

Clinical Learning – Expectations and Policies

Definition of Clinical/Cooperative Instructors and Facilities

Academic Coordinator of Clinical Education

The Academic Coordinator of Clinical Instruction (ACCE) is an academic program faculty member. The ACCE is responsible for planning, coordinating, facilitating, administering, and monitoring cooperative clinical education activities on behalf of the academic program and in coordination with academic and clinical faculty.

Clinical Facility

The program enters into agreements with local and rural health care agencies that provide physical therapy services. The clinical facility is an off-campus educational site where SPTAs apply previously learned skills and abilities in a patient care setting under the supervision of the physical therapist. These sites have been carefully selected and reviewed by the ACCE to ensure an acceptable learning environment for our students. You will follow the policies and procedures of the clinical facility and of the PTA program during enrollment in PTA 280-level courses. “Active” clinical facilities have a current Cooperative Education Placement Agreement with Lane. Cooperative Education Placement Agreements delineate the roles and responsibilities of the student, facility and faculty throughout your assigned clinical instruction.

Clinical Faculty/Clinical Instructors

Clinical faculty members (CIs) are licensed PT or PTAs who provide supervised clinical instruction in a clinical facility. CIs are employed by the clinical facility. CIs have at least one year of licensed experience and are assessed by the CCCE and the ACCE for readiness to participate in Physical Therapist Assistant Education. CIs collaborate with the ACCE and affirm meeting “Criteria for Selection of Clinical Instructors”

Center Coordinator of Clinical Education

The clinical facility designates a CCCE who coordinates student placements in the clinical faculty. The CCCE facilitates student orientation to facility policies and procedures and provides resources and support for effective clinical teaching. The CCCE may participate in student evaluations and communicates questions or concerns with the ACCE and the CI. The CCCE works with clinical faculty to ensure clinical faculty demonstrate a high level of competence in their area of practice and are effective clinical teachers. CCCEs model effective communication for teaching and learning.

PTA 280

PTA 280 courses are clinical internships. Courses are sequenced (e.g., A, B, C) to reflect progression through the program. PTA 280 courses have specific descriptions, outcomes, prerequisites, and procedures in the syllabus. CCCEs, CIs, and students are provided a copy of the relevant PTA 280 syllabus before students begin internships.

Clinical Performance Instrument (CPI)

The CPI is an on-line assessment tool where students and faculty evaluate student progression toward entry-level practice during the clinical experience. CPI outcomes are used to determine the final grade in PTA 280 courses.

Determining Clinical Assignments

Students are required to show evidence of completion of a PTA 280-level course which include experiences most or all of the following practice settings:

1. In a long-term/extended care facility or rural hospital with long term care
2. In a general hospital or rural hospital facility
3. In a rehabilitation facility, home health care, sports medicine, outpatient, pediatric clinic, or combination setting.

Included in these clinical experiences, the student must have opportunity to focus on the treatment of four (4) types of patient populations:

1. The patient in the acute phase of healing
2. The patient in the chronic phase of disease and disability
3. The patient with orthopedic diagnoses
4. The patient with general medical diagnoses

The ACCE uses a lottery system to assign you to clinical sites. Every effort is made to integrate student preferences for site and location; however, student assignments must reflect clinical depth and breadth required for graduation.

Special clinical experience arrangements and reasonable accommodations can be made for students with a documented disability and who are working with LCC Disabilities Resources. Reasonable accommodations shall be consistent with standards at the clinical facility for employed physical therapist assistants.

Expectations for "far away" Clinical Education

Although LCC has agreements with most physical therapy facilities in the Eugene-Springfield area and in communities that are within a 90-mile radius from Eugene (commuting distance), there are also clinical sites under development in outlying and rural areas for students who are willing to travel, or to allow students clinical experiences closer to home. There may not be enough local facilities available during each full-time clinical experience period to accommodate all students. This may be due to the size of the class and/or due to unexpected staffing changes that occur at the facilities. For example, a site may agree to take a student, but need to cancel later because a therapist leaves and the facility may be understaffed during the time the student was to be there.

