (a) A physical therapist assistant student is an unlicensed person rendering physical therapy services as a part of academic training pursuant to section 2655.75 of the Code and shall only be identified as a “physical therapist assistant student.” A person who has completed the required academic coursework may be identified as a “physical therapist assistant intern” when rendering physical therapy services. When rendering physical therapy services, the required identification shall be clearly visible and include his or her name and working title in at least 18-point type. (b) The physical therapist assistant student or intern shall be supervised by a physical therapist supervisor. A physical therapist assistant under the supervision of a physical therapist supervisor may perform as a clinical instructor of the physical therapist assistant student or intern when rendering physical therapy services. (c) A physical therapist supervisor shall provide on site supervision of the assigned patient care rendered by the physical therapist assistant student or intern. (d) The physical therapist assistant student or intern shall document each treatment in the patient record, along with his or her signature. The clinical instructor shall countersign with his or her first initial and last name in the patient’s record on the same day as patient related tasks were provided by the physical therapist assistant student or intern. The supervising physical therapist shall conduct a weekly case conference and document it in the patient record. (NOTE: The weekly case conference is no longer necessary as of July 14, 2011)

Note: Authority cited: Sections 2615, Business and Professions Code. Reference: Sections 2655.9 and 2655.75, Business and Professions Code. HISTORY

§1398.44: Adequate Supervision Defined

(a) “Adequate supervision” of a physical therapist assistant shall mean supervision that complies with this section. A physical therapist shall at all times be responsible for all physical therapy services provided by the physical therapist assistant and shall ensure that the physical therapist assistant does not function autonomously. The physical therapist has a continuing responsibility to follow the progress of each patient, and is responsible for determining which elements of a treatment plan may be assigned to a physical therapist assistant.

(b) A physical therapist who performs the initial evaluation of a patient shall be the physical therapist of record for that patient. The physical therapist of record shall remain as such until a reassignment of that patient to another physical therapist of record has occurred. The physical therapist of record shall ensure that a written system of transfer to the succeeding physical therapist exists.

(c) The physical therapist of record shall provide supervision and direction to the physical therapist assistant in the treatment of patients to whom the physical therapist assistant is providing care. The physical therapist assistant shall be able to identify, and communicate with, the physical therapist of record at all times during the treatment of a patient.

(d) A physical therapist assistant shall not:

1. Perform measurement, data collection or care prior to the evaluation of the patient by the physical therapist
2. Document patient evaluation and reevaluation
3. Write a discharge summary
4. Establish or change a plan of care
5. Write progress reports to another health care professional, as distinguished from daily chart notes
6. Be the sole physical therapy representative in any meeting with other health care professionals where the patient’s plan of care is assessed or may be modified.
7. Supervise a physical therapy aide performing patient-related tasks
8. Provide treatment if the physical therapist assistant holds a management position in the physical therapy business where the care is being provided. For purposes of this section, “management position” shall mean a position that has control or influence over scheduling, hiring, or firing. The prohibitions in subsection (d) above shall not prohibit a physical therapist assistant from collecting and documenting data, administering standard tests, or taking measurements related to patient status.

(e) The physical therapist assistant shall:

1. Notify the physical therapist of record, document in the patient record any change in the patient’s condition not within the planned progress or treatment goals, and any change in the patient’s general condition.

Note: Authority cited: Sections 2615, 2655.1 and 2655.92, Business and Professions Code. Reference: Section 2655.92, Business and Professions Code.
Section 2655.2 Number of Assistants Supervised
A physical therapist shall not supervise more physical therapist assistants at any one time than in the opinion of the committee can be adequately supervised. Two physical therapist assistants shall be the maximum number of physical therapist assistants supervised by a physical therapist at any one time, but the examining committee may permit the supervision of a greater number by a physical therapist, if, in the opinion of the examining committee, there would be adequate supervision and the public's health and safety would be served. In no case, however, shall the total number of physical therapist assistants exceed twice the number of physical therapists regularly employed by a facility at any one time.
1398.13 Patient Records.

(a) A physical therapist shall document and sign in the patient record the following in accordance with subsection (c):

(1) Examination and re-examination
(2) Evaluation and reevaluation
(3) Diagnosis
(4) Prognosis and intervention
(5) Treatment plan and modification of the plan of care
(6) Each treatment provided by the physical therapist or a physical therapy aide
(7) Discharge Summary

(b) The physical therapist assistant shall document and sign in the patient record any treatment provided by that individual, in accordance with subsection (c).

(c) With respect to any care provided to the patient, the patient record shall indicate:

(1) The date and nature of the service provided and
(2) The name and title of any individual who provided such service, including the individual’s role in that service. As used in this section, the term “service” does not include “non-patient related tasks” as defined in section 1399.

(d) The physical therapist shall ensure compliance with subsection (c).

(e) The requirements of this section are in addition to the requirements of the following sections:

(1) 1398.37(d) [relating to physical therapist students and interns],
(2) 1398.44(e)(1) [relating to physical therapist assistants]
(3) 1398.52(d) [relating to physical therapist assistant students]
(4) 1399.10 [relating to physical therapist license applicants]; and
(5) 1399.12 [relating to physical therapist assistant license applicants].