Therefore, all students entering the program should expect to attend a full-time clinical internship in at least one clinic located too far away to commute on a daily basis.

You may request a clinical experience in a community located too far away for it to be practical for the ACCE to make on-site visits. These communities are called "far away" sites and are defined as taking more than 6 hours to drive there, are located more than 350 miles from Eugene,

and/or costs to fly there on short notice are more than \$500.00. The student choosing a "far away" clinical site must be a student in which the ACCE has confidence that there will be a minimal chance of difficult problems occurring. Therefore, the ACCE MUST APPROVE the student's site selection.

For permission to attend a "far away" clinical facility, the ACCE will consider the following:

- Student's most recent GPA and course grades
- Satisfactory completion of all core PTA courses prior to the clinical experience
- Student's attendance habits
- Professional behaviors as demonstrated throughout the school year(s)
- Student's status in the program (program academic probation, etc.)
- Site's ability to meet the clinical experience criteria
- Site's completion of a signed agreement.

Policy on Custom-designed Clinical Education Site

If you wish to go to a location which does not have an agreement with the program, a "custom-designed" site may be arranged.

Previous or Current Work History During Clinical

Clinical sites shall be different from your past or present employment sites. This will increase your awareness of a variety of health care opportunities.

Demonstration of Student Readiness for Clinical Education

Clinical learning is organized to allow you to maximize opportunities for clinical competency, practice under the supervision of a physical therapist, observe and model professional behavior, and communicate effectively with patients and colleagues.

Program faculty and the student will work together to ensure you have completed ALL academic and non-academic requirements prior to starting the clinical education portion of the program. Monitor Moodle, program emails, and other announcements for reminders and deadlines related to clinical placement.

Students with disabilities should meet with the ACCE prior receiving their assigned clinical sites so there is adequate support to coordinate resources and accommodations, as needed, for successful internships.

During The Clinical Experience

You will be acting as an ambassador and a liaison for the program while away at clinical. Therefore, it is important that you communicate effectively and work with the ACCE and your CI/CCCE to provide all pre-clinical documents and complete and submit any program/course forms and surveys in a timely manner. Be sure to keep copies of all completed forms submitted electronically. Consult your course syllabus for expectations, requirements, and deadlines.

Attendance

Required hours to complete your internship are based on the number of credits you are enrolled in. Consult your syllabus for the specific number of contact hours you need to complete your

PTA 280 course. Students are responsible for tracking attendance (internship hours) while engaged in learning during your internships. SAIF (Workmen's Compensation) coverage is in effect while completing approved clinical internship hours per the syllabus.

Call the ACCE and the clinical instructor ***before your scheduled time if you will be absent from clinical.*** One (1) unexcused absence or two (2) late arrivals to clinical will result in the lowering of one letter grade.

Schedules for full-time clinical internships are determined by the site and communicated to the ACCE and the student prior to the student's arrival. Excused absences will be made up at the discretion of the CI and the ACCE.

Students reporting for a clinic who, in the opinion of the clinical instructor, are not adequately prepared for clinical and/or are too fatigued to provide safe patient care will be excluded from that experience. This will be considered an unexcused absence (refer to Policy on Exclusion from Clinical).

Professional Behavior

When you enter the clinical environment, ***you are representing all SPTAs and Lane Community College.*** You must wear your LCC nametag that identifies you as a "Student Physical Therapist Assistant".

The CI must supervise any patient contact with the student. You are required to continually protect patient confidentiality. CIs will assure patients provide permission for treatment by a student. Patients who elect not to participate in supervised clinical practice by a SPTA may refuse without prejudice.

Respect your CI. Actively listen to suggestions from clinical staff and expect there may be varying viewpoints and expectations from clinicians and faculty. Consider recommendations as opportunities to fine tune workplace skills.

You are encouraged discuss problems directly with the CI/CCCE as well as seek input from the ACCE as needed to promote positive communication and problem solving.

When problems or concerns arise which remain unresolved through direct student/CI communication, the CI and/or the student shall contact the ACCE for an assessment of student and clinical learning readiness.

Clinical Education Dress Code Considerations

Acceptable, professional clothing is to be worn whenever you are engaged in learning activities at a clinical site, and during simulation activities unless directed otherwise by the clinical instructor.

Professional Grooming and Hygiene Expectations

As a measure of safety and professionalism, you are expected to maintain a neat and well-groomed appearance in laboratory practice and during clinical education instruction.


When you are in a clinical setting, conform to their dress code policies. If you are not sure about what is considered professional dress or grooming, consider what you noticed during your clinical observations when you applied to the program. Consult with peers and ask an instructor.

If the academic or clinical instructor deems your attire inappropriate, you may be asked to leave the classroom or facility. This will be considered an unexcused absence. The following are guidelines for professional dress and grooming:

- Adhere to the dress code policies of any assigned clinical site
- Name tag is visible and identifies you as a “SPTA”
- Hair should be clean and pulled back from the face so as to not impact simulated or direct patient care
- For infection control purposes, jewelry is kept to a minimum (such as one or two rings). For your safety, post-style earrings are recommended and the wearing of necklaces is discouraged. Other visible body jewelry must be small and discrete. A watch with a second hand, or a digital watch, is required
- Fingernails are to be kept clean, short and neatly filed. For infection control purposes, artificial nails are not permitted, and any nail polish must be without chips which are known to harbor bacteria
- Personal hygiene: Perfumes and colognes are not permitted. Light makeup may be worn, if desired. Offensive body odor must be controlled. Daily bathing and use of underarm deodorant is highly recommended. If you smoke, you must take special care to maintain a smoke-free presence. The use of a breath freshener is encouraged. Lack of attention to personal hygiene may result in exclusion from the classroom and clinical settings
- Chewing gum and chewing tobacco are not permitted in the classrooms and clinical settings.

Determination of Satisfactory Progress of Clinical Experience

Critical Safety Elements

You are continuously evaluated by the CI throughout the clinical experience on established critical safety performance and behavior expectations described in the course syllabus. The CI may discontinue a supervised intervention by a student if there is a concern about patient safety, student safety, or patient care, as documented in the Unsatisfactory Student Behavior Program Policy. Critical safety elements are identified as “Red-Flag”  items on the CPI.

The CI will consult with the ACCE to determine your readiness to continue the assigned clinical experience. Formal documentation of the critical safety element concern and the result of corrective or other action will be documented in the CPI and/or the Cooperative Education Placement Agreement. Demonstration of Unsatisfactory Student Behaviors may result in failing the course.

Midterm Evaluation of Student Progress

The CI will meet with you no later than the end of week four of the clinical experience to review midterm results on the CPI and discuss progress toward successful course completion. The ACCE is notified of the midterm assessment outcomes upon its completion. The CI is responsible for communicating any areas of Significant Concern in a timely manner to the ACCE and the student.

Final Evaluation of Student Progress

The final decision as to whether or not the student passes the clinical experience is made by the ACCE. This decision is a professional judgment based upon the following:

1. Timely and correct completion of *all required forms* related to clinical internships
2. Scores for the final evaluation on the Clinical Performance Instrument
3. Quality of additional assignments (ACCE/CI)
4. Problems or concerns raised by the CI and student during the clinical experience and whether or not these were effectively resolved
5. How the problems affect patient safety and patient care
6. How the problems affect the student's chances of performing at entry level by graduation and during a probationary period on the first job
7. Whether or not the problems fit a pattern of problems and concerns that were evident during the student's academic period
8. ACCE consultation with the student's advisor, Program Coordinator, and CI
9. The most effective manner in which the problems can be remediated
10. The uniqueness or complexity of the clinical site
11. Whether or not all outcomes on the course syllabus have been met.