(f) Electronic signatures are sufficient for purposes of this section.
STANDARDS OF ETHICAL CONDUCT FOR THE PHYSICAL THERAPIST ASSISTANT

(Please see the full text of the Standards of Ethical Conduct on the American Physical Therapy Association website: http://www.apta.org/Ethics/Core/)

The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

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

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

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

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

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

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

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

VALUES-BASED BEHAVIORS FOR THE PTA

(Please see the full text of the Values-based Behaviors for the PTA on the American Physical Therapy Association website: http://www.apta.org/ValuesBasedBehaviors/)

These are the 8 values most commonly associated with PTAs:
1. Altruism
2. Caring and Compassion
3. Continuing Competence
4. Duty
5. Integrity
6. PT/PTA Collaboration
7. Responsibility
8. Social Responsibility
SACRAMENTO CITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
STUDENT-INSTRUCTOR CONFERENCE

Student:
Instructor:
Course:

TOPIC OF CONFERENCE:

RECOMMENDATIONS:

Student Signature:
Instructor Signature:
Program Coordinator Signature:
Date:

FOLLOW-UP REPORT:

Student Signature:
Instructor Signature:
Program Coordinator Signature:
Date:

Copies: student 9, instructor 9, program coordinator 9
SACRAMENTO CITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
EDUCATIONAL AGREEMENT

Student:
Instructor:
Course:

DESCRIPTION OF PROBLEM (e.g. academic or clinical objectives not met, professional behavior, attendance ...):

PERFORMANCE EXPECTATIONS (specific measurable skills or behaviors to be demonstrated, and applicable conditions):

RECOMMENDED STRATEGIES FOR IMPROVING PERFORMANCE: (study groups, tutoring, elective coursework, independent study...)

METHOD AND DATE BY WHICH PERFORMANCE WILL BE EVALUATED:

continued on next page
STATEMENT OF UNDERSTANDING:

I have been advised regarding my performance in the Physical Therapist Assistant Program. I understand that failure to achieve and sustain the agreed upon level of performance as described above may result in failure to pass this class and impact continued enrollment in the Physical Therapist Assistant program.

Student Signature:
Date:

Instructor Signature:
Coordinator Signature:

FOLLOW-UP REPORT:

On ____________________ (date) it was determined that student MET / DID NOT MEET (circle one) the terms of this educational agreement satisfactorily.

Comments:

Student Signature:
Instructor Signature:
Coordinator Signature:

Copies: student 9, instructor 9, program coordinator 9
WEEKLY STUDENT GOALS FOR CLINICAL PERFORMANCE

Student name: 
Clinical Instructor: Dates of Affiliation:

DESCRIPTION OF LEARNING OR BEHAVIOR DIFFICULTY:

SPECIFIC PERFORMANCE EXPECTATIONS:

RECOMMENDED STRATEGIES FOR IMPROVING PERFORMANCE:

METHOD AND DATE BY WHICH PERFORMANCE WILL BE EVALUATED:

Date: 
Student Signature: CI Signature:

OUTCOME:

Date: 
Student Signature: CI Signature:
Student Nondisclosure Agreement / HIPAA

As a student in the Physical Therapist Assistant Program at Sacramento City College I have the legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health and personal information. In the course of part-time and full-time clinical affiliations or during academic course work I may come into possession of confidential patient information through direct or indirect involvement in providing patient care. I understand that patient information must be maintained in the strictest confidence.

I hereby agree that:

• I will not at any time during or after my clinical affiliations or academic courses disclose any patient information to any person whatsoever or permit any person to examine or make copies of any patient reports or other documents that contain patient information, other than as necessary in the course of my clinical assignment.
• I will refrain from requesting, obtaining or communicating more confidential patient information than is necessary to accomplish my assigned duties.
• When patient information must be discussed with other healthcare practitioners in the course of my clinical affiliation, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the patient’s care.
• I will take reasonable care to properly secure confidential health information on computers and will take steps to ensure that others cannot view or access such information. When I am away from the computer or when my review of medical records or documentation is completed, I will log off or use a password-protected screensaver in order to prevent access by unauthorized users. I will not record or post my password in an access location or disclose my password to anyone without permission of my supervisor.
• If patient case-based examples are used in the context of any academic coursework or discussions all information that might identify the patient, staff, or facility will be removed.

My signature on this form confirms that I have been trained in the HIPAA regulations for confidentiality and that I agree to comply with them. I understand that violation of this agreement may result in corrective action, up to and including dismissal from the Physical Therapist Assistant Program.

Name of Student_______________________
Signature ___________________________ Date _______________
Required Apparel for Clinical Affiliations and Practical Exams

1) Polo shirt: in our SCC color of “wine”.
2) Picture nametag from SCC indicating name and designation as PTA student.
3) Slacks: khaki or black recommended.

Suggested sites to purchase:

Please order/purchase items at least 6 weeks ahead of clinical affiliations in order to ensure that you receive them on time.

D3Athletic.com (polo shirts are available with SCC PTA program logo)

TARGET, WALMART or other discount stores may also carry polo shirts in this color.

*If your clinical facility has a different dress code requirement, you are expected to follow the guides from the clinical facility.