ACCE Assessment of Student Learning During Clinical Education Policy

Problems or concerns should be recognized early during the clinical experience and an action plan developed to help you be successful.

Criteria for Passing PTA Clinical Education

Consult the PTA 280 syllabus for minimum CPI thresholds required to progress to the next clinical education course.

Policy on Safety for All Individuals Involved In Clinical Education

The program promotes the safety of all individuals involved in the clinical education portion of the curriculum, through procedures outlined in the Program Policy Manual. Safety training will be included and emphasized throughout the Program, in skill checks and practical exams, and, in the core PTA classes for certification in adult, infant, and child CPR.

Physical Therapist Assistant, different from many other academic disciplines, is a practice discipline. In physical therapy education, the principles of patient care are taught in the classroom and applied by students in practice learning situations. These include caring for patients in clinical settings under clinical faculty supervision. Inherent in this practice are the rights of patients. Every patient has the right to the services of a reasonably competent physical therapist assistant, and the right to expect from physical therapist assistant students the same standard of care that he or she would receive from a licensed physical therapist assistant performing similar activities. This includes protection from unsafe behavior. Patients have the right to refuse supervised treatment by a SPTA.

As a practice discipline, properly learning and integrating safe practice techniques into clinical practice is an essential element of being qualified to continue in the program. A determination

made pursuant to this policy that a student has engaged in unsafe practice in the clinical setting may result in dismissal from the Physical Therapist Assistant program.

Unsafe practice is defined as behavior which threatens, or has the potential to threaten, the safety of a client, another student, a faculty member, or other health care provider in a clinical practice setting which is part of a student's academic program. All matters under this policy shall seek to protect the confidentiality of the parties and be conducted according to procedures approved by Lane Community College.

Exposures and other Accidents/Incidents During Clinical

All exposures and accidents shall be reported to the clinical facility and the ACCE. Examples include body fluid splashes, needle sticks, accidents, injuries, and other events that could endanger your health and the health of others. Lane Community College is not responsible for medical care. These incidents are to be documented according to policies provided on the Cooperative Education Internship form provided prior to clinical placement. Co-op students are covered under SAIF for costs associated with exposures, accidents, or injuries experienced while at clinical.

Drug and Alcohol Policy

Any student exhibiting signs of intoxication will be sent, by taxi, for urine and drug testing at his/her expense. The clinical facility selects the testing location.

Responsibility for Skill Competency

If the CI teaches the student a skill that was not covered in the program, the CI is responsible for determining the competence of the student in performing the skill on patients. If the skill was taught within the program, the college is responsible for assuring competence with the skill.

Policy on Exclusion from Clinical

CIs have the authority and the responsibility to remove any student from the clinical who is creating an unsafe situation for self or others. These will result in unexcused absences.

Examples include, but are not limited to:

- Students reporting to the internship who, in the opinion of the clinical instructor, are demonstrating evidence of being not physically or emotionally able to provide safe patient care.
- Students reporting to the internship that, in the opinion of the clinical instructor, are not adequately prepared to provide safe patient care.
- Students reporting to the internship who, in the opinion of the clinical instructor, are too fatigued provide safe patient care.

A student who is permanently excluded from the clinical for unsafe physical therapist assistant behaviors shall receive failing grade (less than “C”) in that course, or may withdraw in accordance with college policy.

The program and the clinical facility have the right to withdraw a student from the clinical setting based on guidelines in signed Cooperative Education Placement Agreements between the college and the affiliated facility.

Unsatisfactory Student Behaviors

Factors that contribute to failure to meet course objectives include but are not limited to:

Excessive absences - If a student is unable to successfully complete a course, he/she may be dropped or be given failing grade, based upon the amount of content/clinical experience missed, and inability to proceed due to lack of prerequisite content. A student who has four or more unresolved absences at the end of the term will be referred to the Division Dean for evaluation of the student's ability to makeup those absences.

Inability to meet course objectives - These may include repeated failure to:

- Apply theory and principles to clinical practice
- Plan, organize and fulfill the tasks assigned by the instructor
- Communicate effectively with patients, instructors and peers; and inability to understand verbal and nonverbal communications
- Attain minimal competency in the skills required for safe clinical performance
- Respond appropriately to instruction and suggestions made by those in authority
- Perform in a safe and dexterous manner in relation to self and patients
- Assume responsibility for satisfactorily preparing and completing clinical assignments made by the instructor
- Demonstrate growth in coping with stressful situations in a calm and dependable manner
- Demonstrate improvement in clinical performance within period designated by the instructor
- Attain a passing grade as stated in the course syllabus.

Demonstrate Unsafe Clinical Performance - Unsafe clinical behaviors include, but are not limited to, the following behaviors:

- Threaten the physical safety of the patient (e.g., neglects use of side rails, restraints; comes unprepared to clinical; leaves bed in high position)
- Threaten the psychological safety of the patient (e.g., uses clichés repeatedly; does not encourage verbalization, or is not aware of difference in ability to communicate)
- Threaten the microbiological safety of the patient (e.g., does not recognize violation of aseptic technique; comes sick to clinical experience; does not recognize violation of isolation precautions; does not hand wash adequately)
- Threaten the thermal safety of the patient (e.g., burns patient with heating lamp, etc.)
- Inadequately and/or inaccurately utilize the physical therapy plan of care (e.g., fails to observe and/or report critical information regarding patients; makes repeated faulty judgments in interventions)
- Violate previously mastered principles/learning objectives in carrying out physical therapist assistant interventions (e.g., unable to administer modalities safely by second year of program)
- Threaten legal/ethical scope of practice by assuming inappropriate independence in actions or decisions (e.g., fails to seek supervision when situation is questionable, out of control, or in an emergency)
- Threaten legal/ethical scope of practice by assuming inappropriate level of independence when performing a procedure for which that student is inadequately prepared or is unsure how to proceed in a confident manner
- Threaten legal/ethical scope of practice by providing physical therapist assistant care as a student in a clinical setting without the knowledge or supervision of a faculty member
- Suspicion of being impaired due to prescription medication use or misuse.

Any evidence of unsatisfactory student behavior(s) will be reviewed by the faculty and Program Coordinator, and will be handled individually regarding students' continuation in the program.

Behaviors relating to responsibility, competency, and accountability and meeting time commitments are essential in the professional physical therapist assistant. These behaviors need to be demonstrated by you consistently over time across the curriculum.

Corrective Action Plans for success in internships will be forwarded from one instructor to the next instructor (academic and clinical) to ensure that you will be given the encouragement, support and limit setting to facilitate learning of essential professional behaviors. A student behavior that results in a Corrective Action Plan in any one term, if repeated in a subsequent term, can result in immediate reinstatement of a Corrective Action Plan or Clinical Probation.

Clinical Probation

Clinical probation, similar in intent to academic probation, alerts both faculty (academic and clinical) and student of the need for increased attention to specific behavior and objectives required to progress and successfully pass clinical internships.

The ACCE, in collaboration with CIs and the Program Coordinator, develops a Corrective Action Plan for clinical. Plans include regular meetings between the student and the ACCE to evaluate the progression of behaviors. Every effort will be made to assist the student to succeed. However, if the objectives continue to be unmet and/or the student behaviors do not show steady improvement as set in the Correction Action Plan, the student will not pass the clinical internship course. Students who do not pass clinical may not continue to the next clinical internship in the program regardless of academic performance in other courses.

Students must complete clinical internships in sequence. Students who do not meet minimum standards for clinical internship in any sequence are ineligible to continue in the program.

